

An investigation of health information needs and use of healthcare services among people with asylum seeking background living in Norway

Hamed Ahmadinia

Åbo Akademi University

hamed.ahmadinia@abo.fi

<https://orcid.org/0000-0002-3505-8101>

Jannica Heinström

Oslo Metropolitan University

jannica.heinstrom@oslomet.no

<https://orcid.org/0000-0003-3729-0497>

Kristina Eriksson-Backa

Åbo Akademi University

kristina.eriksson-backa@abo.fi

<https://orcid.org/0000-0001-9758-0467>

Shahrokh Nikou

Åbo Akademi University & Stockholm University

shahrokh.nikou@abo.fi

<https://orcid.org/0000-0002-0029-5852>

Keywords: Information behavior, Healthcare, Minorities

How to cite: Ahmadinia, H., Heinström, J, Eriksson-Backa, K., & Nikou, S. (2022). An investigation of health information needs and use of healthcare services among people with asylum seeking background living in Norway. *Informaatiotutkimus*, 41(2–3), 14–20. <https://doi.org/10.23978/inf.122554>

This article is licensed under the terms of the CC BY-NC-SA 4.0 -license

Introduction

Over the course of the last few decades, the Nordic countries are facing a change in their population structure, with a growing number of immigrants including people with asylum-seeking and refugee backgrounds. Almost three million people have moved to the Nordic countries in the last decade (Nordic Welfare Centre, 2017). For example, in Norway the number of asylum seekers for 2015 was 31,150 and the number of refugees for 2021 was 46,042 (Macrotrends, 2022; Statista, 2022). However, it should be noted that these individuals (asylum seekers and refugees) have diverse cultural and ethnical backgrounds, which means they may have different approaches toward seeking health information or healthcare services in their host country (Ahmadinia et al., 2021). Providing adequate and timely health information services for these people is one of the main challenges of the Nordic healthcare system (Haj-Younes et al., 2022). Therefore, a primary step to overcome this challenge is to understand what health-related information and healthcare services these individuals might need. This study aims to address this research gap by investigating their information seeking behaviour from the perspective of cultural and ethnical background. Health information-seeking behaviour and healthcare-seeking behaviour are two main key terms in this study. Health information-seeking behaviour refers to any situation in which an individual needs or uses any health-related information, while healthcare seeking behaviour refers to any activity undertaken by an individual who perceived himself to have a health concern, or to be sick, for the purpose of finding an appropriate remedy (Lalazaryan and Zare-Farashbandi, 2014; Ward et al., 1997). This extended abstract, is a part of larger study including interviews also in Finland and Sweden, and presents preliminary findings of an original qualitative study on people with asylum seeking background and their health seeking behaviour in terms of health-related needs and utilisation in Norway.

Aim and research questions

The core focus of this research has been on the health seeking behaviour of people with asylum seeking background currently living in Norway. The data for this research is composed of nine semi-structured interviews conducted either via face-to-face meetings or using an online communication channel. The interview guide and protocol covered two sections with altogether 28 questions. The first section included ten questions collecting sociodemographic information, such as gender, age, level of education, occupation, and residency

grounds. The second section included eighteen questions addressing health beliefs¹ and health information-seeking behaviours. However, this extended abstract only reflects on findings related to health information or healthcare service needs and utilization in our studied population.

The questions related to health information needs and utilization in Norway were, for example:

1. Do you have any current concerns regarding your health? (e.g., concerning obesity)
2. Can you give me an example of a general health problem you or anyone in your family have had in the past since moving to Norway?
3. 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?

Methods and material

The data collection in Norway took place between 5th May and 30th May 2022. The interviews were conducted in three languages including English, Persian and Kurdish, altogether 12 persons who had immigrated were interviewed, but only the data related to participants with asylum seeking backgrounds is chosen for analysis in paper. The participants (n = 9) comprised of 55.6% women, and 44.4% men. The recruitment for interviews started through an online advertisement on immigrants' communities in Norway. Snowballing technique was used among Persian and Kurdish-speaking persons, who were or are in Norway as asylum seekers or under refugee status.

Preliminary results

The interview results show that as much as 88.9% of the respondents indicated mental health as their health-information or health-service needs. The second highly needed health-related information or service was related to women's health (n = 4), whereas a common health-related information and services need among male participants was related to the physiotherapy

¹ Health beliefs refers to people believe about health, constitutes health, the cause of illness, and ways to overcome an ill-ness it (Misra and Kaster, 2012).

services or work-related physical ergonomics information ($n = 3$) and only one female participant mentioned the same need. The other common health-related information or services needs ranged from nutrition and diet (33.4%) and oral health (33.4%) to healthcare system and structure 22.3%. Table 1 shows different types of health information and service needs among our study participants.

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

Health-related information and healthcare service	N	%
Mental health	8	88.89
Physiotherapy	4	44.44
Women's health	4	44.44
Nutrition and diet	3	33.33
Oral health	3	33.33
Healthcare system & Structure	2	22.22
Pregnancy and prenatal health	2	22.22
Child health	2	22.22
Respiratory problems	2	22.22
Rheumatic Disorders	2	22.22
Sexual health and HIV	1	11.11
Cardiovascular disease	1	11.11
Diabetes	1	11.11
Ulcer disease	1	11.11

When it comes to comparing health-related information or services needs among participants according to their age groups, degree of practicing a religion, and residency length in Norway, mental health (N8/N9) has almost equal and highest rates among all categories (see Figures 1 and 2). Two examples from the interviews from participants with different residency length in Norway illustrate the need for mental health information or services. One respondent stated, “*As a single mother who is living in Norway for the last 15 years, I have a very stressful life in Norway. Too much stress about my life, kids, and responsibilities. Also, it is a too complicated process and expensive to visit a psychologist who can actually help me*”.

Conversely, another respondent stated, “*In my opinion many people with asylum seeking backgrounds are suffering from different types of psychological, or emotional trauma. I lost my wife while we were escaping from the*

war in my country [name of a foreign country], it was a very tragic situation for me, which I am thinking about it during every minute of my life.”

However, participants belonging to younger groups and with shorter residency lengths mentioned more needs about the healthcare system and structure in Norway (N2/N9). Furthermore, religious participants mentioned stronger needs for information related to the healthcare system and structure in Norway in order to practice their religious beliefs while they want to use health services in their new country (22.3%). Regarding practising a religion, one of the participants stated, *“I would like to highlight [that] a challenge of many women like me from [name of a foreign country] is finding our ways in Norwegian healthcare system to book an appointment with a female physician or specialist for women-related check-ups and treatments”*.

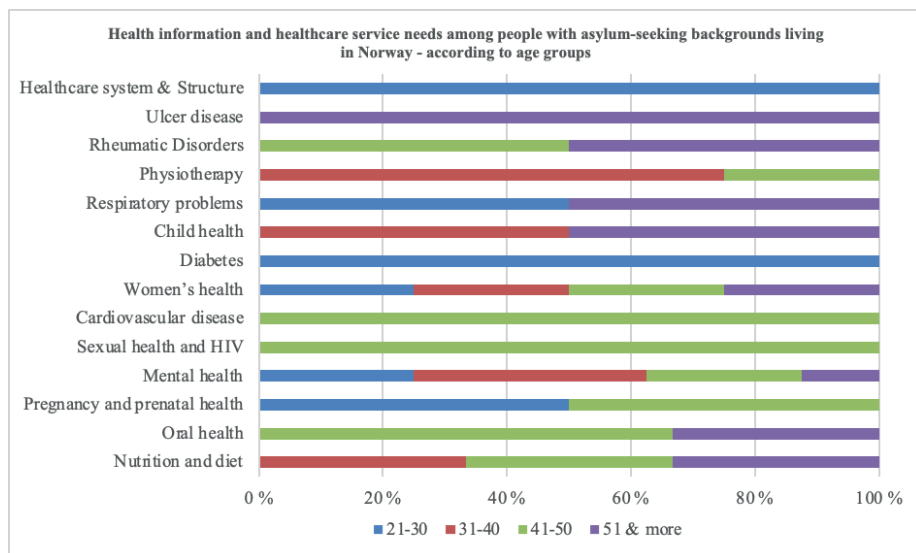


Figure 1: Health information and healthcare service needs among people with asylum-seeking backgrounds living in Norway – according to age groups.

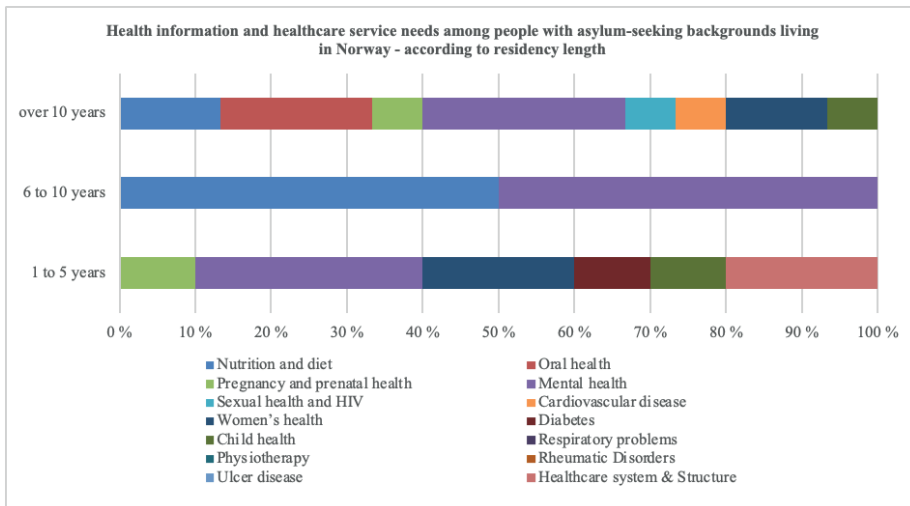


Figure 2: Health information and healthcare service needs among people with asylum-seeking backgrounds living in Norway – according to residency length.

Implications

This research provides practical implications for providing better health-related information materials among minorities; particularly, residents with asylum-seeking backgrounds in Norway. The findings may provide bases for implementing and adopting health-related information and healthcare services for health officials to plan future health services for residents with diverse backgrounds. More specifically, the findings of this study indicates that the healthcare authorities need to have an insight in the differences between asylum seekers' health information and healthcare services needs, their actual health information or related services use, and what the reasons for such differences are. Additional studies will be conducted in Finland and Sweden to make comparisons.

Acknowledgement

This paper would not have been possible without the exceptional support of Sara Arzideh; and this research was supported by the grant from Karl-Erik Henriksson Foundation and travel grants from Åbo Akademi University.

References

- Ahmadinia, H., Eriksson-Backa, K., & Nikou, S. (2022). Health-seeking behaviours of immigrants, asylum seekers and refugees in Europe: a systematic review of peer-reviewed articles. *Journal of Documentation*, 78(7), 18–41. <https://doi.org/10.1108/JD-10-2020-0168>
- Haj-Younes, J., Abildsnes, E., Kumar, B., & Diaz, E. (2022). The road to equitable healthcare: A conceptual model developed from a qualitative study of Syrian refugees in Norway. *Social Science & Medicine*, 292, 114540. <https://doi.org/10.1016/j.socscimed.2021.114540>
- Lalazaryan, A., & Zare-Farashbandi, F. (2014). A review of models and theories of health information seeking behavior. *International Journal of Health System and Disaster Management*, 2(4), 193–203. <https://doi.org/10.4103/2347-9019.144371>
- Macrotrends (2022). *Norway Refugee Statistics 1960-2022*. Retrieved August 17, 2022, from <https://www.macrotrends.net/countries/NOR/norway/refugee-statistics>
- Nordic Welfare Centre (2017). *A brief overview about the Nordic countries on population, the proportion of foreign-born and asylum seekers*. Retrieved August 12, 2022, from <https://nordicwelfare.org/integration-norden/en/research-and-facts/>
- Misra, R., & Kaster, E. C., (2012). Health Beliefs. In S. Loue and M. Sajatovic (Eds.), *Encyclopedia of Immigrant Health* (pp. 766–768). Springer. https://doi.org/10.1007/978-1-4419-5659-0_332
- Statista (2022). *Norway: Number of asylum seekers 2020*. Retrieved August 20, 2022, from <https://www.statista.com/statistics/1174907/number-of-asylum-seekers-in-norway/>
- Ward, H., Mertens, T. E., & Thomas, C. (1997). Health Seeking Behaviour and the Control of Sexually Transmitted Disease. *Health Policy and Planning*, 12(1), 19–28. <https://doi.org/10.1093/heapol/12.1.19>