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A GUIDE FOR IMMIGRANTS ABOUT HEALTH CARE SYSTEM IN FINLAND

– Terveysnetti

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The main purpose of this thesis was to make up-to-date bilingual guideline and brochures for the immigrants in Finland on Finnish health care system. The aim of this project was to produce a web-page material written in simplified English in Turku University of Applied Sciences' Terveysnetti internet pages. Terveysnetti is a website which provides useful health information. The webpages are available at: http://terveysnetti.turkuamk.fi/eng/guide/index.html

The bachelor thesis contained two parts: Literature and guideline part. The literature part covered briefly Finnish history, population, Finnish health care system, immigrants in Finland, history of immigration, and immigration policy. The booklet part included information about health care centers, how to visit doctor or nurse, maternity and child welfare, dental care, emergency number 112 and mini dictionary.

The guideline was written in simplified English and translated into Somali language. It presented the characteristics of Finnish health care system. Bachelor's thesis was aimed to promote the health of immigrants as they face cultural differences, language problems and insufficient information on the health care system in Finland.

As the health of the immigrants in Finland was not yet studied well and the literature in English on this field was insufficient, the objective of this study was to teach the immigrants to Finnish health care system and also to ease the challenges that health care professionals face when giving care to immigrant patients. As a further study, the author suggests translating the guideline into other official languages so as all immigrants can benefit from it.

KEYWORDS:

Ethnic minority, Finland, Finnish, guide, guideline, health, health care system, immigrants.

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LIST OF ABBREVIATIONS

GP	General Practitioner
KELA	Social Insurance Institution
MSAH	Ministry of Social Affairs and Health
NHI	National Health Insurance
SII	Social Insurance Institution
WHO	World Health Organization

1 INTRODUCTION

About 100 years ago, Finland was more international than now and immigrants have been to the country throughout their history. Migration was active both in Swedish authority reign and grand duchy autonomy period. Finland got immigrants from Sweden, Russia and Germany, as well as from England, Scotland, Denmark and Norway. In 1870 12% of Helsinki's population was Russians and the Swedish-speaking people were greater than now (approximately 6%) because they were about 14% across the country. (Räty 2002, 29.)

The history of internationalism was covered partially, because many foreign-originated names were interpreted into Finnish between 1920-1930. In late 1980, foreigners living in Finland were about 17 000 and at that time the only reason to move to Finland was marriage although, small number of people came for working or studying. However, migration intensified after 1991, when the current act on the integration of immigrants and reception of asylum seekers came into force. Within ten years the number of foreigners increased up to 90 000 persons. (Räty 2002, 29-30.)

Historically Finland was a country of voluntary and economic emigration, but today it is witnessing increased immigration simply because of favorable economic, technical and social developments. According to statistics in Finland in 2011, the number of immigrants who immigrated to Finland from abroad in 2010 was 25 650 (www.tilastokeskus.fi, 2011). Although the number is 1 050 lower than 2009, but immigrants are seen in Finnish population more frequently when compared 20 years ago.

Immigrant population and foreigners living in Finland are from different countries in the world, but the top ten countries are: Estonia, Russia, Sweden, Somalia, China, Iraq, Thailand, Turkey, Germany and India. (Dhungana et al. 2007, 41; Finnish Statistics 2011.)

2 BACKGROUND

2.1 Finland

This chapter provides the reader brief information about Finland, the Finnish history and population. The chapter starts with the description of Finland, its population and the history of emigration and immigration. It also gives general information about population structure in Finland.

2.2 History of Finland

Finland is an independent republic situated on the northern and eastern fringes of Europe. Its population is approximately 5.3 million and the country is the seventh largest European country with a land area of 338 145 km^2 and having two official languages Finnish and Swedish. Almost all Finns are Christians and religion does not have a great influence to the life of the people. Bordering countries to Finland are: Sweden to the west, Norway to the north, Russia to the east and Estonia to the south across the Gulf of Finland. After being under the rules of its two powerful neighboring countries; first Sweden for almost 600 years and then Russia for over a century, Finland got finally its independency in 1917 from Russia. (Järvelin 2002, 1.)

Historically, Finland has traditionally been a country of net emigration. People have migrated to other Western countries to seek better life conditions. Although Finns migrated to North America, but Sweden has been the most popular target country of Finnish emigrants and during the late 1940s, many families sent their young children to Sweden because of worsened living conditions resulted by the World War II. However, the turning point came in 1980s when the net emigration reached its lowest level, whereas immigration rate increased. Finland, then got more immigrants from the world until the end of the 1990s, although, most of the immigrants were Finnish returnees coming from mainly Russia. (Heikkilä & Peltonen 2002, 2.)

2.3 Population structure

The population of Finland reached one million in 1811, two millions in 1879, three millions in 1912, four millions in 1951 and five million in 1991. According to statistics, Finland's population will reach nearly 6 million by the year 2040 and it has been predicted that, by the year 2025, one third of the Finnish population will be 65-years-old or older. In 1950 the structure of Finland's population has changed significantly and the most seen changes were: the elder population increase, children population decrease and Lutheran Church membership decrease. (Söderling 2010, 4.)

However, during the last one hundred years, Finland's population decreased four times because of subsequently worsened living conditions. Civil War in 1918 resulted population decrease of 19 000, and the Winter War, in 1940 dipped the population by about 4,000. Emigration in 1968 and 1969 to Sweden left a total population deficit of about 35,000. The Finnish population will start to decline in the 2020s unless immigration increases from the current level. The proportion of the elderly will grow more rapidly than in most other countries. (Markkanen 2008, 22.)

The Finnish population is said to be ethnically homogenous when compared to other EU countries. In 1980s, the foreign population level was low, but it was as early as 1990s, when the immigration rate reached its record although the sudden increase of the foreign population coincided with a severe economic depression. By the end of the year 2010 the total number of foreigners was 155 705. (Heikkilä & Peltonen 2002, 2.)

Table 1. Finland's population 1900-2010

Population	Unit	1900	1950	1990	2000	2005	2009	2010
Males	1 000	1 311	1 926	2 426	2 529	2 572	2 625	2 638
Females	1 000	1 345	2 104	2 572	2 652	2 683	2 726	2 737
Total	1 000	2 656	4 030	4 998	5 181	5 256	5 351	5 375

Source: Statistics Finland 2011, www.tilastokeskus.fi

2.4 Health care system in Finland

Finnish health care system has three levels of administrations: Ministry of Social Affairs and Health (MSAH), Provincial State Office and Municipalities. At the national level, the Ministry of Social Affairs and Health (MSAH) directs and guides social and health services by defining general social and health policy. MSAH is involved in preparing major reforms and proposals for legislation, monitoring implementations and assisting the Government in decision-making. The government then decides according to their priorities and passes to the Parliament to be discussed. (Vuorikoski 2008, 4.)

In General, Finnish health care system has improved well in the last twenty years when compared to other European countries because the Finnish male life expectancy was lower than anywhere else in Western Europe in 1970s. However, the life expectancy of Finnish men has reached to its highest above the other European citizens. On the other side, Finnish women's life expectancy which was closer to European average sits now on the top in Western Europe. (Koskinen et al. 2006, 6-8; Järvelin 2002 6; Taperi et al. 2009, 6.)

The health care system in Finland consists of three levels which receive public funding: municipal health care, private health care and occupational health care.

Municipal health care financing is based on taxes and are funded by municipalities (71% of outpatient physician visits) except outpatient drugs and transport costs. National health insurance (NHI) partly funds private health care (16% of outpatient visits), occupational health care (16% of outpatient visits), outpatient drugs, sickness allowances and transport costs. (Vuorikoski 2008, 1; Wahlbeck et al. 2008, 10.)

In 2008, There were 415 self-governing municipalities with an average of 12 000 inhabitants in Finland which provide the largest share of health care services. According to Primary Health Care Act (66/1972), all municipalities are responsible for arranging basic services such as education, social and health services for their inhabitants. It is also obliged for the municipalities to maintain health centers for the provision of primary health care services. (Vuorikoski 2008, 1; Wahlbeck et al. 2008, 11.)

The Finnish population has had supported their health care system both before and during the economic crisis as well as now. This has been shown both in Finnish and international studies done. A survey published by the European Commission in 2000, showed that Finland has the highest number of people satisfied with their health care system in the EU: more than 80% of Finnish respondents were satisfied compared with the EU average of 41.3%. (Järvelin 2002, 15.)

2.5 Current health care system structure

The basic elements of the Finnish health care system were working in late 1970s. It took about 20 years to manage and rationalize the management of the health care system. In 1990 the Hospital Act came into force brought all municipal hospitals under the ownership and management of twenty-one health care districts. As mentioned already it is must that each district provides hospital services and organizes the public specialized hospital care in its area. (Häkkinen 2005, 5.)

Finland spends 8.2% of its GDP on health care, 76% goes to the public health care whereas 24% goes to private. At the moment the Finnish health care system can be described as well-functioning and up to-date system compared to other European countries. The current system is based on the responsibilities of the municipalities which provide health care funded by government, employers and tax-payers. Also primary municipalities are responsible for social services including nursing homes, children day care centers, social assistance, basic education and services for old people. (Saarivirta 2010, 13.)

Finland is divided into 20 hospital districts and all municipalities are part of the hospital districts to guarantee specialized health care service to the population. Public and primary health care are provided through municipal health center. Each district is responsible to provide hospital services and coordinate the specialized public health care in its area. (Johansson 2010, 1.)

There are five University hospitals in the country. University hospitals provide the most challenging specialist health care and locate in Helsinki, Turku, Tampere, Kuopio and Oulu. Non- University hospitals form the next level. They are smaller than the University hospitals and they don’t offer University education. The third level is the district hospitals which are also smaller than the non-University hospitals. Many challenging treatments are done in these hospitals. Primary health care centers are known as the fourth level of hospitals. They only provide primary health care. (Saarivirta 2010, 13.)

2.6 National health insurance (NHI)

The National Health Insurance (NHI) scheme covers all Finnish residents (17% of the total cost of the health care in Finland), and the scheme is run by the Social Insurance Institution (SII) through approximately about 260 local offices throughout the country. SII falls under the authority of Parliament, and its responsibilities include coverage of some family benefits, NHI, rehabilitation, basic unemployment security, housing benefits, financial aid for students and state-guaranteed pensions. (Taperi et al. 2009, 42.)

The NHI compensates some of expenses for visits to private health care sectors because of disease, pregnancy or childbirth. However, all expenses for some cares such as using preventive services like vaccinations and birth control are not covered by NHI. Generally, NHI covers dental care, but prosthondics (replacing missing teeth by using artificial teeth) and orthodontics (correcting and fixing of teeth with the use of braces) are excluded. Getting NHI is directly related to doctor's prescriptions and referrals, visiting psychologists or physiotherapists therefore need physician's prescription. (Wahlbeck et al. 2008, 41.)

The main NHI finding comes from the employees (38%), the insured (33%) and the state budget (28%). NHI covers about 41% outpatient visits to dentists, 16% of outpatient visits to physicians, and 5% of inpatient cares provided by private sectors. In addition to that NHI partly covers costs of outpatient drugs, costs of private medical sectors, occupational health care costs, and maternity leave and sickness allowances. (Vuorikoski 2008, 3.)

2.7 Health care policy and differences in Finland

Finnish health care policy has been aimed at two main objectives, securing the best possible quality of life and health for all population as a whole by reducing disparities in health between different population groups such as premature deaths, and extending people's active and healthy life. (Koskinen et al. 2006, 13.) Finland's health care policy has been progressing because of the chosen strategy. The health of the population as a whole has progressed, although still differences are found between different sectors of the population. In fact this puts a lot of pressure on the upcoming future health policies as it poses challenge to the regional differences within the service system itself (MSAH 2004, 5).

Finland's overall health care promotion policy has the basis of the 2001 Health 2015 programme approved by Ministry of Social Affair and Health (MSAH). The programme explains the expected Finnish health care system by the year 2015.

The foundation of the strategy was funded by World Health Organization's (WHO) the Health for all programme (Hfa). The 2015 health programme brings different ways of promotion in different sectors of the society. The main target is not only the health care and its development but the programme focuses everyday life in general. (Wahlbeck 2008, 19.)

Main health policy targets up to 2015

Targets for different age groups

1. Child well-being and health will increase, and symptoms and illness caused by insecurity will decrease appreciably.

2. Smoking by young people will decrease, to less than 15% among those aged 16–18; health problems associated with alcohol and drug use among the young will be dealt with appropriately and will not exceed the level of the early 1990s.

3. Accidental and violent death among young adult men will be cut by a third from the level of the late 1990s.

4. Working and functional capacity among people of working age and working conditions will improve, helping people to cope longer in working life; retirement will be about three years later than in 2000.

5. Average functional capacity among people over 75 will continue to improve as it has for the last 20 years.

Targets for everyone

6. Finns should expect to remain healthy for an average of two years longer than in 2000.

7. Satisfaction with availability and functioning of health services, and subjective health and experiences of environmental impacts on personal health will remain at least at the present level.

8. In implementing these targets, a further aim will be to reduce inequality and increase the welfare and relative status of those population groups in the weakest position. The objective will then be to reduce mortality differences between men and women, groups with different educational backgrounds, and different vocational groupings by one fifth.

(Koskinen et al. 2006, 14.)

The health care centers were built on the basis of the 1960s NHI scheme and the Primary Health Care Act in 1972 which were supposed to balance the un-equal distribution of health care in Finland. In 1960s there were health care needs in rural area. Hospital Act in 1990 put municipal hospitals under the ownership and management of the hospital districts. (Saarivirta 2010, 13.)

2.8 Public and private health care

In Finland majority of health care services are organized by the public municipal health care system. Each municipality covers all people registered as permanent residents within its borders. For the near future municipal health centers will also provide essential emergency care to anyone, including residents of other municipalities. Asylum seekers are entitled to the same level health services as permanent residents. (Taperi et al. 2009, 40.)

Municipalities provide also private medical treatments which the NHI covers 16% of the costs. In Finland many doctors, dentists, psychologists and physiotherapists offer private care in cities and also few small privately owned hospitals are found. There are also a few small private hospitals. Approximately one third of the Finnish doctors work in a private place in addition to their normal working places in hospitals or health care centers. In addition to that more than 10% of Finnish doctors earn their living solely as private practitioners. (Finnish Medical Association 2011.)

Public municipalities are by law obliged to arrange necessary primary and specialist level health services for their inhabitants. They can supply services by themselves or purchase both primary and specialist level services from other municipalities, private sectors as well as hospital districts. Municipalities can give their inhabitants individual service vouchers for buying health and social services. In 2006, there were a total of 257 health centers in Finland and generally, all health care centers have hospitals run by practitioner (GP). (Saarivirta 2010, 12.)

In Finland there are private health care sectors mainly focusing on out-patients services as well as privately owned hospitals. Individuals and employers can buy the private health services by their own and even nowadays health services are purchased by municipalities from the private units. During the last decade, the use of both privately owned health services and occupational health services have increased compared to municipal health service. In Finland all

outpatient visits in private providers make 30% and private hospitals get only 3.5% of all hospital visits in the country. It is well known that the main reason for the fast growth of the private sectors is the NHI reimbursements which are approximately 30% for user health expenses and 60% of employer's expenses. (Saarivirta 2010, 14.)

3 IMMIGRANTS

3.1 History of emigration and immigration

Droughts in 1860 caused emigration of 1.3 million Finns to every parts of the world. North America was the main target for Finns, but because of the economic recession in 1930s, Finns turned their ways to Sweden until the World War II. It is estimated that about 755 000 Finnish citizens migrated from Finland between 1945-2001. In 1969-70, Finland experienced population decreased for a short while when many citizens left the country at the same time. Finnish people settled in both Central and Western Europe in 1960s. (Koivukangas 2003, 3.) Return migration to Finland started between 1970-80 mainly from Sweden. The main reasons for return were good employment situation in Finland and wish of Finnish parents to get their children a Finnish education system (Koivukangas 2002, 2; 2003, 3).

The Finnish population has traditionally been monolingual population of the Finnish-speakers, the Swedish-speakers and speakers of other languages rather than Finnish or Swedish. The Swedish speaking minority Finns have lived in Finland for almost 1000 years and make only about 300 000 only 6% of the Finnish population. They were two different groups; a group who settled on the Southern and Western coastal areas who were mainly farmers, fishermen and seafarers and urban upper class group who settled in urban areas. (Markkanen 2008, 30; Koivukangas 2003, 4.)

The 6 500 Sami people who are part of the larger Sami ethnic group (indigenous population in the Nordic countries who dominated northern parts of Finland, Sweden, Norway and Russia) are regarded as the only indigenous people in Finland, however Samis have mixed with the Finnish population and many of them have double identities. Sami are the only minority people in Finland who have elected representative body Sami Parliament amongst themselves since 1973. The Sami Parliament does not hold any power to

resolve the conflicts between Finnish Government and the Sami people. (Markkanen 2008, 31-32; Koivukangas 2003, 4.)

Jews arrived to Finland from Sweden and Russia. In 1870, Finnish Jews were about 300. The majority of the Jews in Finland are descendents of Russian soldiers and their families remained in the country after the domination of Russia in 1809. When Finland was a part of Russia Jews people had no right to apply permanent residence and Finnish citizenship since Swedish rule remain unchanged, however they were granted Finnish citizenship by law after two months of Finland's independency in January 1918. (Koivukangas 2003, 4; Markkanen 2008, 35-36.)

Romani/Gypsies and Muslim Tartars arrived in the 16th and 19th centuries respectively. About 10 000 Romani and 100 Tartars live in Finland at the moment. Romani are the largest ethnic minority in Finland came from the West through Sweden. After experiencing many difficulties under both Swedish and Russian rules, they were finally granted citizenship in 1919. Russians lived in Finland as soldiers, merchants, civil servants and tourists during the Grand duchy time. There were about 6 000 Russians living in the country in 1900. Finland then got 33 000 refugees after the Russian revolution in 1917. (Markkanen 2008, 31-37; Koivukangas 2003, 3-4.)

3.2 Immigrants in Finland

Immigrants in Finland can be classified into two different groups: voluntary immigrants and involuntary immigrant. Voluntary immigrants are those who are coming because of their choice and doing business in Finland like Russians, Estonians, Americans and Britons while most of the Bosnia-Herzegovinians, Iraqis, Somalis and Vietnamese came to Finland as refugees and regarded as involuntary immigrants. The Bosnia-Herzegovinians, Iraqis and Somalis arrived in the 1990s, whereas the Vietnamese were more established immigrants from the turn of the 1970s and 1980s. (Heikkilä & Järvinen 2003, 3.)

The calculation of the number of foreigners living in Finland usually establishes from three factors: country of birth, nationality and language. However, each factor has problems and limitations. For example, if the statistics establishes from immigrant's country of birth, it does not show both Finland born returnees and immigrant children. If the statistics establishes from immigrants' nationalities, also it does not show immigrants who got Finnish citizenship. If the statistics establishes from the immigrant's mother tongue, then it does not show some returnees whose mother tongue is Finnish (Martikainen & Tiilikainen 2007, 38-39.)

Refugees also are part of immigrants; so far the largest wave of refugees to Finland was seen after the Russian Revolution. In 1922 it was estimated that about 33 500 Russian refugees were in Finland. The first refugees from far countries to Finland arrived in Finland in 1970 from Chile. Finland accepted nearly 200 supporters of President Allende of Chile between 1973-1977. (Koivukangas 2002, 5; Räty 2002, 33.)

The next wave of refugees came from Vietnam. The end of Vietnam War caused about one million refugees to leave the country in 1979 and the first Vietnamese refugees arrived in Finland by small boat. Vietnamese were 100 in total and they were named as 'boat refugee' because most of them had fled in small boats. Finland then continued to accept asylum seekers year by year although the number of accepted immigrants was not greater than few dozen of asylum seekers yearly. (Räty 2002, 29.)

3.3 Largest groups

According to Statics in Finland (2011), Estonians form the largest foreign group in Finland ahead of Russians. In 2010, there were over 29,000 Estonian citizens, 28,000 Russian citizens, 8500 and 6500 Swedes and Somalians respectively. The number of Estonian citizen increased from 25 510 to 29 080. After the Estonians the second largest group is now Russians. About 28 000 citizen lived in Finland at the end of 2010. About 60% of Russians are married

to Finnish men. Children make 10% while the number of the Russian old people over 65 years is the greatest compared to other foreigners. Descendant Finnish returnees know as Ingrains are Finnish Russians. About 20 000 Ingrians have returned to Finland since 1990 immigrant women from Russia are Almost half of- and 2000 still with the Soviet Union passport in Finland. Some 60 percent of the Russians are women married to Finnish men. (Koivukangas 2002, 6-7.)

Below is a table showing the latest statistics of the largest groups in Finland.

Country of citizenship	2009	%	Annual change, %	2010	%	Annual change, %
Estonia	25 510	16,4	12,9	29 080	17,3	14,0
Russia	28 210	18,1	4,8	28 426	16,9	0,8
Sweden	8 506	5,5	0,8	8 510	5,1	0,0
Somalia	5 570	3,6	13,2	6 593	3,9	18,4
China	5 180	3,3	12,1	5 559	3,3	7,3
Iraq	3 978	2,6	22,9	5 024	3,0	26,3
Thailand	4 497	2,9	14,4	5 021	3,0	11,7
Turkey	3 809	2,4	11,1	3 973	2,4	4,3
Germany	3 628	2,3	3,6	3 715	2,2	2,4
India	3 168	2,0	15,8	3 468	2,1	9,5
Others	63 649	40,9	8,0	68 585	40,8	7,8
Total	**155 705**	**100**	**8,7**	**167 954**	**100**	**7,9**

Table 2. Largest groups in Finland
(Source: Statistics Finland 2011. www.tilastokeskus.fi)

3.4 Refugees in Finland

Finland has more than 20 000 refugees coming from mainly, Africa and Asia. Somalians form the largest refugee group in Finland. Between 1973-77 Finnish government accepted 200 supporters of President Allende of Chile and about two years later in 1979 the first Vietnamese refugee arrived in Finland with a small boat. They fled from Vietnam to refugee camps in South-East Asia. Most of the refugees who arrived in Finland between 1970-80 were quota refugee. Until 1989 the number of asylum seekers was few dozens. However, it was in 1989 when the refugees exceeded one hundred for the first time and in 1990

2 700 asylum seekers arrived suddenly. Most of them were Somalians. (Räty 2002, 33.)

In Finland there has been a considerable increase of asylum seekers arriving from war zone areas such as Somalia, Iraq as well as citizens of Eastern Europe states especially Poland and Slovakia. The Finnish refugee policy has been quite restrictive. Since 1986 there the annual refugee quota established with the UNHCR was initially 500 refugees, but it was increased due to the pressures from the world. The quota was increased up to 1,000 refugees per year. The quotas in 2000 and 2001 650, and 750 respectively were multiplied about seven times compared to that in twenty years ago. (Koivukangas 2002, 5.)

3.5 Health of immigrants

All people living permanently in Finland as well as immigrants, returnees and refugees have the same rights to health care systems. Asylum seekers and temporary stay (B-status) got asylum seekers' health care is limited. Immigrants living in Finland use the health care centers less than the Finnish people both in primary health care (- 8%) and specialist medical care (- 27%). An exception was immigrant women, who had more hospitalizations and hospital outpatient visits, in particularly in connection with pregnancy and delivering. (Oroza 2007, 441-47.)

According to researches immigrants' health is worse than the majority of the people. A survey done on the immigrants in Finland focused on immigrants' living conditions. Russians, Estonians, Somalians and Vietnamese participated the survey. The survey concluded that their health was roughly same as the majority of the people although more cases of depression and sleeplessness (insomnia) were however reported. In the use of primary health care services, the differences between the immigrants and the population of Finnish origin are less pronounced. The immigrants had more visits to maternity clinics and oral health care visits, but less visits to other professional groups than doctors or nursing staff. The immigrants originating from refugee countries (Yugoslavia,

Somalia, Iraq and Iran) used the health care services the most. (Gissler et al. 2006, 5; Oroza 2007, 441-47.)

3.6 Finland's immigration policy

Unlike to all other EU countries, where asylum matters fall under one Ministry, the Ministries of Interior, Labor, Foreign Affairs including other Ministries in Finland are responsible for making laws and other important regulations concerning immigration and citizenship. Ministry of Labor handles asylum seeker reception and integration policy as well as enforcement. Ministry of Interior Directorate of Immigration department which is responsible for application decisions and asylum seeker's interviews and Ministry of Foreign Affairs with the cooperation of Finnish Police have been given a smaller role in executive operations. (Dhungana 2007, 41.)

Compared to other Nordic countries, Finland has similar refugee resettlement and reception policies. The Ministry of Labor has the responsibility for drafting the individual integration plans in practice falls on municipal authorities. The aim is to integrate immigrants into the Finnish society and the integration is included extensive programme of Finnish language training and orientation courses. The idea behind those programmes is to find both practice jobs employment for the refugee when their Finnish skill is enough. (Markkanen 2008, 55.)

3.7 Integration and discrimination

Moving to a new country is usually a great challenge. Integration into a new society demands resources and takes its own time. If the integration of immigrants into a new society, culture and environment causes difficulties and problems, it is worth seeking help. In its most general form, integration is a mutual process through which newcomers and hosts form an integral whole. In that regard, the main aim of the integration is to enable immigrants to get the best possible knowledge from their host society. However, economic and labor

market integration should be understood only as a starting point of a long integration process. (Forsander 2007, 57; Koivukangas 2002, 10.)

Immigrants usually face discrimination challenges from their host society. The most common cause of discrimination is racism which is based on belief differences can be used to explain perceived differences in people's intellectual, physical capabilities. Finnish Constitution prohibits direct discrimination whereby individuals are treated differently due to an unchangeable feature of their gender, age, sex or skin color.

In addition to that unlike the direct discrimination, indirect discrimination is less obvious and occurs when a policy or procedure which seems to be treating people equally has the side effect of disadvantaging certain individuals or group of people without a reasonable requirement, or in other words when neutral policy or procedure ends up causing a discriminatory result. (Markkanen 2008, 88.)

4 PURPOSE AND AIM

The main purpose of this thesis is to make up-to-date bilingual guideline for the immigrants in Finland on Finnish health care system. The aim of this project is to produce a web-page material written in simplified English in Turku University of Applied Sciences' Terveysnetti internet pages. Terveysnetti is a website which provides useful health information. The webpages are available at: http://terveysnetti.turkuamk.fi/eng/guide/index.html

5 PROJECT TASK

5.1 Guideline overview and content

The main objective of this thesis is to make a clear and practical guideline that helps immigrants better understanding of Finnish health care system. The guideline is written in English and Somali languages and would be a supportive tool for immigrants living in Finland.

The booklet contains 18 A4 pages. All important information needed by immigrants are collected and summarized. The language is easy to follow and understandable. Important information such as visiting Finnish health care centers, how to visit doctor or nurse, maternity and child welfare, laboratory, pharmacy, dental care, on-duty center, emergency number 112 and mini dictionary are in the guideline.

5.2 Guideline evaluation

Whenever job is done it is good to evaluate so as to know the importance of the work done. Evaluation belongs to thesis working process. Partners, target groups as well as the author himself can do it. Students and teachers in Turku University of Applied Sciences have made a review to ensure the importance of the booklet.

A questionnaire (Appendix 1) containing seven questions was done. The questions were simple and straight forward. The questionnaire was divided into four different parts: structure, content, usefulness of the guide as well as the opinions of the readers.

The first and the second questions were about the over-all structure of the booklet and its usefulness, third and fourth questions were dealt with the likelihood of missing some parts and guideline's ability of grabbing the tension of the readers. Fifth and sixth were also asking the most useful parts and if the

language of the was understandable. The last question was to enquire any changes needed to be done. Finally, a space for comments was offered.

5.3 Feedback from the guideline

The guideline and the questionnaire were given to student-nurses and nursing teachers in Turku University of Applied Sciences. After evaluating, they gave feedbacks and comments which were all constructive and interesting. The students appreciated the content of the booklet particularly student-nurses who were immigrants.

> *'I find this guide to be useful because it provides the basic information new comer need to know on getting to Finland. This is a good patient educative guide. It is highly informative. It points out the do's and don'ts in the system.'* Reader 1

The importance of the booklet was mentioned almost in every comment.

> *''It is very useful. It opens our health care system here in Finland very well. Main points of every topic are presented.''* Reader 2

6 RELIABILITY

Reliability and of project thesis relates to the quality of the literature found and chosen during the bachelor's thesis working process. Reliability is conceptualized as trustworthiness, rigor and quality in qualitative paradigm. It is also through this association that the ways to achieve reliability of a research get affected from the qualitative researchers' perspectives which are to eliminate bias and to increase the researcher's truthfulness. (Golafshani 2003, 64.)

6.1 Thesis working process

Bachelor's thesis process started from Spring 2011 with literature review. During that period of time the thesis had experienced different changes, but the idea of making a guideline has remained always strong. At the beginning it was very difficult for the author to get nice and relative literature. The main reasons were: firstly, the health of the immigrants has not yet been studied and secondly, the literature written in English was in adequate. .

6.2 Ethical consideration

In Finland codes of ethics for different health care professionals are based on shared values, although different codes emphasize different things. Key issues include respect for human dignity and the right of self-determination, protecting human life and promoting health. Therefore, the Finnish health care system has to provide the people living in Finland with health care and nursing services: prevention of illnesses, diagnostics, medical treatment and rehabilitation. (Etene 2002, 4-5.)

The reason on conducting guideline for immigrants in Finland came from the problems and challenges immigrants face when they move to a new country which is absolutely different from their countries. All information written in this project thesis is based on the previous health researches done in Finland. The

author avoided to use his own opinion and only focused on gathering valid and up-to-date health information for the immigrants.

7 DISCUSSION

Immigrants are all foreign citizens who moved to Finland. They are refugees, asylum seekers, returnees, labor migrants, and foreigners who came because of family reason and so on. (Jasinskaja-Lahti et. al. 2002, 16 - 19.) Immigrants have been to Finland throughout their history. Immigration, however can be said to have been active already in Swedish rule and the time was better in Finland about 100 years ago when Finland got immigrants from Sweden, Russia and Germany, but also from England, Scotland, Denmark and Norway. (Räty 2002 29-30.)

Finnish health care system has three levels of administrations: Ministry of Social Affairs and Health (MSAH), Provincial State Office and Municipalities. It is believed that it has improved well from 1970 up to now. Both clinics' and hospitals' public health services are run by the municipalities and local governments and they are funded by 78% taxation, 20% from the patient and 2% from the others. (Vuorenkoski 2008, 4.)

In Finland hospitals are classified into four different levels. The first level of hospitals is known as the University hospitals. They provide the highest and most challenging health care and offer University education. The second level are said to be non-University hospitals or central hospitals and they are smaller than the University hospitals, but they don't offer any University education, although medical students can do their practical trainings.

The next level of hospitals is formed by district hospitals which are also smaller than non-University hospitals. The fourth and the last level of hospitals are the health centers which provide mainly primary health care. In total there are 5 University hospitals, 20 district hospitals, and 250 public health centers. University hospitals are located in Helsinki, Turku, Tampere, Kuopio and Oulu (Vuorenkoski 2008, 15-20.)

8 CONCLUSION

This project thesis has explored the problems of immigrants in Finland. it started from the thought that immigrants visiting the Finnish health care centers are not well educated. The cause is cultural difference, language barrier and poor patient education. The author is satisfied with achieving the goal of producing a guideline and brochures written in two languages. The booklet presents the characteristics of Finnish health care system and helps immigrants to understand the system and ease their integration into the Finnish Society.

The product of this Bachelor's thesis is a web-page material for Turku University of Applied Sciences' Terveysnetti internet pages. It can be translated into other official languages and could be used in all clinical environment. As a further study the author recommends translating the guideline into other languages in order all immigrants can benefit from it.

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Appendix 1(1)

GUIDELINE QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS AFTER READING THE GUIDE FOR IMMIGRANTS ABOUT HEALTH CARE SYSTEM IN FINLAND

1. IS THE OVER-ALL STRUCTURE OF THE GUIDE CLEAR? PLEASE JUSTIFY YOUR ANSWER.

2. IS THE GUIDE USEFUL FOR IMMIGRANTS? WHY? PLEASE JUSTIFY YOUR ANSWER.

3. HOW DID YOU LIKE THE GUIDE?

Appendix 1(2)

4. ARE YOU MISSING MORE INFORMATION FROM THE CONTENT OF THE GUIDE?

5. WHAT IS THE MOST USEFUL INFORMATION IN THE GUIDE?

6. IS THE GUIDE LANGUAGE EASY AND UNDERSTANDABLE?

7. WOULD YOU SUGGEST ANY CHANGES TO THIS GUIDE?

COMMENT

THANK YOU FOR ANSWERING!

Appendix 2(1)

MINI DICTIONARY

DISEASES

Appendicitis = Umpisuolentulehdus
Arthritis = Niveltulehdus
Bronchitis = Keuhkoputkentulehdus
Cancer = Syöpä
Chickenpox = Vesirokko

BODY PARTS

Ankle = Nilkka
Arm= Käsivarsi
Back = Selkä
Backbone = Selkäranka
Back, Ass, buttock = Takamus, Pylly, Peppu

USEFUL WORDS

Doctor = Lääkäri
Doctor's office = Lääkärin huone
Nurse = Hoitaja /Sairaanhoitaja
Prescription = Resepti
Hospital = Sairaala

BECOMING SICK

I'm sick = Minä olen sairas

I have a flu, cough and cold = Minulla on flunssa, yskä ja nuha

Are you sick? = Oletko sairas?

Do you have a flu? = Onko sinulla flunssa?

I have a fever = Minulla on kuumetta

AUTHOR

Turku University of Applied Sciences

Bachelor's thesis 2011

A guide for immigrants about health care system in Finland

Author: Student Nurse

Muhumed Ibrahim

A GUIDE FOR IMMIGRANTS ABOUT HEALTH CARE SYSTEM IN FINLAND

FINNISH HEALTH CARE SYSTEM

TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

XARUMAHA CAAFIMAADKA

Xarumaha caafimaadku waxay ku yaalaan deegaankaaga. Waxay furan yihiin Isniin-Khamiis 8-16, Jimce 8-14/15. Wac intaanad aadin haddaanad dhib weyn qabin. Xarumaha caafimaadku way xiran yihiin Sabti-Axad iyo maalmaha fasaxyada.

BALLANTA KALKAALISADA

Ballanso oo booqo kalkaalisada waqti kasta. Kalkaalisadu waxay bixisaa talooyin caafimaad, cabirtaa dhiiga, miisaanka qofka. Waxay talaashaa dadka, qortaa waraaqaha fasaxa ee gaaban kalana talisaa hooyooyinka kala korinta caruurta..

BALLANTA DHAKHTARKA

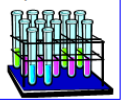
Hore uga qabso ballani ntaanad aadin dhakhtarka. Wargeli haddii aanad imanayn waayo wakhtiga dhakhtarku wuu xadidan yahay. Ballanta aanad iman waxaad bixin 28 -33 Euros. Dhakharku wuxuu qoraa daawooyin iyo fasaxa caafimaadka.

DARYEELKA HOOYADA IYO ILMAHA

Hooyada uurka leh waxay booqataa xarunta caafimaadka 9-17 jeer. Ilmaha u dhaxeeya 0-6 sanno wuxuu helaa dareel caafimaad 26 jeer intaanu iskuul aadin. Ballan kasta waxaa la baadhaa caafimaadka hooyada uurka leh iyo ubadka. Ujeedadu waa in la kordhiya caafimaadk

LABORATORY

You need doctor's referral when visiting laboratory. Blood, urine & stool samples are taken and investigated. Also X-ray, CT-scan and ECG are available in the Lab , but you need to book a time before visiting.



PHARMACY

Medications are only sold in the pharmacies. You need doctor's prescription when buying medicine. Certain medicines such as pain killers don't need any prescription. Remember to take your KELA-card with you.

MENTAL HEALTH CARE

Contact your health care center if you have mental health problems. Your doctor may send you to psychiatrist. It is possible to get help for your problem from; your doctor, social worker, school public health nurse or from private sectors.

DENTAL CARE

All people have right to dental care. You can get dental care from your health care center and visiting dentist needs to book a time. If you have a sudden pain or accident you can contact to on-call dental center.

EMERGENCY NUMBER 112

112 is the only emergency number in Finland. It is free of charge and you can call from any phone even if you don't have credit. Call 112 only for urgent situations . Tell shortly what happened and address. Stay on phone, take instructions and cut it when the operator says so.

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Appendix 2(2)

MINI DICTIONARY

XANUUNADA

Qabsin = Umpisuolentulehdus
Xubno xanuun = Niveltulehdus
Boronkiito (oof) = Keuhkoputkentulehdus
Kansar = Syöpä
Busbus (hablo baas) = Vesirokko

QAYBAHA JIRKA

Angow (kuraan) = Nilkka
Cudud= Käsivarsi
Dhabar = Selkä
Laf dhabar = Selkäranka
Gadaal, dabo, qaar = Takamus, Pylly, Peppu

EREYO MUHIIMA

Dhakhar, takhtar = Lääkäri
Xafiiska dhakhtarka = Lääkärin huone
Kalkaaliso = Hoitaja /Sairaanhoitaja
Waraaqda dawada = Resepti
Cisbital = Sairaala

MARKA LA JIRADO

Waan jiranahay = Minä olen sairas
Waxaan qabaa hargab, duray iyo qufac = Minulla on flunssa, yskä ja nuha
Ma jirantahay? = Oletko sairas?
Hargab ma kuhayaa? = Do you have a flu?
Qandhaa i haysa = Minulla on kuumetta

QORE

Jaamacadda Sayniska ee Turku
Buugga Qalin-jebinta 2011
Hagaha Ajaaniibta Ee Xarumaha Caafimaadka Finland
Qore: Arday kalkaaliye-caafimaad
Ibrahim Muhumed

TURUN AMMATTIKORKEAKOULU
TURKU UNIVERSITY OF APPLIED SCIENCES

HAGAHA AJAANIIBTA EE XARUMAHA CAAFIMAADKA FINLAND

XARUMAHA | CAAFIMAADKA | FINLAND

TURUN AMMATTIKORKEAKOULU
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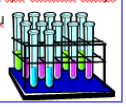
SHAYBAADH

Ha aadin shaybaadhka waayo waxaad u baahantahay waraaqda dhakhtarka. Dhiig, kaadi & saxaro ayaa laqaadaa iyo weliba raajo iyo kombiyuutarka jidhka lagu baadho. Ballanso intaanad aadin shaybaadhka.



Farmasi

Daawooyinka waxa lagu gadaa farmasiga oo keliya. Waxaad u baahantahay waraaqda dhakhtarka si aad ugadato. Daawooyinka qaar sida kiniiniga madax-xanuunka looma baahna waraaq. Xasuuso kaarka KELA-da.

DAAWEYNTA DHIMIRKA

La xidhiidh xaruntaada caafimaad haddaad xanuunada maskaxda qabtid. Dhakhtarkaagu wuxuu kuu diri dhakhtarka dhimirka. Waxaa suurtogal ah inaad caawimo ka hesho dhakhtarkaaga, kalkaalisada iskuulka, amaba meelaha caafimaad ee gaarka ah.

DARYEELKA ILKAHA

Dadku waxay xaq u leeyihiin inay helaan daryeelka ilkaha. Waa inaad ballansataa intaanad aadin. Haddii aad si xun u jirantahay ama shil aad gashay la xidhiidh xarumaha ilka ee deg -dega ah.

LAMBARKA DEG-DEGA AH 112

Finland lambarka keliya ee deg-dega ah waa 112. Lacag la'aan baad ku wici kartaa xitaa hadaanay lacag kuugu jirin telefoonka. Wac 112 marka aad qabtid dhibaato deg-dega. Si kooban u sheeg waxa dhacay iyo cinwaanka. Ku jir khadka, jar marka lagu faro.

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