



SEINÄJOEN AMMATTIKORKEAKOULU
SEINÄJOKI UNIVERSITY OF APPLIED SCIENCES

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Information about healthcare services for immigrant women living in South Ostrobothnia

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Thesis abstract

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In the past decade, Finland has seen a great increase in immigration. It is understood that most of those immigrants that have recently arrived in Finland do not speak Finnish language and it will take some time until they are able to communicate in it. However, those immigrants still need to have the possibility to access social and health care services. Often, this can be a daunting task because access to those services in English is not always possible.

It is also important to highlight that many of those immigrants are women, who might, at some point, require other specific services, such as the ones related to their sexual health and support against violence, which should be dealt with tactfully.

The main goal behind this project is to benefit the health of immigrant women living in South Ostrobothnia by offering them information about the health services they can access in different situations. This is accomplished by creating a brochure with a compilation of services they can access, and how to find them quickly. The brochure is written in both English and basic Finnish, so it is easy to understand.

This project was tackled with the Action Research methodological approach and the brochure was created with using the Service Design model.

The process of creation revealed that navigating services can be close to impossible without some knowledge of Finnish language. Few of the visited websites have all their information available in English as well as Finnish.

There are many openings for future projects to continue developing materials and practices to make services more user-friendly, especially for immigrants who are not yet able to communicate in Finnish language.

¹ Keywords: Immigrant, women, healthcare, promotion, South Ostrobothnia

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Viimeisen vuosikymmenen aikana maahanmuutto Suomeen on kasvanut voimakkaasti. Suurin osa äskettäin Suomeen saapuneista maahanmuuttajista ei puhu suomen kieltä ja kestää jonkin aikaa, ennen kuin he pystyvät kommunikoimaan sillä. Näillä maahanmuuttajilla on kuitenkin oltava mahdollisuus päästä sosiaali- ja terveydenhuoltopalveluihin. Usein tämä voi olla hankala tehtävä maahanmuuttajalle, koska palveluita ei ole aina tarjolla englanniksi.

On myös tärkeää korostaa, että monet näistä maahanmuuttajista ovat naisia, jotka saattavat jossain vaiheessa tarvita muita erityispalveluja, kuten seksuaaliterveyteen ja väkivallan vastaiseen tukeen liittyviä palveluja, joita tulisi käsitellä tahdikkaasti.

Näistä syistä tämän opinnäytetyön päätavoitteena on edistää Etelä-Pohjanmaalla asuvien maahanmuuttajanaisten terveyttä tarjoamalla heille tietoa niistä terveyspalveluista, joita he voivat saada eri tilanteissa. Opinnäytetyön tuotoksena on tehty esite, joka sisältää kokoelman palveluista, joita he voivat käyttää, ja kuinka he voivat löytää ne nopeasti. Esite on kirjoitettu sekä englanniksi että selkosuomeksi, joten se on helppo ymmärtää.

Tätä aihetta käsiteltiin mukaillen Action Research -metodologialla ja esite luotiin Service Design -mallilla.

Prosessi paljasti, että navigointipalvelut voivat olla lähes mahdottomia ilman suomen kielen taitoa. Harvalla vierailuista sivustoista kaikki tiedot ovat saatavilla sekä englanniksi että suomeksi.

Tulevaisuudessa tarvitaan vastaavia projekteja, joilla kehitetään maahanmuuttajien palveluiden käyttäjäystävällisyyttä. Tämä auttaa palveluiden tavoitettavuutta niille henkilöille, jotka eivät vielä osaa kommunikoida suomeksi.

¹ Asiasanat: maahanmuuttaja, naiset, terveysala, edistäminen, Etelä-Pohjanmaa

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1 INTRODUCTION

According to the Merriam-Webster dictionary (2021), the act of immigrating means to “travel into a country for the purpose of permanent residence there”. Such an act of settlement is bound to bring challenges for both the immigrant and the receiving country. Difficulties may arise on account of social aspects such as language barriers, cultural differences, or prejudice. Also, from the perspective of the immigrants, matters of housing, employment, transportation, and access to services can be challenging to work out, as much as environmental factors such as getting used to the climate conditions and feelings of isolation (Immigroup, 2021).

In the past decade, Finland has seen a great increase in immigration (Statistics Finland, 2021, October). Moreover, due to Russia’s attacks from Ukraine, reception centres for refugees were opened in several areas of Finland, one of them being in Seinäjoki (Maahanmuuttovirasto, 2022). These facts have led to the need to create different strategies to help such immigrants in their adaptation process and their subsequent inclusion as active contributors in the Finnish society (Centre of Expertise in Immigrant Integration, 2022).

On the other hand, according to Ferlatte Kuisma (2017, p. 8), until the time of publishing of her work, little to no research had been done on the successful adaptation of immigrants who had already been in Finland for a period longer than five years. But continuous improvement in Finnish policymaking is taking the country in the right direction. The Ministry of Economic Affairs and Employment of Finland (2022b) considers that for immigrants to integrate successfully, Finnish society needs to adapt to them as much as they are adapting to their new environment. For that purpose, they concede that, when planning, public services need to consider how to best provide help to the immigrant population.

Different areas of the country have developed their own strategies to assimilate immigrants to Finnish society. As part of the support from the government, immigrants are offered access to all the basic services for their physical and mental health (Finnish Institute for Health and Welfare, 2021). It is also important to highlight that some healthcare services available are particularly directed to the support of women, such as cancer screenings and maternity care.

The services are very important for preventive care and treatment especially for this more vulnerable part of the population. But a current complication with these services, is that

information can sometimes feel difficult to find for several reasons. For one, the institution that offers a specific service is sometimes the only one who advertises it. Especially when services are provided through a third-party, the information may be spread out through different webpages and institutions. Hence, it can be challenging to navigate between services that do not know much about one another. Also, many of the webpages have information of the services only in Finnish language or very little in English which can be frustrating to foreigners because it forces them to depend on someone to help them translate. This has been the writer's personal experience, as well as being heard from other immigrants' oral recounts.

The present thesis project aims to generate a brochure gathering important healthcare information and resources available for immigrant women that are currently living in the area of South Ostrobothnia. Ideally, then this brochure will be advertised so that it reaches women through different channels of social media and from the places where some of these services are offered.

2 GOAL AND PURPOSE

The main goal of this thesis is to benefit the health of immigrant women living in South Ostrobothnia by offering them information about the health services they can access in different situations. The purpose is to create a brochure that can be provided to women through different social and healthcare services of South Ostrobothnia with the support of MIELI Lakeuden mielenterveys ry – Kriisikeskus Mobile.

The developed product of the thesis project is a brochure that gathers some important information about health services available to women residing in the region of South Ostrobothnia.

3 METHODOLOGIES

The present project has been developed through an adaptation of action research as well as the Service Design model. This decision was based on the concrete goal of this project being a physical product, namely a brochure. For this, the research process requires the following steps: reflecting on a theme, planning an action, taking it to the practice, observing and evaluating, reflecting again, and planning further action (Williamson, 2012, pp. 7-30).

A reflection on the definition of Action Research in the field of Nursing based on bibliographic review shows the following result:

Action research methodology is a systematic research process that can be articulated by the researcher, involving data collection and analysis as well as reflection and discussion with coresearchers or others for the purpose of making change in a situation over time. (Moch et al., 2016)

According to Parkin (2009), differentiating itself from traditional research, the central goal of action-based research is to create changes to solve real problems in specific situations using local collaboration. Throughout his book, he suggests that action research, among other tools, can help healthcare organizations expand their leadership expertise as well as allow the innovation process to come from healthcare professionals themselves, generating a bottom-up approach to service improvement.

Because management follows a top-down model which causes a lack in balance among healthcare professionals, action research offers a practical approach that allows for more equal participation. Professionals who are in close contact with service-users can reflect and learn about their experiences. Then, this process can become a normal practice in health care work (Bradbury & Lifvergren, 2016).

The approach model used for the creation of the product of this thesis is Service Design. Service Design is considered a process through which a designer creates the best possible experiences and solutions for customers and services (Interaction Design Foundation, 2022). Teso et al. (2013) exemplify the usefulness of Service Design to improve the way in which people are able to access healthcare services, by focusing on people's behaviour and needs.

Indeed, a successful interaction among entities offering a service, not only in the institutional level but also among individual employees and developmental processes, is vital to achieve any goals of wellbeing (i.e., health, access, decreasing disparity, happiness) (Anderson et al., 2018). And, as Wetter-Edman (2014) highlights, people's experiences in healthcare are an important steppingstone when proposing solutions through design.

As Anderson et al. (2013) point out, many authors and researchers have explored on the topic of improving individual health through the transformative potential of healthcare services. Thanks to such endeavours, considerable research has been produced about the effect psychological status can have on a person when they are making decisions about their health. As Taso et al. (2013) state, in the healthcare area, acknowledging previous knowledge and acting based on it, is the first step from design thinking to design doing. Such a process can also guarantee that clients will have access to both tools and data they may require at any point.

On the creation process of this product in particular, the information for the brochure is gathered from the institutions that provide services of mental health, screenings, sexual health, support against violence, and emergency services. A final draft of the product is piloted with a group of immigrant women to get their feedback on the quantity and quality of the information. Feedback is also gathered from guiding teachers, the partner organization, and each of the organizations whose information is shared on the brochure. Changes are made accordingly, and the final product is presented (and distributed).

Feedback is an important part in this process, since it helps understand and assess how satisfied the survey group is with the product being offered (Pascual, 2019). Also, feedback analysis is critical to break down the data obtained from the survey and make it understandable and useful (Goodey, n.d.)

Hence, feedback is asked in two ways, through closed questions using a five-point Likert scale and through open questions for any extra suggestions. Odd numbers are recommended for the Likert scale to include the possibility of the respondent to declare themselves neutral towards a question (Adams et al., 2007, p.132-135). More details on the questions are given in subtitle 5.2 Feedback survey creation, and the model of the survey used is in Appendix 1.

Then, all received feedback is analysed using a descriptive quantitative method for questions with numerical responses. For each question, responses are averaged using the survey and data analysis tool Webropol (2022), then the averages reported directly in the feedback results. Open question responses are read and considered individually through a qualitative method (Adams et al., 2007, p. 155).

4 HEALTHCARE SERVICES PERTAINING WOMEN IN SOUTH OSTRO-BOTHNIA

Cambridge University Press (2022) describes service as “a government system or private organization that is responsible for a particular type of activity, or for providing a particular thing that people need”. It is through such definition that healthcare can be understood as a service and patients as the clients of these services. This use of the term ‘client’ in healthcare services began in the middle of the past century and gained strength when such services started becoming a commodity in our current society (Shevell, 2009).

There is still much debate about appropriateness in the use of terms such as patient, client, user, consumer, and person, to consider those people who seek healthcare services (Ayuzo Del Valle, 2016; Costa et al., 2019; Flores-Sandoval, 2021; Ratnapalan, 2009). However, these reflections on the terminology used have also helped generate discussion about how to best approach the creation of services in the field of healthcare.

In its website, the Ministry of Social Affairs and Health (2019) mentions that health promotion in Finland falls under their jurisdiction, but also explains that each municipality has the responsibility of considering health matters in their policies and activities. For this purpose, the city of Seinäjoki has created the Health and Welfare Promotion Unit dedicated to well-being and health promotion’s planning and development. This unit presents their first objective as: “Promoting inclusion, communality and cultural well-being.” (City of Seinäjoki, 2022d).

Concerning welfare services for foreigners in Finland, only a person with a permanent residence permit is entitled to both social and healthcare services (Ministry of Social Affairs and Health, 2022a). However, certain amendments are being proposed, for example, in favour of the Ukrainian refugees who are only granted temporary asylum which does not entitle them to register for a municipality of residence. With such amendment, Ukrainians under the temporary protection of Finland would be able to access services in all situations (Ministry of Economic Affairs and Employment of Finland, 2022a).

As the Finnish Institute for Health and Welfare (2021) itself expresses: “It is important that services are correctly targeted and that immigrants are provided with sufficient information about the offer of services. Correctly targeted primary services reduce the need for

specialised services.” Moreover, there are certain preventive care and screenings that are focused on the diagnosis and treatment of ailments which target specifically women’s physical and mental health (MedlinePlus, 2021).

However, immigrants tend to have difficulties recognizing which services are available to them when they are new in a country. Access to services is always a challenge when it comes to using them in a different language. This is especially true for health care, legal advice, and access to social and mental health services (Immigroup, 2021).

Although there is discussion about whether immigrants and refugees use some health services as much as Finnish people do (Kieseppä et al., 2020; Schubert et al., 2018), it cannot be denied that navigating those services can be more difficult for a person with a lack of command of the Finnish language. On this matter, Schubert et al. (2018) point out the importance of emphasizing trust-building between the patient and the healthcare service provider.

On the same line, in their research on Transnational Healthcare, Shin et al. (2022) express that discrimination experienced in healthcare services in Finland, along with weak social integration are important reasons why older Russian-speaking immigrants choose to use Digital Information Technologies instead of using public healthcare services.

Shrestha (2017) conducted a study with Russian, Somali, and Kurdish groups and found that cost was considered the most important factor for people not using healthcare services in Finland. But the study also points out socioeconomic factors, such as age, gender, length of stay and language proficiency to be associated with the way in which immigrants use those services.

Currently, a study named MoniSuomi is being conducted by the THL to collect data on topics regarding the health and wellbeing of immigrants living in Finland. The purpose of the research is to understand the state of integration of people who were born abroad but reside in Finland through their experiences and how they perceive their surroundings (Centre of Expertise in Immigrant Integration, 2022). Such research is important, because it will provide the Finnish authorities with reliable data to help them improve access to services, thus improving the wellbeing of immigrants throughout the country.

4.1 Mental health care

Mental health is defined by the WHO (2018) as a state of wellbeing in which a person can use their own skills, cope with normal stress, and work in a productive way in order to contribute to their own community. Then, this wellbeing includes emotional, psychological, and social factors and plays a part on how a person makes life choices, manages stress in different situations and, ultimately, how they relate to others in each stage of their lives (US Department of Health & Human Services, 2022).

According to Mental Health Finland (2021a), there are many internal and external factors that help protect a person's mental health. Internally, having positive relationships with family and friends gives people important social support and a feeling of being accepted, interpersonal skills that allow to make new relationships and maintain previous ones, having good physical health and heredity, good self-esteem, skills to deal with conflict and to solve problems, all of which will give the person the possibility for them to become self-fulfilled.

Externally, factors that aid are a safe environment to live in, an accessible public system, the possibility to be heard and give input, access to education and work that generates an income, and feeling of support from both bosses and co-workers in the work environment (Mental Health Finland, 2021a).

In Finland, the MIELI Mental Health Finland organisation offers support to people who are suffering from difficult life situations. They offer crisis counselling, chat services and groups of peer support for people that are going through similar experiences or challenges. (Mental Health Finland, 2021b). Currently, the crisis helpline of MIELI is offering services in Finnish, Swedish, English, Arabic, Ukrainian and Russian (Mental Health Finland, 2022).

Mölsä et al. (2019) mention that, in the same line as previous research done in Finland, particularly older Somali immigrants have less access and use less healthcare services than Finns. They emphasize the importance of culturally appropriate mental health services, that consider different groups' needs and preferences.

4.2 Support against violence

The United Nations (2022) recognize “domestic violence”, “domestic abuse” or “intimate partner violence” as a pattern of behaviour that is used to intimidate, threaten, hurt, or humiliate a person in a physical, sexual, emotional, psychological, or economic way. This can happen to any person regardless of gender, age, religion, race, or sexual orientation, and it includes couples in any level of involvement, such as, married, dating, or living together. The purpose of this violence is to assert or maintain control and power over the partner.

Worldwide, it is estimated that about one in three women have fallen prey to physical or sexual violence in their lifetime (WHO, 2021). In Finland, statistics of the year 2020 based on police offence records show that 75.2% of victims of domestic violence were women. Additionally, more than 80% of the cases in which violence had happened more than once, the victim was a woman (Statistics Finland, 2021, June).

According to the report written by KPMG and WOM (2018), women in Finland had the second highest number of intimate partner violence of the EU. Additionally, immigrant women are 2.5 times more likely than Finns to suffer from abuse and have twice the likelihood of being victims of rape. This report was made for the Ministry of Interior as part of the Confederation of Women's Organizations and the Advisory Board for Gender Equality's 100 Equality Actions project.

In 2015, Finland created Nollalinja, a helpline organised by the National Institute for Health and Welfare (THL) to provide professional help, free of charge, to victims of violence and their family members. Nollalinja offers its help through phone calls and chat services, but it also provides information about shelters and safe houses for victims of domestic violence (Nollalinja, 2021).

Besides Nollalinja, the Rikosuhripäivystys webpage (2019a) recommends several other services for victims of violence and victims of sexual violence. Rikosuhripäivystys (Riku) itself has a Victim Support helpline which works with trained volunteer operators. This helpline is available in Finnish and Swedish languages. Callers do not need to identify themselves and they can talk about their problem and even receive advice on how to proceed. Riku does not offer immediate helpline support in English, but they have a contact request form which can be filled out to ask for the service. In this last case, the request cannot be anonymous, since

it requires the sender to give out their full name, phone number and email address. Also, the service might take up to five working days to get a call back (Rikosuhripäivystys, 2019b).

Rikosuhripäivystys (2019c) also offers RIKUchat, with the same kind of service as their helpline and the same contact request form to access the service in English.

The Federation of Mother and Child Homes and Shelters (Ensi- ja turvakotien liitto, 2022) offers a chat service from their website where women can discuss not only about violence but also other difficulties, especially regarding motherhood. This service is only available in Finnish.

The Women's Line (Naisten Linja, 2022) has the services of a phone helpline and a chat in their website for victims of violence or its threat. The phone service is given by trained volunteer women and is offered mostly in Finnish. It is also available in English, but only for short schedules during the week.

MONIKA is the Multicultural Women's Association which provides help to women with an immigrant background who have experienced violence or been threatened with it. Through their Crisis Center, they offer services that are free-of-charge and anonymous, namely a helpline and a chat service which are available from anywhere in Finland. Their services are provided in several languages: Arabic, Belarussian, Dari, English, Farsi, Finnish, French, Persian, Russian, and Spanish. (Monika-Naiset liitto ry, 2022).

The National Assistance System for victims of human trafficking (2022) offers help through a phone line where a person can call and speak in Finnish, Swedish or English. However, in their website 'ihmiskauppa.fi' they also provide the possibility to arrange for interpreters in Albanian, Arabic, Bengali, Bulgarian, Dari, Spanish, Chinese, Kurdish, Nepalese, Polish, French, Romanian, Somalian, Sorani, Thai, Ukrainian, Russian, Vietnamese, and Estonian.

Support and guidance for victims of sexual abuse and their families is given through 'Tukinainen.fi'. It belongs to the Rape Crisis Center, and it offers one helpline dedicated to guidance and advice on the different forms of help concerning sexual violence; but it also has a second helpline to get legal counselling from a lawyer on how to proceed regarding sexual crime (Rape Crisis Centre Tukinainen, 2020).

Another important service is the one provided by the SERI unit for those who have experienced sexual violence. Their support centers provide help on forensic investigation, trauma support, psychological counseling and therapy for any victim over the age of 16. Their first center opened in Helsinki in 2017, and it has extended to most major cities in Finland (Terveyden ja Hyvinvoinnin Laitos, 2022). In South Ostrobothnia, the service is provided by the Hospital District, and they offer a phone number available 24/7 for both calls and text messages. Their physical location is in the Women's outpatient clinic of the Central Hospital in Seinäjoki (Etelä-Pohjanmaan sairaanhoitopiiri, 2022).

The E-P:n sosiaali- ja kriisipäivystys [South Ostrobothnia social and crisis emergency] (Seinäjoen kaupunki, 2022a) offers help in matters related to family and domestic violence situations, among other situations where assessments and solutions from social services are needed urgently. They have a 24/7 phone number, but they suggest that other municipal options be contacted during office hours.

An interesting feature in most of the above-mentioned webpages, is a “Quick exit” option. Hence, a person seeing the website only needs to click or press a button, and the navigator is sent straight to google.com with no obvious clue left of the page they were accessing.

4.3 Sexual health care for women

The City of Seinäjoki (2022b) offers the services of the family planning clinics of both Seinäjoki and Isokyrö to take care of many of the issues related to sexual health. Among their services, they take care of use and distribution of different contraceptive methods, such as pills, IUDs, and capsules; provide guidance on matters of infertility, sterilization, and STDs; and offer pregnancy testing.

Maternity clinics are the service offered by the city to assist women from the beginning of a pregnancy until after childbirth. There are clinics in Seinäjoki and Isokyrö. However, this service was not considered into the brochure because it is specific to pregnant women, who are always referred to it by health providers as soon as the pregnancy is known.

In the study done by Degni et al. (2014) there was a noticeable level of satisfaction in Somali immigrant women living in Finland towards Reproductive and Maternity Health Care

Services. However, they pointed out that lack of a common language can be a barrier that causes women to feel healthcare workers as culturally inappropriate or even unfriendly.

4.4 Cancer Screening services

A screening is the process of checking a person with no symptoms for cancer or abnormal cells that have a possibility of becoming cancer. Cancer that has been found early has a higher chance to be successfully treated. (National Cancer Institute, 2022). With more precision, the Finnish Cancer Registry (2021) gives the following description: "Cancer screening is the systematic search for the precursors or early stages of cancer from among the population."

In the interest of diminishing the number of cancer-related deaths in the population, Finland has a National Screening Programme. Screenings are arranged through the municipal health centres for their residents. They are always free of charge and voluntary (Ministry of Social Affairs and Health, 2022b). In the area of South Ostrobothnia, screenings are offered for cervical, breast, and colorectal cancer.

Cervical cancer screenings are performed through PAP smears to women starting at age 30 and followed every five years until they reach 60 years. Mammography imaging is used for breast cancer screenings. Women are invited for them starting at age 50 until 68 years old every other year. Colorectal cancer screenings are performed to both men and women from 56 to 74 years of age. (Seinäjoen kaupunki, 2022b). In the case that any of the screenings' results are abnormal or inconclusive, then the person might be invited to do a follow-up test after a year or two depending on the results of the analysis (Finnish Cancer Registry, 2021).

Through a research of bibliographic review, Marques et al. (2020) point out that poor language skills and lack of information are two of the most reported reasons for low participation of immigrant women in cervical cancer screenings throughout all of Europe. A study done in Finland in three specific immigrant communities (Kurdish, Russian and Somali), concludes that women who use reproductive health services the least tend to do so because of poor language proficiency, and a lack of health promotion of screenings from primary and occupational healthcare services (Idehen et al., 2017).

4.5 Emergency services available

The City of Seinäjoki (2022a) offers a wide range of services directed towards different kinds of emergencies. The broadest covering is, of course, the 112-emergency number along with the 116117 service, which can also be contacted if the caller is not sure whether the situation should be considered an emergency or not. They also advertise services such as the Poison Information Centre, dental and psychological emergency services with their corresponding phone numbers and working times, hospital outpatient urgent care (KiVa - kiirevastaanotto), and even veterinary emergency services.

The Health Village (Terveyskylä in its Finnish version) is a website that offers the public use service of reliable healthcare-related information produced by professionals in order to guide and help the Finnish population. Through the website, 33 different hubs can be accessed with information concerning different health themes. The service includes chats and symptom navigators to help the users. At the moment, there are only two of those hubs translated into English, the MentalHub and the EmergencyHub. This last one contains information about deciding whether a person requires emergency care, as well as a quick way to find the phone numbers and locations of nearby emergency services. (Terveyskylä, 2022).

5 PRODUCT AND FEEDBACK

5.1 Brochure creation process

First, all information considered relevant to the topic was taken from their root sources and compiled into one document. From that text, a second document was created, taking only the most important information and summarizing it in the best possible way.

At this point, a decision about the product format had to be made. Either using a booklet format, which would be able to hold all the information in an extended way; or a brochure format which would have only the most basic information of the services available. The choice of using a brochure was finally reached on account of the format being more catching to the eye, as well as simpler to read, print and, therefore, socialize.

The first draft of the product was then created using the free version of the Canva editing tool (Canva, 2022) and a Z-fold brochure template. The same information of the different sources was written down in both Finnish and English languages. The text was edited to be as easy to read as possible in both languages.

Given the fact that information for some sensitive situations was included in the brochure, i.e., contact information for victims of violence and human trafficking, thought was put into the order in which the information should be found in the brochure. Since the shape of the format allows for tri-folding, then it was possible to “hide” the sensitive content in the innermost part of the brochure, where it would not be immediately obvious.

Regarding the colour scheme of the product, a colour palette with shades of pink and lilac was favoured. This decision was based on the traditional stereotype that pink is the colour most used for things related to women (Ishii et al., 2018) and, as such, it might be less appealing to men culturally raised into such stereotyping. In the same way, images free of copyright were added to improve the appearance of the final product.

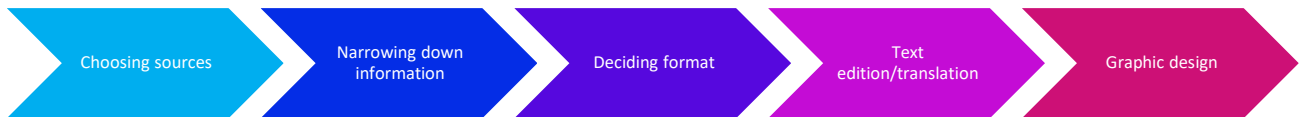


Figure 1. Brochure creation process

5.2 Feedback survey creation

Once the draft was ready, an anonymous survey was created using the Webropol tool (Webropol, 2022) in order to get feedback on the form and content of the brochure. (See Appendix 1)

Two basic questions were asked about the respondents' background: their age and the number of years they had been living in Finland. These were followed by a scale selection matrix from 1 (meaning strong disagreement) to 5 (meaning strong agreement). The matrix considered different aspects of the brochure such as appeal, easiness to read/understand, usefulness and interest of the information. After these, two open-ended questions were placed about other information the respondents would recommend adding, as well as any other suggestion or comment they might want to mention. Finally, an agreement for the anonymous use of the given answers for the making of the present research was accepted by the respondents.

5.3 Feedback survey results

The pilot group was comprised by three immigrant women from different countries. They were all in different age groups and had been in Finland for different amounts of time. The project and their participation were explained verbally beforehand, and they all agreed to participate in the survey.

The first pilot was performed on week 17 of 2022. The brochure was sent to them in PDF format along with the link to the survey. Out of the three participants, one never responded, even though they were all reminded of the survey several times.

Despite that fact, the answers of the survey were analysed and produced the following results: the average age of the respondents was 34 years old and their average number of years living in Finland 6.5 years.

Regarding the brochure's qualities, the average was 3 (of a 1-5 scale) for the questions of the brochure being appealing, easy to understand, containing interesting information, containing useful information, and knowing where to find more information about every topic. The average on the question about the brochure being easy to read (font/size) was 3.5.

In the open question about other useful information, one of the respondents suggested including omahyvis.fi [Sic] as the webpage to book appointments for blood tests. The other mentioned that the information in the "Emergency services" fold was difficult to read because of the colour scheme.

In the final open question both respondents commented on the usefulness of the product. One of them stated: "Really useful because immigrants don't always know what kind of health services are offered in Finland and how to get them." And the other remarked: "This is pretty useful because is difficult to find this information when you just arrive to Seinäjoki and you don't speak the language."

5.4 Modifications

The feedback provided by the respondents, as well as the one from the guiding teachers, was thoroughly considered, and some important modifications were made to the product. For one, the colour palette was adjusted to make sure that the texts could be read more easily. Also, the text was further reduced, and the working times of the different services were removed so that their changing would not affect the validity of the entirety of the content.

The suggestion regarding the addition of the oma.hyvis.fi service was not followed because this is not a service which can be accessed directly, on the contrary, booking an appointment requires a previous referral from the Healthcare Centre (City of Seinäjoki, 2022c).

5.5 Second feedback survey

Once the modifications in the brochure were deemed satisfactory, another Webropol survey was created using the same questions as before. The pilot group participants were contacted once more, one out of which verbally declined to participate and pointed out she had not filled out the first survey either.

The second pilot took place on week 41 of 2022. The link for the survey was delivered then to the two respondents along with the PDF of the brochure. Additionally, this time they were also shown a physical copy of the brochure to have a clearer grasp for their assessment of the colour palette, size of the text, and general appearance of the final product.

In this occasion, all the scaled statements about the appearance, easiness to read/understand, interest/usefulness of the information, and knowledge about where to look for more information were qualified with strong agreement by both participants. In the open question about additional information that could be added to the brochure, one participant said that she considered all the available information to be sufficient; the other one pointed out that: "Would be good to have a translation in English for the "E-P:n ensi ja turvakoti ry". That way is easier for non-Finnish speakers to understand what that institution does" [Sic]. Finally, neither of the participants had any additional comments or suggestions in the last open question.

5.6 Finished product

A change was made in accordance with the suggestion of the feedback survey, to add some clarification about the meaning of "Ensi- ja turvakoti". Where it said just "Shelters. 24/7. Free of charge." in English, the following text was amended to "Shelters for victims of domestic violence. 24/7. Free of charge." to make it explicit enough for the readers.

At this point, all the different institutions whose information was included in the brochure were contacted for their approval. The last draft was attached to the emails sent for their review.

The finished version of the brochure can be found in Appendix 2.

6 CONCLUSIONS AND DISCUSSION

The process followed throughout the project for the creation of the final product was an interesting challenge on many fronts. In searching for the information in some cases it became clearer that navigating services can be close to impossible without some knowledge of Finnish language. Few of the visited websites have all their information available in English as well as Finnish. In many cases, changing the language of the page would send the user straight back to a main page where only some of the basic information has been translated.

Transformative Service Research points out that the idea is to transform people's lives by centring the service in the customers (clients) (Anderson, 2018). So, when doing research on healthcare service in the future and considering that there is a relevant increase in immigrant population, it is essential to ask the question: Is the healthcare service "customer friendly" enough?

Especially for services of a sensitive nature, such as support against violence, and knowing that immigrant women are highly vulnerable, giving them more availability of languages and easier access could even save their lives.

On a different matter, the task of designing an informative print product is, on its own right, a responsibility to be considered carefully. Within it, there must be a balance between the amount of provided information and a look that is appealing enough for a reader to have its interest piqued.

Additionally, it is useful to contact the institutions whose information is being used, not only for their approval, but also for any suggestions they might have. As per Service Design, the voice of all actors involved must be taken into account.

Lastly, it is important to highlight the appreciation many organizations have shown towards the creation of a brochure with healthcare information for foreigners, so it may not be an overstatement to say that more projects like the present one are needed and would be warmly welcome in both social and health care in different areas across Finland.

Even though services are widely available, if they are not properly advertised, they cannot be of benefit to the community. Projects related to socialization of the information and availability

of services should be considered using a multilingual approach, especially in services that target mostly immigrant population. And, of course, within the services themselves, the workers' ability to communicate in more than one language should be encouraged and rehearsed.

Other projects that would greatly benefit the immigrant population would be other informative printed products, such as leaflets with compilations of services, targeting different specific groups, not only immigrant women, but also e.g.: men, parents, or immigrants in general. Another possibility would be to generate short educational booklets about different health topics as a more in-depth care guide in different languages.

The translation of more Hubs from the Health Village (Terveyskyla.fi) would also give valuable resources of trustworthy information to people who do not have a good understanding of medical vocabulary in Finnish.

The current socio-political environment in Finland seems to be closing into an optimal time for evaluating development projects in this area. Upcoming changes in the management of Social and Health care in the country might prove to be an excellent time to propose improvements in services that could have an immense positive effect in the lives of the thousands of foreigner people that have decided to make Finland their home.

7 ETHICAL AND AUTHENTICITY ISSUES

Regarding matters of ethicality, consent was asked from the participants of the small control group in the feedback survey on the contents of the brochure. Following the ethical principles or research with human participants in Finland, the participation from the members of the group was completely voluntary; they were carefully explained about the whole project and how the information they provide would be used; and their personal information remains confidential (Kohonen, et al., 2019, pp.9-12). Also, they had a chance to reject their participation anonymously while they filled out the feedback form itself.

Reliability of the research data and results is maintained by using only data retrieved from official sources and keeping the written answers of the control group about the usefulness of the brochure.

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APPENDICES


Appendix 1. Feedback survey

Appendix 2. Final product

Appendix 1. Feedback survey



Brochure feedback

 Mandatory questions are marked with a star (*)

Age: *

What additional information would be helpful to include in the brochure?

1 of 1

Appendix 2. Final product

SCREENINGS

Free for residents of the municipality.
Maksuton kunnan asukkaille.

Cervical cancer Age: 30–60.
Kohdunkaulasyöpä 30–60v.

Breast cancer Age: 50–68.
Mammografia 50–68v.

Intestinal cancer Age: 56–74.
Suolistosyöpä 56–74v.

More/Lisää: www.seinajoki.fi/

SEXUAL HEALTH

Family planning clinic /
Perhesuunnitteluneuvola
Appointments/Ajanvaraukset:
06 425 5300
Electronic appointment & Info /
Sähköiset ajanvaraukset &
lisää: <http://www.seinajoki.fi/>



Emergency Services

Emergency phone number 112
Call 116 117 if unsure.
Dentist 064255425
More: <https://www.seinajoki.fi>
Yleinen hätänumero 112
Soittaa 116 117 jos epävarma.
Hammaslääkäri 064255425
Lisää: <https://www.seinajoki.fi>

Poison Info Center 24/7
0800 147 111 (Free)
More: <https://www.hus.fi>
Myrkytystietokeskus 24h/vrk
0800 147111 (maksuton)
Lisää: <https://www.hus.fi>

HEALTH INFO

Healthvillage.fi
Offers information and support
for everyone, care for patients
and tools for professionals.
Terveyskyla.fi
Tarjoaa tietoa ja tukea kaikille,
hoitoa potilaille ja työkaluja
ammattilaisille.

ENG 
FIN 


HEALTH SERVICES FOR WOMEN

TERVEYSPALVE- LUJA NAISILLE

MENTAL HEALTH

MIELI Lakeuden mielenterveys ry
MIELI's Crisis Helpline
Swedish & English 09 2525 0112
Arabic & English 09 2525 0113
Ukrainian 09 2525 0114
Russian 09 2525 0115
More info: www.mieli.fi/en/

MIELI Lakeuden mielenterveys ry
MIELI:n Kriisipuhelin
24/7 puh. 09 2525 0111
Solmussa-chat aikuisille
Lue lisää: www.mieli.fi



Nollalinja Tel. 080 005 005
Free helpline 24/7 for victims of violence. Chat service.
More: www.nollalinja.fi/en/
Auttava puhelin 24/7 väkivallan uhreille. Chat-palvelu.
Lisää: www.nollalinja.fi

E-P:n Ensi- ja turvakotiyhdistys ry
E-P:n turvakoti
Open services / Avopalvelut
Seinäjoki ja Kauhajoki
Tel. 044 7606353 & 0449772022
Counseling for those who have faced and committed domestic and intimate violence, as well as those in divorce crises. Free for everyone.
Keskusteluapua perhe- ja lähisuhdeväkivaltaa kohdanneille ja tehneille sekä erokriiseissä oleville.
Ilmaista kaikille.
More/Lisää: www.enstu.fi

SUPPORT AGAINST VIOLENCE

RIKU-Victim Support Finland
Support and advice for a victim of crime / Tukea ja neuvoja rikoksen uhrille
Tel. 116 006 & chat
More/Lisää: www.riku.fi

Ensi- ja turvakotien liitto
www.ensijaturvakotienliitto.fi
www.nettiturvakoti.fi

The Women's Line / Naisten Linja
Tel. 0800 02400
More/Lisää: naistenlinja.fi

Social and Crisis Services of S. Ostrobothnia / E-P:n sosiaali- ja kriisipäivystys 044 470 0444
More/Lisää: www.seinajoki.fi

Victims of human trafficking / Ihmiskaupan uhrin 029 54 63 177
Suomi, Svenska, English.

Interpretation services:

• në shqip	• di kurdi de	• ไทย
• بالعربية	• नेपालीमा	• українською мовою
• (বাংলা	• po polsku	• На русском
• на български	• en français	• tiếng việt
• در فارسی	• in romana	• eesti keeles
• en español	• soomali	
• 用中文	• سۆرانی	

More/Lisää: www.ihmiskauppa.fi

Rape Crisis Centre
Raiskauskriisikeskus Tukinainen
Tel. 0800 97899
More/Lisää: www.tukinainen.fi

Support for Victims of Sexual Assault / Seksuaalista väkivaltaa kohdanneiden SERI
24/7 Tel. 050 474 2631
More/Lisää: www.epshp.fi

*This brochure was created as part of the bachelor's thesis of the Nursing program of SeAMK "Information about healthcare services for immigrant women living in South Ostrobothnia" presented by Lourdes Morales. It can be found in <https://www.theseus.fi/>