

Summary

Anu E Castaneda, Shadia Rask, Päivikki Koponen, Mulki Mölsä, Seppo Koskinen (ed.), *Maahanmuuttajien terveys ja hyvinvointi. Tutkimus venäläis-, somalialais- ja kurditaustaisista Suomessa. (Migrant health and wellbeing. A study on persons of Russian, Somali and Kurdish origin in Finland)*. National Institute for Health and Welfare (THL). Report 61/2012, 363 pages. Helsinki 2012. ISBN 978-952-245-738-7 (printed), ISBN 978-952-245-739-4 (pdf)

The aim of this report is to make the key findings of the Migrant Health and Wellbeing Study (Maamu) available as soon as possible to the persons and organisations requiring them. We hope that, along with the broad-based project organisation responsible for planning and implementing the Maamu project (www.thl.fi/maamu), many other experts will utilise the material by deepening and expanding the basic results presented in this report.

A total of one thousand persons of Russian origin, one thousand of Somali origin and one thousand of Kurdish origin aged between 18 to 64 living in Helsinki, Espoo, Vantaa, Turku, Tampere and Vaasa were invited to participate in the Migrant Health and Wellbeing Study. The invitees had been living in Finland for at least a year. The interviews and health examinations were carried out by personnel of Russian, Somali and Kurdish origin who spoke both the languages of the respective target groups and Finnish. Special attention was paid to getting in touch with the subjects, and the participation rate exceeded that of similar surveys conducted in many other countries. A total of 70% of the subjects of Russian origin, 51% of Somali origin and 63% of Kurdish origin participated in at least one part of the survey. The design and implementation of the survey was co-ordinated by the National Institute for Health and Welfare (THL) in co-operation with a wide network of experts. Material on the overall population aged between 18 and 64 in the survey municipalities was used as a comparison for the variables that have been studied comparably and reported in the Health 2011 survey.

The education level of immigrants of Russian origin was higher than that of the other groups or of the overall population of the same age in the survey municipalities. The level of education was lowest among persons of Somali origin. Slightly more than a third of women of Somali origin had not been to school at all. Approximately one in ten women of Somali and Kurdish origin considered that they were able to read only poorly or not at all. In the case of men, this was a couple of per cent. Considerable difficulty in understanding spoken Finnish or Swedish was experienced by nearly every third woman of Somali origin and by one in five women of Kurdish origin. Nearly a third of persons of Russian and Kurdish origin and one in six of Somali origin stated that handling business in a bank, office or similar place presented difficulties. Difficulties in using the internet were more common among women of Somali (28%) and Kurdish (15%) origin. Men of Russian and Somali origin rated their work ability as being as good as that of men in the population in general. The employment rate, however, was lower in all the groups of immigrant origin surveyed, and the proportion of unemployed or laid-off persons was higher than in the overall population of the same age in the survey municipalities. Two-thirds of persons of Somali origin, but just less than one-third of those of Kurdish origin participated regularly in the activities of non-governmental organisations or associations. Persons of Russian origin were the most active in following events in their former home country and in Finland. Most active in voting in the most recent parliamentary elections were men of Somali origin; the least active voters were women of Somali origin.

The self-rated health of women of Kurdish and Russian origin was significantly worse than in the other groups studied. Persons of Somali origin on the other hand, especially men, rated their health as excellent. Persons of Somali origin were also the most satisfied with their quality of life. They were, almost without exception, satisfied with their coping with day-to-day activities, although a significant proportion reported difficulties in handling business in a bank or other office and with using the internet. In tests of physical function, persons of Russian origin performed the best; persons of Somali origin the worst. In the population of Kurdish origin, visual and hearing difficulties were particularly prevalent. Overweight and obesity were common especially in women of Somali and Kurdish origin and in men of Kurdish origin. In persons of Russian origin, overweight and obesity were closer to the situation of the overall population, with the exception of women's abdominal obesity, which was lower in women of Russian origin. Diabetes both self-reported and according to laboratory findings indicative of the disease was most prevalent in women of Somali origin. The incidence of hypertension was highest in persons of Russian origin. Men of Russian and Kurdish origin smoked more frequently and women less frequently than the overall population of the same age in the survey municipalities. Persons of Somali origin hardly smoked at all. Of 18–29-year old persons of Russian origin, an especially large number, nearly 40%, reported that they had used cannabis. Alcohol consumption was most common and heaviest among men of Russian origin. Very few

persons of Somali origin ate fresh vegetables or fruit every day. Persons of Somali and Kurdish origin exercised less than the overall population of the same age in the study municipalities.

The use of reliable contraceptive methods was lowest and spontaneous miscarriages were most common among women of Somali origin, who also had the highest number of births. Abortions were common among women of Russian origin. A significant proportion of both Somali and Kurdish women reported that they have been circumcised.

Up to 78% of persons of Kurdish origin, 57% of persons of Somali origin and 23% of persons of Russian origin had experienced a major traumatic event in their former home country. Permanent injuries caused by violence were most common among persons of Kurdish origin, one in ten of whom had at some time received a permanent injury due to violence. While living in Finland, name-calling and verbal abuse had been encountered in everyday life by more than one in five respondents in all the groups, and discourteous or disrespectful treatment was even more common than this. As many as half of women of Kurdish origin, and one in four of women of Russian origin and men of Kurdish origin had severe symptoms of depression and anxiety, while less than 10% of persons of similar age in the overall population had severe symptoms of depression and anxiety. The use of mental health services in the groups of Russian and Kurdish origin was as common as in the overall population of the same age in the survey municipalities, even though the incidence of current symptoms of severe depression and anxiety in these groups was significantly more common than in the overall population.

Persons of Somali and Kurdish origin used health centre physician services more than persons of Russian origin and the overall population aged between 18 and 64 in the survey municipalities, and a significant proportion of these visits were emergency visits. All of the groups of immigrant origin used the services of private and occupational health care physicians and physician-prescribed medication less than the overall population. The use of physicians' services also outside Finland was common among persons of Russian origin. The most common obstacles to receiving care were waiting for appointments, excessively high prices and language difficulties. The perceived need for rehabilitation was especially common among persons of Russian and Kurdish origin, with one in five reporting that they needed rehabilitation in their opinion.

Experience of discrimination was more common among persons who had lived in Finland for longer and among persons who had moved to Finland at a younger age than among persons who had moved to the country more recently and at an older age. Difficulties in physical and social functioning among persons of Somali and Kurdish origin were more common in persons who had moved to Finland more recently and at an older age. Among persons of Russian origin, those who had come to the country at a younger age had more experienced traumatic events, need for mental health services and substance abuse. They had also experienced discrimination more frequently and found their lives meaningful less frequently than persons who had come to the country at an older age.

The development work of the European Social Fund financed project *Maahanmuuttajien terveys ja työkyky – seurantajärjestelmä kunnille* (Migrant health and work capacity – a follow-up system for the municipalities) has furthered utilisation of the methods used in the study and the study results. Methods of measuring functional and work capacity used in the study and translated into the various study languages are freely available in the TOIMIA database. The results of the study are also reported in the interactive *Terveytemme* (Our health) online service, where data can be compared by population group and at regional and national level. In addition, plans are being made to survey the health and wellbeing of immigrants in the future as part of the Regional Health and Wellbeing Study (ATH).

Based on the experience accumulated in the Maamu project, challenging phases which require additional resources in studies with minority languages and among cultural minorities include, in particular, training and guidance of research staff, initiation of contact with the subjects at the recruiting stage, counselling of the subjects and customisation of special linguistic and cultural solutions. Use of the subjects' mother tongue was an advantage, but a common language and cultural background shared by the subjects and study personnel may also to some extent hamper the collection of data. Not all subjects want to be identified according to ethnicity, and handling sensitive issues amongst members of their own community can be problematic. The workshops arranged in the survey municipalities were a good route for disseminating the study results, but the utilisation of the study results entails long-term work and co-operation between authorities. The results of the study were discussed also

in seminars organised in Russian, Somali and Kurdish. This was found to be useful both in interpreting the results from the researchers' standpoint and in disseminating the information to the immigrant communities.

The development of health services, especially mental health services, for immigrants is urgently needed as the current service system reaches only a proportion of those needing services. Health promotion measures and rehabilitation are needed to prevent obesity and limitations in functional capacity and to remedy lack of exercise and possible nutritional deficiencies. Actions to prevent and improve the treatment of public health problems especially diabetes, are required also for immigrants. Even more attention should be paid than has been the case to date to supporting integration, especially to improving Finnish or Swedish language skills, and, in some groups, also to literacy. Experiencing the quality of life as good and confidence in the Finnish service system are strengths which can be considered as sound starting points for promoting health and wellbeing.

Keywords: immigrant, health, wellbeing, functional capacity

This summary is available in Swedish, English, Russian, Somali and Kurdish in the online version of this report at [http://urn.fi/URN:ISBN: 978-952-245-739-4](http://urn.fi/URN:ISBN:978-952-245-739-4).