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Key considerations in providing lifestyle guidance to female Muslim immigrants

A Case Study

Heidi Nurkkala

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Abstract

In recent times, there has been a revival in the increase of immigration, developing rapidly in both Europe and Finland. This increase in immigration has challenged the Finnish health care system including its workers. As a result, the city of Vantaa has become the most multicultural city in Finland. In response to these challenges a collaboration with the city of Vantaa´s project called "Hyvinvointityön tavoitteista toimintaan" (Health promotion; from wellbeing goals to activities) was undertaken. The project part of the cooperation entailed coducting wellfare mentoring in the city of Vantaa´s for public health care workers. The purpose of this initiative was the enhancement of lifestyle guidance for female Muslim immigrants. The aim was to describe the key considerations in female Muslim immigrant lifestyle guidance. The research perspective was the qualitative approach and the study was carried out in a case study. The data was gathered using a survey with open questions prepared in the Webropol tool. The data was analyzed using the inductive content analysis method. The results describe experiences regarding the female immigrant lifestyle guidance, connection between culture and religion, successes factors, and challenges in female immigrant's lifestyle guidance, need for education and information, as well as general material on lifestyle guidance for immigrant females. The conclusion that was reached is that culture and religion do influence the lifestyle guidelines of immigrant female. It is also evident that especially the language barrier and knowledge differences are challenges in the guidance of immigrant female. It was identified that even though knowledge about the culture and religion do exist at some level, that there is still a need for education on these aspects to meet the challenges posed by female immigrants` lifestyle guidance. Some special features specific to the lifestyle guidance of Muslim female were also identified, and it is concluded that it would be beneficial to take these aspects into account in future as part of their lifestyle guidance.

Keywords/tags (subjects)

lifestyle guidance/counseling, immigrant, Islam, Muslim, multiculturalism, Qualitative study, A Case Study

Miscellaneous (Confidential information)

For example, the confidentiality marking of the thesis appendix, see Project Reporting Instructions, section 4.1.2

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1 Introduction

The motivation for the author choosing this topic is her extensive experiences in both health-related activities and working with immigrants. This subject is universally considered important, and increasingly globalizing. The term ‘Immigrant’ refers to a person who moves to Finland either for gainful employment or occupation, or an foreign who intends to live or has lived in Finland for more than a year. (Päivinen 8, 2017.) In the year 2016, the Muslim population in Europe was 4.9 per cent and the number is predicted to increase (Figure 4). (Lipka 2017.)

In recent time, the increase in immigration has been reviving and developing rapidly. Already at the end of 2015, 340 000, or 6.2% of the population, were of foreign background in Finland. (Castaneda, Kuusio, Skogberg, Tuomisto, Kytö, Salmivuori, Jokela, Mäki-Opas, Laatikainen & Koponen 2017, 993, 995-996.) In the end of 2020 a total of 432 847 persons speaking a foreign language as their native language were living permanently in Finland (Foreign-language speakers helped maintain population increase 2021).

Immigration is linked to global trends and is an economically, socially, and politically inevitable phenomenon (Korhonen & Myllylä 2010, 352). At the heart of the new global economy is multiculturalism, which means the movement of people from different ethnic groups and nationalities around the globe. This has led to the cultural and ethnic mixing of societies, both the cultural and ethnic mixing of organizations. (Itani & Tienari 2020, 69.) Diversity encompasses the entire journey of human life, both at the individual and community level, linking to both national and ethnic cultures. (Lahti 2014, 18-19.)

Vantaa is the most international city in Finland. Some of the goals stated in Vantaa´s board strategy is to reduce the differences in well-being and increasing health and well-being by promoting a healthy lifestyle. (Valtuustokauden strategia 2018-2020 [Council strategy 2018-2020] 2020, 18-20.) At the end of 2020, the share of foreign language speakers to be the largest by region in Uusimaa, where Vantaa is located. Foreign language speakers accounted for 15 per cent of the population in Uusimaa. (Foreign-language speakers helped maintain population increase 2021.)

This case study will be concentrating on the same areas identified in the Vantaa´s board strategy. The partner of this study is the city of Vantaa and more specifically their project called “Hyvinvointityön tavoitteista toimintaan” (Health promotion; from wellbeing goals to activities). The project part, which this case study will form part of is wellfare mentoring in the city of Vantaa´s public health services and health care workers and female immigrants experiences of lifestyle guidance in this project. As stated by Castaneda et al. (2017, 993) population changes struture need to be take in account in health promotion. Clearly, as good lifestyle guidance will be helpful in the assimilation and integration of immigrants in the country where they are living, this case study should also provide information about the topic.

Health care system patients experience a range of interaction with nurses, therapists, doctors and other healthcare workers and facilities. Patient well-being and clinical effectiveness is one of the primary determinants of health care quality. Effective communication, respect, physical security, emotional support, shared decision-making and timely/continuous access to care all contribut to forming a good patient experience. It is good to keep in mind that adjusting to a new country can be an enormously stressful process. Even more challenging can be understanding the new health care system, specifically for those who have come from very different health care structures. (Bajgain, Bajgain, Badal, Aghajafari, Jackson & Santana 2020, 1-2.) These are specific aspects that need to be understood in the challenge of female Muslim immigrants` lifestyle guidance.

In addition, identifying social determinants of health like health knowledge and education, social support/position and income, physical and social environment, individual health practices, working/employment condition, culture, believe/religion, and coping strategies are important to understand. Facilitators and barriers to health care are essential for care providers and health systems to decrease / overcome these barriers and improve quality and access of care. (Bajgain et al. 2020, 2.)

Because of the increased numbers of immigrants in the western world immigrants and immigration in different areas have been researched extensively. Lifestyle guidance to immigrants and focus on females and specially to Muslim females have been

researched too, but focus haven´t been on that. This gap of female lifestyle guidance needs to be filled.

In female immigrants daily life culture plays a big role and needs to be taken in account when provding lifestyle guidance for female immigrants. The goal in this case study is to gain a deeper understanding of the role of culture and religion in Muslim female´s lifestyle guidance. Through this case study it would be possible to gain understanding the issue and help health care workers to provide succesful lifestyle guidance to Muslims and female immigrants.

2 Lifestyle guidance

Lifestyle can be explained in many different ways but is characterized as an important factor in enhancing status of health (Green, Cross, Woodall & Tones 2019, 98). Green and Kreuter (1991, 12-13) define lifestyle from sociological, psychological, and anthropological interpretations that it is models of behavior that have a sustaining consistency. Green and Reuter also recommended that the phrase `lifestyle` should be used just to explain a complex of connected behavioral patterns and practices in group or individual. Those should be preserved with some logic over time. Salmela, Kettunen & Poskiparta (2010, 208) define **lifestyle guidance** as a method commonly used as a behavioral intervention, or as part of such studies. It is also used as part of health care professionals' practical work.

Patient counseling is regulated by Finnish law. The Law on the Status and Rights of the Patient (L 785/1992, §5) states that the patient must be given an explanation of his state of health, the importance of treatment, the various treatment options and their effects, and other factors relevant to his or her treatment that are relevant to his or her treatment. According to Kear (2015, 181) consequently, healthcare providers should provide education, guidance offering and assist in establishing priorities to support the patient effectively to manage the condition.

Lifestyle is a relatively important aspect of the determinants of health, and it is important factor in improving health status (Green et al. 2019, 98). Motivation has also important role in lifestyle guidance. Motivation refers to all the brain processes that provide energy and control behavior. They do not just mean goals and informed

decision making. It also includes customary processes, emotional response, and analytical decision-making. (Michie, van Stralen & West 2011, 4.) Human behavior is influenced by, among other things, freedom of choice and person´s own motivation (Absetz & Hankonen 2017, 1018). For example, opportunity can affect motivation as well as ability; the use of behavior can change ability, motivation, and opportunity (Michie, van Stralen & West 2011, 4).

Behavior change needs a process that occurs in persons with a willingness to change and different motivations. Essential role in health is behavior. Some of the major causes of death and disease can be significantly affected by behavioral change. Different patterns of behavior depend on cultural background and are deeply rooted in sociocultural conditions. (Pirasteh, Pouraram, Kholdi & Abtahi 2019, 167.)

The progress of the considered change process depends on whether, or not the patient is already strongly motivated to make a lifestyle change. Does he need support for concrete action or does motivation still need to be aroused or strengthened. (Absetz & Hankonen 2017, 1016.) There are also several methods that can be used in lifestyle guidance like goal setting and motivational interviewing. Guidance and counseling to clients / patients in lifestyle guidance can be promoted through a variety of health-promoting change phase models. This study focuses on COM-B-model, The Transtheoretical model, The Health Belief Model (HBM), Socio-cognitive Theory (SCT), Self-Efficacy theory and Health Action Model (HAM). (Green et al. 2019, 133, 137-139, 158-162, 171-172; Schwarzer 2020.)

2.1 Goal setting and motivational interviewing

Goal setting, strengthening the sense of ability, planning activities, getting used to new habits, and motivational interviewing are change technology tools that are well suited to guide a lifestyle change. Some criteria can be used as a tool for setting a goal. These criteria are ‘precise’, ‘topical’, ‘realistic’, ‘measurable’, and ‘relevant’. The action is guided by the goal when it fulfills the above-mentioned criteria and when specified as an action plan this increases the probability of the goal being achieved. Imagination training can also support goal naming. Threat images without capacity

building leads to resistance to change and solicits actions to combat rather than to change.

In Cameron, Bertenshaw & Sheeran (2018, 248-275) research´s “Goal setting as a strategy for dietary and physical activity behavior change: a review of the literature” tested whether occasional optimistic effects contribute to the achievement of physical activity goals. In this study four key features were researched, which were “setting physical activity goals (Study 1), goal activation (Study 2), and goal prioritization and goal attainment (Study 3)”. The research question was `can positive affect promote the pursuit of physical activity goals?’ Answer for this question was ‘yes, possibly’. In this study the effect of goal setting was researched and its impact on physical activity. Optimistic effect improved the level of being active in physical activities. It also improved accessibility of being physically active and reach goals. Joy has also important role for reaching goals. In this study results recommended that a positive effect improves the tendency of physical activity. Prompting optimistic effects could be a capable strategy to promote the tendency of physical activity goals.

Spontaneous motivation leads to long-term transformation. Lifestyle guidance should promote and support it, for example through a **motivational interview**. Instead of expert advice, the key to the method is a collaborative orientation to solve the patient's problems and this is supported by interaction techniques. Person should experience visits in a spirit of understanding, acceptance, and confidence-building. Persons are helped to find out what if anything, she wants to change, what kind of actions she wants to take to make the change and what in her everyday life contributes to the success of the change. (Absetz & Hankonen 2017, 1017.) Motivation refers to all the brain processes that provide energy and control behavior. They do not just mean goals and informed decision making. It also includes customary processes, emotional response, and analytical decision-making. (Michie, van Stralen & West 2011, 4.)

In strengthening the sense of ability, belief in one's own ability is essential in motivating change. In addition, personal meaningfulness and the experience of autonomy are supported. A listening and understanding interaction style also contribute to the internalization of the patient’s motivation. (Absetz & Hankonen

2017, 1016-1018.) Promoting well-being requires supporting self-esteem among refugees (Tilles-Tirkkonen, Mäki Guide, Vaarama, Logren, Pentikäinen, Tiitinen & Ilomäki 2018, 365).

Action planning is improved when the patient is motivated. In addition, translating a lifestyle goal into an exact action plan helps a motivated patient. This includes burst management tools and active self-monitoring of implementation. In getting used to new habits, new habits can be programmed into self-defeating routines by repeating them often enough in the same context. For long-term changes, automation is able to provide a more effortless path. (Absetz & Hankonen 2017, 1018.)

Oveisi, Stein, Babaeepour & Araban 2020 research "The impact of motivational interviewing on relapse to substance use among women in
Iran: a randomized clinical trial". This study researched the impact of motivational interviewing (MI) as a treatment for women who use drugs in Iran. This study results indicated the essential role MI could play in improving women´s health in Iran. According to the results of the study, motivational interviews could reduce the desire and likelihood of women becoming drug users or persisting in drug abuse.

2.2 COM-B-Model and The Trans Theoretical Model

COM-B is an acronym where each letter has the following meaning: C = Capability, O = Opportunity, M = Motivation and B = behavior. It is a system of behavior in which ability, opportunity, and motivation interact with each other to produce behavior that in turn influences these components. (Michie, van Stralen & West 2011, 4.) In the COMB model, behavior can only be influenced through capabilities, motivation, and opportunities (Tilles-Tirkkonen et al. 2018, 3). The C = Capability of the COM-B model can be understood as human readiness and ability. It is a person's psychological and physical ability to engage in that activity, which includes his or her knowledge and skills. Opportunity is defined as all factors outside the individual that make behavior possible or bring about it. (Michie, van Stralen & West 2011, 4.)

Boyd, McMillan, Easton, & Delaney (2020, 1-8) research "Utility of the COM-B model in identifying facilitators and barriers to maintaining a healthy postnatal lifestyle

following a diagnosis of gestational diabetes: a qualitative study” found out that socioecological context needs to be taken in account for women who have been diagnosed with Gestational diabetes (GD). Four factors in socioecological context, which are community, family life, individual and healthcare provision are key terms for female to effect behavior change. Dominant factors identified by the study are community and family life, which can support or hinder the change. A family-oriented approach is a key issue for successful behavior change according to this study.

The transtheoretical transformation phase model is a model established by Prochaska & Velicern in 1997 (1997,38). The model consists of six phases, which are a pre-reflection phase, a reflection phase, a preparation phase, an operational phase, a maintenance phase, and bursts. In the pre-consideration phase, the possibility of change is not even considered yet, even though the existence of the problem is known. This phase usually takes about six months. The reflection phase lasts about one to six months, during which the possibility of change is considered. In the preparatory phase, it is planned to change the behavior in the near future, usually in the following month. During the operational phase, the use has changed in the last six months, and it is already visible. In the maintenance phase, a change is maintained, which is usually maintained for six months or more, and an attempt is made to prevent regression. (Green et al. 2019, 171; Pirasteh et al. 2019, 167.)

The model can be utilized in all kinds of behaviors, but it has been applied specifically to health behaviors where discomfort is experienced. As a result, a rebound is likely. This model describes a person's ability to change and is able to assess at what stage of the change process he or she is on the way to change (Green et al. 2019, 170-172.) 167). The transtheoretical phase model of change also shows the phases of change in terms of time and motivation (Pirasteh et al. 2019, 167).

Pirasteh et al. (2019, 167) study based on Trans Theoretical method and was researching salt intake and readiness behavioral change among women in Tehran, Iran. This study results revealed that improved self-efficacy is related with greater levels of behavioral transformation among females. Maintaining and initiating the behavioral transformation in self-efficacy is essential. The study found that the

female's potential to reduce salt intake requires an emphasis on increased self-efficacy as well as community-based nutritional interventions.

2.3 The Health Belief model (HBM) and The Socio-Cognitive Theory (SCT)

The Health Belief Model (HBM) is a model used to explain decision-making that affects health. The model originated in Hochbaum in 1958, based on Lewin’s pioneering work in 1951, developed by So-senstock in 1966 & 1974. It states that decision-making depends on a person’s beliefs that health-promoting behavior takes place when it is seen as profitable and/or beneficial. It´s elements include clues to action, self-efficacy, and health motivation. (Green et al. 2019, 137-138.) This model is used in health promotion to explain the change and maintenance of health-related behavior, as a guiding framework for health behavioral interventions, and in health education. As a psychological model, it attempts to explain and predict health behaviors by concentrating on an individual’s attitudes and beliefs. It includes a number of primary structures / concepts perceived as susceptibility, severity, benefit, barrier, and self-efficacy that predict why people take action to prevent, screen for, or control disease. (Green et al. 2019, 137-138; Diddana, Kelkay, Dola& Sadore 2018, 2.)

Diddana et al. (2018, 1, 8) research “Effect of Nutrition Education Based on Health Belief Model on Nutritional Knowledge and Dietary Practice of Pregnant Women in Dessie Town, Northeast Ethiopia: A Cluster Randomized Control Trial” found out that nutrition education based on HBM improves dietary practices and nutritional knowledge of pregnant women. This study found that In Ethiopia the use of the HBM can be suitable tool to perceived dietary behaviors of pregnant women.

Socio-Cognitive Theory (SCT) is a theory developed by Bandura since 1986, which distinguishes three types of action, which are direct personal action, an empowered way that trusts others to act as desired to achieve desired results, and a collective way, a common way of socially coordinated and interdependently. In this model, behavior, environment, and factors of individual thinking and adoption interact.

Thus, as described above, the individual has the ability to learn through the model and reflect on their own actions. Self-Efficacy theory is also a theory developed by Bandura from 1977, which is linked to social cognitive theory. The reaction is believed to result from the response to efficiency and the efficiency itself. An effect is the belief that a particular procedure or sum of procedures will produce the desired result. It focuses on a person's self-ability and self-belief, in order to achieve a desired outcome or goal. It is believed to make it possible to be successful. (Bandura 2001, 1; Green et al. 2019, 159, 358.)

Aliakbari, Alipour, Tavassoli & Sedehi (2020, 146) study "The effect of empowerment program based on the social cognitive theory on the activity of daily living in patients with chronic obstructive pulmonary disease", which was designed to define the impact of social cognitive theory (SCT) effect on the daily activity of chronic obstructive pulmonary disease (COPD) patients. This study was quasi-experimental research, where 70 patients were divided in two groups, control and experimental. In experimental group patients were exercising 40 minutes/week and tested three times i.e., before, immediately after the exercise and after three months. The daily activity scores in the intervention group were considerably greater than in the control group already in after three months of the exercise.

The daily activity of patients with COPD may improve using SCT-based interventions. Nurses play an essential role in improving and educating the patient. SCT-based empowerment system had a positive influence of persons daily activities who have COPD. The results of this study showed that SCT system works well in four areas of patient with COPD. Patient's abilities, awareness, self-efficacy, and empowerment all play important roles regarding a patient´s motivation to learn. (Aliakbari et al. 2020, 146.)

2.4 The Self-Efficacy Theory and The Health Action Model (HAM)

The Self-Efficacy Theory is the theory developed by Bandura in 1977. An individual 's beliefs about his or her own ability, success, and coping will affect how he performs his duties. The previous experiences, successes of others, persuasive speeches,

feelings of commitment and affection will affect person´s behavior. (Green et al. 2019, 158-159; Bandura 1977, 191-192.)

In Social Cognitive theory (SCT), self-efficacy is one of the most invaluable and practical aspects. It was discovered that self-efficacy is distressed with judgements of how well a person can perform courses of action demanded to contract with potential conditions. Proximal determinants of how a person acts, his/her thinking patterns and emotional responses are self-appraisals in operative capabilities functions, they experience in tough conditions. In daily lives people regularly make decisions about what kind of actions to take and for how long to carry on with those actions. Exact appraisal of one´s own capabilities have significant value and misjudgments of person´s efficacy can cause harmful consequences. In environmental settings and selection of actions influence self-efficacy judgements. People do what they think they are capable of and avoid issues, which they think they are not capable of addressing. (Green et al. 2019, 159; Bandura 1982, 122-123.)

There is a two-way relationship between the person and the environment because the environment influences a person´s interactions and results outcome. Similarly, self-efficacy influences a person´s environment, especially in regards the kind of past experiences a person has had. Skills and capabilities also affect experience and self-efficacy beliefs. Person should also have goals, which affect person´s emotional state and response efficacy. All these factors should be taken into account in Self-Efficacy theory. (Green et al. 2019, 159-161.) Self-efficacy is defined as a belief in one's capabilities to carry out a task, giving motivation and the ability of someone to gain success. Performance accomplishments, verbal persuasion, vicarious experience, as well as affective and physiological conditions influences it. (You, Lei, Xiang, Wang, Luo & Hu 2020.)

Interventions are effective in improving the breastfeeding awareness based on the self-efficacy theory. In addition, positive effects on breastfeeding self-efficacy and breastfeeding rate of Chines women with gestational diabetes mellitus (GDM) with education based on the self-efficacy theory was found in You et al. (2020) research "Effects of breastfeeding education based on the self-efficacy theory on women with gestational diabetes mellitus, A CONSORT-compliant randomized controlled trial".

The Health Action Model (HAM) was created in early 1970 by Tones. It offers theoretic grounds for the emerging specialist professional method of health action. It categorizes main social, environmental, and psychological influences for persons accepting and sustaining illness- or health-related actions. It has two main sections. The systems which subsidize to behavioral intention, which affects a person´s knowledge, skills (psychomotor, social interaction, self-regulatory) and environment (physical, socioeconomic, sociocultural). Factors also affects how the behavioral intention is put into practice. The affects to him-/herself (personality), his belief system, his motivation system and normative system. Behavioral intention will come health action, which affect routine, confirmation, and relapse. Finding clarification, what motivates a person to transformation behavior or act is needed. In this model there are four kind of motivation systems, which are attitudes, values, emotional states, and drives. (Green et al. 2019, 134-140.)

Guha, Maliye, Gupta & Garg 2019 (265-270) research named "Qualitative Assessment of Life Skill Development of Adolescent Girls through Kishori Panchayat: An Adolescents for Health Action Model in Selected Villages of Rural Central India" used the Health Belief Model (HAM) to follow-up the measurable data about the efficiency of Kishori Panchayat (KP) in enhancing life skill education among teenage girls (12-18 years), who are members of KP compared to non-KP girls. The results of the study showed that KP girls had more expertise and awareness regarding life skills. Also, KP teenage girls' application compared to non-KP teenage girls showed more knowledge. For instance, the majority of the school-going teenage girls in KP were aware about few of the life skills such as self-esteem, problem-solving, decision-making, and self-management, and regulation. Teenage girls were found to receive a positive response to KP's life skills training program applying the Health Belief Model.

3 Muslim female immigrants lifestyle guidance

Islam was founded by the Mecca merchant Muhammad ibn Abdullah (570- & 632). Islam is a monotheistic religion. In Islam God is called Allah, which is an Arabic word. The Semitic word `slm` becomes the word Islam, which means surrender and

submission in Qur’an language. The Qur’an is Islam´s holy book. (Soramies 2002, 9-16; Malcolm 2019, 30.)

The word **Muslim** means submissive. To become a Muslim is easy and quick. A person must make a pronouncement in which he/she makes a confession of faith (shahada) in Arabic in the presence of witness. The five pillars of the Muslim faith that any Muslim must believe and commit to are: believe in one God (Allah) and Muhammad, who is the messenger of God, prayer (salat) five times a day kneeling and praying towards Mecca, fasting during the holy fast month called Ramadan, give alms (zakat) to the poor, brothers and sisters of the faith, and to those Muslims who are in trouble because of their faith and make a pilgrimage to Mecca if wealth allows. (Hukari 2006, 248; Soramies 2002, 14-16.)

All the Muslims in the world together form one “umma”, religion. “Umma” is also called Islamic community or Muslim community, which is established by Mohammad as the worldwide Islamic community. (Hämeen-Anttila 2015, 12; Hillenbrand 2015, 33, 302; Soramies 2002, 11.) The Prophet of Islam is Muhammad (c.570-632) to whom the Qur´an was revealed. Muslims considered him to the final monotheistic prophet. Muhammad is the “Seal of the Prophets”. (Hillenbrand 2015, 29-33, 302.)

Immigrant is a general term used to describe a foreigner who is planning to live or has already lived in a country for more than a year. A foreign citizen who has moved to Finland and intends to live in the country for an extended period of time is called an immigrant. An Occupational Immigrant is a person who moves to Finland for either source of livelihood or for business. (Päivinen 2017, 8; Maahanmuuttaja [Immigrants] 2020.) A second-generation immigrant is a person who was born in Finland but of whom at least one parent has moved to Finland. (Maahanmuuttaja [Immigrants] 2020.) **A foreigner** is an individual who is not a Finnish citizen, while a person with a foreign background is an individual who’s only known parent or both parents were born abroad. In addition, individuals with a foreign background are individuals who were born abroad or of whom neither parent is registered in the population information system. Foreign languages are languages spoken by individuals whose mother tongue is other than Swedish, Finnish, or Sámi. (Concepts and definitions 2020.)

3.1 Immigrants´ experience for lifestyle guidance

3.1.1 The influence of immigrant's own culture and Islam

Immigrants' different cultural views, lack of general health knowledge and the education they received affect their ability to identify diseases and factors that affect their own health. For example, the availability of interpretation and language skills affect how an immigrant patient can describe and name their symptoms. The cultural knowledge, attitudes, and interaction skills of nursing staff affect the missions and realization of care. It must be remembered that the immigrant's experience and the staff's professional idea of the need for the service differ. (Koponen, Rask, Skogberg, Castaneda, Manderbacka, Suvisaari, Kuusio, Laatikainen, Keskimäki & Koskinen 2016, 907.) It is also necessary to remember that guidance is related to culture (Vänskä 2012, 23).

Islam is strong cultural influencer and is the second biggest religion in the world. Muslims have two big events in the year, which are celebration after the holy month of Ramadan and the celebration after pilgrimage. Islam is style of life even though Muslims live their religion different way. Praying five times a day is important and marriage, because extramarital relationships are not allowed. Marriage is also important, because from the point of view of the act of producing offspring. Normally, in Islam, only a man can dissolve a marriage, wife only in in special cases. Muslim women cannot marry non-Muslim because children inherit religion through the father. According to Qur'an the man is the head of the family, and it is his duty to maintain the family and wife. One of the Qur´an sura's urges women to cover their heads, but this is interpreted differently in Islam. (Räty 2002, 73-75.) In Qur´an Muslim men are allowed to take four wives and owns slaves as concubines, but men must be equal for all wives. Cultural customs often regulate the interpretation of religion even when she herself is not even aware of it. For instance, in different parts of the Islamic world, women dress differently. (Hämeen-Anttila 2015, 18-20.)

Muslims do not eat blood and pork and don´t drink alcohol. Also the use of narcotics/drugs are forbidden. Foods that are made from pork are prohibited, such as gelatin and baking margarines. Permitted and prohibited raw materials must be handled with different cutlery. They eat only the meat, which has been slaughtered

according to the teachings of Islam is called halal meat. Halal means allowable. During the holy month of the Ramadan Muslims are fasting from sunrise to sunset, so not to eat or drink anything. (Muhammed 2011, 107-109, 190; Partanen 2007, 14-16.) The use of medicines and perfumes should also be avoided during fasting time. According to the Qur'an, children, the sick, pregnant women, nursing mothers, and those who are traveling are relieved from fasting. During menstruation, fasting is prohibited, but days missing during fasting will be replaced later in the same year. However, many want to fast even when they are sick because fasting is a strongly communal habit. (Partanen 2007, 14-16.)

For Muslims hygiene is important especially before prayer (Räty 2002, 74). The Sunni Islamic school dictates that men must cover themselves from the navel to the knees when they are praying. The woman´s entire body from head to toes except the face and hands need to be covered while they are praying. Clothing for both women and men should be loose, that does not reveal their shapes of the body too much and should not be transparent. (Muhammed 2011, 110.) Muslim women generally cover their head and avoid trouser suits when in foreign company. (Muhammed 2011, 110-119; Räty 2002, 74.) Muslims generally do not want to attend celebrations of other religions (Räty 2002, 74). Muslim women wear scarves for various reasons, the way it has been in their home country, of their own free will, forced or pressured into it. Wearing a scarf can make it harder for them to look for work in Western countries. (Räty 2002, 74-75; Muhammed 2011, 110-115.) According to Pews Researchers center´s study shows that most Muslim women experience restrictions in Western Europe because of their clothing (Figure 1)

3.1.2 The impact of Islam and immigration on lifestyle guidance

Muslims may not want to shake hands or be in the same space as two people of the opposite sex. For example, women usually want a doctor of the same sex or a female interpreter to do business. (Räty 2002, 74-75; Muhammed 2011, 188.) In the face of coercion and life-threatening, Islamic restrictions may be revoked for the treatment of a patient of the opposite sex. As for caring for the most intimate parts of the body the rule is followed more closely. For example, the ophthalmologist may be a man

even though patient is a woman, but it is desirous for a gynecologist to be a woman. Also, during childbirth labor female midwives and doctors are also preferred. All medicines and products that contain drugs, alcohol and pork are forbidden to Muslims. The use of these is only accepted if a replacement product is not available. Insulin was previously obtained only from pigs but use of it is allowed. Muslims should be informed if medicines contain any substances that are forbidden to them. There is an exception in that if their condition is life threatening, they are allowed to use it. Islam allows organ transplants. (Muhammed 2011, 188-192, 196-197.)

A dying Muslim may want another Muslim to be with him/her and perform Islamic rituals at the moment of his/her death. The funeral will be held by relatives or with the assistance of the nearest Islamic community. The body of the deceased should be treated by a person of the same sex. The body should be washed and wrapped in shrouds. The burial of the deceased should be completed as soon as possible. Organ donations are also allowed if they are authorized by the person themselves or their relatives. Autopsies are not recommended unless it is a crime or the cause of death of the deceased has been unclear. After autopsy, all organs must be replaced, and the body closed. (Muhammed 2011, 188-192, 196-197.)

Muslim men are sought to undergo circumcision in his first years of life, preferably before adolescence and at the latest before marriage. Those who convert to Muslims are circumcised after they convert to Islam. In Islam, women are also circumcised, but it is not a measure required by Islam, nor is it prohibited. It is good for health care professionals to know about the practice. Especially in Finland, among Somali women and other Muslim immigrant women have this habit, even though it is prohibited by law in Finland. (Muhammed 2011, 188, 192-196.)

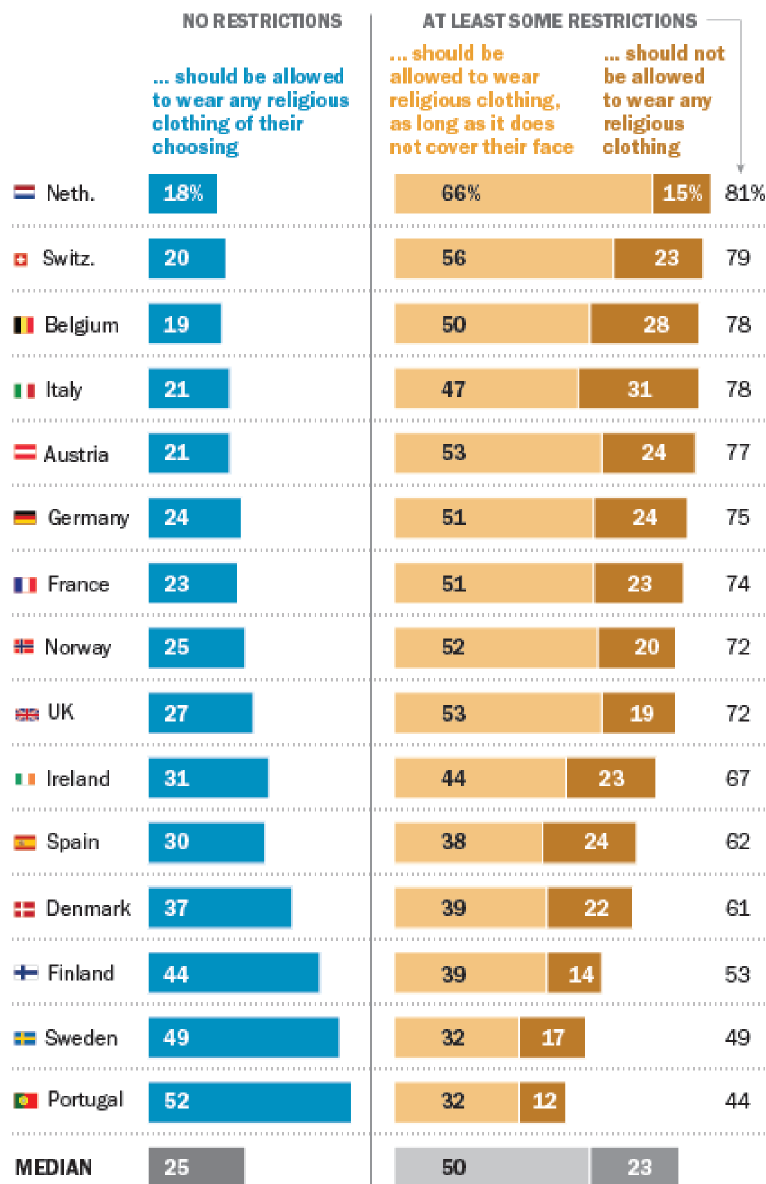


Figure 1. Most Western Europeans favor at least some restrictions on Muslim women's religious clothing

(Salazar & Gardner2018.)

According to Bajgain et al. (2020, 1-2) newcomers who are accessing primary health care in Canada are facing challenges such as language, culture, politics, gender expectations, cost, schedule, communication, societal influence, and present

structure of health care system. That´s why primary care providers play a key role in closing these gaps. Respecting and understanding language, culture, systems, and experiences are key in reducing health disparities and improving access to quality service with responsiveness and respect.

In the United Kingdom long-lasting, more than 1 year or more, health problems have important differences between the immigrant and reason for immigration. People who immigrated for study, employment and family reason report better health outcomes than those who migrated to seek asylum report. (Giuntella, Kone, Ruiz, & Vargas-Silva. 2018, 102.)

In a study conducted in Canada, in the Greater Ontario area, Muslim immigrant females' views on cervical cancer testing and the acceptability of HPV self-sampling were explored. It was found that there has been a significant decrease in death and incidence of cervical cancer in recent decades. The reason for this has been appropriate screening for instance Papa test. In the study 30 women were recruited over a 3-month periods, who were between 21-69 years old and foreign-born. They self-identified themselves as Muslims. Some subgroups including Muslim immigrants show elevated rates of cervical cancer death regardless of their lower incidence. The have been reasons for their low levels screening. (Vahabi & Lofters 2016).

The reasons for low levels of screening have been ascribed to such barriers like having a male physician, difficult clinic hours, lack of family physician and cultural barriers like humility and language. Little is known about the appropriateness of this evidence-based strategy among Muslim females. The research gives critical insights into the significance of cultural and religious beliefs in shaping the health care and everyday experiences of Muslim women and their cancer testing decisions. (Vahabi & Lofters 2016). Traumatic experiences and social relationships play an important role in the well-being of a refugee (Tilles-Tirkkonen et al. 2018, 365).

3.1.3 Muslim Female Immigrants lifestyle guidance

A qualitative study for improved understanding of culturally sensitive maternity care requirements assessment for Muslim mothers identified five different themes. These

themes are practicing religious and local traditional belief, respecting the way of life, supporting families and mothers, improving cultural skill among health care providers and village health volunteers, and balancing cultural care from traditional birth escorts. The results of this study demonstrate the aspects of culturally sensitive maternity care needs for Muslim mothers. In their view of life pregnancy and childbirth are considered natural and the determination of God. Pregnant Muslim women also felt that pregnant women do not require to get medical care, because it is their way of life thinking under Islamic doctrine and they should respect their spiritual beliefs. (Adulyarat, Parisunyakul, Senaratana & Srisuphan 2016, 350-359.)

Pregnant Muslim women like to perform religious/spiritual practices. There are two categories of spiritual care. The first one is based on Islamic belief in praying and reciting the Holy Qur’an. The second one consists of established practices like local rituals, which are not related to Islam, but are inherited through generations. The participants needed also care from their husband and families and expressed an opinion that supporting mothers and families are important. Harmonizing cultural care from traditional birth attendants was an important issue like herbal body massage and giving birth at home. Enhancing cultural competence of health care providers and village health volunteers was poor because they did not have a deep understanding of Islamic principles. (Adulyarat et al. 2016, 350-359.)

A Norwegian qualitative study of the experience of Kurdish immigrants in Oslo on management of type two diabetes described, that participants found it difficult to make changes to their diet to be healthier, because it was hard and stressful. It was also related to socio-cultural traditions and personal preferences. They were also afraid of possible complications of the disease. There were nine male and nine female participants, who attended focus group interviews. Important cultural identity in this study was to eat at their home country traditional dishes, which include lots of rice, stews of meat and rich sauces with sweet desserts. Healthier food couldn´t be compared or changed with their traditional food. (Abuelmagda, Osmana, Håkonsena Jenumb & Toveruda 2019, 348-349.)

Abuelmagda et al. (2019, 348-349) religious festivals, traveling to their country of origin and social gatherings with other Kurds were reasons not to eat healthier food. Some of the female participants mentioned that their job in family was to prepare

the food and didn´t want to prepare two different kinds of food for their family. Kurdish traditional food was expected to be served in family by Kurdish female. Physical activity wasn´t important like healthier diet and received only minimal attention. There were mentioned excuses to do it, among which were tiredness and lack of motivation. Some of the Kurds think that they were physically active when they took care of their kids, did moves of their religious prayer and housework.

Most of the participants of the study were Muslim. In their religious tradition they usually fast the holy month of Ramadan. Participants in Norwegian qualitative study did not fast during Ramadan and therefore did not consider this religious ritual to be an obstacle to drug adherence. When participants' general practitioner (GP) was with same ethnical background, it made them satisfied and in general they were satisfied the information what they got from their GPs, which was also their main source of information. Difficulties were sometimes understanding the information their GP gave them, especially if complicated Norwegian medical terms were used. Kurdish participants in the study, that the difficulties with GPs were overcome by using easier terms, talking slowly, and making sure information was understood. (Abuelmagda et al. 2019, 348-349.) According to Kear (2015, 181) healthcare providers should provide education, guidance offering and assist in establishing priorities to support the patient effectively, order to manage the condition. It is observed that when patients are fully engaged in making decisions about their care, their satisfaction goes up, healthcare costs go down and results get better.

In study named “At this age, a Moroccan woman’s life’s work is over”-older Moroccan-Dutch migrant women’s perceptions of health and lifestyle, with a focus on Ramadan experiences: qualitative research integrating education and consultation” brought up that older Moroccan-Dutch migrant women have high rates of diabetes, overweight, obesity and hypertension. Obesity is further aggravated by their high risk of multi-morbidity and this study announced that healthcare professionals have little efforts to inspire this group to adopt a healthier lifestyle have little success. Context, linked to other fundamental forms of identity such as gender, culture and religion. (Koudstaal, Verdonk & Bartels 2020.)

Koudstaal´s et al. (2020) study methods were seven 'natural' group discussions for 22 to 69 year old females and twelve in-depth interviews and an observation day for 40

to 66 years old females. In this study five major themes were indetified. Health was perceived of in the terms used in prevailing health promotion discourses in the Netherlands. Lifestyle was construed in a much broader sense than the current health promotion debate permits. Lifestyle is not seen as an individual responsibility or as something an person could manage on their own. The social benefits of health behaviours happen to outweigh the health benefits themselves. Lifestyle was situated in three main social identities as a woman, which were Moroccan, Muslim and mother. In this study Ramadan played a signifificant and major role in the lifestyle experience of older Moroccan women. Ramadan was central in this study. In conclusions it can be stated that the major finding of this study was that lifestyle is not seen as an individual responsibility, but is situated in social identities.

3.2 Health care workers experience for immigrant’s lifestyle guidance

Healthcare professional means in L 559/1994, §1-2 a person who, has obtained the right to practice (a legal professional) or a permit to practice (a professional who has received a permit). “A person who, pursuant to this Act, has the right to use the professional title of a health care professional (a professional protected by title) provided for by a government decree. (7.12.2007 / 1200)” Health care professional has the right to practice as a pharmacist, psychologist, speech therapist, nutritionist, pharmacist, nurse, midwife, public health nurse, physiotherapist, laboratory nurse, radiologist, oral hygienist, occupational therapist, optician, dental technician, professions of doctor, dentist, specialist and specialist dentist in Finland. (L 559/1994, § 4-5.) In this study health care worker means a person described in the aforementioned.

The number of immigrants is increasing, and the population is becoming more multicultural. It means that authorities more frequently face clients/patients with an immigrant background. Encounters necessitates understanding, which is frequently named intercultural competence. (Lumio 2011, 10, 44.) Immigrant's well-being and health are affected by many issues related to individual life history in the former home country and/or Finland. It must be remembered that an immigrant is an individual even when he becomes ill. (Sainola-Rodriquez 2013, 134.)

3.2.1 Multicultural competence

Cultural competence refers to the knowledge that a service provider or authority needs in addition to its own professional skills when dealing with an immigrant client. The intercultural or multicultural competence of the service provider or authority plays an important role. In a customer service situation, two people meet the authority and the migrant-customer. In such a situation, both should have an attitude of integration and intercultural competence for the encounter to be successful. (Lumio 2011, 44.) Facing immigrants poses an employee with an interesting challenge. Foreignness and culture have an impact in an encounter situation where cultural background is always the frame of reference. It is good to remember that people are always individuals regardless of their cultural background. In addition to culture, the customer relationship is affected by the factors that influenced immigration, the life situation of the family and the kind of reception the immigrant has received in the new country. (Partanen 2007, 7-8.)

Multicultural guidance relates to situations that support the integration of people from different cultural and linguistic backgrounds into members of society and communities. It will also support the development of the diversity capacity needed in communities. It is essential to understand the importance of cultural differences in multicultural guidance. (Puukari & Korhonen 2013, 18-19.) According to Kokkinen & Punna (2020b, 4-6) case study “Transition in Finland: Obstacles of family wellbeing and getting social- and health care services” found out that feeling of belonging is crucial to improve the sense of social fitting and promote integration. It is also important to keep in mind when working with immigrants that the worker must be culturally sensitive, communication skills are different, need to be open minded, have curiosity and respect.

In environments with adequate opportunities such as fitness equipment and places, cheap food choices, and a favorable social environment, they are more likely to help lead a healthy lifestyle. The healthcare professional can have a limited impact on the living environment of patients. However, the patient can be instructed to regulate and consider his environment in various ways. Patients may be encouraged to avoid

situations that feed temptation, to choose their companions, to increase reminders, and to seek support. (Absetz & Hankonen 2017, 1018.)

Vahabi & Lofters (2016) research demonstrated the deterring impact of health practices and beliefs in home countries on Muslim immigrant female´s utilization of screening services. The study showed a need for provision of culturally appropriate sexual health information and improve knowledge about cervical cancer screening guidelines.

Eklöf (2018, 1, 76) research “Somali asylum seekers and refugees in Finnish health care – focus on privacy and the use of interpreters” found that privacy is significant. Privacy is the way to respect the culture, religion, and community. Privacy also shields the individual’s dignity, community, and family. This topic is also related to nursing ethics and privacy, which needs to be considered when providing health care for Somalis. Religion and culture guide the freedom of individuals to share their private things.

3.2.2 Language barriers

According to the Language law L 423/2003 18 § the authority shall arrange for translation or interpretation if: a foreign language or immigrant does not know Finnish as used in official relations or Swedish and cannot be understood.

Religion and language are the cornerstones of identity. Lack of language skills makes it difficult to participate in the discussion. Language skills are one of the most important factors in building healthy self-confidence, happiness, well-being, family well-being and building relationships. (Lahti 2014, 99-101.)

A permanent resource is acquired professionalism. In general, the lack of a common language puts the health care worker in search of new ways of working, setting, and evaluating word order, and simplifying the speech. Basic knowledge of cultures helps to maintain discussion and ask questions. The difficulties caused by the lack of a common language can be reduced by using a professional interpreter. An interpreter is a resource worth using because conversation through an interpreter increases equality, saves employee and client time, and reduces misunderstandings. (Partanen 2007, 7-9.)

A professional interpreter should be used for interpretation whenever possible (Partanen 2007, 9). The interpreter sworn to secrecy that is, they have a duty of confidentiality. It is bound by professional secrecy and impartial in his work. (infoFinland 2021.) The interpreter knows the obligations of his work and only acts as an intermediary, reversing what is being said, without reducing or increasing anything. Compatriots can be used as interpreters in an emergency, but it is not always desirable to talk about sensitive matters, even in consultation with relatives. Relatives and children should also not be used as interpreters. All participants in the discussion should always be informed about the use of the interpreter. (Partanen 2007, 9-10.)

According to Eklöf (2018, 37) in health care, Somali patients face various challenges associated to language, culture, and relationship with the health care workers. Using interpreters is the key solution to decrease language challenges is the use of interpreters. Quality of the care improves use of interpreters.

van Rosse, de Bruijne, Suurmond, Essink-Bot & Wagner (2016, 45-52) study “Language barriers and patient safety risks in hospital care, A mixed methods study” found out that language barriers in Dutch hospital care were related to daily nursing tasks, which where risk communication, acute situations, patient-physician interaction related to diagnosis and daily nursing tasks for instance pain- and fluid balance management and medication administration. In this study researcher found that professional interpreters were hardly ever used, because the patient’s relatives mostly acted as interpreters. Language barriers need to be reported and documented properly. Also new solutions need to be implemented to reduce language barriers and solution for that was new solutions to as routine safety checks performed by nurses.

4 Multicultaralism

In this chapter main subjects of State of Art multiculturalism are presented**.** The concepts of State of Art are Legal frame work of lifestyle guidance, the impact of multiculturalism and Islam in Europe, the impact of multiculturalism in Finnish

health care, acculturation process and culture shock and integration in a new society.

The concept of **multiculturalism** is diverse and is used to describe many different phenomena. As a descriptive term, multiculturalism refers to the cultural diversity that prevails in modern society, which includes many religiously, culturally, and worldview-divergent factions that share a public space. The presumption of acceptability of cultural diversity is linked as normative to the term multiculturalism. As a general term, Multiculturalism Policy Index refers to a policy aimed at maintaining and finding common principles for intercultural interaction and cultural diversity. Multicultural theories, on the other hand, view the demands of cultural justice as the right of various minority rights and the place of multicultural theories alongside other social theories in social philosophy. (Vitikainen 2014.) For some, multiculturalism means an existing state of affairs to which one has to get used. Interculturalism is a close-knit concept of multiculturalism that refers to the dynamic interaction of people and cultures with the goal of embracing others. For this to happen, it must be accepted that people speak different languages. In addition, different religions and cultures need to be known and be open-minded. (Hammar & Katisko 2016, 231.)

4.1 The Legal framework of lifestyle guidance

10th of December 1948 in Paris The United Nations' the General Assembly proclaimed the Declaration of Human Rights (UDHR). Fundamental human rights, human dignity, equal rights for men and women have been sought to promote social development and improve the quality of life. In this way is to promote justice, peace, and freedom in the world. (Universal Declaration of Human Rights 2021.)

In the United Nations Universal Declaration of Human Rights Article 25 it states:

> "1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

In the United Nations Universal Declaration of Human Rights Article 2 it states:

> "Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

In the United Nations Universal Declaration of Human Rights Article 25 it states:

2. "Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."

Patient care and a dignified encounter are determined by Finnish law. Also in Finnish law equality is defined. The purpose of the Equality Law is to promote equality and prevent discrimination and enhance the legal protection of those who have been discriminated against (L 1325/2014, §1). According to the Finnish equality law L 1325/2014, §8) no one may be discriminated against on the grounds of age, origin, nationality, language, religion, on the basis of belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation or any other personal reason.

4.2 The Impact of multiculturalism and Islam in Europe

Since 2008, the European Union (EU) has been in the most difficult and deepest economic recession in its´ history. Despite the economic crisis in the European Union, Europe, and the countries of the European Union in particular, are, from the point of view of third world citizens appearing to be an oasis of well-being. That is why relocation to these countries is being pursued, both in illegal and legal ways. During the beginning of 2011, the influx of refugees to Europe further increased as a result of the democracy movement, 'Arab Spring' from Arab countries. The flow of refugees to Europe has further increased as a result of the democratic movement from the Arab world. (Launikari 2013, 157-158.)

In the beginning of the year 2011 uprisings and waves of protests in the Arab world began. First it started from Tunis of frustration, and a landslide set in motion. After

that to Egypt and then many other Arabic countries. From Egypt, Cairo's Tahrir Square in Cairo, the world was conveyed a picture of a revolution using smartphones, art, songs, and stones as weapons. The Egyptians stood up against their autocratic ruler as many other North-African and Middle East countries follow up them. What was new in the protests was the breaking of borders, diverse creativity, and the mediation of phenomena. (Korpiola & Raita-aho 2017, 7-9, 119-120)

The process of democratization did not proceed as desired, and the authoritarian model of leadership continued in many countries. A civil war broke out in Syria, Libya plunged into chaos, but reforms took place in Tunisia. The extremist organization ISIS (Islamic State of Iraq and Syria) and, also recognized as ISIL (Islamic State of Iraq and the Levant) was strengthened by the conflicts in Syria and Iraq. ISIL has a mainly violent extremist ideology and comprises Sunni jihadist. ISIS calls itself a caliphate and subscribed to religious authority over all Muslims. Its inspiration was originally taken from Al Qaida, but its alliance to Al Quaide was later denounced publicly. ISIS has also drawn thousands of young foreign fighters from Europe. The 'Arab Spring' caused a post-instability refugee crisis. This has brought hundreds of thousands of people to Europe, accompanied by the suffering of war, various tragedies, and new hope. (Korpiola & Raita-aho 2017, 9; Collier 2013, 35; The Islamic State Terrorist Organization 2021.) In every single region over the past decade number of refugees increased. The Impact of the War in Syria experienced in Europe, North Africa, and Middle East. End of 2019 Syrian War left 6.6 million people living in displacement. (UNCHR 2019, 19.)

Especially Italy and Spain have had to take in refugees from Tunisia and Libya. Refugees escaped the social unrest, political instability, and social despair of their home countries. The arrival of thousands of refugees from the Middle East and Africa is a difficult political issue for the whole of the European Union, to which there is no easy solution. EU refugee and migration authorities face a challenge in their work in regards how to integrate these people into society. At the same time, policymakers are wondering whether refugees should be returned immediately to their home countries or whether they should therefore be integrated into society at a time when social peace has returned to their homeland. (Launikari 2013, 158.)

In Figure 2 and 3 shows the countries, where the asylum seekers have granted protection status in EU by citizenship and recognition rates at first instance for the twenty citizenships with the highest number of first instance decisions in the EU 2019. In 2019 EU granted protection to almost 300 000 asylum seekers, of which 27% of the beneficiaries were Syrians. (Asylum decisions in the EU 2020.)

Integration policy have been taken as a premise in EU countries. The integration of immigrant adults is supported in different ways in different EU member countries. Ethnic minorities and immigrants have special educational, cultural, and linguistic needs, which should be taken into account in cooperation with the authorities. (Launikari 2013, 162-163.)

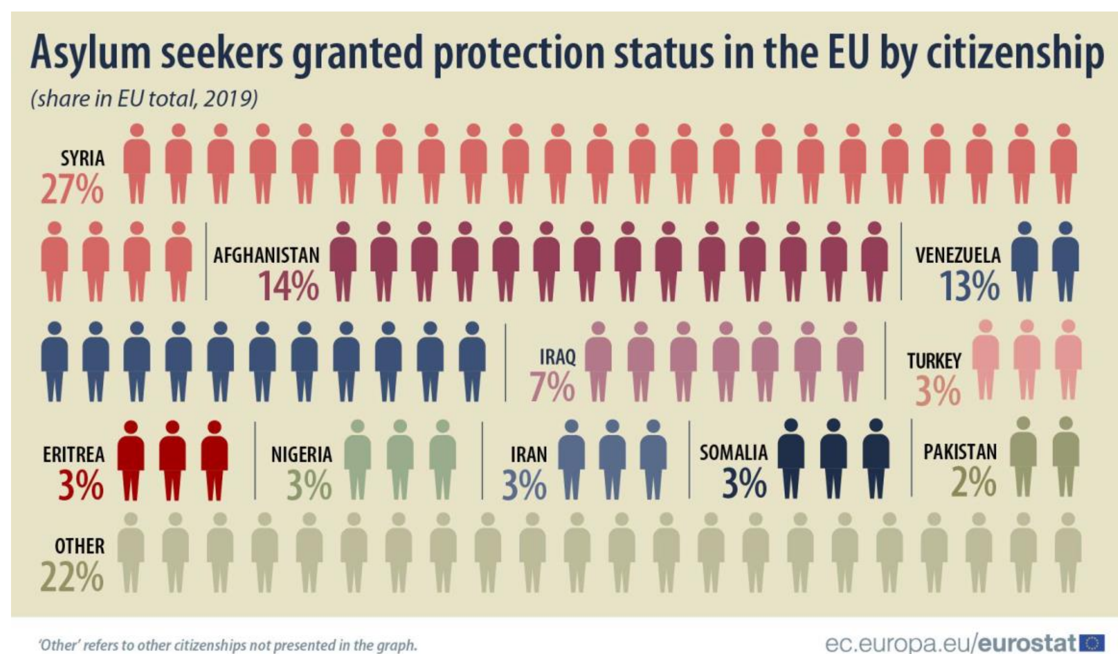


Figure 2. Asylum seekers granted protection status in the EU citizenship.

(Asylum decisions in the EU 2020).

Some ethical issues arise from immigration, which is based on the fact that all people are equal morally. In Europe people rely on in individual rights and democracy. Some European people want to know the challenges caused by immigrations into their countries. Even though human rights play the key role this world, the majority of human rights asserts are enforced by nations against themselves. (Carens 2013, 2-7.)

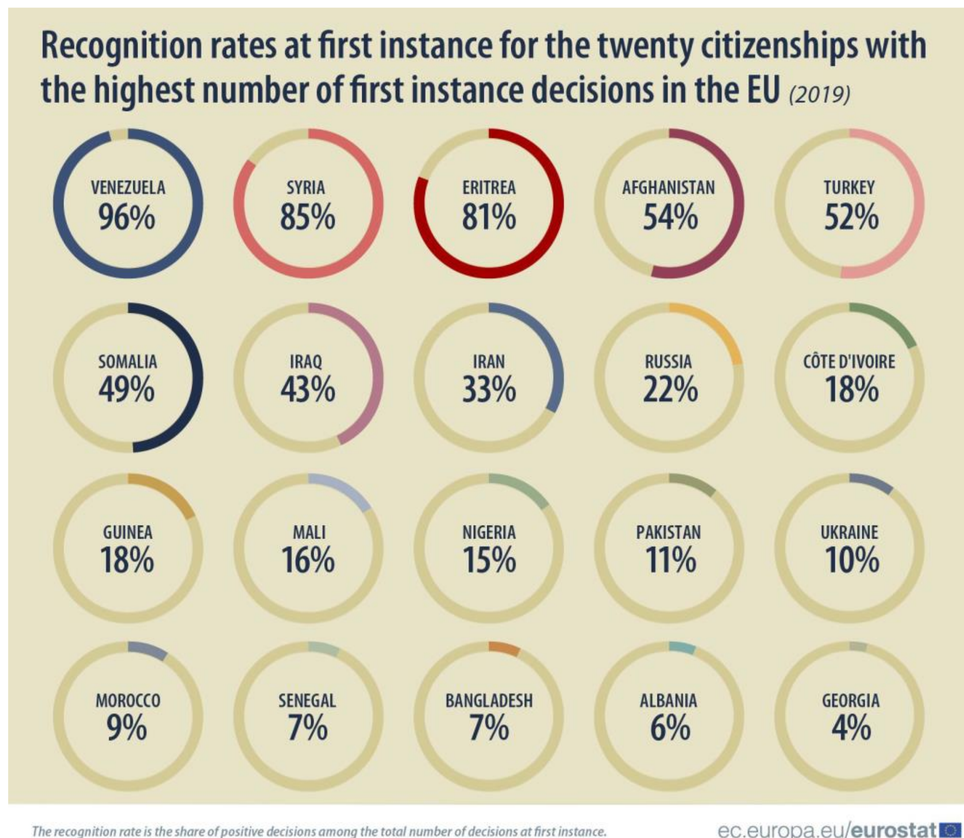


Figure 3. Recognition rates at first instance for the twenty citizenships with the highest number of first instance decisions in the EU

(Asylum decisions in the EU 2020.)

In most countries Citizenship is usually acquired by birth. Individuals obtain citizenship as a result of various selected legal rules and a political practice formed by some states. Not having any official nationality is referred to as being stateless. This is a dilemma for both the international system and the affected individuals. Still every country has the right and authority to make its own decision on how to allocate its citizenship. (Carens 2013, 21.) At mid-2020 reported that 4.2 million stateless people were residing in 79 countries at the time (UNCHR 2020).

4.2.1 Islam in Europe

Islam has begun its conquest of Europe as early as the 710s and in the 900s Islamic kingdoms were born on the territory of present-day Russia. In 1453, the Ottoman Empire conquered Constantinople (present-day Istanbul). At the beginning of the 20th century, the Ottoman Empire was crumbling and disappearing throughout its Eastern European territory. From that time onwards, Albania was the only Muslim

minority country in Europe until Kosovo in 2017 declared itself an independent Serbia. Roughly 50 million Muslims live in Europe. In European Union countries the number is more than 15 million. (Muhammed 2011, 50-51.) A Pew´s Research Center study, as depicted in Figure 4, shows how Muslim population will increase in Europe depending on the migration policy. In 2016, it was reported that 2,7% of Finland's population was Muslim. (Lipka 2017.)

The size of the European Muslim population in 2050 depends largely on the future of migration

Estimated and projected Muslim population shares

Country	2010	2016	2050 zero migration	2050 medium migration	2050 high migration
Cyprus	25.3%	25.4%	25.5%	26.6%	28.3%
Sweden	4.6	8.1	11.1	20.5	30.6
France	7.5	8.8	12.7	17.4	18.0
United Kingdom	4.7	6.3	9.7	16.7	17.2
Belgium	6.0	7.6	11.1	15.1	18.2
Norway	3.7	5.7	7.2	13.4	17.0
Netherlands	6.0	7.1	9.1	12.5	15.2
Italy	3.6	4.8	8.3	12.4	14.1
Denmark	4.0	5.4	7.6	11.9	16.0
Finland	1.2	2.7	4.2	11.4	15.0
Europe overall	**3.8**	**4.9**	**7.4**	**11.2**	**14.0**
Germany	4.1	6.1	8.7	10.8	19.7
Austria	5.4	6.9	9.3	10.6	19.9
Switzerland	4.9	6.1	8.2	10.3	12.9
Malta	0.2	2.6	3.2	9.3	16.2
Bulgaria	11.1	11.1	12.5	9.2	11.6
Greece	5.3	5.7	6.3	8.1	9.7
Spain	2.1	2.6	4.6	6.8	7.2
Luxembourg	2.3	3.2	3.4	6.7	9.9
Slovenia	3.6	3.8	4.3	5.0	5.2
Ireland	1.1	1.4	1.6	4.3	4.4
Portugal	0.3	0.4	0.5	2.5	2.5
Croatia	1.5	1.6	1.8	2.0	2.1
Hungary	0.1	0.4	0.4	1.3	4.5
Czech Republic	0.1	0.2	0.2	1.1	1.2
Estonia	0.2	0.2	0.2	0.8	1.0
Romania	0.3	0.4	0.4	0.8	0.9
Slovakia	0.0	0.1	0.1	0.6	0.7
Latvia	0.1	0.2	0.2	0.2	0.4
Poland	0.0	0.0	0.0	0.2	0.2
Lithuania	0.1	0.1	0.1	0.1	0.2

Notes: In zero migration scenario, no migration of any kind takes place to or from Europe. In medium migration scenario, regular migration continues and refugee flows cease. In high migration scenario, 2014 to mid-2016 refugee inflow patterns continue in addition to regular migration. Estimates do not include those asylum seekers who are not expected to gain legal status to remain in Europe.
Source: Pew Research Center estimates and projections. See Methodology for details.
"Europe's Growing Muslim Population"

PEW RESEARCH CENTER

Figure 4. Europe's Muslim population will continue to grow – but how much depends on migration.

(Lipka, M.2017.)

Kosovo and Albania are currently Muslim-majority countries in Europe. In Herzegovina and Bosnia, almost half are Muslims and there are also large Muslim-majority areas in the Volga and Caucasus regions of Russia. The Muslims in these areas are indigenous to the Ottoman Empire. Most Muslims were Western colonies in the 18th and early 19th centuries. Muslims were a coveted workforce in Europe after World War II, but mostly nowadays immigrants and their descendants are Muslims, who are living in the West. (Muhammed 2011, 51-56.)

4.2.2 The diversity of Islam

Every ideology or religion is a complex and multifaceted phenomenon. It can’t be put into one formula to simplify things. There are also features in Islam that unite a large proportion of Muslims. Two people´s religious perceptions are never the same. Attitudes towards religion, religious trends, and ethnic cultural factors make Islam a diverse religion. Islam have different religious groups, but biggest are Sunnis and Shi´ites. Sunnis and Shi’ites have been involved in continuously conflicts, each proclaiming to represents Islam, for which they have different views. They have also differences in practical life such as prayer rules and also with social and historical differences. Shi´ites are mainly poorer than Sunnis. Creed is a unifying factor for Muslims, but Shi´ite Muslims add a third paragraph to the creed. Shi´ite Muslims says that Muhammad´s cousin Ali ibn Talibia was a close friend of Muhammad. Also Shi´ites have different groups. The greatest trend in Islam is Sunnis, who have divided in four different classical groups; to hanafiite, hanbalite, shaphytic and malictite. Also Shi´ites have different groups. (Hämeenanttila 2015, 12; Muhammed 2011, 40-43.)

Muslims can also be divided into three groups by generalizing how they view religion. Such groups include fundamentalists -, traditionalists- and modern- / liberal Muslims. Traditionalists have a traditional view of Islam. Fundamentalists based on Holy book of Qur’an and hadithit meaning to the tradition of the Prophet Muhammad . The model followed by the Prophet Muhammad and his supporters is the ideal of idealists and an ideal model of society that has never been in force. They just want to preserve everything that belongs to the religiosity of the days of Islam. Some members of this group want to make changes in active society. In this group have risen well-known movements such as the Afghan Taliban, al-Qaeda and ISIS. ISIS

purpose is to bring about a comprehensive Islamic state, the Caliphate. Groups like this have risen in response to a perceived desperate social- or civic situation. (Hämeenanttila 2015, 12-14, 16-17; Hukari 2006, 247.)

Attitudes towards Islam can also be divided into four groups: modernist, conservative, fundamentalist, and secularist. Modernist thinks that the Qur’an and its explanations were legislation of its time which no longer need to be taken literally in all respects, but the principles of the Qur'an can be applied to the present day. Conservatives follow the Qur’an and the supplementary texts literally. Islamic law applies to family law and religious activities. Fundamentalist think that A Muslim should strive for an ideal society during prophet Muhammad´s time. Most of them emphasize holistic personal commitment and support the use of violence to achieve the goal when needed. Secularist thinks the state and religion should be separated. People must have freedom of religion and society must protect its people from private observance of Islam. (Muhammed 2011 45-46.)

The Prophet Muhammad was a religious, political, and military leader of Muslims, after whose death supporters of Islam have split. There are a total of about 60 Muslim-majority countries in the world, located in Africa and Asia, and a few in Europe. Many countries are states in the form of republics and a few monarchies. Legislation in different countries also varies from Islamic Sharia law to that inherited from colonial powers. (Muhammed 2011, 43-44.)

Modern and liberal Muslims are on a collision course when Islam and the modern world meet, but they try to avoid the conflict and they want to resolve conflicts in terms of modern thinking. Some Muslim-born people have a negative attitude towards religion or are secularized and most Muslims in the world belongs in this group. Religion and traditions are important to them. Muslims can be catheterized also in different ways, and it is good to remember that Islam is different in different countries. But Holy Qur´an and Prophet Muhammed unites Muslims even though there are lots of diversity. (Hämeenanttila 2015, 13-22.) Muslims are a culturally and ethnically diverse group of people and not all Arabs are Muslims. The language of the Qur’an and other basic texts of Islam is Arabic, but Muslims speak many different languages. (Muhammed 2011, 44-45.)

4.3 The Impact of multiculturalism and Islam in Finnish health care

Compared to many other European countries immigration to Finland has started late, and it has been low up until the 1990s. The growth in immigration has just recently begun. Immigration has been growing rapidly. (Castaneda et al. 2017, 993.) Finland becomes multicultural when refugees integrate into Finland (Gothoni & Siirto, 231). Immigration to Finland began more widely in the early 1990s and increased in the 2000s. In 2014, 24,000 foreign citizens moved to Finland, and in 2015, 230 000 foreign citizens lived in Finland. (Busk, Jauhiainen, Kekäläinen, Nivalainen & Tähtinen 2016, 13). In 2020 the largest language group was Russian speakers, 84 190 persons, Estonian speakers, 49 551, and Arabic speakers, 34 282. (Foreign-language speakers helped maintain population increase 2021.) Immigration to Finland has increased year by year. They came to Finland more often because of family ties, study or work than as asylum seekers or refugees (Koponen et al. 2016, 907). In the end of 2020 a total of 432 847 persons speaking a foreign language as their native language were living permanently in Finland (Foreign-language speakers helped maintain population increase 2021).

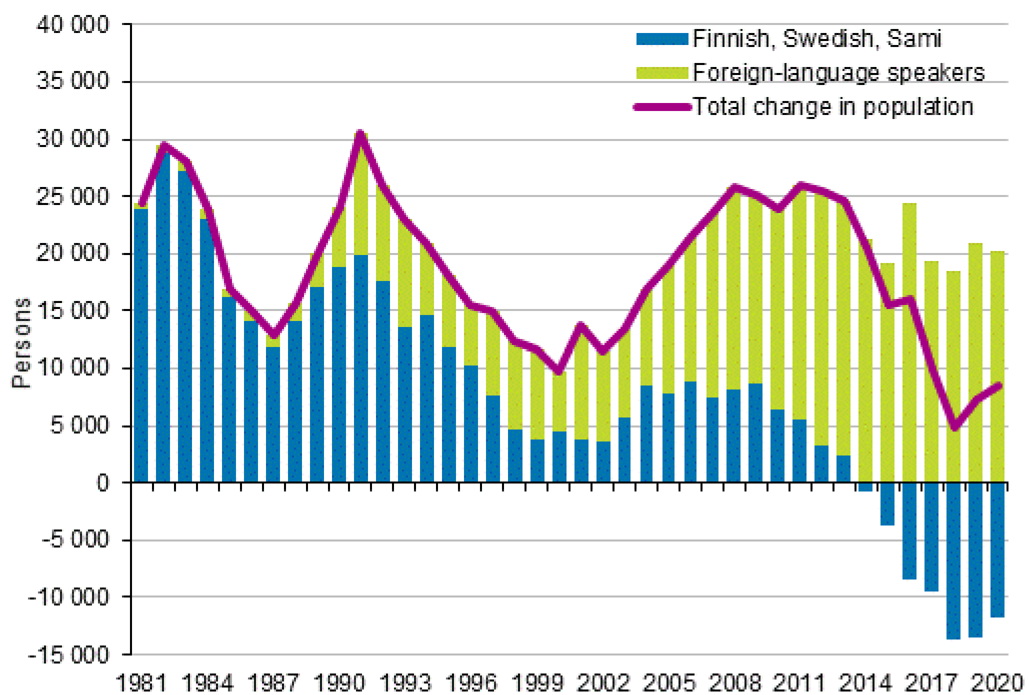


Figure 5. Change in the population by native language in 1981 to 2020.

(Foreign-language speakers helped maintain population increase 2021.)

In the figure 5 above it can be seen how the population and native language in Finland have changed. The number of foreign-language speakers increased by 20 203 persons and the number of persons speaking Finnish, Swedish or Sami as their native language decreased by 11 702 persons. Eight percent of the total population speaks foreign languages. (Foreign-language speakers helped maintain population increase 2021.)

Global changes in the economy affect everyone. Therefore, people should learn to interpret the new situation in order to promote well-being in a changing world. (Gothoni & Siiro 2016, 231.) The number of working-age people is decreasing in Finland. Population growth depends on immigration, because without immigration the population would decline. (Kasvua ja hyvinvointia maahanmuutto- ja kotouttamispolitiikalla, Yleiskuva ja kehittäminen {Growth and well-being through immigration and integration policies, Overview and development] 2019.)

Finnish immigration services statics shows that persons, who got residence permits in Finland 2/2020-1/2021 were mainly from Eastern Europe from Ukraine and Russian Federation. Total 79 624 cases were processed during that time. Iraq, India, China, Viet Nam, Syrian Arab Republic and Afghanistan were also mentioned in the statistics citicenship results. Some of the immigrants who have moved in Finland from Iraq, Syrian Republic and Afghanistan are muslim countries. (Statistics 2021.)

Finnish immigration services statics shows that persons, who got the international protection in Finland 4494 cases 2/2020-1/2021 were mainly from Iraq, Afghanistan and Somalia. Also from Russian Federation, Turkey, Islamic republic of Iran, Nigeria and Syrian Arab Republic were mentioned in the top eight of the list. “International protection is defined as refugee international protection is defined as refugee status or subsidiary protection status” by the Finnish Aliens Act and European Union. Persons who received positive settlement also gained residence permit. Asylum seekers were included in the statistics. (Statistics 2021.) That´s why the other viewpoint for the State of Art is taken Islam and muslims. It is important and relevant to also view the topic from this perspective.

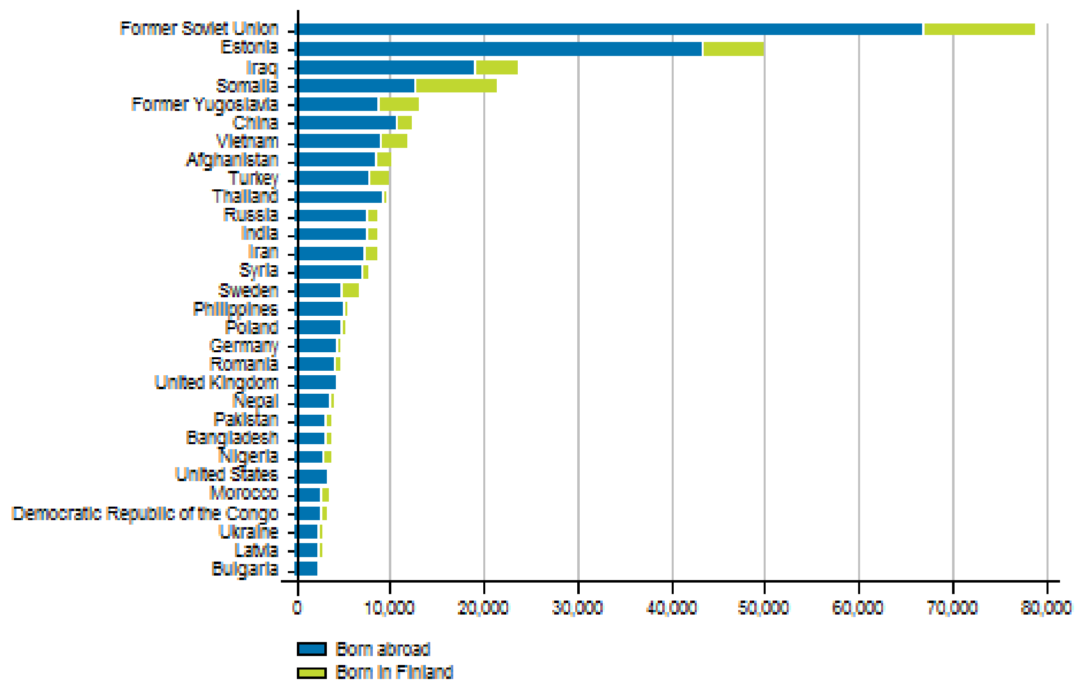


Figure 6. Biggest background country groups of persons with foreign background 2019. (Foreign-language speakers helped maintain population increase 2021.)

Every human being who lives permanently in Finland has the right, on a non-discriminatory basis, to the health and medical care she or he needs. Persons who are temporarily staying in Finland have a right to medical treatment that shall be governed by or separately agreed between the states in question. The patient has right to good quality medical and health care. His care is arranged and need to be treated the way that his dignity is not violated and that his privacy and convictions are respected. A patient´s native language, personal needs and, if possible, culture should be taken in account in the care and treatment of the patient. (L 17.8.1992/785, §3 2020.)

The global mobility of people increasingly appears in Finnish healthcare as immigrant customers. It brings novel diseases with their treatment needs and practices, broken families and clan communities, and different skills requirements for health care staff. Cross-border transnational care and networks are talked about in healthcare. Transnational signifies to cross-border phenomena. In such a family, members can live

in many different countries, with care, money and information moving between them. (Sainola-Rodriguez 2013, 136.)

According to Eklöf (2018, 37, 76) Somali asylum seekers and refugees faced challenges in Finnish health care, which was related to privacy, culture, language, and relationship with health care workers. Interpreters were also used in language barrier situations, and it was decreasing the language barrier. But the presence of interpreters creates challenges in the connection between the health care worker and the participant/patient.

Conclusion could say that immigrants should be given more information about the health care system and preventive services already on the beginning when they enter to the country. Muslim immigrant should also get access to female health professionals, culturally sensitive education programs and alternative modes of screening like HPV-sampling. Active role from health professionals is needed in offering screening during health-care related encounters. Health care workers should be educated about sexual health communication with minority female and be aware of the detrimental impact of preconceived presumptions about sexual activity of Muslim women. (Vahabi & Lofters 2016.)

4.4 Acculturation process and culture shock

According to the classical definition of anthropology, **acculturation** is a phenomenon that occurs when different cultural groups come into constant, immediate contact. As results of that it changes in the original cultural model of one or both groups. (Redfield, Linton &Herskovits 1936, 149.)

Acculturation means the process of a group or individual adapting to a new culture. It is a phenomenon where two different cultural groups meet. Because of this, the culture of either or both groups are changing. Both cultures may influence each other, but in reality, one of them is more dominant. (Abdelhamid 2009, 109-110.) Acculturation strategy is a method by which those who have moved to the country are tried to adapt to a new culture (Gothoni & Siirto 2016, 266).

Acculturation is a process that has been continuous for many years, multi-stage and multidimensional, and with different options. An acculturation attitude is a way in which an ethnic or cultural minority attends to a dominant culture. The acculturation model was developed by Berry and his fellow researchers in the 1980s in Canada. Acculturation can be realized in four different options. The first option is assimilation, or merging, where he is willing to give up his own culture and merge with the culture of the majority population. Another option is separation, that is isolation. In this case, he wants to emphasize his own culture and withdraws from interacting with people from another culture. Segmentation, or isolation, is when isolation is inadvertently produced by a person from the surrounding society. The third option is integration. Here, the person selects parts from both cultures and integrates these into a whole. Bi- or biculturalism arises as a result of successful integration. (Abdelhamid 2009, 109-110.)

Acculturation is an individual event (Abdelhamid 2009, 110). The adaptation phase is most often described by a U-curve, which indicates that moving to a new country causes a process. The sum of very many things is how long and steep the arc is formed here by the U-curve. The process begins with a honeymoon, focusing on all the positive things and closing all the negative things. It lasts from a few days to a few weeks. This stage is affected by the expectations of the target country and the pace at which it is allowed to settle in the country. Realistic ideas about the country are important for adaptation. At the end of the honeymoon, there will be a cultural shock, as the organization of practical matters will require efforts on both a practical and spiritual level. At this point, there may be a longing for home baling. After the month of honeymoon, little by little, life returns to its course. How life is shaped depends on how well the stress has been handled and how much support has been given to it. (Saviaro 2015, 14-15.)

4.5 Integration in new society

One of the most crucial indicators of immigrants' adaptation is employment (Maahanmuuttaja yrittäjyys Uudellamaalla {Immigrant entrepreneurship in Uusimaa} 2011, 13). One crucial element of successful integration is enabling access to the labor market. The value of labor policy actions is emphasized when immigrants are to

be integrated and employed as soon as possible. In Sweden, it has been found that the decentralization of immigrants, i.e., the settlement of areas with a large number of immigrants, worsened their employment development. (Busk et al. 2016, 21.)

As work is, at its best, a unique support for integration into a new country. An important part of integration into Finland is the employment of immigrants. Much depends on the goodwill of the employer for the integration of a work-based immigrant. In addition, the employer's desire to help immigrants of work origin is an important factor in their integration into Finland. The opportunity to work in English reduces the need to learn the native language and is therefore able to hinder integration into society. (Maahanmuuttajat suomalaisilla työpaikoilla -Millaista on hyvä monikulttuurinen henkilöstöpolitiikka? {Immigrants in Finnish workplaces - What is a good multicultural personnel policy like?] 2019, 5, 9, 17-18.) While people originating from neighbouring countries and qualified foreign employees (“expats”) are normally able to express themselves in a national language or English, other migrants may, especially upon arrival, face language barriers, including when seeking care. (Jaegere, Pellaud, Laville & Klauser. 2019)

The unemployment rate for women is slightly higher than for men, but there are big differences between different nationalities. Due to poor employment, women's earnings remain very low. Chinese and North Americans from other EU countries are the most adapted to the labor market, while more than 30% of Vietnamese and Russians are unemployed. More than half are unemployed Somalis, Iraqis, Afghans, and Iranians. The labor market situation for migrants from Somalia and the Middle East is the worst. (Maahanmuuttaja yrittäjyys Uudellamaalla {Immigrant entrepreneurship in Uusimaa} 2011, 11; Busk et al. 2016, 6-7.)

Compared to Finnish women and men with foreign background the employment rate of women with foreign background living in Finland is quite low. In 2014 the employment rate was almost 20 percentage lower with women with foreign background compared to Finnish women. Lowest employment rate was with women from North-Africa and Middle East, and their level of education was also lowest. Women with foreign background often have no previous work experience or even vocational training. (Sutela 2016.)

Some of them have only been in school only few years. Parenthood is impacting women´s employment when kids are small. Women with a foreign background become mom at a younger age compared to Finnish women. The employment of women with a foreign background is weakened by motherhood, but employment improves with the length of residence in the country for women with a foreign background. The employment of mothers with a foreign background is particularly evident in integration. The gap between the employment rates of childless women and mothers with a foreign background who have lived in the country for more than 10 years and is now quite small. Women's employment requires better language skills than men. Women work more than men in specialist jobs such as doctor, teacher, community nurse and nurse, where good language skills are often a necessity. Good language skills promote the employment of mothers of young children. Above all, multi-children reduce the participation of people with a foreign background in the labor market and they may want to take care of their children at home longer than women with a Finnish background. However, it may be more difficult for mothers with a foreign background to (re) enter the labor market than for mothers with a Finnish background. (Sutela 2016.)

The two - way process is integration into a new society where both the host community and immigrants interact with each other to adapt to increasing multiculturalism and the change it brings. Adequate language skills for immigrants have begun to be emphasized as an essential precondition for the political, social, cultural, and economic participation of the new country of residence. In the EU context, early intervention and identification have become key principles of guidance among those who are at risk group in labor market, education, and society to prevent exclusion. It is of paramount importance to include representatives of ethnic groups and immigrants involved in brainstorming and discussion in the development of multicultural guidance when designing services for them. How multicultural guidance services across the European Union have been organized through learning between different countries can provide new ideas and perspectives for building service delivery in different areas of country or the whole country. In order to develop multicultural guidance services, it is important to have many from different sectors and levels of society to work together. In this case, the

importance of integration into working life and guidance support is emphasized. (Launikari 2013, 162-163.) According to Kokkinen´s and Punna´s case study "Transition in Finland: Obstacles of family wellbeing and getting social- and health care services" immigrant families can face many barriers to acquiring, obtaining, and allowing support services, which will promote their welfare. Professionals are in key role to identify these difficulties and obtain efficient ways to help out families to receive all help they need to integrate in new culture. (Kokkinen & Punna 2020a, 6.)

5 Purpose and objectives

The purpose of this thesis is to enhance the lifestyle guidance for female Muslim immigrants. The aim of the study is to descripe the key considerations in female Muslim immigrant lifestyle guidance.

The research question of this study is: What experiences do health care workers have with lifestyle guidance for immigrant female?

The sub questions that this study attempts to answer are:

How do various factors positively and negatively affect the lifestyle guidance of immigrant females?

How does culture affect the lifestyle guidance of immigrant females?

In female immigrants the impact of culture in daily life plays a big role and needs to be taken in account when provding lifestyle guidance for female immigrants. The goal in this study is to gain a deeper understanding about the role culture plays in Muslim female´s lifestyle guidance. Through the study it would be possible to gain a better understanding of the issue and help health care workers to provide better and more succesful lifestyle guidance to immigrants and Muslim female immigrants.

6 Research implementation

The partner of this study is the city of Vantaa and more specifically their project called "Hyvinvointityön tavoitteista toimintaan" (Health promotion; from wellbeing goals to activities). The project part, which this study will form part of, is wellfare mentoring in the city of Vantaa´s public health services. The resercher enaged with the city of Vantaa in the autumn of 2019 and the topic was created together by the project coordinator and project worker. The expose was made spring 2020. The research permit was applied for from the city of Vantaa and received in June 2019 valid until May 2021. Because of the Corona winter and spring 2020 the research data collection was postponed. Data collection was done from July 2020 until December 2020. Data collection was affected by the summer vacations of health care workers and Corona. Data analysis was performed during the the spring and summer of 2021.

6.1 Search of data and methodology

The literature and research to determine and assess the state-of-the-art was conducted on the following databases: Google Scholar, ProQuest, PubMed, Cinahl (EBSCO), ProQuest, Jyväskylä´s Applied Science School database Janet and Tampere´s library database called PIKI-verkkokirjasto. The key words and those combinations with were used was lifestyle guidance/counseling, immigrant, female, women, Islam, Muslim, multiculturalism, qualitative study, and a case study.

The plan was to do a qualitative study using qualitative study methods. Qualitative study encompasses immersion in conditions of everyday life (Shaw & Gould 2001, 17). In **Qualitative research**, the emphasis is on learning through a variety of documentaries that focus on everyday life (Travers 2001, 5). Qualitative study is based on the charasteristic of human beign and their environment, which are related to mentioned issues. (Kylmä & Juvakka 2007, 16; Wertz, Charmaz, McMullen, Josselson, Anderson & McSpadden 2011, 80.) Qualitative study is corcerned with meanings, case studies, speculative and uses words. (Silverman 2011, 4-5) So it´s fit well for this study, where are researched experiences of immigrant women and health care workers experiences of lifestyle guidance.

One of the data collection methods in qualitative study is **interview** (Kylmä & Juvakka 2007, 16). Generally speaking there are many different methods that could be used in interview data collection but in this thesis a semi-structured interview method was chosen to used. A semi-structured interview is characterised by probing questions, connection with the interviewee and helping the interviewee to understand the aim of the project. (Silverman 2011, 161-162.) The interview as applied herein will be conducted on the basis of pre-selected themes and related specific questions (Appendix 7).

The advantage here is that the interview is able to deepen and refine the questions based on the answers of the interviewees. The positive effect of interview it is flexibility, the possibility to repeat the questions, correct misunderstandings and have conversations during the interview. (Tuomi & Sarajärvi 2018, 85-88.) The interview is recorded and is a useful way to find answers to individuals' values and attitudes. Interviews is a rich source of information. Interviews, especially semi-structured interviews, provide access to people's experiences. (Silverman 2011, 166-169, 203.) That´s why the interview is chosen in this study to research female immigrants' experiences of lifestyle guidance. Questions for the survey and the interview were created based on earlier studies of the topic.

The aim of the **survey** is that it gives the opportunity to collect data that evidently demonstrates the nature and extent of differences of opinion (Kanuka 2010, 103). Survey in this study meaning that open questions in the form of online survey that was shared through the Webropol online research tool. In this research an objective was the deepening of the research topic to also see things from a health care worker´s perspective, so the survey was chosen as the second research method. As a result of the fact that fewer survey responses than expected were received and no interviewees were received, the research method had to be changed to a case study.

A case study is defined as systematic and an intensive study of an individual, community, group, or other entity. In this study the researcher examines in-depth information on several variables. A case study is to be also able to be defined as an intensive study about a group of people or a unit or a person. It aims to simplify several units. (Heale & Twycross 2018, 7.) Thoroughly description and analysis of a limited system is also described to be a case study. The unit of the research (case)

and result of this kind of investigation form a case study. (Merriam & Tisdell 2016, 37.)

A case study has demonstrated capability to reach intimate corners of society and culture. It concentrates on the intricacies of professional action, the usefulness and necessity of data consultation. (Adelman 2015, 5.) In case study can use both a qualitative and a quantitative approach (Merriam & Tisdell 2016, 37.) In this case study the approach method is qualitative method.

A qualitative case study is a fundamental depiction and analysis of a limited system (Merriam & Tisdell 2016, 39). The current phenomenon is the subject of a case study. One or more cases are the subject of research for a deeper knowledge and understanding. In addition, research questions should take the form of why and how. A case study is used when is wanted to get a rich and deep picture of the phenomenon. A case study is using methods of qualitative research, but in case study aims to get a comprehensive picture of the phenomenon. (Kananen 2013, 54-56.)

6.2 “Health promotion; from wellbeing goals to activities”-project description

A case study´s case can be a program, a group, an individual, an institution, a community, or a specific policy. A case needs to be intrinsically limited and data collection need to finite. (Merriam & Tisdell 2016, 38.) In this chapter are describing the context of the case study, which focus project “Hyvinvointityön tavoitteista toimintaan” (Health promotion; from wellbeing goals to activities) and the health care workers, who are working in the city of Vantaa and in this project. All the health care workers, who are part in this case study are working in the city of Vantaa public health care services in maternity clinic or/and health center. (Hyvinvointityön tavoitteista toimintaan [From wellbeing goals to activities] 2021). In this case study the health care workers who are part of the project experiences of immigrant’s lifestyle guidance was researched. This case study was part of this project while data collecting, which was done to July 2020 to Decemmber 2020.

The most multicultural city in Finland is Vantaa, with a population of 223 027. 17.7 per cent i.e. 40,000 inhibitants speak other language than Swedish or Finnish. (Vantaa 2021.) The motto of the project is: "Prevention is an investment in the future". The project started 2019, when the city of Vantaa launched a project for more effective implementation of health promotion measures. The responsible unit is Vantaa Sports Services, but the project applies to all of the city's industries. The project consists of three parts, which are welfare mentorig, welfare magement development and implementation of the welfare program. (Hyvinvointityön tavoitteista toimintaan [From wellbeing goals to activities] 2021).

This case study is part of the welfare mentoring. Welfare mentoring is intented for the risk groups in this project. A main objective of this project is to reform lifestyle guidance. (Hyvinvointityön tavoitteista toimintaan [From wellbeing goals to activities] 2021.)

The City of Vantaa offers free lifestyle guidance in this project, i.e., welfare mentoring for people at risk group for instance who are overweight or have a lifestyle disease such as diabetes or cardiovascular disease. In welfare mentoring, the client receives a personal mentor and a mobile app to support a healthy lifestyle in this project. The client is comprehensively guided in matters related to exercise, nutrition, sleep and recovery, and general well-being. (Elintapaohjaus [Lifestyle guidance] 2021.)

A new and longer-lasting lifestyle management model has been developed to replace the existing sports pharmacies in this project. The aim of the welfare mentoring is to achieve sustainable lifestyle changes. (Hyvinvointityön tavoitteista toimintaan [From wellbeing goals to activities] 2021.) In Vantaa wellfare mentoring is long-term lifestyle service in this project. It is aimed at people who need guidance for their health or lifestyle. It is designed as a cost-effective model for well-being mentoring. The use of new digital solutions is being tested in mentoring. These make it possible, among other things, to extend the wizard for one year and increase interaction with the mentee. The aim of the guidance is to influence the behavior of the mentee for a long time and to achieve sustainable lifestyle changes. (Hyvinvointimentorointi {Welfare mentoring] 2021.)

The project part, welfare mentoring have been piloted in the health centers of the city of Vantaa. The starting point for mentoring is a behaviorally justified model that takes well-being into account well enough. This is organized cost-effectively, produced by the city itself. The model includes different aspects of well-being (nutrition, general well-being, exercise, sleep and recovery). The mentee can go through these things in any order they want. (Hyvinvointimentorointi {Welfare mentoring] 2021.)

There are three places involved in mentoring, which are health centers, maternity clinics and vocational schools. At health center receptions, it is possible for health care professionals such as a doctor and a nurse to reach patients who are benefiting from a lifestyle change. Their assessment patients benefiting from welfare mentoring are given time to visit the mentor. It is possible to screen the patients who benefit the most from the lifestyle change at Health Centers. Ideally, prevent or treat pre-existing health problems with a mentoring-supported lifestyle change. Ideally, pre-existing health problems can be treated and / or prevented with a lifestyle-supported lifestyle change. (Hyvinvointimentorointi {Welfare mentoring] 2021.)

Mothers who are at risk of diabetes in particular are reached through maternity clinics. Lifestyle change can be supported from the beginning of pregnancy. Interfering with mothers ’lifestyle habits is also likely to affect the lifestyles of their children, so this is a significant issue for effectiveness. Due to the importance and challenge of the risk group, the duration of well-being mentoring for mothers at risk in this project is 1-1.5 years. Time will be booked to the mothers in the maternity clinic for mentor's contact visit at their home. (Hyvinvointimentorointi {Welfare mentoring] 2021.) In this case study heath care workers, who was part of the case were working in health centers and/or maternity clinics.

During the years 2020-2021, operations will be piloted in Vantaa (Hyvinvointimentorointi {Welfare mentoring]. 2021). The measures of the project will be rooted in the everyday life of the city of Vantaa by the end of 2021 (Hyvinvointityön tavoitteista toimintaan [From wellbeing goals to activities] 2021).

6.3 Survey data collection

In this study it was planned to conduct about five personal interviews with female immigrants and using a Webropol survey for health care workers working in the public health care of the city of Vantaa. To address the eventuality of the survey did not providing enough data, permission was requested from the participants to take part in a personal interview. This Webropol survey and personal interview pre-tested and after the pre-testing have both been corrected according to the recommendations.

‘Health promotion; from wellbeing goals to activities´ the project coordinator sent the Webrolol survey with the letter called ‘Information of thesis and of participation webropol questionnaire’ (Appendix 1) to all the health centers and maternty clinics, that participated in the project.

The email was sent first time on August 2020 and repeated several time until December 2020. The resercher also maintained two power point presentations via Teams to the Health Centers health care workers meetings, where she presented her research and answered health care workers questions. The researcher requested the health care workers to assit in finding female immigrants for interviews. The researcher also reminded stakeholders to take part in the Webropol survey and help to find the female immigrants for interviews. Because of the Covid 19 situation and regulations imposed by the Finnish government the researcher couldn´t present the presentation face to face or visit the health centers or maternity clinics.

With the help of the health care workers in city of Vantaa`s public health centers was asked the immigrant females to be informed of the study with information letter called “Information of thesis and of participation to personal interview” (Appendix 5). Those immigrant females who were interested were requested to contact the researcher to arrange the interview time. The interview was planned to be recorded on device machine and done using the as a distance interview via Teams. Before the data collection all the participants and translator, if applicable were required to sign commitment to confidentiality agreement (Appendix 9) and commitment to take part in the research (Appendix 10).

The Master thesis partner with help of health care workers didn´t find any female immigrants, that were willing to be interviewed. With the help of the project coordinator the researcher also contacted one immigrants center worker, who were part of the project Health promotion; from wellbeing goals to activities. But also this connection was unsuccessful in finding participants for the interviews. Three survey answers (n3) was received during the period July 2020 to December 2020. The answers to the survey were received in Finnish. The researcher freely translated the answers into English. Example of the translation is in Table 1.

6.4 Survey data analysis

One method that can be used in case study is qualitative analysis. The aim is to understand the case. The aim in case study is to understand the matter itself and not to generalize it to the whole population. (Simons 2009, 19.) The aim is to increase the understanding of the phenomenon by gathering information about individual people and situations and drawing conclusions from this to a more general level. The difficulty is that people and situations are individual in their context. It is by no means certain that generalizations based on qualitative research data can be made. It also good to remember that the researcher plays a significant role in qualitative research. (Shaw & Gould 2001, 17-18.)

There are three commonly used ways to analyzing text in qualitative study, which are content-, narrative and thematic analysis (Silverman 2011, 234). When phenomena are sensitive characteristic of nursing or/and multifaceted is content analysis well-suitable analysis method. Content analysis is the way to arrange the qualitative data either deductive- or inductive analysis. (Elo & Kyngäs 2007, 109-113.)

Top-down approach, where are working more commonly data to more detailed is called deductive reasoning (Ingham-Broomfield 2014, 36). Inductive reasoning works opposite way, moving from special to common one, ending common theories or conclusions. Inductive theory is also called from down to up. (Ingham-Broomfield 2014, 36.) Inductive content analysis is suggested to use when knowledge is divided or/and there are no former studies dealing with the phenomenon (Elo & Kyngäs 2007, 113).

Table 1. An example of the content analysis

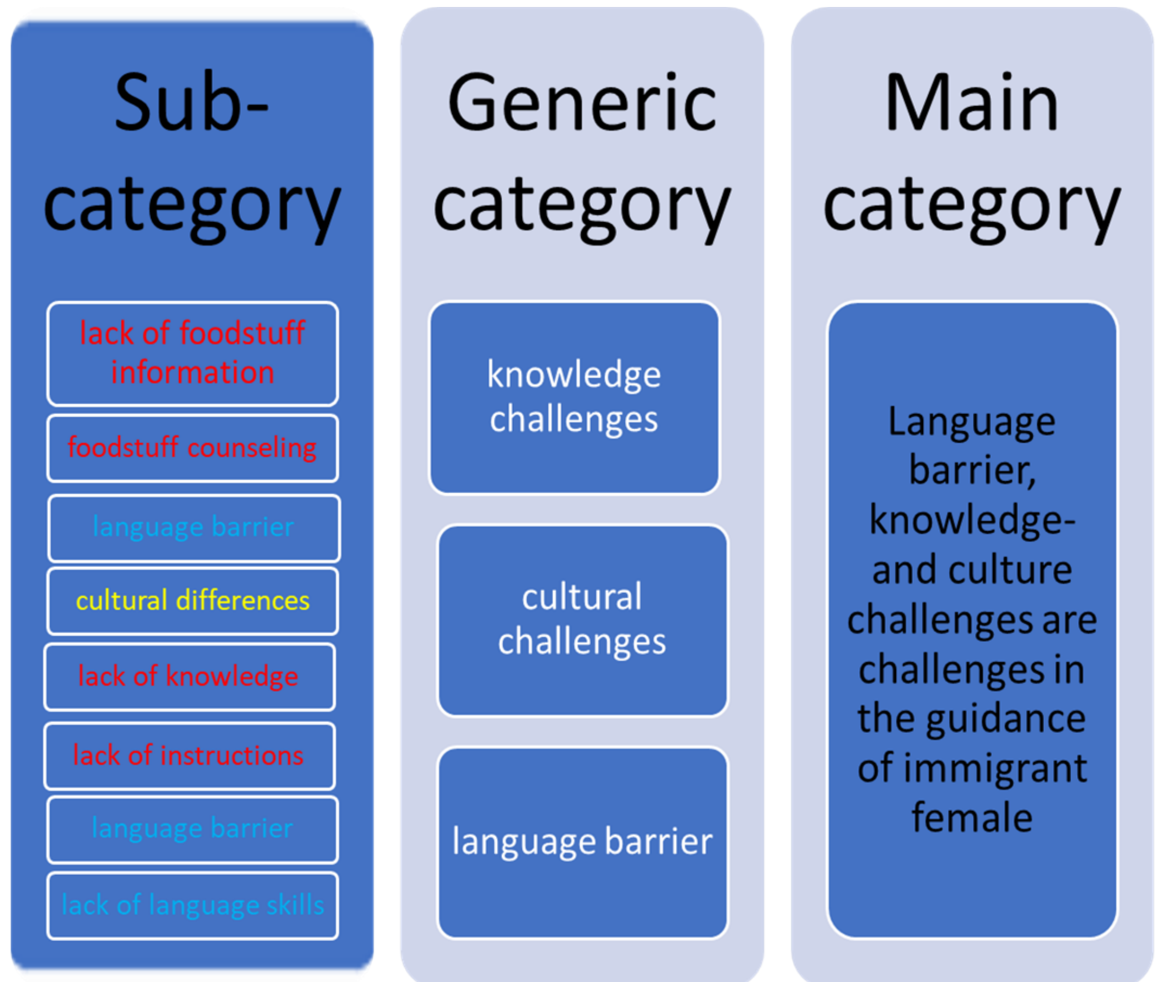
Original expression	Reduced expression	Sub-category	Generic category	Main category
[”ohjausta/neuvontaa terveellisestä ravitsemuksesta, riittävästä unesta ja liikunnasta, rentous ja hyväksuntä-ei suorittamista”] guidance / counseling from healthy eating, adequate sleep and exercise, relaxation and acceptance-not performing	guidance / counseling on healthy eating adequate sleep, exercise, relaxation seal of approval no execution	guidance and counseling on healthy lifestyles (nutrition, exercise, sleep) eaysy going / relaxed	making lifestyles healthier in a relaxed way	
[”Elintapaohjaus on arjen tottumusten muuttamista yhdessä asiakkaan kanssa pienin askelin. Uuden opettelua ja kokeilua] Lifestyle” guidance is about changing everyday habits together with the client in small steps. Learning and experimenting with something new	Lifestyle guidance is a step-by-step change in everyday habits in cooperation with the customer Learning and experimenting with something new	changing habits step by step learning / testing		Making lifestyles healthier
{”Nykyisten elintapojen pohjalta keskustellen yritetään löytää keinoja muuttaa omia elintapojaan terveellisemmiksi. Ohjaus käsittelee ravitsemusta, liikuntaa, unta, rentoutumista, mieluisaa tekemistä.”] Discussing on the basis of current lifestyles will try to find ways to make our own lifestyles healthier. Guidance deals with nutrition, exercise, sleep, relaxation, pleasant things to do.	Discussing on the basis of current lifestyles will try to find ways to make one's own lifestyle healthier Guidance on nutrition, sleep, exercise, relaxation, doing pleasant things	changing habits -> healthier lifestyle guidance relaxed		

In this study the data analysis was done by using content analysis method and an inductive way for the survey. A set of categories are created in the content analysis (Silveman 2011, 64).

Reduction is the first step in content analysis, where things that are irrelevant to the research are removed from the material. At this step, looking for the same descriptive things in the material listing in descending order. Second step is clustering, where the data is searched for differences and / or similar terms / expressions that accurately describe the expression. Terms describing the same are grouped into subcategories and combined. The terms describing the same can also be colored with the same color. The concept that describes the content of a category is used to name subcategories. This compresses the material. By combining subcategories, generic categories are formed, and by combining generic categories, main categories are eventually formed. The main categories are named according to the topic describing the phenomena arising from the data. The factors uniting the main categories can also be raised from the data to a unifying category. (Tuomi & Sarajärvi 2018, 122-126.) The researcher followed the instructions of the categorizing process according to Tuomi & Sarajärvi (2018). An example of the content analysis with original expression and translation Finnish to English can be seen in Table 1.

In this case study the data was limited as only three survey (n3) responses were received. In content analysis the data is categorized using a categorization matrix, where data is categorized in three groups: generic category, sub-category, and main category. (Elo & Kyngäs 2007, 109-113) The categories were divided according to Tuomi & Sarajärvi (2018), Elo & Kyngäs (2007) to sub-category, generic category, and main category (Table 2).

Table 2. An example of the content analysis`s data categorization matrix



In all the process reliability, validity and ethics are taken into account. At the end of the analysis process, the research questions were reviewed, and it was considered whether the analyzed material the answers to them. The data also gave information from outside the research questions.

7 Case study research results

In this case study´s research result was gathered from city of Vantaa´s health care workers, who were working as part of the project called "Hyvinvointityön tavoitteista toimintaan" (Health promotion; from wellbeing goals to activities) during the half year period July to December, 2020. This case study and the participants therein, concisted exlusively of patricipants in the project part called the welfare mentoring. The health care workers of the project work in city of Vantaa, Finland's most

multicultural city, where well-being mentoring has been started as part of the project. This section presents the results of the case study survey.

7.1 “Health promotion; from wellbeing goals to activities” project – lifestyle guidance from the perspective of its´ health care workers

The first chapter of the results describes how health care workers see lifestyle guidance, what they think it is and who are the participants in the project “Health promotion; from wellbeing goals to activities”. The main catogory is that lifestyle guidance is making lifestyles healthier.

In this case study lifestyle guidance was seen as a holistic lifestyle change with a relaxed and easy-going approach. From the perspective of healthcare workers, it is gradually advancing it´s change and adapting together and inclusively with the client. It is defined as guidance and counseling in different parts of lifestyle including healthy eating, adequate sleep, and exercise.

> “Nykyisten elintapojen pohjalta keskustellen yritetään löytää keinoja muuttaa omia elintapojaan terveellisemmiksi. Ohjaus käsittelee ravitsemusta, liikuntaa, unta, rentoutumista, mieluisaa tekemistä.” {Discussing on the basis of current lifestyles will try to find ways to make our own lifestyles healthier. Guidance deals with nutrition, exercise, sleep, relaxation, pleasant things to do.}

Also, pleasants things to do was seen important part in lifestyle change. What was important in lifestyle guidance was an accepting approach and not requirements. Health care workers emphasized a relaxed approach. Lifestyle guidance was seen as learning process, in which there is some experimenting with something new. Lifestyle guidance should be done by discussing, and, also assessing and identifying current lifestyles, that could result in healthier lifestyles, together with the client. The responses clearly emphasized the value in keeping the customer's views on the matter in mind.

7.2 Connection between culture and lifestyle guidance

The second chapter of the results in this case study is dealing with how culture and religion influences lifestyle guidance. A main catogory formed is that language barrier and knowledge differences as challenges in the guidance of immigrant female.

All the health care workers who responded to the survey took into account the immigrant female's religion and cultural background. They also realized that culture and religon have an impact on the lifestyle guidance for female immigrants.

The results showed that culture and religion definitely affects female immigrants lifestyle guidance. The matter was approached with an inquisitive approach, finding out ways, practises, limitations and habits to do things and eat. After the investigation, the health care workers were prepared and ready to take these issues into account and provide guidance accordingly.

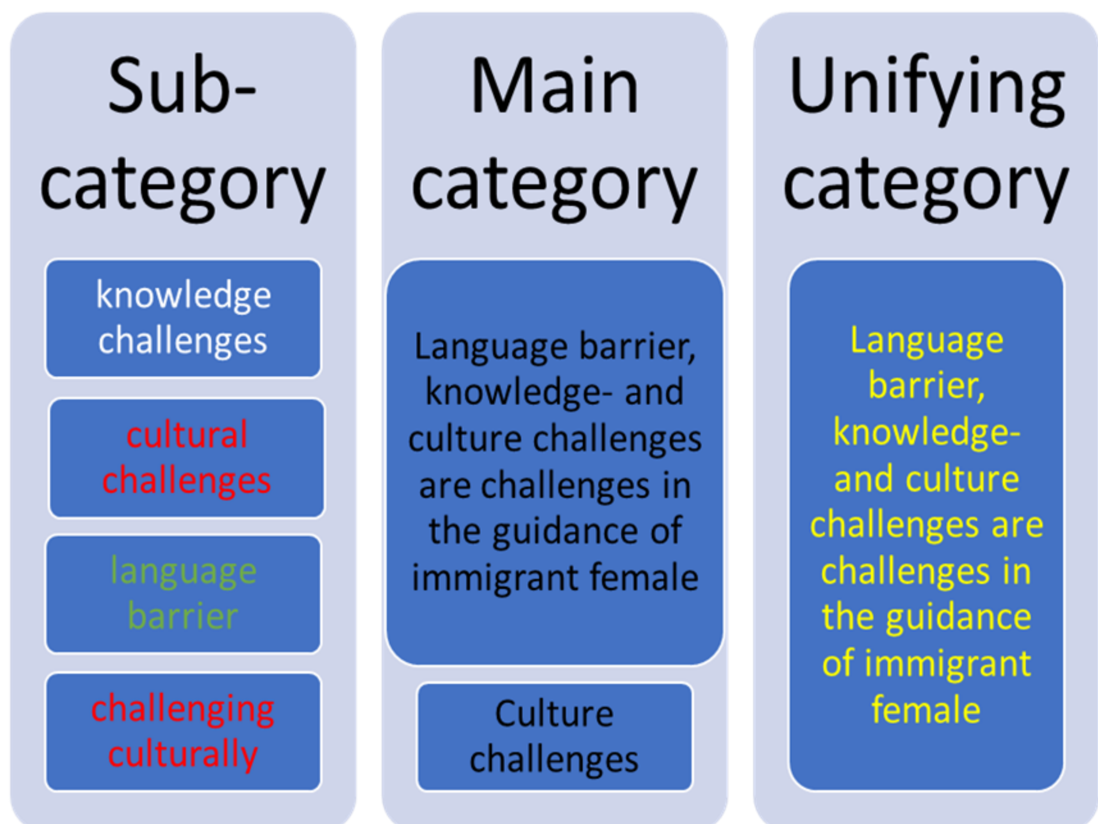
> ”Lähtökohtana oman kulttuurin ja uskonnon mukainen ruoka, ei tarvitse muuttaa suomalaiseksi, mutta omien tottumusten pohjalta edistetään tarpeen mukaan terveyttä edistävää syömistä.” [As a starting point, food in accordance with one's own culture and religion, does not have to be changed to Finnish, but based on one's own habits, health-promoting eating is promoted as needed.}

Religion was intended to be, taken into account in regards eating and dietary guidance in regards realizing its importance. According to one respondent, eating according to one's own culture and religion did not have to be changed according to Finnish habits. Reviewing eating habits with the client in a guidance situation was seen as an important issue. After reviewing eating habits, they were considered / instructed to change if the need was seen. One of the respondents wanted the eating habits brought by their own culture and religion to be becoming healthier if it is needed. Basis for the change was considered to be the customer's needs.

7.3 Success factors and challenges in female immigrants´ lifestyle guidance

The third chapter of the results in this case study addresses challenges and success factors in female immigrant lifestyle guidance. In this chapter are presented the main category called the importance of knowledge in successful counseling and this studies one and only unifying category called language barrier, knowledge and culture challenges are challenges in the guidance of immigrant female.

Table 3. An example of the formation of a unifying class



Only one of the responders didn´t mention any successes achieved while guiding immigrant female in lifestyle guidance. Her concern was that concrete information as knowledge was emphasized in all the answers given. There were also some experiences of success in lifestyle guidance situations.

> “he ovat saaneet ahaa-elämyksiä ruokien terveellisyydestä, he eivät ole tienneet eli olen saanut jakaa tietoa.” [they have had aha-experiences

> about the healthiness of food, they have not known i.e. I have been allowed to share information}

Sharing new information about healthy food with the customer was perceived in one response as an experience of success. Also knowing things about culture and religion earlier and sharing information were considered as important issue and was identified as a succeed factor.

One of the respondents emphasized their own knowledge of different food cultures as an important tool in the lifestyle guidance of immigrant females. This was seen as facilitating the work and making it possible to ask customers themselves the right questions about their eating practices and habits.

Challenges played a bigger role in the received answers than success factors. Two main categories were combined in this case study to unifying category called language barrier, knowledge and culture challenges are challenges in the guidance of immigrant female (Table 3).

Cultural challenges were mentioned in many different answers in the survey, so its importance and the challenges it poses were strongly emphasized in female immigrants lifestyle guidance. There was only one responder, who thought lifestyle guidance for female immigrants is a normal guidance situation and compared to the other clients' groups there are almost no differences. Lifestyle guidance for immigrant female was also perceived as interesting, despite the fact, that it was culturally challenging according to one respondent. However, other responses reflected challenges and difficulties in guidance situations.

> ”vaikeaa, heidän tietotaitonsa on ajoittain vaikea ymmärtää, tai se on hyvin puutteellista suomalaisesta näkökulmasta, aikaa ei ole riittäästi, kulttuurierojen huomioiminen on ajoittain haasteellista, vrk-rytmin käsite on osalla suomalisesta poikkeva, suomalainen on motivoituneempi edes ajattelemaan asiaa” {difficult, their knowledge is sometimes difficult to understand, or it is very deficient from a Finnish

point of view, there is not enough time, it is sometimes challenging to take cultural differences into account, the concept of circadian rhythm is different from Finnish, Finn is even more motivated to think}

Some of the answers reflected on comparing female immigrant to Finnish culture, finnish food and with Finns in general. Cultural differences were seen as the cause of the difficulties and challenges. Reasons for these included a language barrier, illiteracy, uneducatedness, cultural differences, and a different circadian rhythm. The answers showed that with Finns, lifestyle guidance situations were perceived to be easier than for female immigrants. The lack of time available to spend with female immigrant´s lifestyle guidance situation was also seen as a challenge.

Challenges were also caused by the ignorance of immigrant female about Finnish foodstuff options, which challenged the health care worker to think of good alternatives, and also introduce to immigrants the Finnish food culture. One of the biggest challenges and difficult in the lifestyle guidance was language barrier.

> “kielimuuri!! vaikka olisi tulkki. kulttuurierot (vrk-rytmi, ruokatottumukset) kouluttattomuus eli ei ole tietoa perusasioista (esim perunalastu ei ole terveellinen vaikka siinä on perunaa tai sokerikaakao vaikka siinä on maitoa)” {language barrier!! even if there was an interpreter. cultural differences (circadian rhythm, eating habits) illiteracy, i.e. no knowledge of the basics (e.g., potato chips are not healthy even if it contains potatoes or sugarcocoa even if it contains milk]

Despite the help of an interpreter, the language barrier was perceived as a challenge. Frustration also seemed to be caused by health care workers as a lack of knowledge among immigrant women to understand which foods are healthy and which are not. The responses also highlighted different food cultures as a challenge to lifestyle guidance.

Linguistic illiteracy and the ability to understand food product descriptions were also raised as a challenge in immigrant female lifestyle guidance. The guidance situation between the immigrant and the Finn was also compared, highlighting that Finns have a more conversational approach. The lack of clear guidance material and instructions in the client's own native language was also perceived as a challenge. The challenges of lifestyle guidance thus consisted of many reasons and challenged health care workers in many ways.

> “…Ei ole antaa omankielisiä ohjelehtisiä.” {There are no instruction leaflets to give in their own language.]

7.4 Education is needed in female lifestyle guidance

The fourth chapter of the results in this case study addresses the need of education for the health care workers in female immigrants´ lifestyle guidance. In this chapter the main category called education, information, and material on lifestyle guidance for immigrant female is presented.

Healthcare workers had a need for training, tools for motivation resources and more information on the subject. In particular, more education and knowledge were needed about the food cultures of different countries, because health knowledge and differences vary from country to country. There was also a need for pictorial material in Finish and in client’s native language. Clear guidance material is needs to be used in lifestyle guidance.

> “Koulutus aiheesta olisi aina kivaa, esim. eri maista tulevien ihmisten tietotaito terveysasioissa, juurikin ravitsemuksen osalta” {Training on the subject would always be nice, e.g., the health skills of people from diffrenet countries, especially in terms of nutrition]

Female Immigrants´ lifestyle guidance at the maternity clinic was seen as an important topic. According to one responder the lifestyle guidance is rudimentary in the maternity clinic. Responder said that immigrant females have lifestyle challenges such as overweight and gestational diabetes. Own (health care worker's) attitudes, beliefs and assumptions were also raised as an issue that influence lifestyle guidance.

> ”aihe! maahanmuuttajien elintapa-ohjaus on mielestäni neuvolassa lapsenkengissä ja heillä on paljon ylipainoa, raskausdiabetesta. Huomioitavaa myös miten omat asenteet, luulot ja oletukset vaikuttavat ohjaukseen?” {subject! In my opinion lifestyle guidance for immigrants in the maternity clinic it is in a child's shoes (beginner´s stage) and they have a lot of overweight, gestational diabetes. It must be taken into account how your own attitudes, beliefs and assumptions affect for guidance?]

According to this case study results in health care workers perspective female immigrants´ lifestyle guidance need improvement, education, more time and help for cultural and language barrier challenges. It is seen as an important topic. From a development perspective, there is a learning requirement to meet the challenges posed by customer contacts. Different food culture, eating habits and practices should be taken into account in client counseling in order to facilitate the work of health care workers with immigrant female.

8 Discussion

8.1 Reliability and ethics of the research

At the heart of all scientific activity is the ethics of research (Kankkunen & Vehviläinen-Julkunen 2013, 211). In this case study, the approach was qualitative research, so the reliability of the study is considered from the perspective of qualitative research. When looking at research, one must always consider whether it

is credible. Reliability criteria in qualitative research should evaluate from view of the reliability, validity, and generalizability. The researcher has a significant role in the research topic and in the conduct of the research. (Silverman 2011, 352-363.) In qualitative research, reliability assessment applies to the entire research process as the researcher plays a key role in making research choices and interpreting the material (Tuomi & Sarajärvi 2018, 182).

Reliability is related to reproducibility. It addresses the topic of whether the same study can be repeated in the future and get the same results, claims and interpretations on the topic. Therefore, the research process must be transparent and all research processes, including data analysis methods, must be reported in detail. Theoretical transparency must also be reflected in the research. (Silverman 2011, 360.)

The researcher has chosen a topic of interest to her and has tried to address the topic from perspectives relevant to the research, bringing the researched information on the topic. The literature used in the thesis has been evaluated considering topicality, the publisher, peer reviewed and in terms of the appropriateness of this research. Mostly according to the inclusion criteria. The exceptions to this are a few older publications about theories and issues, which haven´t been changed over the years and, which are still relevant. International articles and studies have been limited to a ten-year entry criterion. The research methodology literature has been evaluated to ensure that no textbook-level works are included, and that the methodology literature used is appropriate for the way this research is conducted. Previous studies included in this study have provided results on, for example, how lifestyle guidance models have worked for different ethnic groups and / or in practical patient / client work. The researcher has communicated the key words and databases, which was used for searching for data and research conducted for the study.

The researcher has also included the tables of the content analysis process (Table 1), an example of the content analysis`s data categorization matrix (Table 2) and an example of the formation of a unifying class (Table 3) in the study. The whole process of the study is openly described in chapter five and six. According to Shaw & Gould (2001, 17) the transferability of research results is not simple or straightforward. It

cannot be said that another set of studies around the same phenomenon would experience exactly the same as the previous study target group.

Validity is that the study has examined what has been promised (Sarajärvi & Tuomi 2018, 160). In validity need to be take in account that the influence of the research author on the research, the values of the researcher and the impact of the participants in the research on the research result. (Silverman 2011, 369.) However, it must be borne in mind that the author of the study is inexperienced and may have incorrectly influenced the research process and content analysis. The study changed from a qualitative study to a case study. This may have undermined the validity of the study. The reason for that the study changed from qualitative study to a case study is because the worldwide corona pandemic situation. Despite the fact that the research plan changed, the researcher knew how to find ways to get the research done.

The Corona pandemic also affected the health care workers work, who were part of the project “Health promotion; from wellbeing goals to activities” and there were lots of new restrictions, regulations, and challenges to their work from the Finland´s government side. Many functions at the health center and maternity clinic were also implemented remotely where possible. That´s is one possible reason for why the number of participants in the survey was low and no participants could be found for an interview. Many functions at the health center and maternity clinic were also implemented remotely if that where possible.

In qualitative research need to be take account informed consent, confidentiality, and anonymity, protection of participants. (Wertz et al. 2011, 84-85.) The researcher must protect the privacy of the resercher participants as much as possible. The participants must also know that he or she has the right to suspend participation in the study in and refuse the study. The resercher participants must also be aware of the storage of the material and the publication of the results. (Kankkunen & Vehviläinen-Julkunen 2013, 218-219.)

Permission must also be apply for the research (Kankkunen & Vehviläinen-Julkunen 2013, 222). An research permit for this study was applied for from the City of Vantaa, where it was also granted. In this research ethical guidelines have been followed. In

this case study participants who took apart this study have been informed with information letters (Appendix 1 & Appendix 5). All the participants have been informed in the letters that it is completely voluntary and confidential to participate in the personal interview and survey. The participants identity will not be revealed in any point of the process. The participants have chance to interrupt her participation to the thesis at any point without further explanation. It also informed that all the material, what will be handled and collected from the thesis will be handled confidentially and no one else but the researcher will have access to the material. It also informed that once the research is finished, the complete master thesis will be available in theseus.fi.

Also the confidentiality have been taken in account with form Commitment of Confidentaility (Appendix 9) and taken part of the study have been voluntary and participants permission is asked with form Commitment to take part of research. (Appendix 10)

8.2 Conclusions

The purpose of this thesis was to enhance the lifestyle guidance for female Muslim immigrants and the aim of the study was to descripe the key considerations in female Muslim immigrant lifestyle guidance. The aim of the state state of art was to describe lifestyle guidance and it´s different ways, multiculturalism, Islam and the importance of the content of them in health care.

According to the results in this case study lifestyle guidance was seen as a holistic lifestyle change with a relaxed and easy-going approach, which is done together with the client. Lifestyle guidance including healthy eating, adequate sleep, exercise, and pleasant things to do. The health care workers were seeing the lifestyle guidance same way as described in the theory and how the project “Health promotion; from wellbeing goals to activities” defined what is lifestyle guidance. I this study the results found that culture and religion have an impact on the lifestyle guidance for female immigrants. This is in line with the findings of earlier studies on the same issue.

Like in the earlier studies and, also in this case study language barrier, knowledge and culture challenges are challenges in the guidance of immigrant female. However, the case study also revealed that some success was also experienced in the guidance of female immigrants. This case study also described the factors related in language barrier and the use of the interpreters, which was emerged in many previous studies. Also lack of time in lifestyle guidance situations was seen as a challenging factor in this case study.

Success factors in immigrant's lifestyle guidance wasn't the focus issue in the earlier studies. Consequently, very little effort was put into the immigrant lifestyle guidance subject in these (earlier) studies. In this case study success was experienced as revealed by shared new information about healthy food and knowing things about culture and religion. Even though some knowledge exists on the culture and religion at some level, education is still needed in female immigrants lifestyle guidance.

Like the statistics in this study have shown, the number of immigrants has increased significantly in recent years in Europe and, also in Finland. There are lots of information from multicultural issues, lots of studies, challenges, and questions on this topic. The area is pretty well known at general level. Multiculturalism is affecting individuals and health care workers daily working life and it is important to understand the aspects of it at a more detailed level.

According to this case study results there are still a need for further research of the topic and providing more education for the health care workers dealing with immigrants and especially Muslim background patients/clients. In this case study results were highlighted the specificities and challenges of the diet, and circadian rhythm of immigrant female as an important topic in lifestyle guidance. In future it would be good to educate health care workers more on the specifics of the diet of a Muslim immigrant. Based on this case study, it became important to understand the importance of different circadian rhythm in the lifestyle guidance of Muslim immigrants. The effect of the circadian rhythm in the lifestyle guidance of immigrants/Muslim immigrants became a new research topic based on this case study. Also multicultural lifestyle guidance as research topic needs for further research.

Covid 19 worldwide pandemic affected this case study´s participation, because the despite many attempts, the number of respondents to the survey remained low and no participants could be found for an interview. If permission had been asked for the local mosque´s Imam to interview female Muslim immigrants, the researcher may have had more participants for interviewing such as in the Norwegian research mentioned in state of art. Nonetheless, the study was completed and provided new perspectives on female Muslim immigrants lifestyle guidance.

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Appendices

Appendix 1. Information of thesis and of participation Webropol survey

Dear Participant, Tampere DD.MM.YY

I am studying for a master´s degree of health promotion in health and social care in the University of applied sciences of Jyväskylä. I am doing a master thesis in Key considerations in providing lifestyle guidance to female Muslim immigrants.

The collaboration with the city of Vantaa´s project called "Hyvinvointityön tavoitteista toimintaan" (Health promotion; from wellbeing goals to activities) is undertaken. The results can be utilized in the development of better lifestyle guidance in public health services in City of Vantaa. I am kindly asking you to participate in the survey. It will take about 20 minutes. If you have any questions regarding the topic, please don´t hesitate to contact me. All material will be handled confidentially and no one else but myself will have access to the material.

It is completely voluntary and confidential to participate in the survey. Your identity will not be revealed in any point of the process. You can interrupt your participation to the thesis at any point without further explanation. Once finished, the complete thesis will be available in theseus.fi

Thank you very much for your collaboration!

Heidi Nurkkala

University of Applied Sciences of Jyväskylä

Master's degree programme in Health and Social Studies

Appedix 2. Informaatiokirje osallistumisesta Webropol kyselyyn suomeksi

Hyvä osallistuja, Tampere PP.KK.VV

Opiskelen Terveyden edistämisen ylempää AMK tutkintoa Jyväskylän ammattikorkeakoulussa. Olen tekemässä opinnäytetyötä aiheesta Erityispiirteet muslimi maahanmuuttajanaisten elintapaohjauksessa.

Opinnäytetyön tekijän yhteistyökumppanina on Vantaan kaupungin terveyden edistämis- hanke, Hyvinvointityön tavoitteista toimintaan. Tämän tutkimuksen tulokset käytetään kehittämään elintapaohjausta Vantaan kaupungin perusterveydenhuollossa ja kartoitetaan hyvinvointimenttorointia kyseisessä hankkeessa. Pyydän sinua ystävällisesti osallistumaan ja täyttämään kyselykaavakkeen.

Kyselyn täyttäminen vie noin 20 minuuttia. Jos sinulla on jotain kysyttävää, ole ystävällinen ja ota minuun yhteyttä. Kaikki tutkimusmateriaali käsitellään luottamuksellisesti ja kenelläkään muulla kuin tutkijalla ei ole pääsyä siihen.

Kyselyyn vastaaminen on täysin vapaaehtoista ja luottamuksellista. Sinun yksityisyyttäsi ei paljasteta missään tutkimusprosessin vaiheessa. Voit myös peruuttaa halukkuutesi osallistua tähän tutkimukseen missä tahansa vaiheessa tutkimusta ilman selityksiä. Opinnäytetyön valmistuttua se julkaistaan julkisena theseus.fi verkkosivustolla.

Paljon kiitoksia yhteistyöstäsi ja osallistumisesta!

Heidi Nurkkala

Jyväskylän ammattikorkeakoulu

Terveyden edistämisen ylempi AMK tutkinto

Appendix 3. Survey for health care workers

1. Background questions

Age:

Gender:

Profession:

Work experience in years:

2. What is lifestyle guidance?

3. What it is like to guide immigrant females in lifestyle counseling?

4. What successes you have experienced in immigrant women's lifestyle counseling?

5. What kind of challenges do you face in lifestyle counseling of female immigrants?

6. How do you take into account the immigrant female's religion/cultural background in lifestyle guidance?

7. What kind of information / guidance do you need in immigrant women's lifestyle guidance?

8. If this questionnaire won´t give enough data for the researcher, would you be able to take part of the personal interview?

Yes____

No_____

9. Would you like to say something else related to the topic?

Appendix 4. Kysely terveydenhuollon henkilöstölle suomeksi

1. Taustakysymykset

Ikä:

Sukupuoli:

Ammatti:

Työkokemus vuosina:

2. Mitä on elintapaohjaus?

3. Millaista on antaa elintapaohjausta maahanmuuttaja naisille?

4. Millaisen onnistumisen kokemuksia koet/olet kokenut maahanmuuttajanaisten elintapaohjauksessa?

5. Minkälaisia haasteita olet kokenut/koet maahanmuuttaja naisten elintapaohjauksessa?

6. Miten huomioit uskonnon ja/tai kulttuuriin maahanmuuttaja naisten elintapaohjauksessa?

7. Minkälaista apua ja/tai ohjausta tarvitsisit maahanmuuttajanaisten elintapaohjaukseen?

8. Jos tämä kysely ei anna tarpeeksi aineistoa tutkijalle, olisitko kiinnostunut osallistumaan henkilökohtaiseen haastatteluun?

Kyllä____

Ei_____

9. Haluaisitko sanoa vielä jotain muuta aiheeseen liittyvää?

Appendix 5. Information of thesis and of participation to personal interview

Dear Participant, Tampere DD.MM:YY

I am studying master´s degree of health promotion in health and social care in the University of applied sciences of Jyväskylä. I am doing my master thesis of Key considerations in providing lifestyle guidance to female Muslim immigrants.

The collaboration with the city of Vantaa´s project called "Hyvinvointityön tavoitteista toimintaan" (Health promotion; from wellbeing goals to activities) is undertaken. The results can be utilized in the development of better lifestyle guidance in public health services in City of Vantaa. I am kindly asking you to participate in an interview with which I would collect the necessary information according to the purpose of the thesis and contact me to make a appointment for the interview. Before the interview you have a possibility to ask questions regarding the topic. The interview will be recorded with a recording device. The recording will be deleted after the report is finished and written down. All data will be handled confidentially and no one else but myself will have access to the data.

If there is a translator present during the personal interview, the translator´s commitment to confidentiality has been taken care of. It is completely voluntary and confidential to participate in the personal interview. Your identity will not be revealed in any point of the process. You can interrupt your participation to the thesis at any point without further explanation. Once finished, the complete thesis will be available in theseus.fi You will be asked a written approval to participation in the thesis and that approval will be signed in the beginning of the interview.

Thank you very much for your collaboration!

Heidi Nurkkala

University of Applied Sciences of Jyväskylä

Master's degree programme in Health and Social Studies

Appendix 6. Informaatio osallistumisesta tutkimukseen ja henkilökohtaiseen haastatteluun

Hyvä osallistuja, Tampere PP.KK.VV

Opiskelen Terveyden edistämisen ylempää AMK tutkintoa Jyväskylän ammattikorkeakoulussa. Olen tekemässä opinnäytetyötäni aiheesta Eritysipiirteet muslimi maahanmuuttaja naisten elintapaohjauksessa.

Opinnäytetyön tekijän yhteistyökumppanina on Vantaan kaupungin terveyden edistämis- hanke, Hyvinvointityön tavoitteista toimintaan. Tämän tutkimuksen tulokset käytetään kehittämään elintapaohjausta Vantaan kaupungin perusterveydenhuollossa. Pyydän sinua ystävällisesti osalistumaan haastatteluun, jossa kerään tarvittavaa tietoa tutkimusta varten ja ottamaan minuun yhteyttä haastatteluajan sopimiseen. Jos sinulla on jotain kysyttävää, ole ystävällinen ja ota minuun yhteyttä.

Ennen haastattelua sinulla on mahdollisuus kysyä kysymyksiä aiheeseen liittyen. Haastattelu nauhoitetaan äänityslaitteella. Äänitykset tuhotaan, kun tutkimus on valmistunut ja puhtaaksi kirjoitettu. Kaikki tutkimusmateriaali käsitellään luottamuksellisesti ja kenelläkään muulla kuin tutkijalla ei ole pääsyä niihin.

Jos haastattelussa on mukana tulkki, huolehditaan tulkin vaitiolovelvollisuudesta. Haastatteluun osallistuminen on täysin vapaaehtoista ja luottamuksellista. Sinun yksityisyyttäsi ei paljasteta missään tutkimusprosessin vaiheessa. Voit myös peruuttaa halukkuutesi osallistua tähän tutkimukseen missä tahansa vaiheessa tutkimusta ilman selityksiä. Opinnäytetyön valmistuttua se julkaistaan julkisena theseus.fi verkkosivustolla. Sinulta pyydetään kirjallinen suostumus tutkimukseen osallistumisesta ja suostumus allekirjoitetaan tutkimuksen alussa.

Paljon kiitoksia yhteistyöstäsi!

Heidi Nurkkala

Jyväskylän ammattikorkeakoulu

Terveyden edistämisen ylempi AMK tutkinto

Appendix 7. Interview for female immigrants

Background questions

Age:

Native language:

Country of origin:

Civilization:

Years in Finland:

Religion:

Question examples for female immigrants:

What is lifestyle guidance?

What kind of lifestyle guidance you have received?

What kind of good experiences you have from lifestyle guidance?

What kind of bad experiences you have from lifestyle guidance?

How would you like your culture / religion to be taken into account in lifestyle guidance?

What kind of lifestyle guidance would you need/want?

What wishes do you have for lifestyle guidance?

Would you like to say something else related to the topic?

Appendix 8. Haastattelu maahanmuuttaja naisille

Taustakysymykset

Ikä:

Äidinkieli:

Syntymämaa:

Siviilisääty:

Vuodet Suomessa:

Uskonto:

Haastattelukysymysten pohja maahanmuuttaja naisille:

Mitä on elintapaohjaus?

Millaista elintapaohjausta olet saanut?

Millaisia hyviä kokemuksia sinulla on elintapaohjauksesta?

Millaisia huonoja kokemuksia sinulla on elintapaohjauksesta?

Miten toivoisit kulttuurisi/uskontosi otettavan huomioon elintapaohjauksessa?

Millaista elintapaohjausta tarvitsisit/haluaisit?

Millaisia toiveita sinulla on elintapaohjaukseen liittyen?

Haluaisitko sanoa vielä jotain muuta aiheeseen liittyen?

Appendix 9. Commitment to Confidentiality

As a translator/ employee in Health improvment-project in city of Vantaa, I commit to not reveal to outsiders any information I may have during the personal interviews. Outsiders are called people, who have not taken part in the personal interview. Commitment to the confidentiality will endure even after the research has ended.

I have understand and read the commitment to confidentiality as explained above and I commit to obey that commitment.

Date _______________________________________

Signature _______________________________________

Printed name _______________________________________

Vaitiolovelvollisuus sopimus

Tulkkina/työntekijänä Terveyden edistämisen projektissa Vantaan kaupungissa lupaudun olemaan kertomatta mitään saamaani informaatiota, mitä saan henkilökohtaisten haastattelujen aikana kenellekään ulkopuoliselle. Ulkopuolisiksi kutsutaan henkilöitä, jotka eivät ole osallistuneet haastatteluun. Vaitiolovelvollisuus jatkuu vielä tutkimuksen loputtuakin.

Olen ymmärtänyt ja lukenut edellä mainitun vaitiolovelvollisuuteni ja sitoudun noudattamaan näitä velvollisuuksia.

Päivämäärä _______________________________________

Allekirjoitus _______________________________________

Nimen selvennys _______________________________________

Appendix 10. Commitment to take part of research

With my signature I give permission to take part of this research and interview, which will be recorded. I give my permission take part of this research.

Date ____

Signature ____

Printed name ____

Date ____

Researcher`s signature ____

Researcher`s printed name ____

Sopimus osallistumisesta tutkimukseen

Allekirjoituksellani annan suostumukseni tutkimuksen tekemiseen ja haastattelun nauhoittamiseen. Annan suostukmukseni osallistua tutkimukseen.

Päivämäärä ____

Allekirjoitus ____

Nimen selvennys ____

Päivämäärä ____

Opinnäytetyön tekijän allekirjoitus ____

Opinnäytetyön tekijän nimen selvennys ____________________________________