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Peer support among immigrant women to promote their psychological wellbeing:

Wanjohi Carolyne Wangari

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Laurea University of Applied Science
Laurea Otaniemi

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psychological wellbeing.**

Wanjohi Carolyne Wangari
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Wanjohi Carolyne.

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Over the years Finland has become more culturally diverse; it has changed from a real immigration destination. Finland has become a real immigration destination; experiencing a dramatic growth in the foreign- born population and more have arrived in the country. Most immigrant women in Finland have arrived into Finland from the neighboring countries: Russia, Estonia and Sweden. Immigration affects the immigrant family, its members and has a significant impact on the society, there is an increasing need to unite, inform and educate immigrant women on available resources around them. This thesis study was based under EMY (Espoo mental health association) in Espoo, Finland. Emy's peer support activities takes place in a non hospital setting. EMY aims to unite, activate its resident members and the neighboring municipalities, by organizing rehabilitative activities, study tours and trips for the members

This is a qualitative study it aims to explore how immigrant women can use peer support as a tool to foster their psychological wellbeing based on literature review. Data was collected through literature review and two open-ended interviews conducted via telephone to EMY workers in Espoo (N=2). Data was analyzed through content analysis. The content of immigrant women's psychological wellbeing was subdivided into two sections:-
(1) Immigrant women psychological wellbeing (2) Factors affecting their psychological wellbeing. Peer support and its significance on immigrant women's psychological wellbeing are also expounded.

Conclusions from the findings showed that when immigrants actively participate in peer support activities they are empowered. In these activities they are socially integrated in the society hence they feel empowered, more confident and loneliness is reduced. Peer support activities foster hope and expectation for change. These women share a mutual understanding and trust that enables them to share their experiences with each other and support each other emotionally. By helping each other, inter-personal learning is enhanced; members going through the same life transition encourage each other and give each other advices and possible coping strategies. Findings also revealed that immigration distress is quite common among immigrant women living in societies that do not support pluralism. Research identifies immigration distress as dealing with stressful aspects of the immigration experiences.

Key words: Immigrant woman, Psychological wellbeing, Peer support.

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1 Introduction

Immigration is a relatively new phenomenon in Finland. The first noticeable groups of immigrants arrived in the early 1990's from Somali as refugees. There had only been very small numbers of refugees from Chile and Vietnam in the late 1970's (Forsander 2002). Finland has become a real immigration destination; experiencing a dramatic growth in the foreign-born population and more have arrived in the country (Forsander 2002, 87-88). According to a study conducted by Egharevba (2004), there has been an increasing flow of immigrants in Finland; this has changed the face of Finland from a country of emigration to a country of immigration. The current number of immigrants in Finland is 167,962 (Finnish immigration service 2010). Migration into Finland in larger numbers started when the government passed a law that allowed immigrants of Finnish descent from the territory of Ingra in today's Russia to settle in Finland. Finnish immigration is characterized by un-proportionate number of marriage-migrants and family reunifications (Koskela, 2010).

Immigrant's women moving to Finland from both European and non-European countries have increased over the decades. The increase in the immigrant's population has increased the need for a stronger emphasis on culturally sensitive health support. Humanitarian migration accounts for the highest population of immigrants. These people leave their native countries due political oppressions, war, poverty, unexpected natural disasters and religious needs. Due to these factors, a great diversity of cultures can be found in other communities and countries today (Leininger & MacFarland, 2002, pg.14). Research has also shown that about half of immigration into EU countries arises from the family ties. Immigrants who are already settled bring dependants to live with them. The immigration process causes several stressors to immigrants. How well immigrants cope with such stressors depends on age, immigration motivation, education and communication levels. Migration and involuntary migration are known factors of psychological stress.

Most immigrant women in Finland have arrived into Finland from the neighboring countries: Russia, Estonia and Sweden. Immigrants from Somali nationality are the fourth largest. China, Thailand, Germany, Turkey, Iraq and United Kingdom belong also to the top list of homes of origins (Finnish Immigration Services, 2007). In the 21st century, one out of every 35 people worldwide is an international immigrant; half of them are women (Abruquah, 2010). Research shows that most immigrant women are socially excluded, and are vulnerable to health problems due to language barrier, cultural conflicts and interpersonal isolation and lack of support systems.

2 The background of the thesis

This thesis study was under Espoo mental health association (EMY) which was founded in 1985. Currently Emy has approximately 400 members. They participate in rehabilitative activities, camps, trips and meetings. Emy has over seven units around Espoo. There are two open member houses, Lilla Karyll in Espoo Centre and Meriemy in Kivenlahti. In this study only the members and staff of Lilla Karyll house were involved. The members in this house participate in household chores and cooking in the mornings and group activities in the evenings. According to a survey that EMY conducted, immigrants with mental health disorders lack knowledge and peer support. Espoo mental health association EMY ry is an association whose purpose is to unite and activate people who live in Espoo area who have mental health problems. EMY's aim is to raise the understanding of these problems, and do preventive work in mental health in the region. The association organizes conferences and rehabilitation activities, publishing activities and organizing debate and awareness raising events, clubs and activities as well as study tours and trips for their members. The association members work or meet in a non hospital setting, no diagnosis or referrals. This creates a relaxed and more of an own home setting and participation in any activity is not compulsory. This excludes any anxiety that people might experience when they are in hospitals or during any planned hospital visit. Emy does not offer therapy or treatment, although some activities can be seen as therapeutic.

The purpose of this study was to explore how immigrant women can use peer support as a tool to foster their psychological wellbeing. It reviewed the impact of peer support among immigrant women's psychological well being and increase their understanding and awareness of the activities that would be of help to them. This research mainly targeted immigrant women living in Finland. Most of these women lack information and knowledge of the resources around them. The research was conducted through literature review. Literature review described what peer support is and its impact on psychological health. This was done using currently researched information. Data was analyzed using qualitative content analysis and the literature review was broken into sections that described peer support and psychological health. Content analysis was used to analyze the interviews. The information gathered aimed to help and support EMY in its future plans and developments on empowering immigrants.

This study answers the following question:-

How does peer support impact women's psychological well-being?

3 Psychological wellbeing

Psychological well-being in this study is the extent to which a person is satisfied with his or her whole life (Campbell, et al. 1976; Andrew and Whitney, 1976). Immigrant's psychological illnesses and sickness is related to the organization of social & medical services in the host country. When thinking of these services the following questions are to be considered:-

- a) How readily are these services available to the immigrants?
- b) Is the information precise, informative and under stable?
- c) Do the immigrants have knowledge of the existence of these services?

When these questions are clearly answered; then immigrant's psychological wellbeing is fostered. They gain knowledge of where to seek help, thus any threats of psychological illness are minimized. Psychology in this study can be measured by asking how happy the immigrants are, and how their social relations and contacts are. Immigrants who interact with other members of the society are less likely to suffer from loneliness and depression.

Manuel F & Martinez Garcia 2003 study of social support and locus of control as predictors of psychological well-being in Moroccan and Peruvian immigrant women in Spain, two cognitive components of general psychological well-being were examined. One centered on the circumstances of daily life, and the other consisted of an overall retrospective assessment of each subject's personal history. Psychological well-being could be framed within studies on immigrant's adaptation to the new context, which tend to be analyzed using social and subjective indicators, some concentrate on satisfaction with circumstances of daily life, and others on the performance of specific roles (Taft 1986).

3.1 Immigrant women's psychological well being

An immigrant can be defined as a person who comes to a country for the purpose of permanent residence (Bourdeau 2001). Few research programs have focused on the process of adaptation of immigrant women. Most research tends to consider female migration as part of family displacement process. Several studies have also found a high rate of depression in women (International journal of Cultural relations 26 (2002) 287 -310). Women are often dependent on their husbands, and are discriminated against in the labor market (Boyd, 1989; Frank & Faux, 1990). Migration is a highly stressful experience that influences immigrant women's well-being and it requires adaptation to new ecological and social environment. The process has been associated with declines in physical and psychological well-being. Immigration leads to major changes in lifestyle and environment (Aroian, 1990; Ristsner & Ponizovsky, 1999).

Depression and loneliness are associated with immigration (Aroian, khatutsky, Tran & Balsam 2001). Immigrant women experience post-traumatic stress, mourning and grieving of multiple losses, acculturative stress, loneliness, loss of self-esteem, strain and fatigue from cognitive overload and perceptions that they are unable to function completely in the new culture (Journal of counseling & Development 2005, vol 83. pg 294). Facts from studies conducted by WHO on women's mental health, states that depression, anxiety, psychological distress, sexual violence, domestic violence and substance abuse affect women to a greater extent than men across different countries and different settings.

A number of recent investigations have supported earlier research findings on the linkage between migration and physical and mental health. According Zilber and Lerner, 1996, Jews from the former Soviet Union report more symptoms of low self esteem, hopelessness, dread, sadness, anxiety, and psychosomatic symptoms, than Israel-born settlers of the European descent. When dealing with different women from different countries it is important to consider factors such as social, cultural, historical and economical backgrounds that influence these women's psychological well being. Immigrant's psychological adaptation is mostly facilitated by social support, integrative acculturation strategies and personal resources including mastery and sense of coherence (Colleen Ward, Stephen Bochner 2001).

Social support has been associated with increased psychological well-being (Biegel, Naparstek and Khan, 1980; Golden& Burnam 1990). In order for immigrant women or any other immigrant to exhaust these services, one has to be willing to let go of some of their cultural practices and beliefs. This enables better interaction with members of the society. Women who use online groups for depression are more likely to recover quickly that those who do not access to this help (Housten et al 2002). At individual level psychological changes can be easily identified by any behavioral changes e.g. in ways of speaking, dressing, eating, and in one's cultural identity (John Berry & Marshall Segall 2003). With the immigrant women maybe psychological declined can be noticed by the way these women interact in the new society or even with other immigrants.

3.2 Factors affecting immigrant women psychological wellbeing

Women play a very huge role in the family. Traditionally women's responsibilities were considered to be only in the reproductive and kitchen areas. Women were described as housekeepers and mothers by Catherine Beecher and Harriet Beecher Stowe pg. 212 in 1879. Times have evolved and there have been major changes that come with major challenges. This involvement brings dramatic changes in work, personal and family lives. Women roles have broadened to both taking care of the family and working or having a professional career.

Besides a professional career, women still maintain their primary responsibility of maternal care of their children. Overall women play an important role in the development of their immediate environment. They are conscious of their obligations and effectively perform their duties. However in the cases of immigrant women, their functionality may vary or are hindered by their psychological well being. After moving from their homeland to a new country several aspects of their new host land affect their general psychological well being.

Some of the factors affecting immigrant women psychological wellbeing include:-

- Culture shock
- Unemployment
- Acculturative stress and loneliness.
- Language barrier.

3.2.1 Culture shock

Interaction between different people from different cultures is usually difficult, awkward and stressful. When two people from two different cultures meet, they will have difficulty in communicating with one another to the extent that their respective `codes` differ (Fox 1997). Code in this study refers to how an individual behaves to different situations. Culture shock is precipitated by the anxiety that results from losing all familiar signs and symbols of social intercourse. These include various ways in which a person expresses himself i.e. shaking hands when meeting people, talking to people, accepting and refusing invitations, facial expressions and gesture. When an individual enters a strange culture all these familiar habits are eliminated (Kalervo Oberg 1960).

(Kalervo Oberg 1960) "Some of the symptoms of culture shock are: excessive washing of hands; excessive concern over drinking water, food, dishes, and bedding; fear of physical contact with attendants or servants; the absentminded, far-away stare; a feeling of helplessness and a desire for dependence on long term residents of one's own nationality; fits of anger over delays and other minor frustrations; delay and outright refusal to learn the language of the host country; excessive fear of being cheated, robbed, or injured; great concern over minor pains and eruptions of skin; and finally, that terrible longing to be back home, to be able to have a good cup of tea and pie, to walk into that corner drug store, to visit one's relatives, and, in general to talk to people who really make sense." According to Furnham & Bochner 1982, culture shock occurs "in the social encounter, social situations, social episodes or social transactions. It results from the processing of stressful situations, especially attempts to establish and maintain a relationship with those people from the host country.

Stanhope & Lancaster 2000,pg 148; describes culture shock as a feeling of helplessness, discomfort and disorientation experienced by an individual attempting to understand or effectively adapt to a different cultural group because of the differences in practice, values and beliefs. Culture differs in the extent to which people are direct or indirect, how requests are made, how requests are denied or refused (Dillard et al., 1997; Kim, 1995). Culture shock may take different forms i.e. language shock, role shock, transition shock & culture fatigue, education shock, adjustment stress & culture distance. Culture shock may differ in different individuals, some take a few weeks to work through the psychological distress due to the culture difference they experience; others may take a longer period to overcome the frustration. (Guo- Ming Chen; William J. Starosta 2005).

3.2.2 Unemployment

Most immigrants resettle for economic reasons, in search of better financial security and a better life in general. Immigrants face a lot of obstacles to economic success, they are usually more often unemployed and underemployed and that they face particular difficulties obtaining recognition of their educational qualifications and occupational experience (Colleen Ward, Stephen Bochner & Aorian Furnham 2001). Immigrants act as buffers in Finnish companies for economic changes because their role is least stable in the company. Previous studies state that immigrants are the first one to be laid off when times are hard but the first ones to be hired when there is a sudden need for workers (Hille Janhonen- Abruquah 2010 p. 98).

In Jasinskaja- Lahti's study of perceived ethnic discrimination at work and wellbeing of immigrants in Finland, the writer states that first-generation immigrants often faces challenges when trying to organize their new life conditions, especially when finding work. The writer continues to say that the experience of immigrants being unable to control and influence their chance to become employed and keep their job plays an important role in their wellbeing. According to Hille Janhonen- Abruquah (2010, p.24 -25) the world war 1 marked the end of classical mass migration and marked the beginning of Southern European migration pattern. Europe became a major destination for immigration. At that time migrants entered the job market on the bottom rung of the ladder, obtaining low paid jobs that the indigenous population avoided. One of the participants in Janhonen 2010 p. 98, study of immigrant women and transnational everyday life in Finland stated that her language skills were excellent and she had good professional qualifications but she was still struggling to get work in Finland.

In Yang's et al 2010 study on, immigration Distress and associated factors among Vietnamese women in transnational marriages in Taiwan, elaborates that past research has indicated that employment for immigrant women not only has monetary value in supporting families' financial wellbeing and gives high self esteem. Clarke 2005 continues to state that in Finland unemployment is high among immigrant communities due to language difficulties, social and health problems. He continues state that social exclusion is a threat for future multicultural Finland.

3.2.3 Acculturative stress and loneliness

Acculturation can be defined as culture change which results from continuous, first hand contact between two distinct cultural groups (Redfield, Linton and Herskovitis, 1936). Berry & Segall 2003 describes acculturation as only one form of culture change. It is the process of adopting the values and behaviors of a new culture. The first major study of acculturation was that of Herskovits (1938); this was followed quickly by others (e.g., Linton, 1940). Together with Redfield, they defined the concept: "Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first hand contact, with subsequent changes in the original culture patterns of either both groups. Under this definition acculturation is to be distinguished from culture change, of which it is but one aspect, and assimilation, which is at times a phase of acculturation (Redfield, Linton, & Herskovitus, 1936, p. 149-52).

Acculturative stress can also be described as a response by individuals to life events, when they exceed the capacity individuals to deal with them (Berry & Ataca, 2000). Acculturative stress can lead to high levels of depression due to the experience of culture loss and anxiety resulting from the uncertainty on how better to live in the new society (Berry 2003). In his study of cross- cultural psychology, Berry came up with a framework on the factors affecting acculturative stress and adaptation (Berry, 1997a). Berry's framework represented five main factors affecting psychological acculturation process. In his study he considers acculturation to be both at group and individual levels. They included society of origin and of settlement, moderating factors prior and during acculturation, acculturation experience and the long term adaptation. Acculturation starts with a detailed consideration of the immigrant's society of origin examining the political, economic and demographic factors of the original society, this helps in understanding migration motivation. It also helps in identifying cultural characteristics of individuals to establish cultural features for comparison with the society of settlement.

Society of settlement affects acculturation process by the way the society at large receives their new members. Acculturation is promoted if society of settlement has good social support, the members attitudes towards specific ethnic groups is positive and are open to multicultural environment, this reduces segregation and marginalization on immigrants. Attitude of the society of the origin at large can affect immigrants positively or negatively. It might be difficult to change moderating factors prior to acculturation, but the society of settlement plays a huge role to the moderating factors during acculturation. During acculturation immigrants have to deal with two cultures and participate to some extent in both of them. Participation could lead to both risk factors and protective factors. Individuals may consider and evaluate these experience as a source of difficulty (i.e. as stressor) or sometimes as opportunities. Acculturative stress thus occurs from conflicts during intercultural contact and the experiences are judged to be problematic. Individuals may try to cope with these problems or avoid them, some immigrants try to change or solve the problems.

However change does not occur if the problem lies in the dominant society and the society has little interest in accommodating the needs of acculturating individuals. Problem focused coping occurs if the dominant society has positive attitudes towards its new members. According to Berry 1997, such positive attitudes minimize stressors and adaptation is achieved both psychologically and social culturally. In another study Ward & Kennedy, 1993 considers psychological adaptation to include good mental health, psychological wellbeing and the achievement of personal satisfaction in the new cultural environment. Social cultural adaptation refers to external psychological outcomes, people acquire appropriate social skills and behaviors' needed to successfully carry out their daily activities.

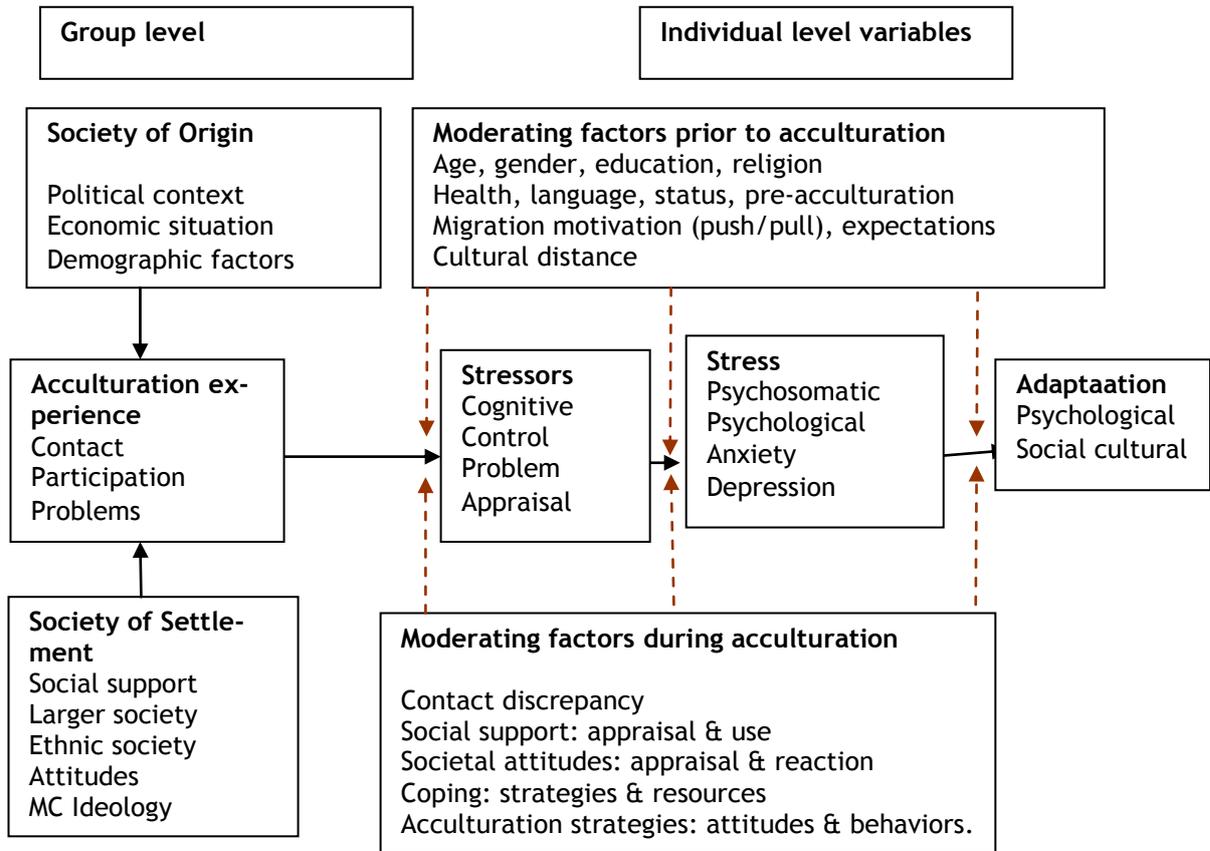


Fig 1: Factors affecting acculturative stress and adaptation (Berry, 1997a)

In this study stress is considered to be a generalized psychological state of organism, brought about by the experience of stressors in the environment, and which requires some reduction (for normal functioning to occur), through a process of coping until some satisfactory adaptation to the new situation is achieved (J.W. Berry, Uichol Kim & Thomas Minde , and Doris Mok 2000). Immigrants usually experience a range of stressors, Zheng and Berry’s 1991) study of Chinese Canadian university students suggested that some of the most significant difficulties relate to love, marriage and scholastic concerns(Colleen Ward, Stephen Bochner, The psychology of culture shock). Loneliness is a major problem for new migrants; it has been linked to decrements in life satisfaction (Neto, 1995). Research has shown that social support in the new host society facilitates immigrant’s psychological wellbeing during the acculturation process.

3.2.4 Language barrier

Human speech enables communication of complex information in an efficient way through language (John W. Berry, Ype H. Poortinga & Marshall H. Segall 2002. pg 147). In Finland Finnish language skills play a major role in an immigrant's everyday life. One of the women in Hille Janhonen- Abruquah 2010 study of immigrant women and transnational everyday life in Finland explained that she had to put an effort in learning the Finnish language to be having financial stability. Another participant in the same study who was a woman was sent for work practice in an English speaking day care centre. ("But it was not possible because the lady said that the place was full and they needed somebody who could speak Finnish." Janhonen 2010 p. 98).

In another study by Clarke 2005 on the problematic of wellbeing experience and expectations of migrants and new Finns in the Finnish welfare state, the writer suggests that unemployment tends to be high in many immigrant communities due to language difficulties, social and health problems. Language barriers are often cited as a reason for poor interaction between migrants and service providers. Language and cultural barriers are some of the reasons why immigrants are not aware of their rights, benefits and health care services, including health information available to them. A study conducted by Zanchetta et al. 2006 on Health literacy within the reality of immigrants' culture and language showed that, immigrants in Canada who have limited knowledge of English or French experienced problems in accessing preventive health care services and adapting to the new culture.

Other studies in Yang et al show that language barrier is a significant adaptation problem for Indonesian immigrant women in Taiwan. In the study of Korean immigrants in the United States, Oh et al found that participants with higher scores for language had lower scores for depression compared with participants with low language scores. Language accommodation serves as a marker for the ability of immigrant women to move outside their social circle. Interaction with members from the host society helps these women to expand their opportunities for employment and other types of social and economic resources, thus promoting their wellbeing.

4 Peer support

Peer support in the form of helping other people has been around since the beginning of human life, real and fictional examples can be found in centuries of worldwide history mythology and literature. In Canada and the USA peer mentoring movement has grown since 1970s and in Europe peer counseling and meditation were introduced in the 1980's mostly in education settings. According to Cartwright 2007 peer support originated in humanistic psychology developed in the 1940's and 1950's. It has developed since the 1960's as a movement, beginning in North America and spreading across the world (Cartwright 2007). Cartwright gives an example in the United Kingdom where an early type of formal peer support was evident in the Monitorial System of Bell and Lancaster, in the 19th century philanthropists. They used older students to instruct younger ones as part a project to bring education at a low cost. The results were that the students related much better to their peers than teachers because of their age.

Peer support in this study will be described as a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another person's situation empathically through the shared experience of emotional and psychological pain (Mead, Hilton and Curtis 2001). Solomon 2004 continues to describe peer support as a social emotional support that is coupled with instrumental support mutually offered or provided by persons having a mental health condition to others sharing a similar condition to bring about a desired social or personal change. Peer support is an essential component of a supportive network for people with severe psychiatric disorders (Stroul 1993). Research has shown that peer support activities, may reduce psychological morbidity and mortality (Levtak 2002).

Support services for older adults living in the community often focus on an individual's physical functioning and disability, but rarely address emotional and psychological support needs reinforcing the mind -body split concept. Peer support builds on the resources that friends spontaneously look after one another, and it can happen anywhere, in any organization, in any age-group. Peer support systems have been created for young children, adolescents, young adults and senior citizens (Cowie and Wallace 2000). Peer support may be financially compensated or voluntary. In this study, most immigrant women here in Finland are Asylum seekers, others have moved here due to poor economic status in their homeland and others due to family reunification. Working with immigrant women begins with establishing rapport. A safe atmosphere must be created where women's cultural experiences are valued and infused in all aspects (Mcwhirter 1994).

Peer support can take many forms i.e. group discussions, telephone calls e.t.c. Among immigrant women it is a good idea if peer support includes psycho-emotional support, encouragement through women social networks and education on various issues. Peer support for women from different cultural backgrounds and beliefs can be quite challenging. These women might have had different and challenging experiences in the past and opening up to strangers is not always easy. Trust and mutual understanding has to be created first.

4.1 Categories of peer support

Peer support can be delivered in various forms; for the purpose of this study peer support will be discussed in the following categories: Internet support groups, self-help groups and peer run or operated services.

Internet support groups are online support groups where communication mainly occurs through emails, and in some cases through live interface interaction with other group members. Internet support groups are frequently public and open thus anyone can join. In such groups a social network is created (Solomon 2004). Social networks are defined as the web of social relationships that surround an individual. In social networks emotional and social support is provided. Social support is defined as the emotional, instrumental, or financial aid that is obtained from one's social networks. Many researchers have speculated that social relationships and an individual's framework of social interactions have an effect on health. (Barbara L. Parry, women disorders pg.169). Research has shown that psychological well-being is closely linked to a subject's ability to encounter sources of support and the readiness of the social networks to become sources of support. For immigrants to receive support, the social networks have to be accessible (Laireiter and Baumann, 1992; Manuel F. Martinez Garcia 2002). Social exclusion and the development of an underclass are very real threats to a future multicultural Finland (Kris Clarke 2005).

In peer run or operated services, programs are planned, operated, administered and evaluated by people with psychiatric disorders. People with psychiatric disorders maybe involved in the service program but under the control of peer operators. The programs are based on values of freedom of choice, peer control and there are a number of peer staff and also volunteers (Solomon 2004). Examples of peer operated services includes drop in centers, club houses, crisis services and vocational and employment services. Immigrant's participation in peer run services provides a linkage to clinical care through information sharing. According to Kris Clarke (2005 p. 45) human health is a valuable commodity, western cultures view a healthy person as being physically, psychologically and spiritually balanced and capable of taking care of themselves independently.

Prevention and intervention efforts are the first steps in providing effective services to immigrant women and their families. Prevention efforts include distribution of information about parameters of mental health services and the ways in which the services are of benefit to the immigrant women and their families (immigrant women and counseling. Yakushko, oksana, Journal of counseling & development; summer 2005, vol 83 Issue 3, p. 292 - 298). Education on women's health also plays a huge role in immigrants wellbeing.

In self help groups individuals can get assistance and advice on coping and fitting in their new environment. Solomon 2004 defines self help groups as "Voluntary small group structures for mutual aid in the accomplishment of specific purpose...usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life disrupting problem, and bringing about desired social and /or personal change." In the groups individuals can participate in various activities, i.e. camping, watching movie, walking or even taking part in cooking lessons. Immigrant women participating in cooking lessons gain knowledge in identifying which nutritional products to use when cooking while in the new society. According to WHO (Women's health: Across age and frontier) women's nutrition is critical part of their overall health status. Self help groups could be formed of members from different cultural backgrounds. Communication and language skills are enhanced during group encounters through group learning. Language skills facilitate communication with members of the host country. The role of language and cultural diversity has a major impact on how health care is delivered; communication is an essential element of health care encounter. Communication is influenced by gender, social class, ethnicity and the language spoken (cortis et al 2000).

4.2 Impact of peer support

Peer support can take many forms. Peer support groups provide the members with social support and relevant health information (Garl L. Kreps & Elizabeth N. Kunimoto 1994) People have always come together in groups to create and achieve things that they could not possibly have done alone. People can come together and create self help groups for support. They are a major source of support to people going through common life transitions. According to John Sharry (2001) individuals can bind together in groups and take on outside oppressive forces in the society, which give rise to problems. When immigrant women come for interaction they learn from each other. They feel more empowered. Shary continues to state that in group setting members have the opportunity to learn from each other. In the group meetings immigrants hope is fostered in unique ways. These women witness other women who are solving or who have solved problems similar to their own and this gives great hope that such change is also possible in their own lives.

In the peer groups, women get a chance to be of value and to contribute meaningfully to the group by helping each other and thus be valued themselves. The act of helping benefits the helper as well as the helped. Kreps (1994 p.70) individuals join support groups because normative ways for coping with life stresses learned through cultural socialization are no longer working for them. Immigrant's interaction in such groups helps them establish new cultural norms for handling difficult life situations. Members of peer support groups often share similar cultural experiences that promote mutual acceptance and identification. According to Gary L. Kreps (1994) social support groups help their members cope with life stress through communication, by providing them with relevant information about health care methods and services, problem solving interaction and friendly visits. Solomon 2004 has further elaborated social support as availability of people whom we can rely on; people who let us know that they care, value and loves us and are willing to assist at all times. These supportive relationships contribute to positive adjustment and buffer against stressors and adversities including medical and psychological problems.

5 Description of the research methods

This was a qualitative research. Qualitative research describes and interpret already existing human phenomenon. It is used to gain insight into people's behavior, attitudes, aspirations and motivations, and people's lifestyles. Qualitative research best fits this study because the writer aims to understand how immigrant women's attitudes, emotions, ways of thinking and dealing with problems. Qualitative research is associated with word as the unit of analysis. This kind of research relies on transforming information from observations, reports and recordings into data in the form of written word and not numbers (Martyn 2003). Martyn states that qualitative research is an umbrella term that covers a variety of styles of social research, drawing on a variety of disciplines such as sociology and social psychology. This study gives a description of the impact of peer support on immigrant's women psychological wellbeing.

Keeping this in mind qualitative research is best suited for this study because it deals with description. Qualitative research is also mainly concerned with meanings people's ways of understanding and the patterns of behavior. Qualitative research in this study was part of an information gathering exercise that gave an understanding on immigrant women's patterns of behavior and their way of understanding and coping with their problems. Themes that emerged from the literature review were presented to the informants in form of questions, for the purpose of verification. My role in this qualitative study was to gain an integrated overview of the study, including the perceptions of the participants (Patton 2002).A systematic literature search and literature review was carried out on the topic in question.

A summary of the research was then analyzed through content analysis to get an in-depth knowledge about life of the immigrant women in EMY. This study also included a set of open-

ended interview questions to two EMY workers. The main aim of the interviews was to relate already reviewed literature to the practical life. The workers in EMY spend some time with these women and guide through peer support; therefore they might have some knowledge on the experiences or feelings of the women in the group. The workers are therefore in better position to evaluate the impact of peer support on these women. Through qualitative content analysis the content of peer support on immigrant women was divided into subsections that discussed psychological wellbeing, information sharing, peer support, its approaches and benefits to an immigrant woman. This research relied on scientific and academic disclosures and debate to construct arguments on the topic. Literature was explored and reviewed the literature to discuss the importance of peer support to immigrant women's psychological wellbeing.

5.1 Data Collection

Data on this study was obtained from review of literature on immigrant women and psychological wellbeing and open ended interviews to the EMY workers. The following steps were applied during the collection of data:-

1. Literature search.
2. Data selection.
3. Data analysis.

5.1.1 Literature review as a method

Literature review is an argumentative piece of writing that relies on a review of literature. A literature is an important criterion in establishing researcher credibility. Literature is anything that represents the results of research or scholarship on a subject. It is written material that may appear in books, articles, conference proceedings, dissertations, and websites (Thomas 2009, pg 31-32). It generates ideas and helps form significant questions. Literature review inspires informs, establishes the researchers credibility and educate the readers (O'Leary 2004).

Literature review summaries, interprets and critically evaluates existing 'Literature'. Literature review was used as an argumentative tool to facilitate and justify the methodology. The study was set within the context of past research and the interviews conducted related to the literature review. Researched and published articles and books on immigrant women and psychological wellbeing were reviewed for the purpose of this study.

According to a study on doing research by O'Leary 2004, literature review can identify 'gaps' that show the appropriate and significant nature of a study's research questions. Evaluation of the study methods highlights the limitations common in past studies. The purpose of this

literature review is not just to review literature but provide information and learning opportunity and new knowledge about immigrant women at large through discussion of relevant contextual methods and research studies that make up the literature in this study.

O'Leary 2004 argues that literature is reviewed so that researchers can:-

1. Inform readers of development in the field.
2. Establish their own credibility; since researchers aim to produce new knowledge, they should be aware of any new developments and conversant with academic and scientific disclosure. Literature review therefore allows the researchers to establish credibility through critical evaluation of relevant research works.
3. Argue the need for and the relevance of their study by setting current studies within the context of past research.

5.1.2 Literature searches

Thomas 2009 describes literature as almost anything that represents the results of research or scholarship on a subject. It can be a written material appearing in books, articles, dissertations or even websites. Literature search was done by finding and reading relevant studies that related to immigrant women psychological wellbeing. There has been a lot of research on immigrants but studies on specified immigrants groups by gender are limited. Research on immigrant women psychological wellbeing is also limited. The research topic was especially challenging because of the limitation of literature on the study area. Two common problems students come up with on doing literature review are they can find no information or there is just too much information (Thomas 2009).

This study research relied on both primary and secondary sources. Literature search can be from primary or secondary sources. Primary sources include autobiographies, diaries, photographs and audio recordings. Secondary sources may include review articles, textbooks and even biographies. The main difference between the two sources is in the directness of data or evidence being presented (Thomas 2009). Already researched literature was used throughout this study. Articles titles were reviewed and all relevant materials read and saved in laurea nelli portal. The following literature types were used:-

1. Journal articles, which had currently researched articles on immigration, immigrant women and psychological wellbeing.
2. Grey literature (this refers to both published and unpublished materials including dated lecture notes, books, news paper articles and pamphlets/ brochures.

Data from ordinary books in Laurea and Helsinki library shelves helped me gather data on psychological health, psychological wellbeing, and peer support and women health.

3. Official publications, statistics and archives i.e. from the Finnish immigration service, showing the current number of immigrants in Finland.
4. Reliable internet search engines, through nelli information portal in Laurea library were used i.e. Cinahl, sage journals, Ovid Medline, Elsevier Science Direct, Linda, Ebsco and from WHO internet pages. Google scholar was also used to obtain full texted articles.

The key words and combination of words that used in the study are:-

Peer support AND Psychological health, Peer support AND immigrants, Immigration, women AND Psychological wellbeing, Psychological Wellbeing + Women, Peer support, Immigrant women in Finland.

Search word	Linda	Sage journals	Ebsco Cinahl	Who	Elsevier science direct
Peer support AND psychological health	2	61	1	445	13,065
Peer support AND immigrants	0	4437	386	743	2
Immigration	2292	184	3394	1540	636
Women AND psychological wellbeing	11	1330	904	2990	0
Psychological wellbeing + Women	0	0	98	4900	219
Immigrant woman in Finland	1	17	1987	661	16
Peer support	64	50,018	115	8160	25

Fig 2 1: Results of the literature review.

The Fig.2 above shows the combination of search words used and the hits obtained from different search engines. For example, in the results of "PEER SUPPORT AND PSYCHOLOGICAL HEALTH" gave 2 hits from Linda, 61 Sage Journals; 1 Ebsco Cinahl; 445 WHO; 13,065 Elsevier Science direct.

5.1.3 Data Selection

Literature searches can yield so much information to a research topic. Information obtained from the searches needs to be managed (O'Leary 2004). Selection of data helped me determine the appropriate data and sources to use in the study. Data was selected in relevance to the research question.

The following criteria were used in determining which data to include and which data to exclude:-

1. The Literature search was limited to research conducted in the past 10 years, however due to the need of further information and significant evidence related to this study a few exemptions from earlier studies were included.
2. The search included data that is in English.
3. Only studies that related the research study were used.
4. The studies were based on scientific journals and actual research in published books.

Data that did not meet the above criteria was excluded from the study. In total 5 articles meet the selection criteria and were used in this study. From these articles data was extracted based on the research topic, guided by the research question. The researcher found significant data from abstracts, findings and discussion sections of the selected articles.

5.1.4 Interview as a data collection method

An interview is a conversation between interviewer and respondent with the purpose of getting certain information from the respondent (Bell 2005); It is the art of asking questions and listening to generate useful information about lived experience and its meanings (Denzin et al 2003). Thomas 2009 states that an interview is a discussion with someone in which you try to get information from them. According to O'Leary (2004), interviewing is a method of data collection that involves researchers asking respondents basically open-ended questions.

Interviews to act like a backup on the data I got from the literature search and literature review.

The writer needed to relate the researched literature on the topic in question to practical life. Banister et al 1995 outlines several reasons for conducting interviews, they include:-

- a. Uniting meanings that participants accord to the topic of the interview.
- b. Interviews permit exploration of issues that maybe too complex to investigate through quantitative means.
- c. Doing research is a salutary lesson in research involvement and practice. Conducting interviews demands consideration of reflexivity in the research process, extending from devising research questions, to identifying and setting up interviews with informants.

The interview process started by reading and understanding the literature in this study, the concepts, themes, and the research questions. There were consultations with my supervisors and two staff members from Emy, involved before the actual interviews. Initially the plan was to interview actively participating immigrant women in Emy. However it proved impossible since the women were from different countries and they couldn't communicate in English and they had very poor Finnish skills. Language barrier therefore became a major setback and also limitations of getting more than one translator. After several consultations with the supervisors, we decided to interview two or three EMY workers. Under request two professional workers from Emy agreed to take part in the interviews. The informants decided the time and means of contact, in this case one was a telephone contact and face to face contact. These workers have some understanding on how peer activities in the organization have helped the participating immigrant women.

The interviews were informal and conducted via telephone and face to face. This study implemented open ended interviews in order to gain as much information as possible and is focused on themes pre-defined by the interviewer. Open ended interviews are like conversations (Thomas 2009); they are neither an open conversation nor a highly structured questionnaire (Kvale 2006). This kind of interview structure gave the informants a chance to tell the issues broadly. The interviews are neither fully fixed nor fully free and are flexible (O'Leary 2004 pg.164). The questions were drafted by identifying various themes in the study that needed to be explored. Generally the interviews helped address the research topic. The interviewees were asked a set of questions pertaining to the general life of an immigrant woman in the group i.e. Age, marital status income status and their emotional status. Each of the interview session lasted for 30 minutes and was recorded. Recording of interviews increases accuracy during coding, because the subject was present at the time thus making clarification easier. The sessions started by creating calm and relaxed environment for the informants. They were briefed on the purpose of the interview and the use of a tape recorder. Recording interviews increases accuracy of the coding.

The interview questions contributed thematically to knowledge production and dynamically promoted good interview interaction. Thematically the interview questions related to the topic of the interview, the theoretical framework and to the subsequent analysis. Dynamically the interviewees were motivated and felt free to talk about their experiences and feelings (Kvale 2006). The interviews were later transcribed. In transcription the interviews are abstracted and fixed in a written form. Transcription of interviews requires that the interview is recorded and is audible to the transcriber (Kvale 2009 pg. 178). Transcription prepared the interview material for analysis. Data from the literature integrated with the findings from the interview.

5.2 Qualitative content analysis

Flick 2005 describes content analysis as one of the classical procedures for analyzing textual material, ranging from media products to interview data. In this study qualitative data was obtained through literature review and data collected through open ended interviews via telephone. Data obtained from these two data collection methods, was analyzed each separately. Analysis was done using deductive content analysis. Kvale 2009 describes content analysis as a technique for a systematic quantitative description of the manifest content of communication and was developed for the study of enemy propaganda during World War II and has since been used for media analysis. Content analysis allows the researcher to test theoretical issues to enhance understanding of the data. The main aim of data analysis whether in qualitative or quantitative data is to move from raw data to a meaningful understanding? Quantitative analysis is done using statistical tests of coded data that assess the significance of findings. In qualitative analysis understanding is built by a process of uncovering and discovering themes that run through the raw data, and interpreting the implication of those themes on the research questions (O'Leary 2004).

Content analysis is a slow and laborious process that begins with the identification of concepts from the variables that depict them, this requires imagination and deliberation. Identifying variables is time consuming and strenuous exercise. Variables can be identified (deductively) through existing theories and literature or they maybe inductively derived from the raw data (Sonpar 2008). Gray 2004 states that analysis does not necessarily occur after data collection, but simultaneously with it and involves pointing out patterns, themes and groupings in the data. Content analysis is a research technique that is based on measuring the amount of something i.e. violence, negative portrayals of women) in a representative sampling of some mass-mediated popular art form; It is a research method that uses a set of Procedure to make valid inferences from text; interpret meaning in speech and text (Kimberly 2002, Berger 1991, Weber 1990, et al...).

It usually involves counting the number of times particular terms occur in a sample of sources it could also involve counting number of column inches devoted to a subject in a newspaper or number of photographs in a publication (Bell 2005). Content analysis in this study started already during literature search and data selection. It started with the formation of an idea of emergent phenomena relative to the theme of the research. The process involved preparing, organizing and reporting the data .It started by identifying the unit of analysis. Then by reading through the selected articles and sample text systematically. The process entailed reading, re-reading and over viewing the articles and coloring all the information that was relevant to the research study to check for similarities and differences in order to find themes. This meant uncovering concepts deductively by searching for themes generated from the literature, the research question and from the interviews and writing them down along the margins. The sample text was then coded. Codes provide a classification system for analysis in qualitative data. Codes in this study were generated deductively. Forman Jane et al.2008, States that; deductive codes exist during data collection.

They are constructed from the theoretical framework, research questions and also from relevant empirical work. Codes enable employment of consistent criteria for interpretation of textual data. They are short; define the action or experience described by the interviewee goals in development of categories that capture the fullness of the experiences & actions studied. Coding data helped the researcher to rearrange data into analytically meaningful categories. Categories which had similar data contents were combined. In this study data was coded according to categories and subcategories that described the main theme. Various codes were compared based on difference and similarities and sorted into two sub-categories and three categories.

For example in the concept of psychological wellbeing, when a literature search contained data on ; information on immigrants, foreigners or immigrants wellbeing, healthy living and personality, data was treated as similar and combined under the categories (Immigrant women psychological wellbeing and Factors that affect their psychological wellbeing).Data was further condensed to subcategories that explained factors that affect immigrant women psychological wellbeing to be language barrier, unemployment, culture shock and acculturative stress. A combination of all the codes, categories and sub-categories formed the main theme.

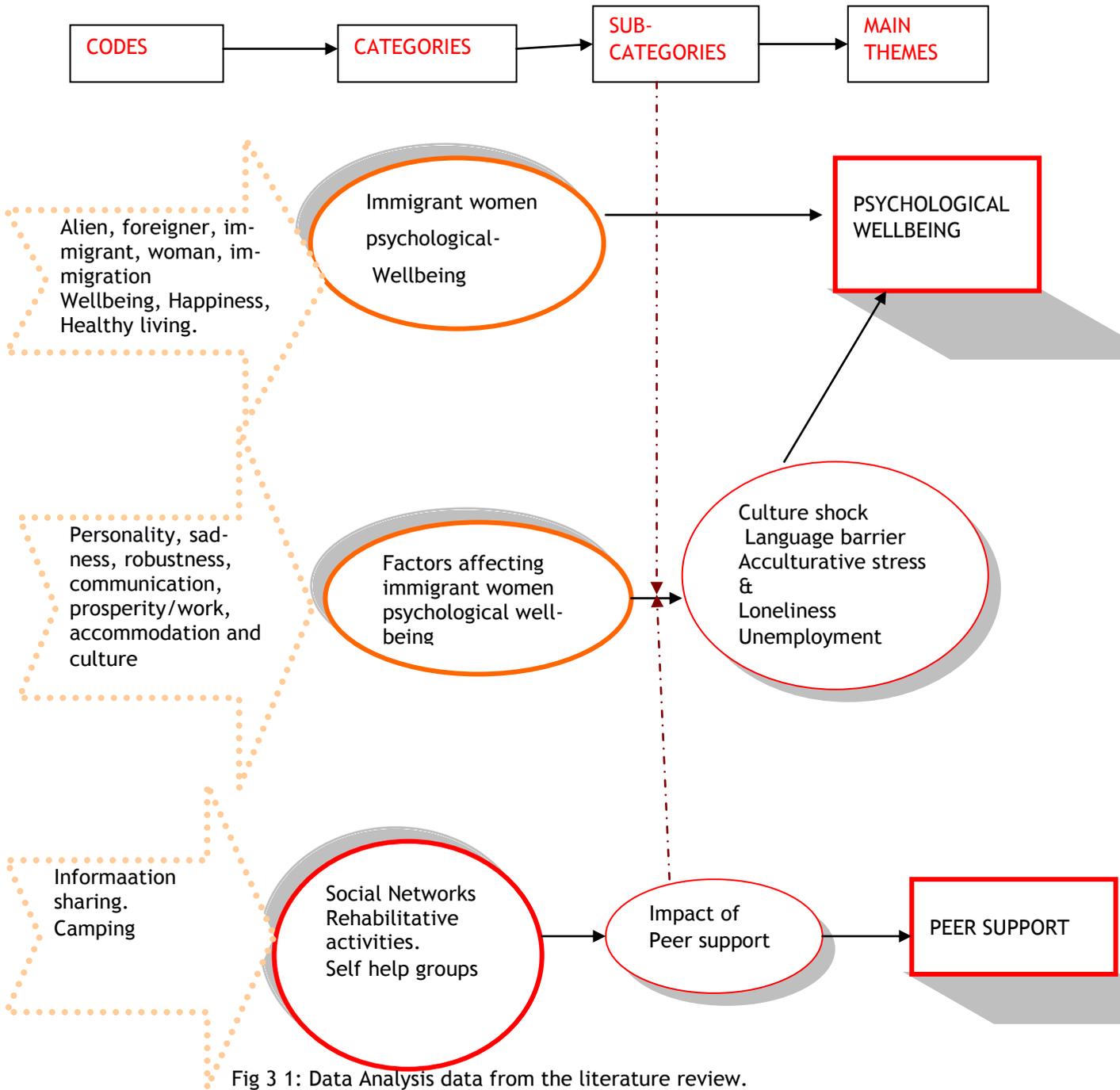


Fig 3 1: Data Analysis data from the literature review.

Analysis of the interviews started with transcribing the tape recorded interview, into text form. The interview text was then selected as the unit of analysis. Transcription in this study refers to the change of data from one form to another; from oral language to written form. In transcription, conversational interaction between two physically present persons become abstracted and fixed in a written form (Kvale 2009).

The audio records were listened to several times and text from the interview that involved note taking was also read through several times to gain a deeper understanding of the whole concept. The text was then divided into meaningful units that were later condensed. The transcribed materials were then used in the analysis. While analyzing the interviews, open coding was used and it took the form of categorization. `Codes in this study are tools that were used to think with´. Meaning of long interview statements were reduced to simplified expressions and main categories based on their similarities and differences by identifying the main concepts in a given statement. According Kvale 2009, categorization reduces and structures large interview texts into few tables and figures whose goal is to capture the fullness of the experiences and actions studied.

After coding, reliability test was then conducted. Reliability in qualitative research can be measured by answering the following question:-

“If someone else did the research would he or she have got the same results and arrived at the same conclusions (Descombe 2003). In order to conclude how another researcher would come up with same findings, information on how the research was undertaken, its purpose and theory should be provided.

Reliability maybe discussed under:-

1. Stability or intra-rater reliability. This means that the same coder get the same results try after try.
2. Reproducibility, or inter-reliability, where coding schemes lead to the same text being coded in the same category by different people.

This study implemented stability .I coded the data several times; achieving almost similar results .Reliability in this study concerns the extent to which creation of codes yielded the same results on repeated trials. In reproducibility coding of text is usually assigned to multiple coders so that the researcher can see whether the constructs being investigated are shared and if multiple coders can reliably apply the same codes (Denzin et al 2003 pg.203). High level of inter-coder agreement also gives evidence that a theme has some external validity.

An example of how the meaning units, sub-categories and categories are given in Fig 4.

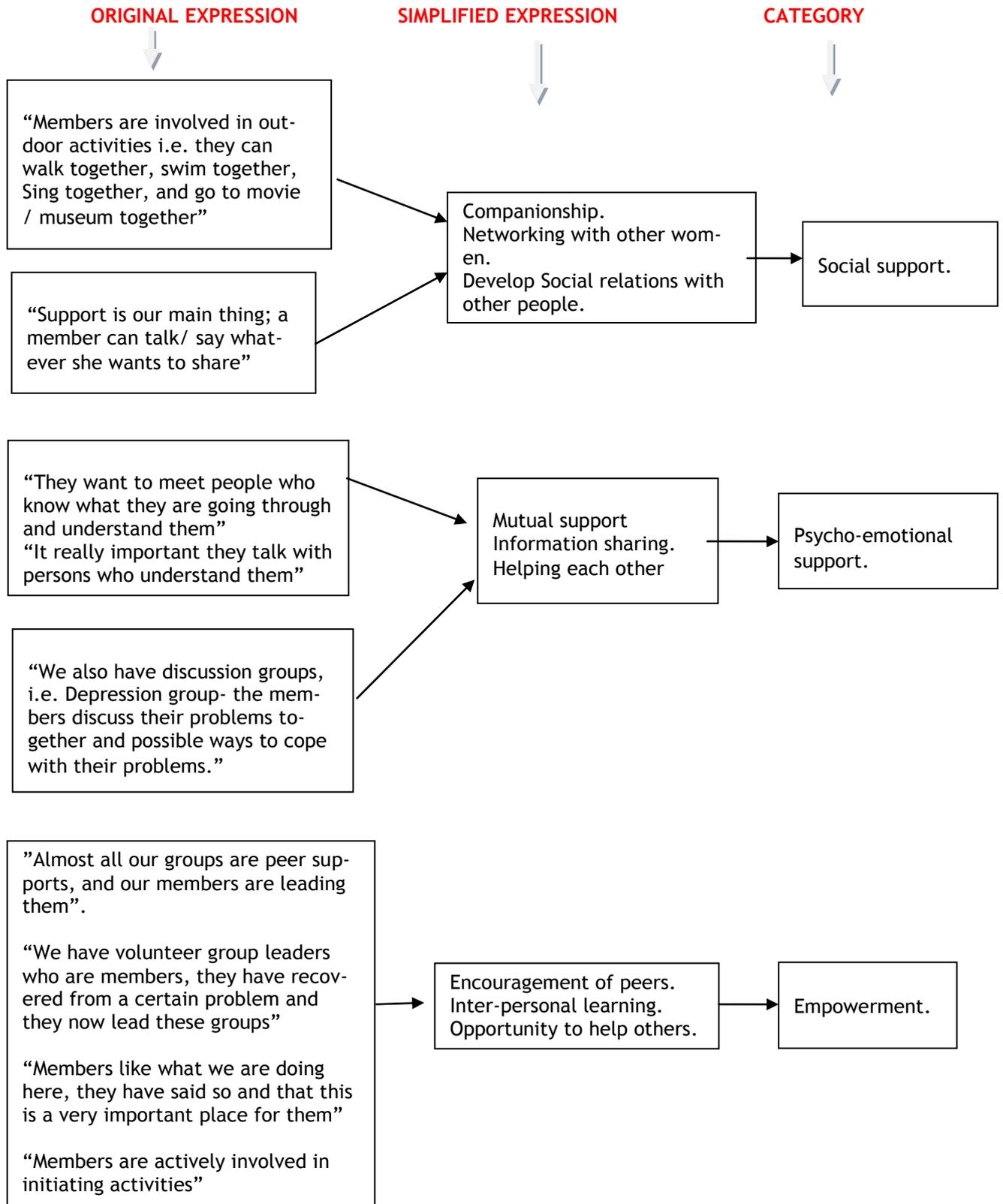


Fig 4 1: Analysis of the interview.

6 Findings

The findings revealed that loneliness is quite prevalent among immigrant women. Immigration is a major life event that requires adaptation to the new ecological and social environment. In the peer support groups, the facilitators of the groups arrange seminars and rehabilitative activities. Active participation in peer support activities helps the group members learn more about their new environment, and integrate more easily. In their participations social networks are also formed. Data from the interviews revealed that active members of the groups gradually gain Social support, psycho-emotional support and are empowered.

The review of literature showed that immigrant's women migration and acculturation experiences is a threat to their physical, emotional and mental health. Negative experiences affect women coping skills, coping strategies and their psychological adaptation. Immigrant women illness and sickness behavior is closely related to the organization and availability of social and medical services in the host land. Migration in general is associated with increased distress, less happiness, and social encounters. Association between immigration and social relations varies in individuals and with the length of stay. Research showed that in the beginning of their stay in new society, immigrants experience poorer family functioning and fewer social contacts. However the pattern disappeared with the length of residence as individuals integrate in the new environment.

“Socially integrated people may be less likely to develop health problems because they have a more diverse resource collection to call upon when needed. Having a wide range of resources should help people deal with situations that arise, thereby rendering them less vulnerable.”(Scandinavian journal of public health 2007 35:197).

Immigration is a worldwide phenomenon, in countries that have been built on the flow of people to develop their societies and in countries that are new to immigration. Such societies should invest on educating its new members / immigrants on the psychological and social changes that take place during and after the immigration process. Societies receiving immigrants should try to be plural societies i.e. culturally diverse populations, all trying to live together. Findings also revealed that immigration distress is quite common among immigrant women living in societies that don't support pluralism. Research identifies immigration distress dealing with stressful aspects of the immigration experiences.

It includes dealing with unfamiliarity, discrimination, alienation loss of familiar networks, and support systems. Yang et al. 2010 says that immigration distress can often lead to depression and poor health behavior.

6.1 Social support

Data gathered from the interviews revealed that peer support is quite beneficial to immigrant women. In the peer support meetings these women expand their social circle.

In the EMY meetings the women meet other immigrant women who almost suffer the same predicament. Companionship and networking with other immigrant women seemed important to the members of the immigrant group. Interaction with other participants in the group helped them cope with their own problems and feel accepted. One of the informants expressed the following:-

“They want to meet people who know what they are going through and understand them. It is really important they talk with a person who understands what they are going through.”

Valuable social connections occurred when the women engaged in different activities together i.e. painting, cooking, singing or even visiting museums, they are integrated into the society. Increased social relations reduced loneliness and promoted personal empowerment.

“Support is the main thing; they just tell what they want to say.”
“Art group meet to do some art together, painting.....,
Members can walk together, swim together, they sing together `Karaoke` and play music together.”

6.2 Psycho-emotional support

Psycho-emotional support is almost a necessity for women and almost everyone who has undergone the immigration process. This is a theme that came up through-out this study.

Psycho-emotional support through peer support activities is favored by most immigrants, than therapy focused support. In peer support groups the peers have mutual trust for each other and most members have undergone almost similar predicaments. EMY provides a non-hospital setting for its members so that they do not feel obligated to share or do anything that they don't feel like doing. According to the informants:-

“This is member house “Open house” anyone can come inside anytime & talk with other people, read newspaper or just sit down and drink coffee”.

“We are open place where one can come and do what you want. We do not want to be like a service center where you might feel obligated to do something. You also do not have to register or sign contract”.

Information sharing is also another way that the members support each other emotionally. Rehabilitative activities and seminars arranged by the facilitators give the members an opportunity to communicate with each and to meet new people in the society. The members draw enormous support in realizing that they are not alone in their problems and experiences. There is a great relieve in knowing that they are not the only ones. This researched revealed that the groups in EMY are client-center and the main emphases being group support and information sharing. The facilitators design specific groups that bring members experiencing similar problems together. By doing so the members understand each other and in sharing they help each other.

”Almost all our groups are peer support groups. The peer support groups can be related to common disease or can be related to Art and Sports. For example Depression group, the members meet twice a week to discuss their conditions and how they have been coping”.

“In the immigrant women’s group we arrange rehabilitative activities for them where they can meet new people, visit to museums and also try to support them in Job searching”

6.3 Empowerment

From the Findings empowerment through peer support emerged thought the study. From the literature empowerment has been found to be a guiding philosophy of many mental health programs. For one to feel empowered, one has to overcome his/ her emotional insecurities and social difficulties. According to Rogers et al 2009:-

“Peer support groups have become widely accepted as a key component of the empowerment process”.

By meeting other people during the peer meetings, members learn from each other new ways of coping with their problems. Interpersonal learning is the key goal. The members gain insight in their relationship with others, by relating differently themselves and by observing and learning how others relate. All these learning processes raise their self-esteem and worth and are more confident and thus they are empowered.

From the data gathered from the interviews I found out that some of the facilitators in the groups were themselves once members in the same groups.

“Almost all our groups are peer support, our members are leading them and some other person’s who were once in the group and had suf-

ferred the same problems that are being experienced by the peer members”

“Members are actively involved in initiating activities for the groups; the participants can influence/ hope for a new group focused on certain activity”

7 Ethical considerations and trustworthiness

An ethical decision rises throughout an entire research process. Steinar Kvale (1991) continues to say that; a researcher should be careful to observe ethical codes; professional ethical codes for human research and that philosophical ethical theory serve as contexts for reflection on the specific ethical decisions to be considered. This study dealt with sensitive issues affecting immigrant’s women way of living. Due to the vast culture differences among the women data was treated sensitively. This study dealt with sensitive issues that affect immigrant’s women way of living, thus data accuracy and credibility were prioritized. Talbot 1995 elaborates that for a research to be considered trustworthy there must be credibility, transferability and dependability. Credibility is achieved through research validity. In this study credibility was achieved through data triangulation. The researcher used both literature review as a data collection method and interviews. Data gathered was also reviewed by the supervisors and the organizer in Emy (Espoo mental health association) to ensure that the information was accurate. The supervisors also assessed all the research procedure methods and processes that were used in this study thus dependability was achieved.

The following ethical issues were considered throughout the research process.

- 1) Informed consent
- 2) Confidentiality
- 3) Consequences.
- 4) Reliability and Validity

Informed Consent: - All the participants were voluntarily involved in the study. The informants were briefed about the research, its purpose and the main features of the design, possible risks and benefits likely to occur due to their participation (Kvale 2006).

Confidentiality: - Steinar Kvale (1996) proposes that confidentiality in research implies that private data identifying the subjects/ participants should not be reported. During publication participants identity and privacy should be protected, by changing their names and any other identifying features. The interviews conducted were treated confidentially. If a study involves publishing information potentially recognizable to others, it should be explicitly stated in a written agreement. In this research study the informant’s details are not mentioned.

Consequences:- Steinar Kvale (2006 p.116) explains the ethical principle of beneficence as minimizing the risk of harm to a subject; the potential benefits and the importance of knowledge gained should outweigh the risk of harm to the participants.

A part of this study involved interviewing people who work with the immigrant women. It was the responsibility of the writer to consider possible consequences of the interviews to the workers and the whole immigrant group at large. The ethical obligation in this study was to report the findings of the interviews accurately and fairly, keep any promises that were made in order to get the interviews and the commitment to not harm the interviewees (Hille Janhonen - Abruquah 2010, p.67).

Reliability and Validity: - Reliability requires that a research instrument produces the same data time after time on each occasion that it is used. In this study reliability of the data was achieved by coding the same data several times and coming up with almost similar results.

Validity means that data methods are right; the research data should reflect the truth, reflect reality and cover the crucial matters. Babbie, 1995, validity is the extent to which empirical measure adequately reflects what humans agree on as the real meaning of concept. Silverman 2000 expresses validity as another word for truth. Validity in this study was obtained through triangulation. Triangulation occurs when a researcher combines different research methods, study groups, local and temporal settings and different theoretical perspectives in dealing with a phenomenon. Data triangulation was utilized in this study, where the writer used both interviews and literature review as data collection methods (Flick 2002).

7.1 Discussions of findings

Immigration is a continuous process; it can be both voluntary and involuntary. Finland has seen increased immigration over the last 10 years. The numbers of immigrants seeking for resident permits is quite high. Finnish legislation, in form of the Nationality Act, Aliens Act and Non Discrimination Act (Finley 359/2003, 301/2004, 21/ 2004), has followed the increased immigration. A percentage of these immigrants are women. Like in other society women needs have to be recognized and their value and contribution in the society recognized. According to the Act for the integration of immigrants and Reception of Asylum seekers, rights and responsibilities of foreigners have been recognized (Finley 493/1999).

Finland has now several multicultural associations that help immigrants in their integration process. An example of women associations here in Finland are Wadajir for Somali women Association and Azadeh association which is comprised of Persian speaking women. Persian is an Iranian language. It is widely spoken in Iran, Afghanistan, and Tajikistan and in some extent in Armenia, Iraq, Pakistan and Bahrain.

Most immigrant women do not know of the existence of these associations, peer support services and other immigrant services available in Finland that can promote their psychological well being. Information on peer support services and immigrants should be readily available. This study focused on peer support among immigrant women. Findings from the study revealed peer activities helped women to socially integrate in the Finnish society. These women visited several sites like Finnish museums, participated in cooking activities together, walking together and camping. These activities among the immigrant women were considered to be one form of social support. Research has shown that social support is one of the underlying psychosocial processes of peer support (Salzer 2002 et al.). Among immigrants, the availability of social support affects their psychological state, behavior and response to stress. Social support can be defined as the resources provided by other persons; availability of people to whom we can rely, people who let us know that they care about us, value, and love us and are willing to assist us meet our needs (Psychiatric Rehabilitation Journal 2004; Scandinavian Journal of public health, 2007; 35: 197).

Information from the participants revealed that most of the women in the group are lonely. Their Finnish language skills are poor thus making it harder to integrate in the society. They spend most of their time isolated in their own homes. Social isolation itself is a disempowering factor. When immigrants spend most of their time inside their homes, the results are minimal patterns of social interaction. EMY arranges rehabilitative activities and supports them in job searches. It is done through information sharing and arranged seminars. The facilitators have a deeper understanding of the Finnish system, there is information flow. The seminars create awareness, sense of connection and belonging among the members. Women participating in peer support activities, integrate easily in the society by friendship formations and other social relations. Peer support groups also promote interpersonal learning and personal empowerment. Members share their problems and the different and several ways that they have tried to cope with them. According to Sharry (2001), group members are more likely to accept the support, suggestions and encouragement of other group members who are undergoing similar predicaments.

The act of helping benefits the helper as well as the helped. Findings revealed that some of the group leaders in EMY were once members of the same group. This is a perfect example of empowerment through peer support. These people gained their confidence, self-esteem and self-worth through active participation in the group activities. The opportunity to help others in the group gives them a chance to be of value and to contribute meaningfully to the group and be valued themselves. From the information gathered from the participants, peer support has a huge impact on the women's psychological health and physical health in general.

Literature revealed that barriers to health information are low education, language, culture, beliefs and institutional factors, age, and level of education contributes to their difficulty in adapting to the new environment and learning the new language. Such women have then to rely on their spouses, children or other family members to communicate for them. This kind of communication frustrates the women's interpersonal communication and self-expressions. Language barrier also forces some women to live in isolated environments inside their homes. They are unable to carry out activities like shopping, seeking medical services, prenatal examinations during pregnancy, language difficulties might also prevent them in participating in their children's educational lives effectively. This means that they are unable to assist their children in homework. .. Zanchetta et al 2006 proposes that to overcome such barriers, health professionals should be cultural competent. Empowering immigrant women requires motivation from both the women and their peers. Personal empowerment happened when immigrants overcame the effects of stigma, social isolation, emotional insecurities and social difficulties.

Peer support is a major component of the empowerment process. Immigrants are no longer expected to assimilate entirely to the norms and customs of the dominant culture. They should be encouraged to maintain some aspect of their ethnicity. In conclusion, peer support practices and networks are developed to become a movement offering support to strengthen what other people have to offer. This increases individual's ability to find safe and satisfying solutions to problems. Immigration brings together individuals from different cultural backgrounds into contact. Peer support programs for immigrants are developed for different ethnic and cultural groups, physical and mental health promotion. When there is peer-peer support, individuals learn how to re-discover their natural ability to give and get good attention from each other through basic listening skills. Peer support activities increase confidence and self-esteem for both supporters and clients. There is increased communication and social skills for both peer and peer supporters.

7.2 Recommendations and suggestion for further research

The aim of this study was to inform and enlighten immigrant women. It also hopes that the findings of the study will help EMY in its future growth and development in supporting and providing services to immigrant women in Espoo region. A study conducted by EMY revealed that immigrant women lack knowledge and peer support. Most immigrants have no idea where to seek help. Language difficulty is one of the major reasons that create a barrier in communication. One suggestion for the future is implementation of effective and free literacy education programs for all immigrant women to help them improve their language and communication ability.

In Finland there exists already Finnish language courses for all immigrants consisting of both old and young immigrants, however I think there should be some classes just for older women, where a part from literacy courses they could also discuss other issues affecting them in their new environment. Due to their varying cultural backgrounds and strong beliefs, some of the immigrant women do not speak or share their problems in the presence of young people and men. Their cultural belief simply doesn't allow it.

Telephone interpretation services could also be established at affordable rates and free in cases of emergencies. Formal or non professional volunteers who are cultural sensitive could be trained and hired to work at the telephone interpretation centre and in community centers. Research showed that communication barrier was a major cause of immigration distress especially when immigrants visit health centers. Misunderstanding between the patient and caregiver sometimes results to misdiagnoses, administration of wrong medications which in major cases could cause death. More translated health education pamphlets, brochures, booklets and Audio CDs should be made readily available to immigrants by for example distributing them to schools, churches and community centers. Availability of such materials gives immigrants ideas and knowledge on where to find and seek help, thus improving the quality of healthcare.

Finally, limited research has been done on immigrant women in Finland; there adaptation, coping strategies and mental health. More research should be advocated in order to understand how immigrants here in Finland cope with immigration stressors. Finnish citizens should also be advised to participate in activities and seminars on culture education. Culture education helps the host members to understand better why immigrants behave the way they do and how they can support them during and after the immigration process. When these two cultures learn to live together, the wellbeing of a country and its members is promoted. From my own experience as a foreigner here in Finland, social interaction with members from different cultural background has been both educative, informative and by sharing my experiences with other people uplifts me emotionally.

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Appendices

Appendix 1: Consent form

I am a student of Laurea university of Applied Sciences, Otaniemi campus. Am studying a degree program in nursing. I am in the process of writing my bachelor s thesis which is part of my learning process. My research topic is under Espoo mental Health association (EMY rye), and I seek to explore the following topic:-

“Peer support among immigrant women to promote their psychological wellbeing”

For the purpose of this study I will be using a tape recorded to record the interviews. All the information collected during the interviews shall be treated confidentially and participant’s identities shall not be revealed. The tape recorded information will be destroyed after the study is completed and published. Participants can freely participate in this study and are free to withdraw anytime.

For further information feel to contact me at:-

Thank you

Wanjohi Carolyne

Wangreh@gmail.com

Appendix 2: Interview questions

1. What is the nationality of the immigrant women in EMY?
2. What are the most common problems that the immigrant women face?
3. In your own words, what do you think of Immigrant women?
4. Do the women visiting EMY move here with their families or were the families already here in Finland.
5. In your own opinion what are the women's feelings on their participation in EMY. Are they active members?
6. What is the employment status of these women?
7. In your own opinion what are the feelings/ opinions on information sharing / group activities?

Questions on peer support.

1. Exactly what is EMY, its roles and functions in general?
2. What are the participant's hopes & wishes from the support group? Do they feel happy in the group?
3. Are they willing to share their experiences before and after immigration?
4. Do the participants have any suggestions on the activities of the group
5. What kind of peer support activities and social support activities are offered by EMY.
6. What motivates the participants to join the group?
7. In your opinion, has EMY helped or assisted immigrant women? Do you have any suggestions that can be implemented in the organization in the future