

An investigation of unmet health-related information and healthcare services needs of people with asylum-seeking backgrounds – A Case Study of Persian-speaking Minorities in Finland

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Introduction

Dealing with the needs of asylum seekers and refugees regarding various health-related information and healthcare services is a challenge for healthcare service providers. According to the Finnish Immigration Service (2022), there were 61,645 new asylum applications between January 2015 and July 2022 in Finland. Immigrants and newcomers who want to initially settle down in a new country may face various challenges in accessing different health-related information and healthcare services. An area of concern is their health-related information or health needs, having access to medical information and services, and familiarity with the process and the procedures of using these services in a host country (Ahmadinia et al., 2021, 2022; Kidane et al., 2021; Willey et al., 2022). This study aims to investigate information-seeking behaviour from the perspective of cultural and ethnic backgrounds among people with asylum-seeking background living in Finland. This extended abstract presents a part of a larger study including interviews also in Norway and Sweden, presenting preliminary findings of an original qualitative study on Persian-speaking people with asylum-seeking background and their health-seeking behaviour in terms of health-related needs and utilisation in Finland.

Methods

The aim of this study has been on understanding the health-related information and healthcare-seeking behavior of people with asylum-seeking backgrounds living in Finland using a qualitative approach. The interview guideline and questions were composed of two main sections including participants' socio-demographic information and questions addressing their health information-seeking behaviour¹. However, this extended abstract only presents results from interviews with participants with asylum-seeking backgrounds and reflects on findings related to health information and healthcare service needs and utilisation in the studied population.

1 Health information-seeking behaviour refers to “a complex concept when addressing health promotion and individuals’ psychological state of dealing with or being diagnosed with a medical condition” (Zimmerman & Shaw, 2020).

The questions related to health information needs and utilisation in Finland were, for example:

1. Do you have any current concerns regarding your health? (e.g., medical history)
2. Can you give me some examples of health services and/or information about your health conditions that you have used, or think you might need?

In order to collect the data for this study, 25 semi-structured interviews were conducted either via face-to-face meetings or using an online communication channel from June to August 2022. The data were collected through a snowballing technique among Persian and Dari-speaking persons, who were or are in Finland as asylum seekers or under refugee status. The interviews were voice recorded, and each interview lasted from approximately 20 to 45 minutes, with an average length of 30 minutes. All the recorded interviews were transcribed for qualitative analysis using NVivo 1.5. However, only the data related to participants with asylum-seeking backgrounds were chosen for analysis in this abstract. The participants ($n = 7$) comprised of 5 women and 2 men, and the majority of them were between 31 to 40 years old.

Results

The interview results show that a majority of respondents indicated mental health ($n = 5$), and women's health ($n = 5$), as their most needed health-related information and healthcare services in Finland. Female participants mentioned health-related information and services needs for physiotherapy ($n = 3$), cardiovascular disease ($n = 1$), and child health ($n = 1$), and one male participant mentioned health-related information and services needed related to respiratory problems ($n = 1$). Table 1 shows different types of health information and service needs and utilisation among our study participants in Finland.

Table 1: Health-related information and healthcare service needs and utilisation among people with asylum-seeking backgrounds living in Finland.

Health-related information and healthcare service	Needs	%	Utilisation	%
Mental health	5	71.43	1	14.29
Women's health	5	71.43	4	57.14
Physiotherapy	3	42.86	2	28.57
Oral health	3	42.86	2	28.57
Diabetes	2	28.57	2	28.57
Nutrition and diet	2	28.57	0	0.00
Respiratory problems	1	14.29	2	28.57
Cardiovascular disease	1	14.29	1	14.29
Child health	1	14.29	1	14.29
Thyroid disease	0	0.00	1	14.29
Acute infectious disease	0	0.00	1	14.29
Incidents and innjuries (accidents, falls from height, injuries, etc.)	0	0.00	1	14.29

When we compared participants' health-related information or services needs according to their age groups, degree of practicing a religion, as well as length of residency in Finland, mental health (n5/N7) and women's health (n5/N7) have almost equal and the highest rates among all categories (see Table 1). However, when we asked participants about their health-related information or services utilisation in Finland, there was a gap between their potential health-related information or services needs and utilisation of these.

The unmet health-related information or healthcare services needs were related to mental health, women's health, physiotherapy, and oral health (see Table 1, and Figure 1). Regarding mental health, a female participant stated that *“I arrived in Finland six years ago, I faced with cultural shock and language barriers. I was a socially very active person in my country and had almost daily contact with my extended family back home, but here I have very few friends to socialise with.”*

A participant belonging to the age group 41 to 50 years, mentioned communication and language barriers while receiving medical treatment: *“I work long hours on my feet. I have pain in my foot joints, and I have been referred many times for physiotherapy sessions. Unfortunately, I think the therapist cannot understand my pain and I will always get a paper full of instructions which I do not understand them fully.”*

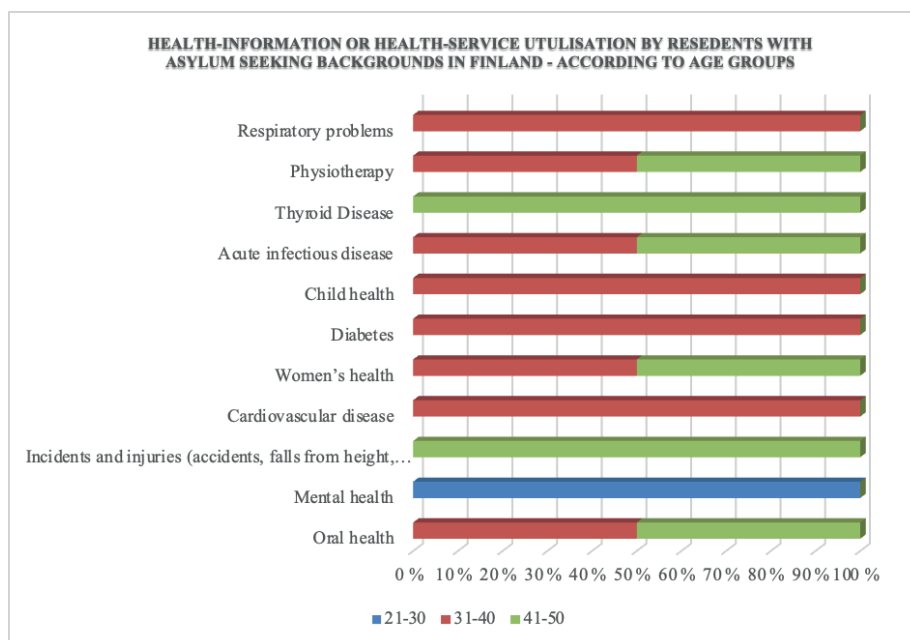


Figure 1: Health-information or health-service utilisation by residents with asylum-seeking backgrounds in Finland.

Regarding women's health, a female participant with over 10 years residency in Finland stated that “As a woman with foreign background, I do not feel comfortable to discuss my women-related health issue with a Finnish male doctor. The reason behind this issue is about the feeling of shame, discomfort, and a sense of disobeying religious beliefs.”

Finally, one of the male participants in his early thirties distrusted oral health treatments in Finland: “I do not have trust in dentist in Finland; I believe they are not taking care of my dental health as they are supposed to, it is expensive to fix broken teeth and they prefer to take it out instead of fixing it.”

Conclusion

This research provides a better understanding of adoption of health-related information materials among non-native minorities with asylum-seeking backgrounds in Finland. More specifically, the findings of this study indicate that the healthcare authorities need to have insight into the reasons behind unmet health-related information or healthcare services needs among

residents with different cultural and religious backgrounds. Additional studies will be conducted in Sweden and Norway to make comparisons concerning such issues.

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