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# MUSLIM IMMIGRANTS' EXPERIENCES AND EXPECTATIONS IN THE FINNISH HEALTH CARE SYSTEM

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Abstract

The purpose of the study was to find out Muslim immigrants' experiences and expectations of the Finnish Health care system in Jyvaskyla. The aim was to provide both nurses and nursing students with deeper information about the Muslim culture that can be used to improve the health care system.

The study was carried out in Jyväskylä in October 2011. The method used to collect data in this qualitative study was theme interviews. Personal connections were used to recruit the participants to be interviewed. The interviews were conducted in different languages: Finnish, English, Dari and Turkmeeni. The interviews were tape recorded. The audio was listened to and transcribed into English. Thematic analysis was used to analyze the data.

The study results showed that the interviewees were satisfied with the health care services provided. They also indicated that more knowledge and information is required by the health care providers about the Muslim culture and Religion. They revealed that there is a gap of information about the health care system among Muslim immigrants' in Jyväskylä. Challenges such as language and communication were highlighted. Use of translators was highly appreciated. The Muslim community expected their religious and cultural beliefs to be respected by the health care professionals. According to the research results there is need to develop the health care services to meet the expectation of the Muslim immigrants.

Keywords

Muslim, Culture, Religion, Experience, Expectation, health, healthcare

Miscellaneous

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Työn nimi

MUSLIMI MAAHAANMUUTTAJIEN KOKEMUKSET JA ODOTUKSET SUOMEN TERVEYDENHUOLLON JARJESTELMASTA

Koulutusohjelma

Hoitotyön koulutusohjelma

Työn ohjaaja(t)

GARBRAH, William & YABAL, Anneli

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Tiivistelmä

Opinnäytetyön tarkoituksena oli selvittää Muslimi maahanmuuttajien kokemuksia ja odotuksia Suomen terveydenhuollon palveluista Jyväskylässä. Tutkimuksen tavoitteena oli antaa lisätietoja sekä sairaanhoitajille, että sairaanhoitaja opiskelijoille Muslimien kulttuurista, joka voisi käyttää Suomen terveydenhuollon palveluiden kehittämiseen Muslimi asiakkaille.

Tutkimus toteutettiin Jyväskylässä lokakuussa 2011. Tämän laadullisen opinnäytetyön tietoja kerättiin teemahaastattelun avulla. Haastatteluun osallistujat valittiin henkilökohtaisesti yhteyttä ottaen. Haastattelut tehtiin eri kielellä: suomi, englanti, dari ja turkmeeni. Haastattelut nauhoitettiin. Nauhoitukset kuunneltiin ja käännettiin englanniksi. Kerätyt tiedot analysoitiin Temaattinen analyysin avulla.

Tutkimuksen tulokset osoittivat, että haastatteluun osallistujat olivat tyytyväisiä Suomen terveydenhuollon palveluihin. He ilmaisivat myös, että terveydenhuollon työntekijät tarvitsevat lisätietoja Muslimien kulttuurista ja uskonnosta. Haastattelussa he paljastivat, että Muslimi maahanmuuttajilla ei ollut riittävästi tietoa Jyväskylän terveydenhuollon järjestelmästä. Esiin tulivat kieli- ja kommunikaatio ongelmat. Tulkin käyttöä arvostettiin paljon. Muslimi haastateltavat odottivat, että heidän uskonnollisia ja kulttuurisia tapojaan kunnioitetaan. Tutkimustulosten mukaan on tarvetta kehittää terveydenhuollon palveluja vastamaan muslimi maahaanmuuttajien odotuksiin.

Avainsanat (asiasanat)

Muslimi, kulttuuri, uskonto, kokemus, odotus, terveys, terveydenhuolto

Muut tiedot

**CONTENTS**

## 1. INTRODUCTION

Finland is changing into a multicultural population; Immigration is increasing thus causing population growth and cultural changes. It is also affecting social, political and economic issues leading to conflicts involving ethnicity, job availabilities, crime and economic benefits.

Muslim makes up 24% of the world's population or 1.65 billion people. In the year 2000 Muslim population in Finland was 40,000 (Houssain 2010). Muslims, who can be found in Finland, are Somalis, Bosnians, Iraqis, Iranians, Arabs, Pakistanis, Turks, Palestinians, Afghanis and Moroccans. They come to Finland for different reasons such as asylum seekers, refuges, students and economic immigrants (Brenneman 2011). Knowledge about the Muslim culture is becoming an essential tool to have so as to render certain health care services to Muslim patients.

The Islamic religion has been there for ages but many have no idea what it is all about. The violent attacks around the world have not helped in making people interested in knowing what being a Muslim entails rather they have made people fearful and this has become a hindrance even in the health care system.

There are many assumptions and misunderstandings about the Muslim religion and their beliefs. Due to lack of information about the culture, the health care services provided maybe inadequate. This can come across when providing care between different genders, when preparing food, dressing and when praying.

During Nursing education Muslim culture is not that much taught, therefore the nursing students get less knowledge about it. This research will focus on the views and expectations of the patients in relation to the healthcare system in Finland.

The purpose of this research is to find out Muslim immigrants experiences and expectations of Jyvaskyla health care system. This research will provide both nursing students and nurses with more information about Muslim culture.

## 2. CONCEPT CLARIFICATION

Defining the concepts that are used in the research is very important, because the definitions provided in the dictionary may not fully explain how the concepts will be used in the research. This part of the study will clarify what is meant by the terms Muslim and culture.

### 2.1 Culture

Culture is a complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society. Culture is an essential part of a society because it defines the way people live their lives. It is represented in the kind of food the community eats, the way they dress, the music they listen to, the art and literature they enjoy.(Kartha 2011)

An individual learns about culture from his family and the society, where he lives. Culture is not inherited, because some people might be born in different culture, but grows up in a new culture. They tend to associate with a culture they grow up in. Sometimes people may disagree with some of their own cultural beliefs, even though they affiliate with that culture. Culture differs in every society, because people share a common language, traditions, behaviors, perceptions and beliefs. Through culture people get an identity making them different from others. When immigrants migrate to others countries their culture changes because they adapt to the new culture.(Kartha 2011)

Every society has different ways of classifying behaviors for example defining a family according to blood relations, classifying people according to gender and defining behavior as good or bad. Lifestyle can affect the health of a person positively or negatively. For example the food that one culture allows to consume. The importance or none importance of family in one's culture may affect

negatively or positively ones process of healing. Some cultural treatments may be harmful or helpful in restoring the health of a sick person. (Kartha 2011)

## 2.2 **Muslim**

To be able to understand who Muslim people are we need to understand what Islam is. Islam is both a religion and a complete way of life. The word Islam is an Arabic word that stands for submission. When used in the religious context it means complete submission to the will of God. Allah is a name used by the Muslim to refer to God. Muslims believe in a religion of peace, mercy and forgiveness. Muslims are people who believe in the Islamic religion. Muslims are required to pray five times a day. The area of praying should be calm and clean (IslamiCity, 1989).

Muslims do not eat pork, which is forbidden in Islam. Most Muslim women wear a dress or clothing which may not reveal any part of body, except face and hands. In Islam blood transfusion and organ donation is acceptable when the intent is to save lives. Islamic religion emphasizes maintaining good health through personal hygiene practices and a healthy diet. Before offering a prayer, it is important to be clean for example good personal hygiene by cleaning hands, face, arms, head and feet (cultural diversity in nursing 2008).

Muslims have a high value for medical treatment and they have confidence in the health care professionals. Muslims believe that sickness is a destiny decided by God and recovery of sickness will be done by seeking health care treatment by submission to God. Muslims believe suffering from pain is atonement for one`s sins and some patients may prefer not to receive pain management, because they believe that when they feel pain and show patience, they will be more rewarded by God and will be more pure (Tayeb 2010).

Health care professionals have to respect patients wish, because patients have the right to accept or refuse treatment. To provide better care for their Muslim

patients health care providers have to explain to the patient and his family about the treatment and respect their wishes.

When a patient is terminally ill or dying patients will receive many visitors who are family members, relatives and friends. They ask for forgiveness from each other because it offers comfort to the patient. If the patient dies is washed by family members before the body is buried. Usually a family member has to be with the body until the body is ready to be removed from the hospital. Muslims bury the body on the day the death occurs. (Tayeb 2010)

The role of family is very important for Muslim patients. In the Muslim community decisions are made with close family members. For example if a Muslim person gets sick first he will ask advice and support from his family especially elder family members, who may comfort and support in decision making. They tend to make decisions as a family which consists of husband, wife and children or even grandparents.

## 3. ISLAM AND HEALTH CARE PROFESSIONALS

Experiences for both health care providers and Muslim patients will be discussed. This helps the researchers to understand both parties and what they go through during the health care process. Henderson (2000) defined nursing as doing things for a patient that they would do for themselves if they were physically able or had the required knowledge. It helps patients become better health wise or dies peacefully. It helps them become independent, thus they are able to do the necessary activities on their own. After clarifying the terms to be used in the research, a review of the dynamics between Islam and health care systems in non-Islamic societies are discussed.

### 3.1 Nurses views on caring for a Muslim patient

The Muslim population of the World is around 1, 3 billion, which means Muslims live all over the World even in non-Muslim societies. Due to this health care professionals will come across Muslim patients in the course of their work. (Rassool and Hussein 2000)

Due to lack of knowledge about the Muslim beliefs nurses have encountered problems that hinder the way they care for a Muslim patient. In this part of the research we focused on nurses experiences with Muslim patients.

Caring can be defined as the essence of the nurses' role.Khlood and Zoucha (2010) thought if people felt they were being treated in an insensitive way by either ignoring their beliefs and values then they would not seek health care services. Hussein and Rassool (2000) states that in health care and nursing practices there is a lot of misunderstandings of Islam and its practices.
A research focusing on patient centered care for Muslim women (health professional and patient perspectives) showed that majority of the health care professionals encountered difficulties when they were taking care of Muslim women. A great number of patients reported that healthcare professionals lacked information about their religious and cultural needs. Both healthcare providers and the patients agreed that there is lack of knowledge about Muslim cultural beliefs and religion among the healthcare professionals. Due to different languages, communication barriers between the patients and healthcare providers came up. The language barrier resulted to difficulties in understanding the healthcare system and the disease processes for the patients (Hasnain, Connell, Menon & Tranmer 2011).

According to a study done in Saudi Arabia , nurses highlighted that a patient's family is a source of emotional, social and psychological support .It is also the principal decision maker on what kind of care to be given to patient. When it

came to visiting time a patient would get more than twenty visitors at a time. The family members would hug and kiss each other regardless of the medical condition of the patient. Most nurses relayed that the regular visits brought them stress in the sense they had to justify everything they did to the family. Everything a Muslim does is connected to her religion and it is therefore difficult to separate the two. Due to this the nurses felt stressed which led them feeling powerless. Some of the nurses said that it did not matter how well they looked after a Muslim patient because the Muslim patients believed that it was Allah's will if they live or die. According to the Islam religion a female patient cannot be taken care by a male nurse and vice versa. Efforts to meet this demand often create staffing difficulties. Even though this problem can be solved by employing mixed sexes due to the shortage of nurses this possibility is impossible (Halligan, 2006).

Islam views illness and dying as part of life and as a test from Allah. They believe that Allah chooses the time of death and that there is life after death (Ott,Al-Junaibi,Al-Khadhuri).In non-Islamic societies, touching is part of the interaction between the nurse and the patient. In Islam touching the opposite sex is offensive. This creates a hindrance especially if a nurse wants to comfort a patient or the family for example after being given bad news. The nurses' views from the Saudi Arabia study showed that the Muslim beliefs presented them with professional and personal challenges for example stress, frustrations and tension (Halligan, 2006). The information found shows there is a problem of lack of knowledge among nurses, which comes when dealing with the Muslim community and its culture in non-Islamic societies.

### 3.2 Muslim patients' experiences in the health care system

Reviewing what kind of problems a Muslim patient is likely to face while getting services in the health care system in non-Islamic societies is important in getting more information.

Misunderstandings between nurses and patients have been highlighted in the work of (cultural diversity in nursing 2008). There was an incident where a nurse

entered to a Muslim patient`s room and she found the patient curled up on the floor. In the nurse`s opinion the patient had fallen from her bed. When the nurse tried to help, the patient became very upset but she could not explain the reason as to why she was on the floor because she could not speak English. She was praying one day before her surgery, but nurse did not have information about Muslim customs (Cultural diversity in nursing 2008).

In an article in the New York Times newspaper (2010) a Muslim woman requested a head covering after leaving the operating room but later when she woke up her head was uncovered .She was really upset that she said she would never go back to that hospital again. In another incidence a middle aged South Asian woman was brought to the hospital having fallen on her back a day before. She had not used the bathroom for 24hours and it was possible she had suffered a spinal injury. The patient who happened to be Muslim refused to be examined by a male physician. After a while of trying to convince her she finally agreed to an examination where the physician had to use gloves to avoid direct skin contact (Rabin, 2010). The incidences highlighted above may cause language, cultural beliefs and lack of information hindrances in delivering effective treatment to the patients.

## 4. ISLAM AND HEALTH ISSUES

A connection is shown between cultural beliefs and some medical conditions. In this research, the researchers have chosen to focus on breast cancer, diabetes, pregnancy, abortion and circumcision, because these are the health issues, which collide with the Muslim beliefs. Due to Muslims cultural beliefs some patients may refuse treatment and alter their medications.

### 4.1 Breast cancer

In the study of (Banning, Hafeez, Faisal, Hassan, Zafar 2009), Muslim women considered breast cancer as a condition that relatively reduces the chances of

getting married. It is believed that the mother is likely to pass the cancerous cells to the unborn child causing the child to develop breast cancer in a later age. According to this believe the only treatment for breast cancer is mastectomy. The women usually seek treatment from either traditional or religious leaders who advised them to continue relying on their treatment. This made the cancer to spread and it was a little late to when they sought medical assistance in hospital.

The women believed that breast cancer came from Allah and He would take it away. It seemed that most of the women in the study did not have sufficient information about breast cancer and relied on their family members' experiences. Lack of knowledge increased their feelings of fear and tension of treatment. This led to the women concealing that they had noticed a lump in their breast. Family support is considered a very important tool when dealing with breast cancer. The family was seen as a source of support, comfort and hope. Lack of family support made it very difficult for the women suffering from breast cancer. Muslims believe in Allah brings them an assurance that they are not alone and that He with help them cope with cancer stages. Some women got their strength renewed by reciting verses from the Koran (Banning et al. 2009).

### 4.2 Ramadan and illnesses

Ramadan commemorates the revelation of the Holy Quran by God to the prophet Mohammed (Pinar 2002). Muslims fast in the month of Ramadan (Ninth month of the Islamic lunar calendar), because it is one of the five pillars of Islam. The five pillars begin with announcement of faith, praying five times a day, helping the poor, fasting and travelling to Mecca once in a life time. Ramadan is a time when a Muslim is not allowed to ingest food and fluids. This period is between pre sunrise and post sunset for one month each year.

It is a must to fast during Ramadan thus it becomes tricky for the Muslims who are diabetic and want to fast. In accordance to the Islamic laws children under the age of 12, sick people, nursing mothers and those having their menstruation are exempted from fasting. There is no restriction on the amount of food eaten at night. Muslims who are diabetic and would like to fast often alter their medication

and avoid going to see a doctor because of the fear of being told that they cannot fast. Before participating in the fasting period of Ramadan it is advisable for the diabetic Muslim to undergo thorough assessment so as to reduce the patients' risks of hypo or hyperglycemia. This can be done through organizing group classes where the information can be given, thus empowering the participants to manage their diabetic conditions themselves (Hui & Devendra, 2009).

Islam exempts the sick, pregnant women and those breastfeeding during Ramadan from fasting, but some still decide to fast due to influence of religious, social and cultural factors.
Fasting of pregnant women at 20 weeks of gestation during Ramadan does not cause significant effects in the fetal development. Dikensoy, Balat, Cebesoy,Ozkur, Cicek and Can (2008) study showed that fasting for 13 to 14 hours each day did not cause ketonemia in pregnant women. Providing the fasting pregnant women with the information of drinking at least 2 liters of water post sunset helps in preventing hypo hydration. There was no significant difference in mean maternal weight gain, amniotic fluid index and growth rate of the fetus.

**4.3 Abortion and contraceptives**

Abortion in the Muslim community is not allowed after the first four months of pregnancy because it is believed that the soul has entered the embryo. In case of a sexual assault such as rape the use of a morning after pill is allowed (Syed 2010).

According to a research done by (Huber, Saeedi &Samadi 2010) in Afghanistan many health care providers and community leaders believed contraception was more dangerous than pregnancy, because it caused infertility, injectable contraceptives reduced breast milk and should not be used postpartum until menstruation. The Quran directs breast feeding for two years, which serves a way of birth spacing. In Islam use of contraceptives for spacing is allowed, but use of them for limiting the number of children is not permitted. The use of

contraceptives among Muslim women is influenced by the message from Prophet Mohammed to get married and multiply. Thus Muslims believe that procreation is the main purpose of marriage (Krindli, Schoott-Baer 2004).Views of men interviewed while doing the research (Huber et al. 2010) suggested that Islam opposes use of contraceptives. They highlighted a quote from the Quran that states “Never kill your children, because of need. God will provide what you need”.

### 4.4 Male and Female circumcision

In the Quran Prophet Mohammed gave instructions to his followers to circumcise their male babies on the seventh day after being born. The procedure should be done before the age of ten years, because more delay could lead to the youth refusing due to fear or loss of belief. The early circumcision helps children to identify with their culture by giving them to a sense of belonging. Muslims believe that uncircumcised male is unclean and that the foreskin hides diseases. Helsinki’s court of appeal decided that male circumcision is not a crime when it is done for reasons of religion and culture (Horsmalahti 2011). Male circumcision is legal in Finland for purposes of medical and religious beliefs. Under aged children require a consent form from their parents for the procedure to be done (Pakaslahti, 2011).

Female circumcision has no place in Islam religion. The practice is prohibited in Muslim countries such as Egypt, Indonesia, Sudan, Djibouti, Ethiopia, Eritrea, Sierra Leone, Somalia, Burkina Faso, Chad, Gambia, Guniea, Guniea Bissau, Kenya Mali, Nigeria and Togo. This practice is considered more of a social custom rather than a religious practice. In 1997 the Egyptian Supreme Court ruled to uphold the government ban on female genital mutilation explaining that female circumcision was not an individual right under sharia(the Muslim canon law) and that there was nothing in the Quran that authorizes it. (Rizvi, Naqvi, Hussain & Hasan1999).

### 4.5 Mental health

The people who participated in the interviews done by Weatherhead and Daiches (2010) believed the causes of mental health illnesses were a punishment from God or as a result of witchcraft. Some believed that the mental illnesses were a result of one's own action and only good things come from Allah. Others believed that mental illnesses were life tests from Allah and that passing the test will bring great satisfaction to the person.

They managed the illnesses by leaning on religion as a way of getting peace of mind, psychological relief and as a way of helping them to submit to the will of Allah. They communicated with Allah through prayer to help them manage the problems. Others read religious text from Quran or Hadiths while others sort advice from religious leaders. Emphasis on the importance of family and friends were highlighted when it came to decision making.

The results of the interviews showed that most of the participants did not see the importance of professional assistance. They believed that with strong faith and trusting God alone was the only help needed. Some of the participants viewed accessing the services of a mental institution as a betrayal of their religion and culture (Weatherhead and Daiches 2010).The above issues are continuing to affect the way health services are provided to the Muslim community. More information is needed for both the healthcare professionals and the patients so as to avoid some of the conflicts and misunderstanding that are arising.

## 5. PURPOSE AND AIM OF THE RESEARCH

The purpose of this research is to find out Muslim immigrants' experiences and expectations of Jyväskylä health care system. The aim is to provide both nursing students and health care professionals with more information about Muslim culture that can be used to improve the health care system.

The research questions are:

1. How do Muslim immigrants in Jyväskylä experience the Finnish health care services?
2. What are the expectations of Muslim immigrants in Jyväskylä on the health care services?

## 6. RESEARCH METHOD

### 6.1 Qualitative research

This is a qualitative research. Qualitative research uses human speech or writing data. It cover those strategies that seek to explain human behavior .It helps to uncover the understandings and motives that lead to certain actions. It includes participant observation, in-depth interviews, oral histories and conversational analysis (Cormack 2004). Natural methods should be used to get the information from the people. This means the techniques should be familiar to the participants, respect their beliefs, have similarities with normal social interaction and leave people undisturbed (Holloway 2005).

The data collection method used is theme interviews. These interviews were based on specific themes and the questions asked usually related to the themes. Theme interviews were chosen because they are usually used in research studies, when researchers want to find out about issues, which are not well known. In theme interview the questions are asked from the interviewees who have experiences and knowledge about the topic. The interviews help in trying to understand the point of view of the participants. They also gave the participants an opportunity to convey their own perspective about a situation and in their own words (Hannila & Kyngäs 2008).

### 6.2 Participants

The study focused on Muslims immigrants who were selectively chosen through personal connections with the researchers. The participants were from Sudan and Afghanistan. In this research seven Muslim Immigrants were interviewed both male and female aged 20 to 70, who had lived more than two years in Jyvaskyla and had used Finnish health care services. They voluntarily provided the researchers with information about their views and expectations about the healthcare services provided in Jyvaskyla through individual semi structured interviews. One of the researchers acted as an interpreter to the participants who did not communicate in English. The interviews were done either in English, Finnish, Dari and Turkmeeni.

### 6.3 Data collection

The data collection was done during the month of October 2011. The interviews were conducted based on two themes, which were Muslim experiences in the health care system and also their expectations of the health care system. The interview questions were based on experiences and expectations of the health care system. Initially the interview questions (appendix 2) were prepared in English and later translated by one of the researchers' to Finnish, Dari and Turkmeeni. Prior to the interviews the participants were briefed on what the research involved and the kind of information expected from them. They were also provided a consent form (appendix 1) which they were supposed to sign if they agreed to participate in the interviews. The interviews were done individually face to face and were tape recorded to get the exact response of the interviewees and to eliminate the possibilities of misinterpretation of the interviewees´ response. The participants chose venues where they were more comfortable doing the interviews. These venues were their homes and also work places. The interviews took about 15-30 minutes for each participant.

### 6.4 Data analysis

The data analysis was done in autumn 2011, using the thematic analysis method. Thematic analysis is a search for themes that emerge as being important to the description of the phenomenon. It involves identification of themes through reading and re-reading the data (Fereday & Muir-Cochrane 2006). The data was collected through interviews which were audio recorded. The interview audio was listened to many times, and transcribed word to word into English. The raw data was 13 pages of A4 page notes of Microsoft word 2010.The font was Arial and the size used was 12.

The data was read through in details to familiarize with the content, themes and the details in the data. After which identification and definition of categories and theme coding was done. Different themes were represented by different colours. Responses from participants which fell on the same theme were given the same color. The main themes were already derived from the research questions. These two themes were experiences and expectations in the health care system. The sub themes were derived from reading the raw data. Four sub themes were brought out from the data relating to experiences in the Finnish health care system. These sub themes were: language, Religion, Culture and health care professionals. More information came up as a sub theme from data related to expectations. The responses that did not relate to the themes or sub themes were deducted. When reporting the results suitable quotes in the data to illustrate the meanings of the sub themes were used

# 7. FINDINGS

## 7.1 Experiences of Muslim Immigrants in the Finnish health care system

### 7.1.1 Language

When they were new comers most of the participants required a translator during their first visit to the doctor. They explained that before reserving a doctor's appointment, they were asked if they needed a translator and if so one was provided during the consultation with the doctor. The participants had stayed in Finland for more than two years thus they were able to communicate in Finnish. During the interviews most of the participants said that they are able to communicate with the doctor but due to some difficult medical terms they do require a translator. One of the participants said

> "*I had those operations between 2002 and 2003 during that time I had translator, but now I don't need one, because I can speak Finnish and communicate with the doctor about my health issues, but I think in case of a big operation I still may need a translator to explain to me and the doctor about my medical condition*".

Having a translator is important in order to avoid misunderstandings and provide proper care. One of the female participants told about an incident that happened in the theatre during her Caesarian section. She said;

> *"My first baby was born through caesarian section in the operating theatre. When I was taken to the operation room my husband was not with me for some reason and I did not understand what was going on in the operating room even though they explained it in Finnish, because I neither spoke Finnish nor understand it. I felt scared when I got an injection on my back. After I was covered with green material, my husband came and he was explaining and that helped a lot".*

### 7.1.2 Religion

The male and female participants all gave the same opinion when it came to the opposite genders caring for each other on matters of private body parts. The male participants responded that it is acceptable for a female nurse to provide care for them. The females who participated in the interviews insisted that it is not acceptable for a male nurse to provide care for them unless it is an emergency. One of them said,

> *"When I went to doctor because of influenza, he asked me to take my shirt off to check my breathing and I refused because I did not feel comfortable. I asked him to check with dress".*

Some medical activities such as taking blood samples, drug administration, measuring blood pressure, blood sugar and any other activity that does not involve private body parts are acceptable coming from a male nurse. Most of the participants said that mental illness in their home countries was treated by religious leaders but this has changed and now the mental illnesses are viewed as normal diseases. The treatment offered is same as here in Finland.

It is difficult to know the exact time to start and stop fasting in Finland. This is because Ramadan may fall on summer (long days and short nights) or winter (short days and long nights).One of the participant said,

> "*But here in Finland is different because of the six month is dark and six month is day. That is why here some people fast at the time of Saudi Arabia, because the time of Saudi Arabia and Finland are same and they are at same level on the globe. Some people follow the timetable of Saudi Arabia from TV or radio. But here in Finland there are some people who prepare timetables according to the Finnish time for fasting and place them in the internet. Some people fast using these timetables*"

The participants also said that when one is sick he should not fast. This applies also to diabetic Muslims. Instead of fasting they can contribute money, participate in feeding the poor and when one is in a healthy condition he can fast.

### 7.1.3 Culture

The participants explained that during admission to the ward the patient fills a form requiring their food allergies and this is the stage where a Muslim patient tells the nurse what he is allowed to eat. For example for a Muslim people do not eat pork or pork products but can eat beef, lamb and chicken. One of the participants told us about alcohol being forbidden in Islam and that some Muslims will refuse to take medications, which contain alcohol.

> " *my experience when you go to the hospital before the doctors checkup, there are forms that they ask you to fill that what are your allergies or what do you expect . You can write for example before they take you to the operation what kind of health problems you have then they read it. They ask you always before doing something for example about your religion and culture, which is a good thing."*

Some of the participants expressed that in Islam, male circumcision is compulsory. One of the participant said that his friends have circumcised their male children in private hospitals here in Finland. Male circumcision is allowed for both medical and religious reasons. Abortion is forbidden in the Muslim culture. The participants responded that abortion is only allowed when the mother's life is in danger.

Some of the participants said that the use of contraceptives depended on the decision of the husband and wife. This decision was influenced by the number of children they had. There were also some participants of the opinion that use of contraceptives may result to infertility thus some of them do not use them.

### 7.1.4 Health care professionals

All the participants gave positive comments about the healthcare system and the professionals. From their experiences participants described the health care providers as friendly, respectful, understanding, caring, trustworthy and cheerful. Some commented that the health care providers needed more information on the Muslim culture. One of them said,

> *"As I have been few days in hospital and I have seen that nurses and doctors are educated and nice in between them religion is not that important they take care of the patient as their best. They do their work and their thought is about the patient and to improve patients' life."*

## 7.2 Muslim Immigrants expectations of the Finnish health care system

### 7.2.1 More information on the health care system

Most of the participants expect their culture and religion to be respected while receiving health care services for example when it comes to body exposure, sexual topics and food. The participants all had areas of the healthcare system that they needed more information about. The female participants expected their children to be taken care of even when they were not with their children in the hospital. One of the female participants was interested in pediatrics and she wanted to know how they care for a baby when the mother is not around. How do they stop or calm the baby when he is crying?

Two of the participants enquired about the home nursing. Once they have been transferred to the nursing homes they expect to continue practicing their culture and religion. They wanted to know how they will manage being Muslims in the nursing homes. Even though Muslims care for their elderly being in abroad may hinder this or if the elderly do not have someone to care for them such as family member then they might end up in the nursing homes. They also showed interest in home nursing and how it operates. This is where by a nurse comes to one's

home and provides care for example giving medication and checking the general condition of the client. They also expect to get healthcare services from home nursing if they want to live in their own homes.

Most of the female participants were keen to know about operating theatres and the level of the body exposure to be expected. They expected their culture to be respected in matters of body exposure to male health care provider. One of them said

> "*When I get operated on I want that my private parts of body to be covered if there are male healthcare professionals".*

A male participant asked about rehabilitation centers for drug abusers. He said he had noticed an increase of teenager drug abusing in city center compared to when he came to Finland about 10 years ago. He wanted to know more about health care centers where such teenagers can get assistance. He compared the amount of advertisements concerning dancing classes found in the city centers to those involving healthcare issues. To his opinion there were less or none that related to healthcare issues.

He suggested that more information was needed about the health care system and this could be provided through advertisements in public areas such as bus stops, malls, schools and hospitals. The information could also be made available in popular social websites for example Facebook. Some of the participants wanted to see improvements of the procedure of getting appointment time with the doctor. They said that it usually takes a very long time to get an appointment and this leads to frustration. They expect to get doctors' appointments quicker especially when they are feeling unwell.

One of the participant said that due to insufficient information it is sometimes difficult to know which health center one is supposed to visit. He suggested that booklets containing this information could be send to people's homes inform of advertisements. He expected to know which health care to visit and which doctor would be attending to him.

# 8 DISCUSSION

## 8.1 Discussion about main findings

The purpose of this research was to find out the experiences and expectation that the Muslim immigrants in Jyväskylä have on the Finnish health care system. The research was aimed at providing both nursing students and health care professionals with more information about the Muslim community thus improving the health care system.

Research done earlier(cultural diversity in nursing 2008) on Muslim patients' experiences in the health care system showed that there was miscommunications among the patients and the health care professionals due to lack of information about Muslim culture and religion. This problem was exacerbated by the language barrier. The results of this study showed that the language barrier remains a hindrance to the Muslim community in Jyväskylä. The use of translators when there is a language barrier between the patient and the doctor has assisted a lot.

Providing a translator creates better care for the patients, improves patients' use of resources provided in the hospital and provides opportunities to access healthcare thus increasing patients' satisfaction. The translator should be efficient because failure to may result in unnecessary laboratory tests, insufficient treatment and also misinterpretations. Healthcare providers working in a multicultural society should also put an effort in learning some of the common foreign languages and cultural beliefs that the population that of they frequently provide care for is using. Language courses could be provided by the hospitals as part of additional training. This would help to equip the healthcare professionals with the resources they need to provide optimum care to the Muslim patient. Training the health providers would also eliminate expenses incurred when hiring a translator. Muslim patients or other immigrants would also feel more comfortable being able to communicate with the health care

professional without involving a third party. They would also feel included in the health care system thus utilize fully the resources provided. Introducing compulsory cultural nursing courses during the nursing studies could also play an important role in making the nursing students ready to deal with the cultural aspect presented by Muslim or immigrant patients. As for the nurses who are already practicing additional training on cultural nursing can be introduced to help preparing them for patient cases that involve cultural consideration.

Abortion is still not acceptable in the Muslim community and it is considered as a sin. Studies done earlier depict that use of contraceptives in the Muslim community is not allowed when it is used to limit the number of children (Krindli,Schoott-Baer 2004) but according to this study, the use of contraceptives is accepted when the husband and wife agree to it. There were participants of the opinion that using contraceptives may cause infertility in the future thus they do not use them. The difference in opinion has come up as a result of immigration to Finland. According to Kartha (2011) when immigrants migrate to others countries their culture changes because they adapt to the new culture. Even though the Muslim immigrants still adhere to their own cultural beliefs they have adapted some of the Finnish culture and incorporated them as their own. Providing information about contraceptives and their side effects by either advertisements in hospitals or area where Muslim men and women are likely to visit for examples maternity wards, pediatric units would help in ensuring that they make informed decisions when it comes to issues concerning contraceptives.

In Finland male circumcision is legal for purposes of medical and cultural reasons (Pakaslahti, 2011). In Islam male circumcision is done when the baby is between seven days to ten years old. According to participants in this study male circumcision is mostly done in private hospitals. They have relied on the information provided to them by those who have taken their children to undergo the procedure in the private hospitals thus the trend of taking their male children to be circumcised in private hospital still continues. Due to lack of information the Muslim community is not aware that male circumcision is legal in Finland and can be provided in public hospital. This means that they incur more expenses in

private hospitals than they would in public hospitals. The waiting time for an operation in public hospitals takes a long time thus it may interfere with the age limit of getting the procedure done. Information about the health care system especially the operating theater department and how it operates would provide the Muslim community with options especially when deciding where the procedure will be done.

According to Hui and Devendra (2009) Muslims who are diabetic sometimes alter their medication and avoid going to see a doctor in order to fast. Even though they advised for full assessment before fasting to reduce the risk of hypo- or hyperglycemia, the results of this study showed that there are other ways for diabetic Muslim to participate in Ramadan. The participants relayed that instead of fasting diabetic Muslims and the sick can either contribute money, participate in feeding the poor and fast when in a healthy condition.

A research done by Weatherhead and Daiches (2010) showed that the Muslim community believed the causes of mental health illnesses were a punishment from God, as a result of witchcraft or one's action. According to the findings this opinion has not changed among Muslims who are still living in the Islamic countries. Immigration to Finland has influenced the Muslim in Jyvaskyla to re-examine their views on mental illnesses. They have adopted the Finnish view of mental illness being a disease like any other and the people who are suffering from these diseases need care and support just like any other sick person. In order to maintain this positive view on mental illnesses new immigrants should be provided with information about mental illnesses and also participate in seminars where by Muslim immigrants who have lived in Finland for a longer time are given opportunities to explain to the new comers how their change in opinion about mental illnesses came about.

## 8.2 Ethical consideration

All the participants were sent full details about the interviews in either through mobile phones and in person. Before the interviews the participants were given a consent form that contained the aim and purpose of the research.

The form explained about the confidentiality of the participant, the voluntary nature of the interview and the right to discontinue if so wish. It also explained that the interviews were to be audio recorded and later on erased after being listened to by the researchers. The consent form was provided in English and translated into Finnish, Dari and Turkmeeni. The participants were chosen through personal connection thus they already knew the researchers thus felt more comfortable during the interviews. They were more open to explain their experiences and expectations in the health care system

## 8.3 Reliability/Dependability

Reliability is the extent to which an experiment, research or any measuring procedure produces the same results on repeated trials. During the data collection process face to face interviews were conducted and tape recorded to get the exact answer from the participant thus avoiding any misunderstandings. The interpreter used was one of the researcher thus she had the background information on the research thus she was able to translate the questions and responses accurately. The interviews were also conducted by the researchers, transcribed and analyzed thus reducing misinterpretation. The low number of participants may compromise the reliability of the results. This is because they represent a small part of the Muslim community in Jyvaskyla. It might be difficult to measure reliability by expecting the same results if the research was to be done again because a different group would be interviewed thus resulting to different responses.

Credibility involves establishing the results of the research are believable from the perspective of the participants in the research (Trochim, 2006). The researchers used a data collection method that increases credibility of the results. The interviews were conducted using languages that were suitable for the participants. This ensured that the participants were able to give detailed answers. The researchers have also given exact quotes of the participants' responses in the results.

The interviews were transcribed word to word in English by one of the researcher. Due to the lack of professional training by the researcher there might have existed some misinterpretation. Confirmability refers to the degree to, which the results could be collaborated by others. During the research process there were two researchers involved in either data collection, data analysis or the theory part of the research. Having more than one researcher helped in checking and rechecking in the research materials.

### 8.4 Conclusion and Recommendations

The study showed the satisfaction of the Muslim immigrants' participants with the health care services and the health care professionals. It also illustrated that more knowledge and information is needed by the healthcare providers for them to provide comprehensive care to the Muslim immigrant population and the community at large. The study also revealed that there is a gap of information about the healthcare system among the Muslim immigrants.

The study recommended that further research involving a larger number of Muslim immigrants' participants who have recently arrived in Finland would be helpful in providing an insight about their expectations of the health care system. The research would also give light to the religious and cultural beliefs that Muslim immigrants have when coming to Finland.

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# 10. APPENDICES

## Appendix 1. **Consent form**

Names of the interviewers: Mineh Ndungi and Balqius Ghafari

By signing this form I allow the persons named above to interview me using an audio tape recorder. I acknowledge that I have been explained to in details about the research study to be done. I reserve the right to stop the interview or usage of the audio tape any time during the interview.

I have been guaranteed that the contents of the tape recorder will be confidential and will only be used for the purpose of the research study. The information that I will provide during the interview will in no way affect my personal life

Date and Location:

Signature:

## Appendix 2. INTERVIEW QUESTIONS IN TWO DIFFERENT THEMES

**MUSLIM IMMIGRANT PATIENTS` EXPERIENCES IN THE FINNISH HEALTH CARE SYSTEM**

1. What experiences involving the language have you had?
2. Could you explain an incident where you have had to comprise your religious beliefs to receive healthcare services?
3. What kind of comprehensive health care services do you get when you visit the health care system?
4. How do you feel about practicing your Religious customs in the health care settings?
5. What experiences have you had in the health care system related to your religious and cultural beliefs?

**MUSLIM IMMIGRANT PATIENTS` EXPECTATION IN THE FINNISH HEALTH CARE SYSTEM**

1. What would like to know about the healthcare system process?
2. What in your opinion do you think the healthcare professionals need to know about the Muslim society?
3. What kind of improvements would like to see in the health care system?
4. In which situations do you think it is acceptable for a woman or a man to get health services from a different gender?
5. In which ways do you think it would be helpful to get knowledge about the health care system?

# Appendix 3. DATA ANALYSIS LAYOUT