HEALTH PROMOTION FOR ASYLUM SEEKERS AND REFUGEES

Health Promotion Booklet

Salla Löf
Maria Taala

Bachelor’s thesis
November 2013
Degree Programme in Nursing
Option of Medical-Surgical Nursing

TAMPEREEN AMMATTIKORKEAKOULU
Tampere University of Applied Sciences
The purpose of this functional thesis was to produce a useful booklet about health promotion for asylum seekers and refugees. The booklet provides knowledge about mental, social, and environmental health, since they were considered to be most important. The literature review provides knowledge for health care professionals.

In this thesis, health, health promotion, asylum seekers and refugees were researched and health promotion considered via the different dimensions of health. There were few studies carried out regarding asylum seekers’ and refugees’ health, which is why ‘immigrant’ was added later on to the key concepts.

More research is required in order for both asylum seekers and refugees to have better knowledge about health promotion. Health care professionals would also benefit if more knowledge regarding the health of both asylum seekers and refugees would be available.

Key words: Asylum seeker, refugee, health, health promotion, immigrant.
TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Hoitotyönkoulutusohjelma

LÖF, SALLA & TAALA, MARIA
Terveyden edistäminen turvapaikanhakijoille ja pakolaisille
Terveydenedistämisvihko

Opinnäytetyö 32 sivua, liite 5 sivua
Marraskuu 2013

Tämän toiminnallisenopinnäytetyön tarkoituksena oli tuottaa hyödyllinen vihko terveydenedistämisestä turvapaikanhakijoille ja pakolaisille. Vihko tarjoaa tietoa, sosiaali-, ympäristö- ja mielenterveydestä, koska ne nousivat tärkeimmiksi osa-alueiksi. Kirjallisuuskatsaus tarjoaa tietoa terveysalan ammattilaisille.

Tässä opinnäytetyössä käsiteltiin terveyttä, terveydenedistämistä, turvapaikanhakijoita ja pakolaisia. Terveydenedistäminen käsiteltiin terveyden eri ulottuvuksien kautta. Turvapaikanhakijoiden ja pakolaisten terveydestä oli vain muutamia aiempia tutkimuksia, jonka vuoksi maahanmuuttaja myöhemmin lisättiin asiasanoihin.

Lisätutkimukset ovat tarpeen, jotta turvapaikanhakijoilla ja pakolaisilla olisi parempi tietous terveydenedistämisestä. Terveydenhuollon ammattilaiset hyötyisivät myös, mikäli turvapaikanhakijoiden ja pakolaisten terveydestä olisi enemmän tietoa saatavilla.

Asiasanat: Turvapaikanhakija, pakolainen, terveys, terveydenedistäminen, maahanmuuttaja.
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ABBREVIATIONS AND TERMS

TAMK  Tampere University of Applied Sciences
CINAHL  Cumulative Index to Nursing and Allied Health Literature
cr  credit
IFRC  International Federation of Red Cross and Red Crescent Societies
ETENE  The National Advisory Board on Social Welfare and Health Care Ethics
WHO  World Health Organization
NIHW (THL)  National Institute of Health and Welfare (Terveyden ja hyvinvoinninlaitos)
PTSD  Post-traumatic stress disorder
HIV  Human immunodeficiency virus
SII (KELA)  Social insurance institution (Kansaneläkelaitos)
1 INTRODUCTION

There have been asylum seekers, refugees and immigrants in Finland for decades, but still there is little information and knowledge of their health and well-being (Sorvari 2012, 20). According to Central Statistical Office of Finland, the past five years have shown that there are less asylum seekers arriving to Finland, but more asylums are granted (Central Statistical Office of Finland 2012).

This functional thesis’ purpose was to produce a booklet of health promotion for asylum seekers and refugees. The objective of the booklet was to be a guide for asylum seekers and refugees in different dimensions of health, especially concerning mental, social and environmental health (Naidoo & Wills 2009, 4). The research provides knowledge about asylum seekers and refugees’ health promotion needs for health care professionals. The idea for this thesis came from a nurse working at the Finnish Red Cross’s reception center who thought that a health promotion booklet would benefit the asylum seekers and refugees. The need and shared interest for this study issue were clearly recognizable in the working life meeting, where our contact person defined the need for health education (Reception center nurse 2012). Asylum seekers’ health condition and different cultural backgrounds were emphasized in the meeting. This thesis considers health through different dimensions of health that are physical, mental, social, sexual, spiritual, emotional, societal, environmental, and global. (Naidoo & Wills 2009, 4.)

This topic is interesting because there are more and more asylums granted in Finland nowadays. The thesis was conducted for reception centers of the Finnish Red Cross. It is important to recognize what kind of adjustment and minority politics, rights and responsibilities are directed to immigrants in their integration to a new country. The Finnish immigration politics is committed to implement and follow the principles of equality and non-discrimination, which are in the Finnish constitution. (Sorvari 2012, 18.)
2 PURPOSE, OBJECTIVES AND GOAL

The purpose of this thesis was to produce a useful booklet about health promotion for asylum seekers and refugees in Finland. The objective was to educate and share knowledge for asylum seekers, refugees and healthcare professionals, working with them relating to health promotion and the different dimensions of health.

The goal was to provide an answer for these research questions:

- What is health and health promotion?
- How is health viewed?
- How can the different dimensions of health for asylum seekers and refugees be promoted?
- What are the necessary issues to be answered in the booklet?
3 BACKGROUND INFORMATION

In this section, the key concepts of this thesis are broken down and thoroughly explained. The key concepts used in this bachelor’s thesis are considered to be the most beneficial, since they have remained the same throughout the process, and are related to the study questions. The Red Cross is presented in this section since The Finnish Red Cross is the authors’ partner in this project. To be able to give a more concise explanation of the concepts, they are further discussed below.

3.1 Red Cross

The International Federation of Red Cross and Red Crescent Societies (IFRC) was founded in 1919 and is the largest humanitarian organization in the world. Altogether there are 187 Red Crosses and Red Crescent National Societies functioning. There are four main areas where the IFRC influences: disaster response, disaster preparedness, promoting humanitarian values, and health and community care. (International Federation of Red Cross and Red Crescent Societies.)

“The IFRC vision: To inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.” (International Federation of Red Cross and Red Crescent Societies.)

3.1.1 Fundamental principles of the Red Cross

There are seven fundamental principles guiding the work of the Red Cross: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality. Humanity is based on caring without discrimination, with aspects of protecting, respecting, and understanding life, health and human beings. Impartiality provides the needed care regardless of the background of the individual. Neutrality is based on confidentiality; therefore the Red Cross is not taking sides on war, political, religious, and ideological,
or in racial matters. Independence indicates that where ever the Red Cross is functioning, it needs to work according to these seven main principles. By its functioning, the Red Cross is not intending to gain wealth – instead, voluntary service is implemented. Within any nation, only one Red Cross or Red Crescent service can carry out humanitarian work – this signifies unity. Worldwide co-operation with societies involved brings universality to the movement. (International Federation of Red Cross and Red Crescent Societies.)

3.1.2 Red Cross in Finland

The seven main principles mentioned above are the working guidelines for Finnish Red Cross. It is one of the major civic organizations in Finland that helps those in need in Finland as well as abroad. There are reception centres in nine different localities in Finland provided by the Finnish Red Cross. Asylum seekers are placed into reception centres in Finland before asylum is granted to them. (Suomen Punainen Risti 2012-2013.) In these centres, health care is provided for the individuals living in there by health care professionals (Reception centre nurse 2012.) The Finnish Red Cross (2012-13) states that the function is based on ensuring legal protection and human rights for asylum seekers and refugees.

3.2 Asylum seeker

An asylum seeker is a person applying for asylum, because of his/her personal status is threatened in the country of origin. If permanent asylum is granted, the asylum seeker becomes a refugee. (Ihmisoikeudet 2010.) Asylum is applied for in a country that is committed to receiving asylum seekers, or some other foreign country when asking for shelter or right of residence (Halonen & Viljanmaa 2013). An application for asylum can be made directly to the police or border control. The asylum seeker status will remain until the decision on the application has been made (ETENE julkaisu 11, 2004, 8). There are more asylums granted in Finland nowadays. According to Central Statistical Office of Finland, the past five years have shown that there are less asylum seekers arriving into Finland. In 2008, there were 4,035 asylum seekers arriving into Finland and
in 2012 there were only 3,129. However, more asylums were granted in 2008 when there were 89 granted asylums and in 2012 there were 553. (Central Statistical Office of Finland 2012.)

3.3 Refugee

A refugee is a person having to leave his/her home country because of fear of persecution. Reasons for persecution can be religion, nationality, race, political opinion, or belonging to a certain civil group. A refugee is a person living outside his/her country of origin, because of fear or without being a citizen of any country, and has no will to return (Pakolaisten oikeusasemaa koskeva yleissopimus 1968). Asylum is granted to a refugee by a certain nation or United Nations. (Ihmisoikeudet 2010.)

3.4 Immigrant

An immigrant is a broad concept meaning all the people (including asylum seekers and refugees) moving to another country regardless of reasons (Maahanmuuttovirasto 2013). An immigrant is a person who lives in a country other than the country of origin. This can be a temporary or permanent decision. An immigrant may have previous social contacts to this country, or might be moving because of work, family, or refuge. (Ihmisoikeudet 2010.)

3.5 Health

The word ‘health’ can have many different meanings. Health can have a negative or a positive meaning depending on the culture or beliefs. According to the World Health Organization (1946), health is seen as “[a] state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”. (Naidoo & Wills 2009, 3-5.) Huttunen (2013) states that the WHO’s definition of health mentioned above can never be truly fulfilled, as health is always influenced by the physical and social environment, which makes it an ongoing changing process. Most of all, human experiences, values and attitudes reflect one’s health. One’s own health view can differ from that of others,
since every person defines their own health and the individual definition in the end is the one that matters. The ability and possibility to decide one's own action of health is seen as an important matter, since it gives control to individual level. (Sorvari 2012, 16; Huttunen 2013.)

3.6 Health promotion

According to the WHO’s Ottawa Charter (1986), the health promotion framework consists of “1. Building a healthy public policy 2. Creating supportive environments 3. Developing personal skills, including information and coping strategies 4. Strengthening community action, including social support and networks 5. Reorienting health services away from treatment and care and improving access to health services.” (Naidoo & Wills 2009, 56.)

The World Health Organization states that health promotion is an individual process of improving and controlling one’s health (World Health Organization 2013). Health promotion is an aspect that considers not only individual factors; physical, mental, social, sexual, spiritual and emotional factors, but also the outer variables; environmental, economical and social matters that have an effect on an individual. The concept of health promotion is a discipline that contains many different disciplines within it e.g. education, sociology, psychology, in order to give a better understanding of the problem in hand. Promoting health seeks to empower the individuals in question by hearing their experiences and needs that they express. It is a working method that aims to support people and enhance their personal skills in taking care of their health. Part of the health promotion is also to inform of the policies and strategies in hand and to enable participation to society. (Naidoo & Wills 2009, 52.)

Health promotion can be seen from the aspect of the Western scientific medical model, where health is seen as a negative term. The Western scientific medical model’s approach focuses on the absence of disease to determine health. An individual with multiple diseases is seen far away from normality and health, which gives the word health a negative meaning. By this view, the human body is seen as if it was a machine, the components of which can be treated separately. One of the aspects of Western scientific
medical model is to seek for the reasons behind illnesses and to treat them. (Naidoo & Wills 2009, 6-7, 52.)
4 DIMENSIONS OF HEALTH

In this section, the different dimensions of health are more thoroughly explained, and the most relevant dimensions are justified for the health promotion booklet. The dimensions of health can be divided into inner and outer circles. The inner circle contains the individual dimensions of health; mental, social, physical, spiritual, sexual, and emotional, whereas the outer circle’s dimensions are broader; societal, environmental, and global. The justification is carried out through the research and information gathered. The main focus of this section lies on the chosen dimensions of health to be able to give a framework for the health promotion booklet. The primary focus is on mental, social, and environmental dimensions of health, as these have been proven to be the areas that asylum seekers and refugees have the most difficulty with. (Pirinen 2008; Donnelly, Hwang, Este, Ewashen, Adair & Clinton 2011, 284; Castaneda, Rask, Koponen, Mölsä & Koskinen 2012; Sorvari 2012, 9-11.)

![Diagram of Dimensions of Health]

Figure 1. Dimensions of health adapted from Naidoo & Wills 2009, 4.
4.1 Mental and emotional dimensions

The WHO defines mental health as “a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”. Building strength, competencies and resources is the goal in mental health promotion, but on the other hand it aims to prevent further problems from occurring as well as the generality of the problems or their seriousness. The focus of mental health lies on modifiable psychosocial and environmental factors which include; living conditions, education, income, employment, access to community resources, social support, and personal competencies. The fundamental condition for mental health promotion is an environment protecting civil, political, social, cultural, and economic rights. It is to be ensured that “all people have access to the resources they need to achieve and maintain optimal health”. (Barry & Jenkins 2007, 3, 7, 11; World Health Organization 2013.)

Mental health concerns people’s positive feelings on their selves, which are manifested in feeling able to cope, feeling worthy, and having a positive attitude towards oneself. Feelings and the ability to feel, as well as building and maintaining relationships are a part of emotionality. Feelings in general are recognized in these dimensions, as well as the capability to express feelings. (Naidoo & Wills 2009, 4.) Emotional issues are often connected with psychiatric illnesses, which are defined as disturbances in the person’s perception, feelings, moods, and interactions. As emotional issues and psychiatric illnesses are closely connected to each other, they are often used as synonyms. When the emotional experiences are too intensive or continuous, they can become an illness which, according to research, decreases the ability to function even more than some serious physical illnesses. (ETENE julkaisu 15, 2005, 22.)

Departure from the country of origin can be very stressful and traumatizing (Procter 2005, 290). The support from a person's own culture and social life may suddenly disappear and the asylum seeker can be traumatized already before leaving. On top of all the traumatizing experiences, violence, torture, war, persecution, separation from family and not having the right to personal opinions, the asylum process can cause more anxiety and fears. The journey to a reception centre or refugee camp can be very challenging and dangerous. (Pirinen 2008, 16-17.) The living conditions on the way can be poor, and refugees, especially women, often have to face violence, attacks and robberies (Al-

Finally when they arrive to the target country, another cycle of uncertainty begins as they wait for the decision whether they can remain in Finland or not. This, according to Sorvari (2012) can cause psychosocial and psychosomatic symptoms for the individual that have an effect on functionality and interaction. Due to waiting, these mental and emotional difficulties have been proven to decrease the health of an immigrant family and their ability to adjust to a new living environment. Family members may have personal experiences for example memories from war, torture, or persecution, that have a serious effect on health. (Sorvari 2012, 10-11.) From all factors giving strength, the family is found to be the most crucial, powerful and also protective for emotional well-being and health (Procter 2005, 289; Donnelly et al. 2011, 285).

Mental well-being is closely attached to physical health. According to research, the symptoms of mental health disorders remain, even if the traumatizing experience or seeking asylum has happened years ago. Often mental health disorders include memory and focusing difficulties, which again may also make the disorder worse. Symptoms may also become latent and expose themselves later. This is why mental health care is important to be available, both in the beginning of arriving to the country and later when the person is settled down and starting his/her life in a new country. It is important to recognize the previous traumatic experiences so that the person can get the treatment required. (Castaneda et al. 2012, 149-151, 155-156.)

Mental health problems commonly occurring in refugees and asylum seekers are post-traumatic stress disorder (PTSD), depression, schizophrenia, suicide, and psychosis (Donnelly et al. 2011, 279; Castaneda et al. 2012, 157). Mental health problems impair a person's ability to function, which causes suffering for both the person and his family. Mental health problems may also make adjusting to a new culture and learning a new language difficult, which may lead to the isolation of the whole family. (Procter 2005, 288; Castaneda et al. 2012, 157.)

There are many challenges in providing the asylum seekers and refugees with help for mental health care. The factors affecting mental health care provision are language barriers, economic issues, and unawareness of mental health care provisions and treat-
ments. Other factors and barriers include lack of trust towards the services, social stigma, cultural differences, discrimination, denial of mental health illness, fear of unknown, a family member’s interpretation, and prejudice. (Carroll, Ebstein, Fiscella, Volpe, Diaz & Omar 2007, 369; Pirinen 2008, 67; Donnelly et al. 2011, 279, 280, 282-284; Castaneda et al. 2012, 157, 161-162.) According to Donnelly et al’s (2011) research, all the refugees interviewed indicated that they would need written resources made available in their own language regarding mental health care services (Donnelly et al. 2011, 284). In the article “Refugees’ perspectives on barriers to communication about trauma histories in primary care” by Shannon, O’Dougherty and Mehta (2012), it is stated that refugees are unlikely to say anything about their traumatic experiences, unless they are asked about them. It is also mentioned that the refugees are interested in talking about their experiences and that they would like to know more about their effect on health. (Shannon et al. 2012, 52-53.) Recognizing mental health problems is a challenge. If they are not recognized and treated, mental health problems may show as somatic symptoms, such as stomach aches, headaches, or insomnia. Another challenge concerning the factors of mental health provision is the asylum seekers’ and refugees’ stigma of being mentally unstable, and being ashamed of this. In these situations, symptoms are not reported well enough. The lack of knowledge that mental health care professionals have about asylum seekers’ and refugees’ special features is also seen as a challenge. It concerns the recognition of the symptoms, and treatment for them also taking into notion the link between culture specific factors, such as traumatizing experiences and somatic symptoms, and mental health problems. (Donnelly et al. 2011, 284; Castaneda et al. 2012, 157, 161-162.)

4.2 Societal and social dimensions

The societal concept is broader than the social concept, even though these two concepts are very much alike. The societal dimension of health looks the world through the structure of the society where people live, as well as the basic needs in it (e.g. food, shelter, income and peace). The societal view also considers the divisions of society, if any exists, for example people with low income and high income, and potential differences between the health conditions of these two groups. The division in health can be related to the division of the material resources in society, since the more equal a society is, the
more equal are the health statuses of the citizens living in it. Social education and economic status are factors, which might have an effect on ethnic health, for example the language spoken and read, health effects, and the biological knowledge, as well as cultural background that might have taboos related to the personal view of health. (Naidoo & Wills 2009, 5, 8, 25.)

Support and having social contacts in the outer world, such as friends and support from the family, are a part of the social dimension. Available support networks that people can rely on and share and talk to, are a major part of the social dimension. Being involved in every day life activities with people around is concerned in the concept of social health. Social health is the level of being a member of a community, and correctly functioning inside it as an individual. (Naidoo & Wills 2009, 4, 46.) Social ability to function is a process among people. The base for social ability to function as a member of society is in communicating with others, using a local language. Refugees and asylum seekers often experience discrimination, which could be reduced by adding social contacts. (Castaneda et al. 2012, 199, 207.)

According to Sorvari’s (2012) research, it should be taken into consideration, especially when supporting asylum seekers, that their personal and social matters have an effect on their health. Safety and pleasurable leisure time, possibility to education and work, social boundaries and regulations, as well as religion are basic factors. Parents and children with refugee background are not concerned of previous traumatic experiences, but the problems occurring, uncertainty of the future, sorrow, and unawareness of lost relatives. Most of the immigrant families do not have the emotional and social support that family and friends give when they emigrate. The lack of support networks can lead into social isolation and stressful experiences, especially in difficult life situations. The support provided by the family is a crucial factor in adapting to a new culture. A factor that empowers health is belonging to different social networks that provide social and emotional support. (Castaneda et al. 2012, 213, 216-217; Sorvari 2012, 14.)

According to the immigrant parents, the most difficult aspects of immigration have been abandoning home, work, relatives, and friends that stayed behind in the country of origin. Lack of similar social support they had in their country of origin is viewed and experienced as a great challenge. Loneliness was a factor that the immigrant parents expressed they had to face in the new country. (Donnelly et al. 2011, 285; Sorvari 2012,
The process of moving into another country, integration, experiences and discrimination can have a negative effect on the quality of life. When comparing previous and current home countries, community, religion, expectations and culture may have a positive effect. (Castaneda et al. 2012, 213, 216-217.)

Immigration might change the dynamics of the families as immigrant women may find their status elevated in a new country due to having more freedom for employment, education and time, while the male authority and earning power reduces. Also, children are learning a new language and adapting to the new values while the elders may find a decline in their roles. The changes of roles may cause identity crisis. (Schmitz et al. 2003, 142; Carroll et al. 2007, 373.)

Lacking the ability to speak the local language can have an effect on adjusting to a new home environment, employment, community, managing in everyday life, and it can also create loneliness. Castaneda et al’s research (2012) points out that both understanding the new language and the ability to read are common problems. The research also states that the basic community’s special services provided for refugees are language-based. These services along with information about Finnish society are to be provided as soon as possible after moving to Finland. This is also stated in the national integration program. (Castaneda et al. 2012, 200, 206.)

According to the reception centre nurse (2012), the versatility of the countries of origin creates an educational barrier when comparing to the Finnish education system. It is important to acknowledge the fact that education and schooling is not available for everyone. Therefore it is important for a health care professional not to take reading and writing skills for granted and to be aware of the tools available in order to communicate. In such cases where a common language for communication is not found, an interpreter is primarily used. (Sorvari 2012, 47-48.) Pirinen (2008) states that it is highly important to use a professional interpreter to ensure that the content of the speech remains the same throughout the conversation. A professional interpreter is also aware of the cultural backgrounds of a specific region. Lack of trust towards authorities, including health care professionals, might appear, as it is possible that the asylum seekers/refugees have experienced for example torturing performed by them. Being able to build a trustworthy relationship between the person and health care professional might be prolonged. (Pirinen 2008, 38, 40-41.)
Use of an interpreter is important as differences in culture have an effect on performance in psychological tests, and understanding in different situations, which can cause conflicts. Often understanding each other helps to cope in different situations. According to the Finnish legislation, everyone has the right to use one’s own language and to be heard in one’s own language, especially in cases that concern the person himself and his interests. (ETENE julkaisu 11 2004, 18.)

Immigrant families experienced learning a new language useful and obligatory according to Sorvari’s research. These families also felt that it was important that they were told how society functions. They thought that it was important that family was helped to adjust to new society and habits in a concrete way. These matters were considered to increase the families’ well-being. (Sorvari 2012, 15.)

4.2.1 Health care services in Finland

The aim of the Finnish health care system is to provide prevention from illnesses, take care and rehabilitate from illnesses, and alleviate suffering for those who live in Finland. Health care centers and hospitals that provide most of the health care (appointments/visits to health care center doctor, hospital policlinic) are upheld by municipalities. It is also possible to purchase health care services from the private sector, which is mainly responsible for occupational health care and rehabilitative care. The cooperation and flexibility between different health care sectors and the patient him/herself is more significant when reaching for better health, ability to function, and well-being. (ETENE julkaisu 11, 2004, 40; ETENE, julkaisu 1, 2001. 4; Castaneda et al. 2012, 250.)

Health care service customers need to have knowledge of the health care service system and how to use it. The information needs to be provided to meet the customers’ needs (e.g. written, verbal, interpreter), and to be able to reach the services required. (ETENE julkaisu 11, 2004, 13, 21.) The public sector health care services can be strange to a foreigner not coming from the Western countries. The new system is not learned quickly if the system in the country of origin is different. (Malin 2011, 211.)
4.3 Physical and sexual dimensions

Physical health means for instance not being ill, feeling fit, or the body’s fitness. It concerns body’s healthiness (Naidoo & Wills 2009, 4, 25). The ability to function consists of physical, mental and social conditions to survive in a living environment, according to set requirements by the person himself and the environment (Castaneda et al. 2012, 184). Sexual health considers the way how people view their own sexuality on an individual level. Accepting and being able to express a person's own sexuality is an aspect of sexual health. (Naidoo & Wills 2009, 4, 25.) Traumatic experiences do not only have a psychological effect, but also physical. Along with mental health issues, the asylum seekers and refugees may also suffer from head and stomach aches, traumatic brain injury, aches and pains around the body, psychosomatic illness, and injuries to ears, mouth and eyes. Some may also suffer from substance abuse and domestic violence. Symptoms need to be detected early, so that proper treatment can be provided as soon as possible. (Shannon et al. 2012, 48.)

Illnesses concerning the mouth can have connections with other illnesses, and can mostly be prevented. The factors affecting the health of the mouth are diet, hygiene, smoking, and alcohol use. These factors bring out the importance of a person’s own health behaviour and environment along with the use of health care services. Regardless of age, the population needs to be reminded about the importance of good mouth hygiene, and to constantly pay attention to it. (ETENE julkaisu 19, 2008, 36; Castaneda et al. 2012, 125, 132.)

Screening of infectious diseases seeks to protect the person’s own health and break the chain of infection. Increasing knowledge and seeking help regarding infectious diseases may help to increase refugees’ chances of protecting themselves from the infections, and possibly even to decrease fear and stigmatisation. To prevent infections, it is important that the refugees receive the needed vaccinations, preventive medication, and enough understandable health education. Also, the health care professionals need more information about certain causes of health problems common for asylum seekers and refugees, like female circumcision and the ban of contraception. Further information would improve the refugees’ reproductive health. (Castaneda et al. 2012, 110, 120, 134,143.)
Nutritional problems concerning refugees are overweight, metabolic syndrome and type 2 diabetes. Dieticians have noticed that refugees use plenty of grease and sugar, drink juices or soft drinks instead of water, and eat little vegetables, berries or fruits, leguminous plants and grain products. According to national research, moving from a low to high living standard country will affect the diet, but what the diet changes to depends on cultural differences in food, language skills and educational level, as well as food supply and food services. (Castaneda et al. 2012, 173, 176-177.)

There is little information, internationally, about refugees’ ability to function. Obesity is found to have an effect on experienced limitation in activity and problems in everyday tasks. Difficulties in functioning may decrease the quality of life, participation and independent coping. Decreased ability to function is found to be experienced by some of the working age refugees, which may increase the need for help and services in the future when becoming older. Refugees need to be informed about taking care of their physical health. Decline in physical health and ability to function can be explained by obesity, being unfit, and lack of fitness training. For some refugees an explanation may be the experience of pain, mental symptoms and traumatic experiences. (Castaneda et al. 2012, 183, 184, 190-191.)

Physical activity means the muscle work that increases the use of energy from the rest level. Exercise means regular physical activity, which aims to create enjoyment, joy or health benefit. Adequate physical activity is one of the most significant challenges in public health and society. Adequate sleep is essential to recover from the physical and mental strain of the day. (Castaneda et al. 2012, 178.)

Refugees and asylum seekers may also have problems with hearing and seeing, though there is very little information available about these problems. Hearing problems may be caused by frequent ear infections, noise and war. Noise can affect in many negative ways, including sleeping disturbances, annoyance, and loss of performance, social behaviour or hearing. It is important to protect ears from loud noises. Visual problems may be due to illnesses of the eyes and lack of their treatment, or lack of using visual aids. (Castaneda et al. 2012, 194, 197-198.)
4.4 Spiritual dimension

Spirituality enables one to practise the moral and religious views and beliefs that give life a meaning (Naidoo & Wills 2009, 4). Spiritual dimension is “a quality that goes beyond religious affiliation, which strives for inspiration, awe, meaning, and purpose even in those who do not believe in any god.” The spiritual dimension holds inside a person’s values and beliefs, and gives strength when facing emotional stress, physical illness or death. (Beckmann Murray et al. 2009, 182.)

Religion is a factor that may cause guilt, depression and confusion to some, and it differs between cultures and people. As a broader concept, it considers the harmony of the whole universe. Themes that strengthen spirituality are belief, connectedness, inner motivating factor, life events, understanding the mystery of life, walking through life, and divine providence. (Beckmann Murray et al. 2009, 182, 201, 203.)

4.5 Environmental and global dimensions

Environmental dimension considers the environment where people live in. This includes weather, housing, pure water facilities, sanitation, and their importance when considering health. This dimension also reaches out to look forward in the future by caring for the planet. Adequate housing is an important factor in environmental health, as key determinants for issues in housing are for example dampness and inadequate heating. A damp housing environment puts the people living in such conditions to a higher risk for respiratory illnesses, and causes also stress and symptoms of infections. (Naidoo & Wills 2009, 5, 21-22, 25.) Adequate living space is also valuable since the lack of space increases accident risks, when there is not enough room for people to live in, and also hinders people’s privacy (Pirinen 2008, 17; Sorvari 2012, 10).

In environmental health, it is important to remember to consider the environment where the asylum seekers and refugees come from and compare it to the environment to which they migrate (Naidoo & Wills 2009, 5, 21-22, 25). The greatest issue in the world is access to drinking water. There may be access to water but it can be polluted by different bodies, like municipalities, industries, and farming with different wastes, chemicals and other toxic materials. To prevent illnesses ranging from polluted water, swimming,
fishing or playing in the polluted area is forbidden. Food can be contaminated by additives, pesticides, hormones, antibiotics, and arsenic and other toxins. Health risks caused by these matters may include hyperactivity, respiratory symptoms, like breathing difficulties and asthma, skin rashes, central nervous system depression or stimulation, and other conditions. It is recommended to cook food hygienically and thoroughly, preserve the food at a correct temperature, store foods separately, and to inform the health department about the food-borne illnesses. (Beckmann Murray et al. 2009, 90-91, 93-94.)

According to Sorvari’s (2012, 46-47) study, along with loneliness, home-sickness and longing, immigrating also meant adjustment to a new environment, culture and people for the families. The parents who had moved to Finland from warm and sunny countries experienced that the Finnish winter has demanded a great deal of adaptation. They needed help and guidance for example on how to dress in winter time. Cold weather may cause pain and aching in the body. The research also stated that some of the older immigrants stayed indoors during winter time and that caused more isolation from the outer world. (Sorvari 2012, 46-47.)

It is not obvious that all asylum seekers are granted asylum. Sharing facilities in the reception centres can be a challenge for asylum seekers and refugees, due to cultural differences. In some cases it can even be impossible. (Pirinen 2008, 17.) Immigrant parents coming from difficult backgrounds described that their only wish was to stay alive and live a normal life. They wanted to live without fear, not knowing what tomorrow brings and where they will get shelter for their children, as well as their daily food. These parents wanted to live in an environment where human rights were fulfilled and where people did not harm each other on purpose. Especially people who had moved away from unsettled conditions considered that their childhood in their country of origin was wasted. The country of origin was also felt lacking the opportunity to have any possibility for work or education. Finland was considered a safe place to live and raise children. (Sorvari 2012, 42.)
4.6 Summary of the dimensions of health

In a new environment, immigrants often have to face discrimination and alienation that has been shown to have an effect on their self-consciousness. Immigration can cause physical and mental symptoms, as well as emotional difficulties, which have an effect on the adaptation to the new culture and society. An unknown environment also has an effect on immigrants and asylum seekers and their health condition, since being expected to abandon the habits of one’s own culture causes confusion. According to research, poverty, lack of social support, racism, discrimination, and inequality in society are factors that decrease the life quality of an immigrant. (Schmitz et al. 2003, 136; Pirinen 2008, 201; Donnelly et al. 2011, 282; Sorvari 2012, 20-21.)

Immigrants need support and help in adjusting to the culture and habits as well as help in learning a new language. Improving and maintaining health resources, health care should target resources to have a successful adaptation to the new culture and society for immigrants. Immigrants should be helped in how to recognize and use the existing health resources to survive from the challenges that immigration brings with it. According to Sorvari’s (2012) research, their health promotion needs are specifically related to a different kind of knowledge of the health care services available and social support. (Schmitz et al. 2003, 141; Donnelly et al. 2011, 280; Sorvari 2012, 2, 21-22, 67, 87.)

The use of an interpreter and knowledge of Finnish language, as well as rehabilitative services would enhance the equality in these services (Pirinen 2008, 194). There are problems in recognizing the need for special rehabilitation services among immigrants, and there is only little guidance available. The development of health services, especially mental health services, for immigrants is needed, as the current service system reaches only a proportion of those needing services. (Castaneda et al. 2012, 270, 312.)

Sorvari (2012) states in her research that the immigrant parents felt it would be beneficial to offer mental support for coping to parents with an immigration background, since life in a new environment and culture is not always easy for the families. Pirinen (2008) found in his research that the amount of depression, sleeping disturbances and mental health problems found among asylum seekers was significant. Asylum seekers had plenty of psychiatric illnesses and they had experienced torture. These experiences expressed themselves later on at a psychiatrist’s appointment. Pirinen (2008) also pointed
out the shortage in mental health care services among asylum seekers in Finland, and the need for further research in mental health disturbances among this group. (Pirinen 2008, 130, 182-184, 194, 207, 212; Donnelly et al. 2011, 279-280; Sorvari 2012, 67.)
5 METHODOLOGY

5.1 Literature review and consultation

The methodology section of this thesis will explain the different ways how information was researched and gathered to write this thesis. A literature review was carried out including a search from different databases, and two registered nurses who work for the Red Cross in Finland were consulted. These different data collection methods were then used to combine the information received.

5.2 Literature review

Theoretical information was searched from books using manual research methods. The Finnish Red Cross and reliable Internet resources like World Health Organization, The National Advisory Board on Social Welfare and Health Care Ethics (ETENE), National Institute of Health and Welfare, Central Statistical Office of Finland, and different databases TamPub, Doria, Hercules and CINAHL were used. One doctoral dissertation, one Master’s (graduate) thesis, and two Bachelor’s theses (secondary sources) related to this research subject were used. All articles used in this thesis were peer reviewed. The key words for searching were used in Finnish and in English. The keywords were: asylum seeker, health, health promotion, refugee, and immigrant. The books used in this research process were accessed at the Tampere University of Applied Sciences (TAMK) library.

5.3 Consultation

The authors of this bachelor’s thesis consulted two registered nurses working at a Red Cross reception center. These face-to-face meetings were regarding the main issues concerning asylum seekers’ and refugees’ health which they have faced in their work in Finland. From these meetings, valuable information concerning the target groups’ health issues was then gathered, and used in this thesis as a background with the literature review to be able to decide which areas in health should be covered in the booklet.
The nurses were interviewed based on the research questions. Relevant information concerning this thesis was then summed up, and combined with the information gathered through the literature review.

5.4 Functional thesis

This Bachelor’s thesis is a functional thesis with a written product. A functional thesis aims to provide practical guidance for a specific field of expertise by different methods (Vilkka & Airaksinen 2003). The product is a health promotion booklet for asylum seekers and refugees (Reception center nurse 2012). As health and health promotion can be seen differently (Pirinen 2008, 43), the emphasis is to clarify how health is seen in Finland, and break down and open up the concepts more.

The language of the booklet is practical English combined with pictures, so that it can easily reach everyone. Short and precise descriptions are used in a respective manner. The appearance and content is clear. Colors are used to have a booklet that is not merely black and white, and to produce a more enjoyable reading experience. (Vilkka & Airaksinen 2003.)

5.5 Validity and reliability

Validity means the ability to measure a specific aspect that is supposed to be measured. In this thesis reliability means that more than one researcher has found similar information regarding the issue, and the data search is replicable with the key concepts mentioned earlier. With the key concepts used in this thesis, the data found were thoroughly checked to be valid. Criticism was used when surveying the information found. Previous studies and national archives were used to ensure reliability. The information gathering methods are mentioned in this thesis to improve the validity of the thesis, and the search words used in the data search are given. All the information used in the thesis is listed in the list of references at the end of this Bachelor’s thesis.

The consultations used in this thesis might hinder the reliability of the research, since it is the authors’ subjective interpretation of the information received from the reception
center nurses. First, the key concept immigrant was not used as a search word, but later on it had to be included, because enough information was not found using only the terms ‘asylum seeker’ and ‘refugee’. This might hinder the validity and reliability, since the research used does not consider only asylum seeker and refugees, but immigrants as well. (Hirsijärvi, Remes & Sajavaara 2013, 188-189, 206-207, 228-233, 261-263, 268-269.)
6 DISCUSSION AND CONCLUSION

There have been immigrants in Finland for many decades, but still, there is little knowledge about their health, well-being, and requirements of the needed health services. In a national level, there is barely any research done on the health of family with children that have immigrated or on the factors that maintain their health. (Pirinen 2008, 34, 180; Sorvari 2012, 20.)

People make their own health decisions (Huttunen 2013), but they are also connected to the possibilities of their own environment and society. There are several aspects on top of individual factors and decisions that have an effect on health resources: the immigration administration and structure of the country of origin, the general level of education, sanitation, availability of pure water, nutrition and its quality, living conditions, working conditions, environmental factors, preventive health care, and the quality of it. (Sorvari 2012, 16.)

The need for enhancing health education among families with children from an immigrant background is especially related to different kind of support and knowledge, such as knowledge of health, well-being, adjustment and support services. In general, support to learn Finnish language, to understand Finnish culture and to possess general knowledge about Finland were considered important factors. (Pirinen 2008, 76; Sorvari 2012, 64.)

While writing this thesis, we were surprised of how little research, especially Finnish, existed already regarding asylum seekers’ and refugees’ health. We sincerely think that it is an area that should be studied more, and the knowledge gained should be shared among health care professionals to be able to enhance the health of asylum seekers and refugees. More available information would benefit both the target group and those taking care of them.
7 REFLECTION, ETHICAL CONSIDERATION

While writing this thesis, we found that there has been little research carried out regarding the health condition of asylum seekers and refugees. In all studies found during the thesis process, the need for more research in this area was emphasized. Sorvari (2012) states that even though there have been immigrants in Finland for several decades already, there is little information of their health condition and of the level of need in health services required. In addition, more information is still needed on the factors in maintaining healthiness. (Sorvari 2012, 20-22.)

7.1 Ethical consideration

The basic question in health promotion ethics is on what level the authors will affect the readers’ view of health, and suggest alterations to it (Leino-Kilpi & Välimäki 2003, 160-165). Different backgrounds, different educational statuses, and the variety of religions and their different dimensions raise ethical issues that need to be taken into consideration (Pirinen 2008, 43). The booklet needs to be presented in an impartial and neutral way according to two of the Red Cross’s seven Fundamental principles (International Federation of Red Cross and Red Crescent Societies). The consultations were done in full anonymity. The Finnish Red Cross is informed of the results of the thesis. (Leino-Kilpi & Välimäki 2003, 284-292.)

7.2 Suggestions for further studies

While writing this thesis, many broad aspects pertaining to the target groups of this thesis were encountered. In a meeting with the Red Cross reception centre nurse, a suggestion for translating the end product of this thesis was raised. The aim of the suggestion would be providing the booklet in the asylum seekers’ and refugees’ native language. Additionally, child health care and support in parenthood were issues that were discussed in the writing process. More thorough studies regarding mental and physical health promotion would also be beneficial in the future.
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Procter, N. 2005. 'They first killed his heart (then) he took his own life'. Part 1: a review of the context and literature on mental health issues for refugees and asylum seekers. International Journal of Nursing Practice 11 (6), 289, 290.


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Unpublished reference
Appendix 1. Health promotion booklet

Introduction

Arriving into a new culture and environment may be difficult and it is important for you to understand how the new country’s society works. It is good for you to understand that everyone sees and takes care of their health in their own way. This booklet gives information and useful links about health to help you to take care of yourself after moving to Finland. The booklet tells more about mental, social and environmental health.
Mental health

Good mental well-being is that you have positive feelings about yourself and you have the power to go on and feel good. If you have traumatizing experiences (like violence, torture, war, leaving your family), it is possible to feel stress and fear, and start having serious physical symptoms and illnesses. These can be for example stomach pain, headaches and difficulties to sleep. It is important for you to know that these problems can come up later on as well. Mental health problems can also make it difficult to be in the new living environment and learning a new language. Talking about the problems going through your mind with a nurse/doctor is important so that the best possible care for you can be started.

In Finland you can find help for your emotional and mental problems from mental health care. You can talk about your experiences with a professional (nurse/doctor) with trust. Mental health care professional can give you more information on how your mental well-being can change your health. You can find more information about mental health from the Internet links below.

www.e-mielenterveys.fi
www.infopankki.fi
www.suomi.fi
Social well-being

It is important for you to have helping people around you and that you are a part of a group when moving into a new culture and environment. If you do not have people around you who you can talk to, it can cause loneliness and stress.

Learning the local language is important in the new country. When you speak the same language it also helps you to understand others and go on in life. Language helps you to become a part of a community, get to know new people, be active, and go on. When the same language is not yet used, you have the right to get an interpreter, who can translate the talk.

Health care services in Finland help people not to get ill. If you get sick, the health care services take care of you and tell you how to go on. These services are for those who live in Finland. Municipalities’ health care centres and hospitals give most of the care. It is also possible for you to buy private health care services.

To learn more about Finnish society and health care system, follow the links below.

www.infopankki.fi
www.setlementti.fi
www.suomi.fi
Environment

It is important for you to know about the new environment you live in, like pure water, weather and sanitation.

Water is a healthy and good option to drink. In Finland it is safe to drink tap water.

Food can be unclean in many ways. This is why it is important for you to cook your foods cleanly, and long enough. Store food at a correct temperature and keep foods separated. Tell health care professionals if you think you got sick from a food you ate.

If you have moved to Finland from a warm and sunny country, the change of weather can be surprising. Winters in Finland are cold so you need warm clothes. The cold can cause pains and aches around the body. There are four different seasons in Finland, and that is why the weather in Finland changes a lot during the year. The seasons are: summer, autumn, winter and spring. Because of the four seasons, dressing up in Finland changes with the weather. It is important to think what to wear to stay warm.

<table>
<thead>
<tr>
<th>Season</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>+15°C to +25°C</td>
</tr>
<tr>
<td>Autumn</td>
<td>+5°C to +15°C</td>
</tr>
<tr>
<td>Winter</td>
<td>-0°C to -30°C</td>
</tr>
<tr>
<td>Spring</td>
<td>+0°C to +10°C</td>
</tr>
</tbody>
</table>

Winter time is the coldest and darkest time in Finland. In the south the snow falls in December and melts away usually in March or April. In the north the snow falls usually in November and melts away in May at the latest. In May there can be some snow left in the ground and the weather is still cold even though the sun shines warmly.

To learn more about the Finnish weather and environment, follow the links below.

www.infopankki.fi
www.maahanmuuttajat.fi/content/index.php?option=content&task=view&id=53-
www.visitfinland.com
www.suomi.fi
Useful phone numbers:

**Emergency number** 112 (ambulance, police, fire department)
**National crisis hotline** 01019 5202

Internet addresses that can mostly be read in many different languages:

- [www.infopankki.fi](http://www.infopankki.fi) (Information about Finland in different languages)
- [www.kela.fi](http://www.kela.fi) (Social security for those who live in Finland)
- [www.migri.fi](http://www.migri.fi) (The Finnish immigration services)
- [www.pakolaisapu.fi](http://www.pakolaisapu.fi) (The Finnish refugee council that helps refugees)
- [www.pakolaisneuvonta.fi](http://www.pakolaisneuvonta.fi) (Refugee advice centre)
- [www.poliisi.fi](http://www.poliisi.fi) (The police, law and order)
- [www.punainenristi.fi](http://www.punainenristi.fi) (The Finnish Red Cross)
- [www.thl.fi](http://www.thl.fi) (Health and welfare in Finland)

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