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Seeking healthcare in the home country: Reasons given by Kosovar and Russian migrants living in Finland, and by Finns living abroad

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A reasonable amount of information exist from previous studies about Mexican and Chinese migrants in the United States, migrants from the countries of former Yugoslavia in Slovenia, and Somali migrants in Finland seek healthcare in their countries of origin along with healthcare systems in their host countries. As the number of migrant population has been increasing steadily in Finland, it is an imperative that Finnish healthcare personnel should have clear understanding about migrants' health-seeking behaviour, including travelling to their countries of origin, in order to be able to provide appropriate and relevant healthcare.

The aims of this study were to find out and describe various factors that motivate study participants to seek healthcare in their home countries, to reveal other significant characteristic features related to seeking healthcare in their home countries, and to find similarities and differences amongst the respondent groups. To realize the aims of the study, a qualitative study was conducted with 25 participants comprising of three different countries. Interviews were semi-structured using Interview Guide, voice-recorded, and took place in Finland. Content analysis was used to analyze gathered data.

A wide range of factors that were clustered into patient, provider, and system levels motivated respondents from all the three groups to seek healthcare in their home countries along with the usage of healthcare services in the host countries. Making use of the social networks to arrange appointments with the healthcare providers in the home country and preferences for private sector were other common reported factors by all of the study participants. Usually healthcare seeking in the home country is combined with visiting relatives and other family members though sometimes exclusive healthcare trips are made for certain healthcare problems.

Seeking healthcare is a very complex phenomenon in the healthcare behaviour paradigm which is also multidimensional. As a person's life condition fluctuates constantly, it is hard to predict or generalize the study to the whole population.

Table of contents

1. INTRODUCTION 4

2. LITERATURE REVIEW 6

2.1 SCOPE AND APPROACH 6
2.2 HEALTHCARE USAGE BY MIGRANTS 7
2.2.1 DETERMINANTS AND BARRIERS THAT HINDER HEALTH SERVICES USAGE 7
2.2.2 DETERMINANTS AND BARRIERS AMONG MIGRANTS FROM THE FORMER SOVIET UNION/RUSSIA 10
2.3 SEEKING HEALTHCARE IN THE HOME COUNTRY 13
2.4 PATTERNS OF HEALTHCARE SERVICES UTILIZATION BY IMMIGRANTS 17
2.5 CONCEPTUAL FRAMEWORK 18

3. OBJECTIVES 20

4. METHODS AND DATA 21

4.1 DATA COLLECTION 21
4.2 STUDY POPULATION 22
4.3 DATA ANALYSIS 23
4.4 ETHICAL CONSIDERATION 24

5. RESULTS 25

5.1 SUCCESS OF ENROLMENT AND FOLLOW-UP 25
5.2 SELECTION AND PROFILE OF STUDY PARTICIPANTS 26
5.3 HEALTHCARE SERVICES USAGE IN THE HOST COUNTRY 28
5.3.1 MEDICAL CONDITIONS FOR SEEKING CARE IN THE HOST COUNTRY 28
5.3.2 HEALTH SERVICES USED BY THE RESPONDENTS IN THE HOST COUNTRY 28
5.4 SEEKING HEALTHCARE IN THE HOME COUNTRY 31
5.4.1 MEDICAL CONDITIONS FOR SEEKING CARE IN THE HOME COUNTRY 31
5.4.2 HEALTHCARE USED IN THE HOME COUNTRY 31
5.4.3 PATIENT LEVEL MOTIVATING FACTORS 32
5.4.4 PROVIDER LEVEL MOTIVATING FACTORS 35
5.4.5 SYSTEM LEVEL MOTIVATING FACTORS 38
5.5 CHARACTERISTIC FEATURES OF SEEKING HEALTHCARE IN THE HOME COUNTRY 39
5.6 DRAWBACKS IN THE CARE OBTAINED IN THE HOME COUNTRY 41

6. DISCUSSION 43

6.1 STRENGTHS AND LIMITATIONS OF THE STUDY 44
6.2 COMPARISONS OF FINDINGS WITH PREVIOUS STUDIES 46
6.3 PUBLIC HEALTH IMPLICATIONS & FURTHER RESEARCH PROPOSALS 49

7. CONCLUSIONS AND RECOMMENDATIONS 51

ACKNOWLEDGEMENT 52

REFERENCES 53

APPENDIX 1: INTERVIEW GUIDE 56

1. Introduction

Migrants in their respective host countries go through a process of identifying, seeking, and utilizing healthcare, which is known to be influenced by a wide range of factors, such as demographic factors, length of stay, education, health beliefs, and their previous experience on healthcare utilization in their home countries prior to emigration.

For example, Lopez (2005) and Ma (1999) noted that Mexican and Chinese migrants in the United States seek healthcare in their countries of origin along with healthcare system available in their host countries, i.e., the United States. Lack of health insurance coverage, high cost, lack of local language skills, cultural differences in beliefs and values, lack of familiarity with the healthcare system in the United States, and still existing beliefs on the effectiveness of alternative medicines, like folk medicine and traditional therapies, are the main reported motivating factors for Mexicans and Chinese migrants to seek healthcare in their countries of origin. Similarly, high cost of healthcare services and lack of alternative therapies in their country of immigration were reported as motivating factors to seek healthcare in their home countries by immigrants living in Slovenia from former Yugoslavian countries (Pavlič et al., 2007).

In Finland, Somali immigrants seek healthcare in Somalia along with Finnish healthcare services for several reasons, such as belief of “failure in detecting and/or treating vague symptoms” by the Finnish healthcare personnel and denial of diagnosis and treatment prescribed by Finnish physicians. In addition to the above, other reasons that motivated Somalis to seek healthcare in their country of origin are: belief that their disorders are due to spirits, evil eye, and witchcraft; less costly treatment for conditions, such as infertility; treatment of disorders due to “westernization” of adolescents; and situations that arise due to incurable diseases (Koehn & Tiilikainen, 2007). Moreover, according to Koehn & Tiilikainen (2007), Finnish physicians are not aware of the extent to which Somali migrants living in Finland rely on or utilize traditional therapies.

In the year 2006, the population of Finland was 5,276,955 (Statistics Finland, 2009). There has been gradual increase in the number of foreign citizens living in Finland. As

of 1990, there were altogether 26,255 foreign citizens living in Finland, and the number increased to 143,197 in the year 2006 (Finnish Immigration Service, 2009). According to Finnish Immigration Service (2009), there were 26,887 foreign citizens of Russian origin living in Finland, which constitute the biggest number of immigrants living in Finland, whilst Statistics Finland (2008) reported that in Finland there were 5,791 Albanian-speaking immigrants.

As number of immigrant population has been on the rise in Finland, Finnish healthcare decision-makers and health authorities need data on migrants' health-seeking behaviour for planning/strategizing and setting targets on how to overcome barriers faced by migrants, make the process of healthcare utilization easier, provide appropriate healthcare, and consequently, improve health outcomes of migrants.

Immigrants' explanation of their personal experiences and the experiences of their other family members regarding the healthcare usage in their countries of origin was the focus of this study. This study provides insight into seeking healthcare in home countries. The reasons which make this topic an important one for public health are: 1) Healthcare outcomes are influenced to a great extent by how much one is satisfied with the healthcare services; 2) Other factors that influence the outcomes, such as individual's characteristics, their norms and values, convenience, and affordability; 3) characteristics of healthcare system.

Qualitative approach has been used in order to find out similarities and differences amongst the study groups in seeking healthcare in their countries of origin.

2. Literature review

2.1 Scope and approach

The topic of this study is about seeking healthcare in home country along with healthcare services usage in the host country. Seeking healthcare is an integral part of health behaviour, which is a complex phenomenon influenced by a wide range of determinants and motivating factors. Healthcare usage by migrants is a process consisting of three phases: getting to know about the available healthcare services, availing those services, and consolidating their choices based on the experiences with those services.

In this literature review, an overview is given about the usage of health services by migrants in their host countries. Determinants and barriers that hinder healthcare services usage are assessed and summarized using Andersen's behaviour model of health services adopted by Scheppers et al., 2006. Therefore determinants or factors identified which influence healthcare usages are presented as subject headings and titled as "patient level," "provider level," and "system level."

A non-systematic literature review was carried out using Medline electronic collection and articles available in electronic Journal of Immigrant Health to find articles which delineate healthcare usage by migrants. Key words used are: immigrants, healthcare usage or utilization, and determinants and barriers. Next step was to expand the literature search using references in primarily found articles. The articles selected were published in English and available in full text.

Studies done on determinants and barriers on healthcare utilization by migrants and articles in which respondents were migrants from Soviet Union/Russia were given importance. The main limitations noted were lack of studies about healthcare usage by Kosovars as migrants and lack of studies on seeking healthcare in home countries by citizens those reside abroad temporarily.

2.2 Healthcare usage by migrants

This section has an overview about migrants and their healthcare usage based on the literature reviewed. Determinants or barriers affecting healthcare utilization of migrants worldwide are presented based on studies conducted with migrants living in the United States, Canada, Portugal, and Finland (Garces et al., 2006; Macias et al., 2000; Dias et al., 2008; Shin et al., 2005; Koehn, 2006). Also a few articles were reviewed which elaborate healthcare utilization by migrants from former Soviet Union/Russia living in Israel and the United States (Ivanov&Buck, 2002; Aroian et al., 2001; Soskolne et al., 2005; and Remmenick & Ottenstein-Eisen, 1998).

Scarce knowledge about seeking healthcare in home country by migrants were reviewed, including experiences of Chinese and Mexican migrants in the United States (Lopez, 2005; Ma, 1999), migrants from former Yugoslav republics living in Slovenia (Pavlič et al., 2007), and Somalis living in Finland (Tiilikainen, 2007). Finally, study findings which show patterns on healthcare usage by migrants from Algeria, Lebanon, the Philippines, and Sri Lanka living in Canada are presented (Leduc & Proulx, 2004).

2.2.1 Determinants and barriers that hinder health services usage

It is known that health and migration interact in a complex and dynamic manner influenced by a wide range of factors. The socio-economic and cultural background of migrants, lack of health insurance coverage, lack of local language skills, lack of knowledge where to go for affordable care, the nature and quality of the healthcare that they had access to prior to moving, and use of alternative practices are some of the known determinants hindering healthcare use. Providers' attitude, lack of trust on healthcare professionals, and high cost of available health services are some of the factors that influence the utilization of healthcare services by migrants in the host country. Access to and use of healthcare services have been shown to be also influenced by the lack of trans-cultural skills of healthcare staff and the availability of interpretation services in clinics (Carballo & Mboup, 2005).

Betancourt et al., 2003, reported that socio-cultural barriers at organizational level, including leadership and workforce, barriers at structural level (lack of interpretation services, bureaucratic admission processes, long waiting time for appointments, referral to specialist and continuity of care, etc.), and clinical level barriers due to socio-cultural differences between patient and provider, including patient satisfaction, and lack of local language skills act as barriers to healthcare utilization. Scheppers et al., 2006, also similarly found a wide range of determinants or barriers that affect the usage of healthcare at two levels: at the patient level, such as age, gender, marital status; and at the socio-structural level that includes ethnicity, education, living conditions, family, social support, culture, length of stay, local language skills, and availability of translation services. Furthermore, low education and short duration of stay in a new host country could also act as barriers to the access of healthcare.

According to Redondo-Sendino et al., 2006, women tend to use preventive and diagnostic services more frequently and are more likely than men to contact a general practitioner. The need for gynaecological care in reproductive age is one explanation why women tend to use more frequently healthcare services, but in more advanced age, there is no difference in utilization of healthcare services.

People all over the world rely on lay treatment (self-care) and folk healers in addition to modern medicine. According to Kleinman (1980), self-treatment by the individual or the family is the first therapeutic treatment that many people apply across a wide range of cultures. Similarly, Ma (1999) indicated that immigrants use parallel sets of beliefs and practice, such as lay treatment (self-care) and folk healers along with formal health practices, and sometimes travelling to their country of origin. Moreover, these findings show that Chinese immigrants in the United States use self-treatment and home remedies like herbal teas, acupuncture, or cooking herbs with food.

More details about determinants/barriers that hinder seeking healthcare by immigrants in the new host country in the articles reviewed are presented in Table 1.

Table 1. Determinants/barriers that hinder seeking healthcare by immigrants in the host country in the articles reviewed
(Table format adopted from Scheppers et al., 2006)

Country and immigrants	Determinant/barrier	Type of the study & first author
United States/ 54 Latino immigrants	Lack of language skills, new cultural norms, fear of deportation, available alternative medical practices (home remedies, herbs), lack of transportation, lack of health insurance, long waiting times, lack of knowledge where to go for affordable care, and lack of adherence to scheduled appointments and doctor's recommendations.	Qualitative / Garces (2006)
United States/ 1,660 Korean Americans	Longer length of stay, lack of language skills, lack of , employement, lack of health insurance, and access to Korean-speaking doctors or practitioners.	Quantitative / Shin (2005)
Canada / Chinese	Length of stay, belonging to local community, and language	Combined / Roth (2008)
United States/ 70 foreign-born patients	Place of living, access to alternative practices, gender, high costs for medical and dental care, hours not convenient, lack of knowledge where to go, long waiting time, lack of transportation, needed child-care, and fear of dentist.	Survey /Macias (2000)
Canada/ 20 families	Length of stay, migrational experience, lack of language skills, accessibility, time constraints to get appointments, retrospective comparison of healthcare services received in country of origin, dissatisfaction with the healthcare system, and long waiting time.	Qualitative / Leduc (2004)
Portugal / 1513 immigrants	Long waiting times, providers' attitude, high cost, lack of language skills, long distance and transportation, length of stay, gender, country of origin, and previous experience of healthcare	Quantitative/ Dias 2008)
Finland/ (2008) A review study of 14 studies on immigrants in Finland	Language and communication, attitudes and practice of heath care staff (continuous hurry), and dissatisfaction with procedures done without being aware of them.	Qualitative / Koskimies
Finland/ 118 interviews with asylum-seekers	Ethno-cultural background, lack of transnational competence of doctors, lack of clinical-encounter intensity.	Combined / Koehn (2006)
Finland / Somali's	Lack of trust, lack of sensitivity regarding each patient's unique context, medical beliefs and practices, and dissatisfaction with mental healthcare	Koehn (2007)

2.2.2 Determinants and barriers among migrants from the former Soviet Union/Russia

There are few studies carried out on immigrants from former Soviet Union/Russia regarding their healthcare usage in the United States and Israel. These studies brought out significant facts on barriers faced by migrants, such as not understanding the referral system, high cost, lack of language skills, long waiting time, cultural norms and expectations, including preferences for long hospitalizations, trust on healthcare professionals opting care from specialist instead of general practitioners, and usage of traditional healing methods.

For example, lack of local language skills and communication barriers hindered healthcare usage of migrants from the former Soviet Union/Russia in Israel and the United States (Remennick & Ottenstein-Eisen,1998, Soskolne et al., 2006, Aroian et al., 2001, and Ivanov& Buck, 2002) though Russian immigrants living in Boston area in the United States did not report language as a barrier as Russian-speaking doctors were available for them (Aroian et al., 2001).

Remennick & Ottenstein-Eisen, 1998, and Soskolne et al., 2006, revealed that differences in cultural norms and beliefs play an important role on healthcare usage by migrants in Israel. High expectations on the quality of medical care; willingness to use government-subsidized or “free” health services; preferences for long hospitalizations, numerous diagnostic tests, and care from specialists instead of general practitioners were reported as barriers to healthcare usage by migrants. Moreover, not understanding the referral system of health services and comparison of the received care with the care received in the former Soviet Union were also considered as barriers.

Findings of Remennick & Ottenstein-Eisen (1998) show that immigrants from the former Soviet Union complained on the impersonal and "technical" attitude of Israeli physicians toward patients and the lack of holism in care when compared with care they got before emigration were noted as significant barriers.

The relationship between trust and professionalism was another reported factor on utilization of healthcare services as Russian immigrants were not satisfied with the family physicians, considering them as having less professional skills, and also were dissatisfied with appearances of the professionals at hospitals. In addition, complaints were made against attitudes and behaviours of healthcare personnel. They reported that physicians in the United States spent little time looking at them and touching them when examining the patients. In addition, it was reported that physicians in the former Soviet Union were considered to use more thorough examinations as they did touch their bodies and also did blood tests to diagnose illnesses rather than using technology as in the United States that made the people to conclude that physicians in the former Soviet Union are of a "higher class/standard." Also they reported difficulties in understanding why technology plays so important role in diagnosing illnesses (Ivanov & Buck, 2002).

Migrants from the former Soviet Union reported the usage of healthcare services in their new host country as not convenient due to high costs and long waiting times, particularly visiting Emergency Room as "terrible" because it took too long a time to receive attention or care by a physician (Soskolne et al., 2002; Ivanov & Buck, 2002).

Reliance on medications to treat illnesses by physicians in the United States was reported to be disliked by those Russian immigrants opting for alternative therapies, such as massage and herbal teas. Russian immigrants also were reported to have used herbal remedies as a method of treatment at their homes before seeking healthcare at health centres or hospitals and also asked friends or relatives that came to visit from the former Soviet Union to bring medications along with them (Ivanov & Buck, 2002).

More details about determinants/barriers that hinder seeking healthcare by immigrants from the former Soviet Union/Russia in the new host country in the articles reviewed are presented in Table 2.

Table 2. Determinants/barriers that hinder seeking healthcare by immigrants from the former Soviet Union/Russia in the new host country. (Table format adopted from Scheppers et al., 2006)

Country and immigrants	Determinant(s)/barrier(s)	Type of the study & first author
United States/ Immigrant women from the former Soviet Union (Belarus, Russia and Ukraine)	Not understating the referral system, high cost, availability of other traditional healing methods (like herbal teas), medication from Russia, lack of female gynaecologist in the local community, lack of trust/professionalism on family physicians, language, dissatisfaction with the heavy reliance on medication and dependence upon technology and computers by the United States physicians, convenience (physicians were not accessible when ill, high cost, dependence on others for transportation and translation, long waits in the Emergency Room, lack of knowledge about preventive services, and comparison with the care they received in the former Soviet Union.	Qualitative / Ivanov (2002)
United States/ 17 Russian immigrants	Life circumstances associated with immigration (loneliness, depression, and limited social and financial resources), cultural norms and beliefs, high expectations of medical care, willingness to use government-subsidized services, preferences for long hospitalizations, numerous diagnostic tests, care from specialists instead of general practitioners, availability of Russian-speaking heath professionals, and stigma to use psychiatric services.	Qualitative / Aroian (2001)
Israel/ 402 immigrants from the former Soviet Union	Long waiting times, language, clinic staff behavior, cost, and lack of knowledge about referral system.	Quantitative / Soskolne (2005)
Israel / immigrants from the former Soviet Union	Lack of local language skills, communication, translation, response to acute condition/illness, and consumerist approach.	Qualitative / Remennick (1998)

2.3 Seeking healthcare in the home country

Very few studies reviewed revealed experience of migrants on seeking healthcare in their home countries along with usage of healthcare services in their new host countries. Articles reviewed shed light that migrants living in the United States (Lopez, 2005; Ma,1999), Slovenia (Pavlič et al., 2007), and Finland (Tiilikainen, 2007) sought healthcare in their countries of origin and reported a wide range of determinants or factors at patient level, such as socio-demographic factors, lack of health insurance, lack of language skills, high cost, lack of trust towards healthcare system, lack of familiarity with the healthcare system, cultural differences in beliefs and values, and usage of alternative therapies.

For example, Lopez (2005) reported that Mexican immigrants in the United States in addition to utilization of health services in the United States also sought healthcare in Mexico. Mexican immigrants visiting Mexico bring along with them traditional medicinal herbs to the United States. The main motives behind Mexican immigrants for seeking healthcare in the home country were: lack of insurance coverage, non-satisfactory experiences of communication with doctors in the United States, and still prevailing beliefs for need to seek folk alternative cures.

Similarly, study conducted by Ma (1999) reports that Chinese immigrants living in the United States do travel to their country of origin (China and/or Taiwan) to seek healthcare. Twenty-four (32%) of respondents reported they had travelled to China or Taiwan for receiving healthcare. In addition to that, they reported self-treatment and home remedies. Also the authors concluded that seeking healthcare and health service utilization by Chinese immigrants are affected by cultural, socioeconomic, and political factors.

Some of the economic immigrants in Slovenia when faced with health problems prefer seeking healthcare services in their home countries. This study carried out by Pavlič et al., 2007, included 27 economic migrants from the republics of the former Yugoslavia

who reported physical accessibility, transportation costs, not being able to afford co-payments fees for healthcare services in Slovenia, and lack of faith in routine health checkups as the motivating factors prompting them to seek care in their home countries. In addition, they maintained alternative forms of medication (e.g., herbal preparation) or relying on medication carried along from their home countries (new countries after disruption of former Yugoslavia) as a form of treatment avoiding formal healthcare system in Slovenia, which is probably due to limited opportunities to obtain adequate healthcare in the host country (Pavlič et al., 2007).

Russian-speaking immigrant women living in central Virginia in the United States reported that sometimes they rely on the European and Russian medications brought by visitors as an alternative due to the high cost of medications in the new host country (Ivanov & Buck, 2002).

According to Tiilikainen, 2007, Somali immigrants living in Finland seek healthcare from their country of origin in addition to Finnish healthcare system. There is a range of different reasons that motivate Somali immigrants living in Finland to seek alternative care in their home country. From their experiences, “failure in detecting and/or treating vague symptoms” by the Finnish healthcare personnel; denial of diagnosis, treatment, or medication given by a Finnish medical doctor, especially for diseases, such as schizophrenia, psychosis, depression, autism, and epilepsy; beliefs that those health conditions are due to spirits, evil eye, witchcraft, etc., leading them to avail alternative treatments. Furthermore, some respondents reported they have accepted the diagnoses, such as diabetes, and treatment prescribed by Finnish healthcare staff, but at the same time, they also took alternative treatments for the diseases diagnosed.

Reluctance to medication/treatment by Somalis due to “perceived inefficacy” of treatment in Finland, such as treatment of skin problems and infertility, were other reported reasons to seek care in their home country. Furthermore, illnesses and problems such as drug and alcohol abuse, mental disorders, or commitment of crimes are attributed to “westernization” of adolescents and therefore best cure would be seeking

care at the home country. Incurable diseases, hoping for a miracle recovery, and palliative care are other reasons attributed to seeking treatment from the home country. Interestingly, Somali immigrants perceived that travelling to “home” itself as a therapy and healing as it provided them with blessings and could avail rituals aiming health protection (Tiilikainen, 2007).

A study about Immigrants as Clients in Healthcare in Finland, consisting of review of the 14 Finnish studies completed between 2000 and 2007 by Koskimies and Mutikainen, reveals that language and communication were the essential challenges in utilizing healthcare services by the immigrants. The immigrants were dissatisfied with the continuous hurry, the lack of time, and moreover with the attitudes of the nursing staff. In the immigrants' opinions, clear signs of discrimination were sensed as procedures were done without patients being aware of them, concealing information, communication difficulties, impatience, and pronouncing their names incorrectly. The immigrants were satisfied with the antenatal and postnatal clinics and with the high quality of the Finnish technology. Most of the staff had a positive attitude towards the immigrants and were interested in improving their cultural competence in dealing with the immigrants. The review of studies highlighted the need for cultural training of nursing staff.

Finnish health-care providers are not aware of the extent to which their patients (Somali migrants) living in Finland rely upon or utilize traditional approaches, such as alternative and supplementary treatments (Koehn & Tiilikaninen, 2007).

Reasons or motivations for immigrants to seek healthcare in the country of origin in the articles reviewed are summarized in Table 3.

Table 3. Determinants/barriers that motivate immigrants to seek healthcare in their home countries in the articles reviewed
(Table format adopted from Scheppers et al., 2006)

Country and immigrants	Determinant/barrier	Type of the study & first author
United States/ 105 Chinese	Lack of access to alternative healing practices, self-treatment and home remedies, short length of stay, education level, language and communication difficulties, lack of health insurance, high cost, cultural differences in beliefs and values, transportation, immigration status, lack of familiarity with the healthcare system in the United States, and travelling to China or Taiwan to seek healthcare.	Combined / Ma (1999)
United States/ 70 Mexican-American women	Difficulties with communication with the physicians in the United States, lack of insurance coverage, practice of Mexican traditions, knowledge and use of Indigenous Health Practitioners, medicinal herbs purchased in Mexico, short distance to home country.	Quantitative / Lopez (2005)
Slovenia/ 27 immigrants from former Yugoslavia	Physical accessibility and transportation costs, affordability of co-payments for healthcare services, lack of faith in routine physical check-ups, short geographical distance to home country, availability of obtained medication from home country, and use of alternative medication, such as herbs.	Qualitative / Pavlič (2007)
Finland / Somalis	Lack of trust in Finnish healthcare system, use of alternative treatment, reluctance to medication treatment, high cost, perceived need to use traditional healing methods, health beliefs of diseases due to “westernization,” and stigma in Somali community for psychiatric and neurological diagnoses.	Qualitative / Tiilikainen (2007)

2.4 Patterns of healthcare services utilization by immigrants

According to Leduc & Proulx (2004), the utilization of health services by immigrants is a dynamic process consisting of three overlapping phases: making contact with the healthcare services, selecting specific services from the available choices, and finally consolidating their choices. This process is significantly dependent on length of stay and migrational experience by immigrants.

First phase of making contact with healthcare services in the new host country is influenced by living environment, organization of health services, such as referral system, available translation services, intake/admission procedures, and organization of immigration orientation system.

After that, immigrants can select specific services from the available choices and much is dependent on attributes of health services, knowledge of language, cost of the available health services, and in some countries, possession of health insurance, geographical access, quality of care obtained, and convenience with working hours of healthcare system, and familiarity with available health services play a role.

Finally, immigrants go through so called “consolidation phase,” where they are able to select from the available options. This selection of choices is dependent on their sources of information, like from previous experiences, including satisfaction with the obtained healthcare, arrangements, and other factors at system level, such as short waiting times. Availability of translation services, recommendations from relatives, friends, and neighbours, and information from media, leaflets, and other advertising material also affect what an immigrant living in a host country will choose (Leduc & Proulx, 2004).

2.5 Conceptual framework

Reviewed studies have provided information about immigrants' utilization of healthcare services in their new host countries. Most of the reviewed studies provided scattered information about different determinants/ barriers faced by immigrants and some reviewed studies provided information on patterns of usage of healthcare services by immigrants in a new host country.

Seeking and utilization of healthcare services by immigrants in a new host country is a process comprising of three phases: making contact with healthcare personnel, selecting available healthcare services, and consolidating choices. It is an ongoing process influenced by length of stay, level of education, gender, local language skills, and the given context (Ledux & Proulx, 2004; Carballo & Mboup, 2005; Shin et al., 2005; Roth et al., 2008; Dias et al., 2008).

A wide range of issues, which in this literature review are defined as determinants or barriers, are grouped under subject headings as patient level, provider level, and system level that hinder immigrants' healthcare usage (Garces et al., 2006; Macias et al., 2000; Soskolne et al., 2005; Ivanov & Buck, 2002).

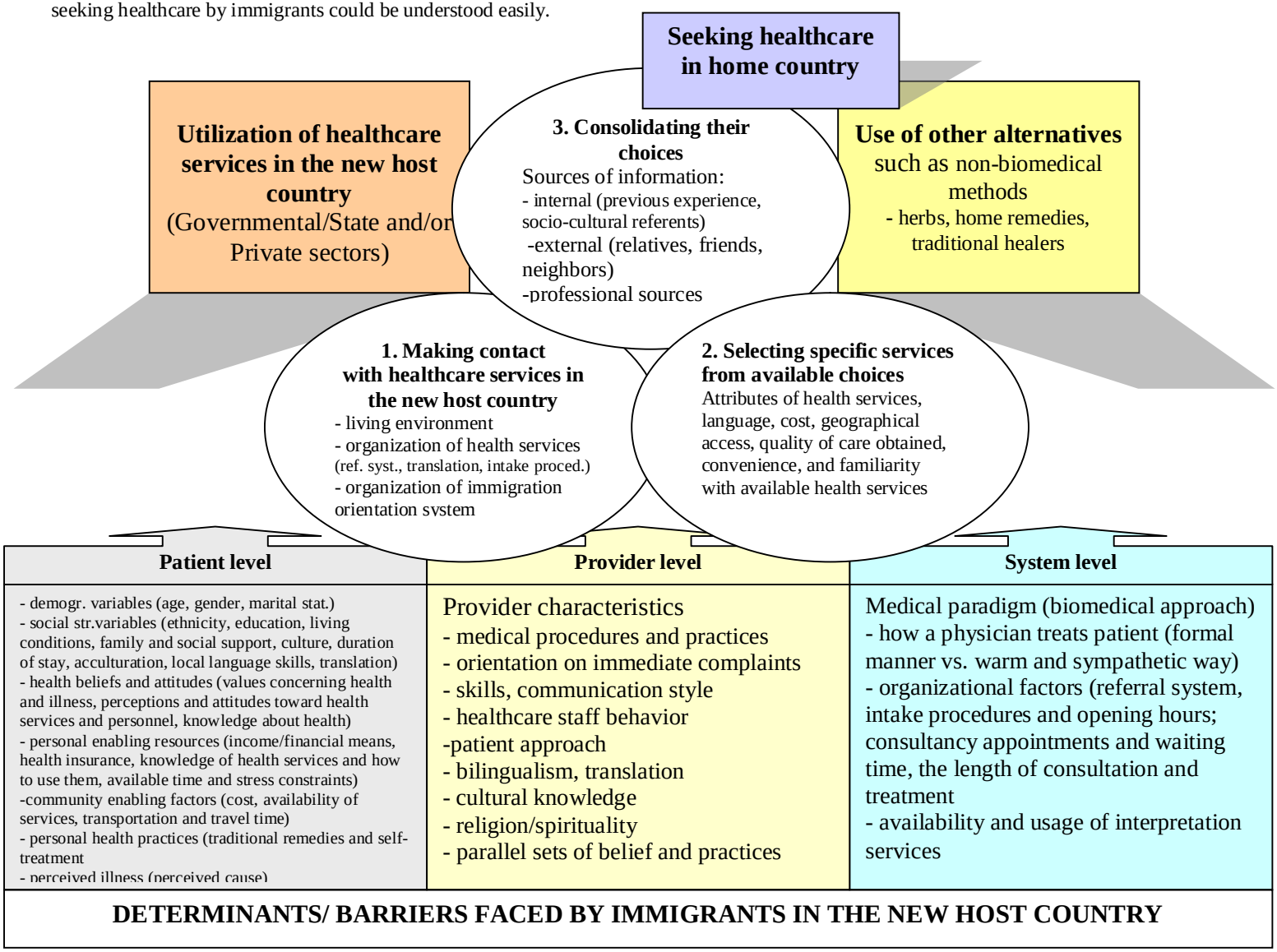
As per the literature reviewed, immigrants along with utilization of formal healthcare services in their host countries seek for alternatives, including use of alternative or traditional medicine (Lopez, 2007; Garces et al, 2006; Roth, 2008).

Seeking healthcare in a home country is one of the alternatives revealed in few studies done with immigrants (Pavlič et al., 2007; Ma, 1999; Lopez, 2005; Tiilikainen, 2007)

Determinates/barriers on health services usage and patterns of healthcare utilization by immigrants based on the articles reviewed are summarized in Figure 1.

Fig. 1: Conceptual framework of determinants/barriers and patterns of healthcare utilization by immigrants

Figure 1 shows an inventory of seeking healthcare by immigrants as indicated by the literature reviewed. The facts and figures given underneath are derived from three sources: 1) Andersen's behaviour model of health services adopted by Scheppers et al., 2006; 2) the model of patterns of health services utilization of immigrants byLeduc & Proulx, 2004, and; 3) information gathered from other articles reviewed on use of alternative non-biomedical methods, seeking healthcare in home country, and utilization of healthcare services in the new host country. By derivation of such a model, the whole process of seeking healthcare by immigrants could be understood easily.



3. Objectives

The aim of this study is to provide more insight about seeking healthcare in home countries by Kosovar and Russian migrants living in Finland, and by Finns who lived or living outside Finland. More specifically, the aims of this study are:

- to bring to light and describe various motivating factors of Kosovar and Russian migrants in Finland and those Finns who live abroad to seek healthcare in their home countries;

- to reveal other interesting events/features significant to seeking healthcare in home countries from the study sample;

- to assess similarities and differences reported by the participants from all three respondent groups; and

- to compare reported motivating factors to seek healthcare in their home countries by Kosovars, Russians and Finns with reported motivating factors by immigrants in other countries pertinent to the literature reviewed.

4. Methods and data

4.1 Data collection

This study is based on in-depth semi-structured qualitative interviews. All interviews were made anonymous by assigning to each participant a code.

The interview guide consisted of three main components: firstly, background information of participants (age, nationality, education, years of stay in host country, etc.); secondly, it consisted of broad questions related to "reasons and motivating factors" for seeking healthcare from the country of origin; and third part of questions were related to the outcomes/impact after seeking healthcare in the home country.

All interviews were verbatim transcribed into English language.

Kosovar Albanian Society in Turku called "Bashkimi Ry" provided assistance to identify Kosovar participants. Russian cultural club in Tampere assisted in identifying three Russian participants for interview. A colleague-researcher in the National Institute for Health and Welfare in Finland helped to identify Russian participants, and provided assistance, which included English-Russian-English translation service for two interviews with Russians and conducted three interviews with Russian respondents independently in Russian language using Interview Guide.

A flow chart of the research process is presented in Figure 2.

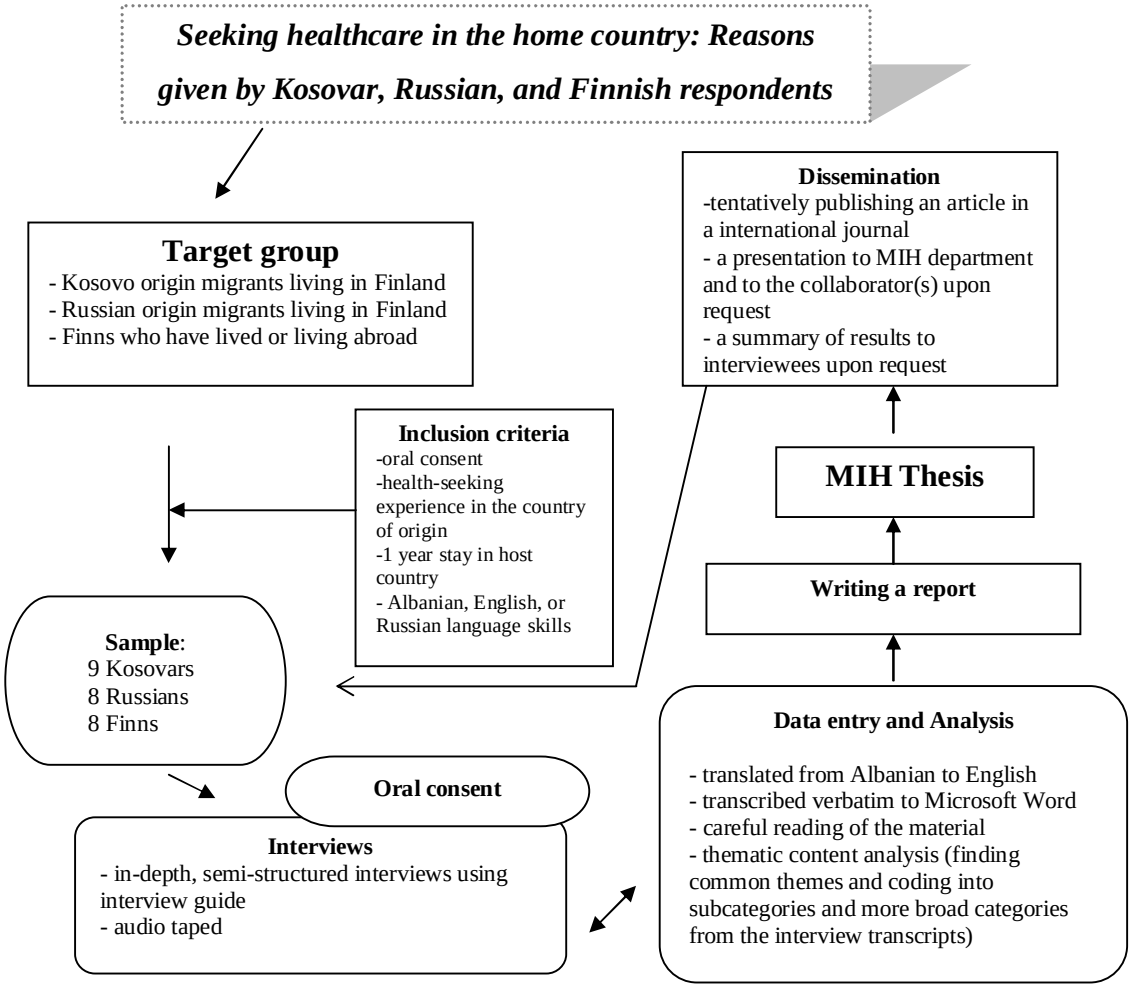


Figure 2: Flow chart of the research process

4.2 Study population

The target population for enrolment included migrants from two migrant population groups living in Finland whose reported origin are from Russia and Kosovo, and Finns who have lived or living abroad. Everyone included in the study sample from the target population met all the inclusion criteria and none of the exclusion criterion. In this study the term migrant/immigrant is used to denote a person who lives in Finland and whose reported country of origin is either Kosovo or Russia, and who has lived at least one year in Finland.

The aim was to include maximum 10 participants from each migrant group. Russian migrants were chosen because they represent largest migrant group living in Finland, whilst Kosovars were chosen as they come from another geographical region with different cultural background and also because the author of this study belongs to the same ethnic group and speaks the same language.

Eligible participants were identified using snowballing technique. Firstly, a participant was identified who fulfilled all the enrolment criteria from each group. The participants were identified either by the author of the study, by respective Russian or Kosovar societies in Finland, or recommended by the supervisor. Identified persons were contacted via phone calls or emails, and then interview date, time, and setting were arranged.

Inclusion criteria included: Kosovar, Russian, or Finnish nationality; a minimum of one year stay in the host country; health-seeking experience in the country of origin; oral consent after informing about the purpose of the study; Albanian, English, or Russian language communication skills. Exclusion criteria included age less than 18 years and healthcare condition of the participant that did not allow conducting an interview.

4.3 Data analysis

Content analysis was used to analyze interview transcripts, and descriptive statistics was used to describe demographic data of the study sample.

Initially, interview transcripts were thoroughly read in order to develop a close familiarity with the gathered data. Secondly, the data were grouped into categories according to broad categories that came out from the broad questions used in the Interview Guide. Then more subcategories were assigned to data grouped under the broad category; for example, during initial coding, all data related to “reasons or motivating factors to seek healthcare in the home country at system level” were coded

as “reasons” and subsequently were assigned to subcategories, such as “high cost” or “long waiting time.”

Grouped and categorized data were presented on table format, including main category, explanation and by whom they were reported. Created subcategories and categories were reviewed and some original statements uttered by respondents were presented in quotations. Finally, conceptual framework created in the literature review was used to cross-check and present findings and to reveal commonalities and differences within previous studies reviewed in the results and discussion parts.

4.4 Ethical consideration

Ethical issues were taken care of throughout the research process as per the guidelines for conducting qualitative research. First, throughout the text, the authors of previous studies used in the literature review were credited by referring their work both in the text and in the list of references.

Second, an oral consent was obtained with each study participant, including brief information about aims and topic of the study. Oral consent included permission to use voice-recorder and permission to use original expressions stated by study participants when presenting results. Hence, original expressions were used as originally stated by the participants. In addition, permission to use interpreter was obtained in advance for some of the interviews with Russian participants when needed.

Third, interviews were anonymous as each participant was given a code thus protecting the study participants from the exposure of their identities. Fourth, only author of the study had access to the interview data. Finally, while presenting results, no information was given which could potentially reveal any of the participant’s identity.

5. Results

5.1 Success of enrolment and follow-up

Altogether 67 persons were approached using snowballing technique. Forty-nine Finns living/working in Kosovo were approached by email with assistance from Finnish Embassy in Pristina (Kosovo), and only one replied positively. Two of the approached persons who positively replied for interviewing didn't match inclusion criteria and were not interviewed, and other two persons who approached initially agreed to be interviewed, but later they refused. Sampling ended when saturation point was reached for getting any more new information, which occurred after 25 interviews; thus the sample consisted of 25 participants from three groups of participants: 9 Kosovars, 8 Russians, and 8 Finns.

Interviews with all Kosovar participants were conducted in Albanian language as it is the native language of the author of the study. Interviews with all Finnish participants were conducted in English language. Four interviews with Russian participants were conducted in English language with the help of an interpreter, one in English without interpreter, and three interviews were conducted in Russian language by a collaborator who used the same Interview Guide. All interviews were anonymous as each participant was given a code. Most of the interviews lasted between 30-40 minutes, from minimum of 8 minutes to a maximum of 47 minutes. Data collection took place during the period of time from August 2008 to January 2009 in 4 different cities in Finland.

Interview transcripts comprise of 115 pages of A4 Microsoft Word document (font 12, single space line).

5.2 Selection and profile of study participants

Profile of the study participants is presented in Table 4. Mean age of the study participants was 44 years as the youngest participant was 22 years old and oldest was 68 years old. Mean length of stay in host country was 10.5 years (ranging from 3 years to 18 years). Fourteen participants were men and eleven were women.

Kosovar and Russian participants reported Finland as a host country, while Finns reported that they have lived in many countries spanning four continents: Europe (Kosovo, Belgium, and England), America (the United States), Africa (Tanzania, Kenya, and Congo), and Asia (Vietnam and Thailand). Moreover, five out of eight Finns and all Kosovar and Russian participants reported that their family members were living with them in the new host country.

The educational background varied from less than high school to holding a PhD (2 Finnish participants). However, Kosovars reported to have less education compared to Russian participants (all of them reported to hold a University degree), while seven Finnish participants reported to hold either Master's degree or PhD.

Finally, majority of respondents reported to have a work place, few reported to be unemployed, and one respondent studying at the time when interview took place.

Table 4. Profile of the study sample

Code	Nationality	Age in years	Gender	Length of stay in the host country in years	Educational level
K1	Kosovar	40	M	16	college
K2	Kosovar	39	M	9	high school
K3	Kosovar	36	M	7	college
K4	Kosovar	22	M	16	gymnasium
K5	Kosovar	39	M	16	high school
K6	Kosovar	38	M	13	high school
K7	Kosovar	52	M	16	gymnasium
K8	Kosovar	41	M	16	high school
K9	Kosovar	44	M	16	less than high school
R1	Russian	54	M	11	university degree
R2	Russian	39	F	17	university degree
R3	Russian	46	F	13	university degree
R4	Russian	53	F	6	university degree
R5	Russian	37	F	18	university degree
R6	Russian	58	F	13	university degree
R7	Russian	35	M	12	university degree
R8	Russian	34	F	12	university degree
F1	Finnish	48	M	5	PhD
F2	Finnish	50	F	3	Master’s degree
F4	Finnish	36	M	4	PhD
F4	Finnish	53	F	3	Master’s degree
F5	Finnish	68	F	7, 5	Master’s degree
F6	Finnish	52	F	3	Master’s degree
F7	Finnish	44	M	6	PhD
F8	Finnish	42	F	6	Master’s degree

5.3 Healthcare services usage in the host country

5.3.1 Medical conditions for seeking care in the host country

Respondents reported various medical conditions for which they had sought care in the host countries. Common colds and flu were common reasons for all the three groups of respondents to seek care in the host countries. Malaria was reported by Finns as the reason for having treatment in the host country as some of them lived in tropical countries where malaria was prevalent. Other reasons stated for having treatment in the host countries were child delivery, cancer, heart attack, and diarrhoea.

More detailed information about medical conditions for which the respondents had sought care in the host countries are presented in Table 5.

Table 5. Medical conditions for which the respondents had sought care in the host country
(Note: Both respondents and their family members' diseases for which they took treatment in the host countries are included)

Kosovars	Russians	Finns
- epilepsy	- common cold, flu	- heart attack, malaria
- child delivery, urolithiasis	- cancer, allergy	- diarrhoea, flu, fever
- skin infection	- urolithiasis	
- common cold, flu	- flat foot	

5.3.2 Health services used by the respondents in the host country

Respondents did report to use health services for various problems in the host countries. Dental care was reported commonly by all the three groups. Correction of eyesight was reported by a Kosovar and a Russian participant, and gynaecological examination by Russian and Finnish participants.

More detailed information about the health services used in the host countries are presented in Table 6.

Table 6. Health services used by the respondents in the host country
(Note: Both respondents and their family members' diseases for which they took treatment in the host countries are included.)

Kosovars	Russians	Finns
- dental care x 5	- dental care	- pharmacy (painkillers)
- appendectomy x 2	- correction of myopia	- placement of stent
- correction of eye power	- gynaecological examines.	- gynaecological exam.
- vaccination, tonsillectomy	- lab tests, PAP smear test, x-ray	- dental care, paediatric care
- cancer treatment	- orthopaedic treatment,	- vaccination
- check-ups for children	- physiotherapy	- follow-up of pregnancy

5.3.3 Satisfaction with the care obtained in the host country

All respondents reported satisfaction with the healthcare obtained in their host countries. High quality and availability of care were reported by all three respondent groups, especially with private practice due to easy and quick access. Free of charge or relatively cheap cost of health services was another important factor with which respondents from all three groups were satisfied.

Moreover, Kosovar and Russian respondents reported to be satisfied with good quality of care obtained in hospitals, with high technology equipment, and equal treatment.
A Kosovar participant explained his/her satisfaction with care obtained in Finland as follows: *"…if there is any difference in treatment in other areas for a foreigner in Finland, in medical care there are no differences."*

Both Kosovar and Russian respondents reported to be happy with obstetric care and preventive measures obtained in Finland. A Russian participant elaborated his/her satisfaction as: *"I was really happy with obstetric services I received in Finland. Preventive checks for cancer are very well-arranged in Finland….. I was invited for PAP test and was discovered of a tumor,"* but few Russians also noted happiness with available Russian-speaking healthcare personnel in Finland as he/she stated: *"...now there are a lot of Russian doctors who have moved from Russia, and it is possible to explain all your problems to them."*

On the other hand, Finnish respondents reported satisfactory experience with local health staff in terms of their skills and knowledge about tropical diseases and availability of medication in pharmacies without prescription. A Finnish respondent expressed his/her satisfaction with healthcare staff in Africa as following: *"…they are very friendly towards children and they take children very seriously….they have good training in terms of tropical diseases, they have more experience than Finnish doctors,"* and another Finnish respondent explained his/her satisfaction with the healthcare in the host country as: *"...yes, with dentist I was happy, he was skilful and facilities in that private clinic were excellent…and they were able to use English language and that was nice…...I got care immediately, so it is not all the time planned, planned and planned, because the need is now and not tomorrow."*

The reasons for satisfaction regarding healthcare services obtained in the host country by the study participants are presented in Table 7.

Table 7. The reasons for satisfaction regarding healthcare services obtained in the host country by study participants (Note: Both respondents and their family members' reasons for the satisfaction of health services obtained in the host country are included.)

Immigrants	Kosovars	Russians	Finns
Provider level	- equal treatment - good quality of care - good hospital care - professionalism of staff - good behaviour of staff - hospitality - high technology - modern equipment	-good hospital care - good obstetric care - availability of Russian speaking physicians - not refusing to treat after having obtained care in Russia	- easy and quick access - skills & knowledge of staff in private clinics - good facilities in private clinics
System level	- free healthcare services in governmental clinics - good antenatal care - free cancer treatment - availability of translators - well-organized vaccination services	-free treatment - preventive check-ups available (PAP test) - free cancer treatment	- cheap cost of healthcare - health insurance coverage - friendly towards children - good experience on tropical diseases - availability of medications in pharmacies without prescription - good attitude of physicians (more time spent with the patient) - comprehensive care by providers

5.4 Seeking healthcare in the home country

5.4.1 Medical conditions for seeking care in the home country

A wide range of medical conditions was reported by respondents for which they had sought care in their home countries. Dental problems and gynaecological problems were reported by respondents from all the three groups. Heart problems were reported by both Kosovar and Finnish respondents whilst Russian repsondents reported skin problems, gastritis, and skeleton problems. On the other hand, a Kosovar reported meningitis acquired by a family member while being in the home country as a medical condition to seek care in the home country.

More details about medical conditions for which respondents had sought care in their home countries are summarized in Table 8.

Table 8. Medical conditions for which respondents had sought care in their home countries
(Note: Both respondents and family members' medical conditions are included)

Kosovars	Russians	Finns
- congenital cardiac anomalies	- skin allergy	- caries
- respiratory infections	- pregnancy problems	- knee problems
- infertility, skin infection,	- varicose veins	- pregnancy
- deviation of nasal septum	- gastritis, urolithiasis	- heart problems
- sun burns, skin abscess	- skeletal problems	- gynaecological problems
- meningitis	- constipation, flat foot	
	- allergic diathesis	

5.4.2 Healthcare used in the home country

Respondents from all three groups reported dental care, gynecological health services and diagnostic procedures, such as utrasound, lab tests, and x-ray were used in their home countries.

Alternative methods, such as visits to sanatoriuom or leech therapy, were reported only by Russian respondents. On the other hand, Kosovar respondents reported circumcisions for boys were done in their home country.

More details about health services used in home country are presented in Table 9.

Table 9. Healthcare used by respondents in the home country
(Note: Both respondents and other family members' usage of healthcare services are included)

Kosovars	Russians	Finns
- gynaecological examination - dental care - male circumcision - x-ray, spermogram, - visit to cardiologist - surgery intervention to correct deviated of nasal septum - child health check-ups	- gynaecological examination - dental care, - leech therapy - acupuncture, ultrasound, lab tests - x-ray, spa treatment - cryotherapy	- gynaecological examination - dental care - vaccination - follow-up of pregnancy - surgery - optometric examination - delivery - cardiology follow-up - ergometrics, x-ray, ultrasound

5.4.3 Patient level motivating factors

A wide range of reasons were given by respondents to motivate them to seek healthcare in their countries of origin. Patient-level motivating factors include: need to clarify a health situation or get a second opinion, lack of knowledge of healthcare services and how to use them, lack of local language skills, reliability and trust on the healthcare system in the home country, need to use traditional and alternative health practices, lack of income/financial means, familial atmosphere, and need to have continuity of care obtained in the home country.

Need to clarify a health situation, communication problems with the healthcare staff and trust towards healthcare system in the home country were reported as common motivating factors by respondents from all the three groups to seek healthcare in their home countries. For example, a Russian participant expressed that *"Finnish doctors should explain better to a patient about his/her condition so that patients should not travel to their home country looking for solutions to what is going on with them."*

Finnish and Russian participants reported lack of knowledge of healthcare services and how to use them and continuity of care obtained in the home country as factors motivating them to seek healthcare in their home countries but not by Kosovars. A Russian participant said: *"foreigners should be provided with additional information on*

how Finnish healthcare system works and how to use it efficiently," whilst a Finn expressed opinion about coming back to Finland to seek healthcare as following: *"I think main reasons are just the convenience and familiarity with the system."*

Social aspect or familial atmosphere, which is being near or close to one's own family, was reported by Kosovar and Finnish participants as a motivating factor to seek care in their home countries.

Lack of income/financial means as a reason or motivation factor was noted only by Kosovar and Russian respondents, but not by Finns. A Kosovar respondent explained saving money as motivating him/her to travel to Kosovo as he/she said *"I was in Kosovo for dental prosthesis… it was big difference in terms of money."*

However, only Russian participants mentioned the need to use traditional and alternative health practices as a reason or motivation to seek healthcare in their home country. A Russian cited that *"for us our native medicines are more needed…we know the customs and we are more familiar with alternative practices available in Russia."*

Details about explanations given as motivating factors at patient level by each respondent group are summarized in Table 10.

Table 10: Patient level reasons or motivating factors for seeking healthcare in their home countries
(Note: Both respondents and family members' reasons or motivating factors are included)

Category	Explanation given by study participants	Reported by		
		Kosovar	Russian	Finns
Need to clarify health situation and to get second opinion in the home country	- better explanation of health condition when obtained in home country	yes	yes	yes
	- no improvement in health condition after treatment obtained in host country	yes	yes	yes
	- need for follow-up and recuperation in the home country	no	no	yes
	- fear of having high level of lead in blood	no	no	yes
	- being over-worried about own health and health of family members	no	yes	no
	- dissatisfaction with obtained information in the host country	no	yes	no
Lack of knowledge of health services and how to use them	- lack of information about how healthcare works and how to use it	no	yes	yes
	- convenience and familiarity with healthcare in the home country	no	yes	yes
Communication problems with healthcare staff in the host country	- lack of language skills	yes	yes	yes
	- need to use interpreter (privacy issues)			
Reliability and trust towards healthcare system in the home country	- trust to healthcare system in the home country	yes	yes	yes
	- to visit private gynaecologist	no	yes	yes
	- lack of trust in public healthcare (e.g., facilities not clean)	no	no	yes
Need to use traditional and alternative health practices	- trust on healthcare system in the home country	yes	yes	yes
	- possibility of visiting healer in the home country	no	yes	no
	- need for native medicines from the home country	no	yes	no
	- lack of traditional medicines in the host country	no	yes	no
Lack of income/financial means	- lack of money and income	yes	yes	no
	- unemployment/lack of job	yes	yes	no
Social aspect	- being near/close to family	yes	no	yes
Continuity of care obtained in the home country	- need to visit own gynaecologist	no	yes	yes
	- need to visit own dentist	no	no	yes

5.4.4 Provider level motivating factors

Respondents from all the three interviewed groups reported dissatisfaction with the knowledge, attitude, and practices of healthcare staff in the host country as a reason or motivating factor to seek healthcare in their home countries.

Participants from all the three interviewed groups reported dissatisfaction with attitudes of healthcare staff in the host country. Kosovar and Russian respondents reported sceptical attitude and unequal treatment by Finnish healthcare staff as reasons for dissatisfaction. A Kosovar noted: *"in general, I would expect from the health professionals to be tolerant towards the patients irrespective of whether the patient is a Finn or a foreigner"*, and a Russian expressed his/her dissatisfaction as following: "*Finnish doctors should give up sceptical attitude while dealing with foreign patients so that patients don't have to panic what is going on with his/her health."* On the other hand, Finnish participants were doubtful about the maintenance of confidentiality of patient information.

Lack of knowledge of healthcare professionals in the host country was reported by respondents from each interviewed group as a reason for dissatisfaction. A Kosovar stated: *"Finnish healthcare professionals are not aware that our temperament differs, and we react more promptly…it is like spontaneous reaction; thus it is a difference in culture,"* whilst a Finn reported lack of knowledge of local healthcare staff in the host country to be the reason for dissatisfaction as in his/her own words: *"I was afraid of the skills that nurses have there…not all of them are skilful enough to do the procedures…I was so scared that I may get some infection."*

Participants from all the three interviewed groups reported dissatisfaction with the practice of heath care staff as a reason or motivating factor to seek healthcare in their home countries. A Kosovar stated his dissatisfaction with practice as following: "*every treatment is slow because they like to be perfect with their interventions, like when they give you an injection or medication."*

Russian participants compared care obtained in Finland with care obtained in their home country. A Russian participant stated: *"in Russia, a doctor tries to identify all the health problems during a visit…but not in Finland, it is one visit one problem."*

Details about provider level motivating factors are presented in Table 11.

Table 11: Provider level motivating factors for seeking healthcare in the home country
(Note: Both respondents and family members' motivating factors are included)

Category	Explanation	Reported by		
		Kosovar	Russian	Finns
Lack of knowledge of health care staff in the host country	- lack of knowledge about cultural differences	yes	no	no
	- lack of skills and knowledge by nurses	no	no	yes
	- healthcare staff have no understanding of all circumstances	no	yes	no
Dissatisfaction with the attitudes of healthcare staff in host country	- less friendly attitude of physicians in governmental clinics	yes	yes	no
	- discriminative attitude of healthcare staff in the host country	yes	yes	no
	- convenience and familiarity with the healthcare in the home country	no	yes	yes
	- sceptical attitude of healthcare staff when dealing with immigrants	no	yes	no
	- physicians in the host country don't like immigrants seeking healthcare in their home country	no	yes	no
	- being in hurry all the time (like looking at their watches for time while attending the patients) by healthcare staff in the host country	no	yes	no
	- handling patient information in a confidential manner	no	no	yes
Dissatisfaction with practices by the health care staff in host country	- understanding emergency of the health problems	yes	yes	no
	- self-care and self-help not encouraged by healthcare staff	no	yes	yes
	- fear of over-treatment including antibiotics	no	yes	yes
	- fear due to unhygienic procedures (use of rings by nurses)	no	no	yes
	- physicians hesitate to prescribe medications	yes	no	no
	- slow treatment	yes	no	no
	- more focused to treat symptoms not the diseases	no	yes	no
	- lack of attention by physicians about all of the patient's problems	no	yes	no

5.4.5 System level motivating factors

A wide range of issues at system level were reported by respondents from each group as motivating factors to seek care in their home countries. System level motivating factors include: high cost, long waiting time, bureaucracy, dissatisfaction with referral system, authoritative type of health system, lack of alternative methods, and lack of interpreters in health clinics (for details see table 12).

Kosovar and Russian participants reported high cost of dental healthcare, long waiting time in governmental clinics, and dissatisfaction with the referral system as motivating factors to seek care in their home countries. For example, a Kosovar participant reported high cost this way*:"…I did my dental prosthesis in Kosovo….I say same treatment in Finland would cost much more."*

Lack of encouragement by healthcare staff for self-help and self-care was reported by both Russian and Finnish respondents as motivating factor to seek healthcare in their home countries. On the other hand, only Finnish respondents reported lack of translators in health clinics in the host countries.

Finally, lack of traditional and alternative methods in the host country was reported only by Russian participants. A Russian participant noted*:"..in Russia, treatment may be more traditional …no drugs...no medicines…more natural…but doctors may give advice how to treat yourself in natural way…in Finland it is more pragmatic."*

Table 12: System level reasons or motivating factors to seek healthcare in the home country
(Note: Both respondents and family members' reasons or motivating factors are included)

Category	Explanation	Reported by Kosovars	Reported by Russians	Reported by Finns
High cost of healthcare in the host country	- treatment cheaper in the home country	yes	yes	no
	- dental care cheaper in the home country	yes	yes	no
Long waiting time in the host country	- long waiting time in governmental clinics in the host country	yes	yes	no
	- long waiting time for dental care in the host country	yes	yes	no
Bureaucratic referral system in the host country	- medical system is bureaucratic	yes	yes	no
	- dissatisfaction with the long referral system	yes	yes	no
Lack of available alternative methods in the host country	- traditional treatment preferred like herbs, natural water, leech therapy, spa available in the home country	no	yes	no
Lack of interpreters	- lack of local language skills	no	no	yes
Authoritian healthcare system	- self-care and self-help not encouraged	no	yes	yes
	- overmedication as a means to profit	no	no	yes

5.5 Characteristic features of seeking healthcare in the home country

Respondents from all the three groups had sought healthcare in their home countries mainly by combining both vacation or visiting family members and regular check-ups together, but less often they travelled to the home country exclusively for the purpose of obtaining healthcare. Usage of social network, help by relatives and friends to arrange appointments, and preference of private practice were other significant features noted amongst all the three respondent groups.

Visits to a private gynaecologist and dentist in the home country were exclusive reasons for participants from all the three interviewed groups to travel to their home countries. Moreover, Kosovars reported male circumcision of a family member and surgery intervention due to deviated nasal septum as additional reasons to travel exclusively to

Kosovo for obtaining treatment. A Kosovar respondent explained help from relatives to arrange for care as: *"yes, family relatives recommended me the dentist in Kosovo; they knew we are going for vacation."*

Russian respondents reported visiting a healer and obtaining alternative methods of treatment, such as spa or leech therapy, as reasons to travel to Russia to seek care. A Russian explained visiting a gynaecologist in Russia as following: *"… I had gynaecological check though I did not have any problems…it was just a regular check-up."*

Finns in addition to visits to gynaecologist as mentioned earlier, they also reported follow-up of pregnancy and delivery, and recuperation after having obtained intervention as reasons to travel back to Finland. A Finnish respondent explained thus: *"…well, it was only for delivery we went specifically to Finland, but otherwise we took care of our other health problems during our vacations in Finland."*

Russian participants reported using Finish healthcare system first, and if not satisfied with that, the next option would be to seek healthcare in the home country.

More details about features of seeking healthcare in the home country are summarized in Table 13.

Table 13: Characteristic features of seeking healthcare in home country

(Note: Both respondents and family members' characteristic features are included.)

Category	Explanation	Reported by Kosovars	Reported by Russians	Reported by Finns
Travelling to the home country exclusively for the purpose of obtaining healthcare	- visits to gynaecologists	yes	yes	yes
	- male circumcision	yes	no	no
	- prosthetic dentistry treatment	yes	no	no
	- surgery intervention	yes	no	no
	- delivery	no	no	yes
	- visiting a healer	no	yes	no
	- obtaining alternative therapies (spa, leech therapy)	no	yes	no
	- rehabilitation	no	no	yes
Using social networks	- recommendations by relatives and friends	yes	yes	yes
Preliminarily arranged appointments	- help by relatives and friends	yes	yes	yes
Preference to private practice	- visits to gynaecologist and dentist	yes	yes	yes
Planned visits	- combining treatment with vacation and while visiting families	yes	yes	yes
	- chronic diseases and use of healthcare not available in the host country	yes	yes	yes
Other regular check-ups	- lab tests, dental care,	yes	yes	yes

5.6 Drawbacks in the care obtained in the home country

Finnish and Kosovar participants reported certain drawbacks with the healthcare providers and healthcare system in the home country, but Russian participants did not report any dissatisfaction with the care obtained in their home country.

Few Kosovar respondents reported dissatisfaction with the quality of prosthetic dental treatment obtained in Kosovo and with the attitudes of healthcare staff. A respondent noted: "*I will not trust anyone anymore …I will search for dental care here in Finland,*" and another Kosovar commented: "*physician was looking at my rings instead of focusing on my health.*"

One Finnish participant reported sceptical attitude about HIV testing, and two other Finns stated that lack of knowledge about tropical diseases, and one among the two of them suggested that Finnish healthcare personnel should obtain experience from abroad and spend more time when dealing with migrants or Finns who are living temporarily abroad. A Finn explained of aversive attitude of Finnish healthcare personnel towards HIV testing and that Finn noted: "*I feel that healthcare personnel are very insecure here …in terms of HIV testing…..so one (the patient) feels a bit stigmatized."*

Insecurity of Finnish healthcare personnel when dealing with tropical diseases was reported by two Finnish participants, and a Finn opined that: "*... when my son had fever for two days and we suspected malaria, doctor ended up asking me whether I thought he had malaria."* Finally, a Finn suggested:"*…I suggest Finnish healthcare professionals to spend more time with patients…not to deal routinely as they would with Finns….when you live in another country you would have more questions and maybe you feel more insecure, so it is good if there is somebody who could answer all your questions."*

6. Discussion

Study sample consisted of 25 participants comprising of 9 Kosovars, 8 Russians, and 8 Finns. The aims of this study were to find out and describe various factors that motivate study participants to seek healthcare in their home countries, to reveal other interesting characteristic features related to seeking healthcare in their home countries, and to find similarities and differences among respondent groups. A wide range of factors--clustered at patient, provider, and system level--motivated respondents from all the three groups to seek healthcare in their home countries along with the usage of healthcare services in the host countries. Utilizing social networks to arrange appointments with the healthcare providers in the home country and preferences for private sector were other common reported factors by respondents from all the three groups.

Mainly, seeking healthcare in the home country was usually combined with vacation or visiting family relatives and friends. However, in few cases, respondents from each group reported to have travelled exclusively for the purpose of seeking healthcare to their home countries, like for dental care and gynaecological examinations. In addition, Kosovars reported circumcision for male family members, Russian respondents reported traditional healing methods, such as spa treatment and leech therapy, and Finns reported delivery and recuperation after an invasive treatment.

Finnish and Russian respondents reported lack of local language skills and lack of knowledge of health services available and how to use them as motivating factors to seek healthcare in the home country and a possible explanation by Finns is their shorter duration of stay in the host country. However, Kosovars and Russians reported especially satisfaction with the free available care and treatment in Finland and with quality of hospital care, whilst Finns reported satisfaction with health insurance coverage, cheap and easy access to healthcare in their host countries.

In addition, Kosovar and Finnish participants reported in few cases dissatisfaction with the received care in their home countries; both of them reported dissatisfaction with the

attitudes of healthcare professionals, whilst Kosovars reported also dissatisfaction with the dental care received in Kosovo.

Familiarity, trust, and convenience to use healthcare services in the home country are common reasons stated by participants from all the three groups. A possible explanation for Kosovars could be that, for example, boy's circumcision is not solely a medical procedure but it is more of a social ritual; thus being near family is important for them. In addition, other explanation could be that concept of family includes not only nuclear family, but also includes extended family, like grandparents, brothers and sisters, and other relatives. A possible explanation by Finns could be that some of the Finnish respondents reported not having family members while living in a host country. Third possible explanation given by all the respondents from all the three groups could be that seeking healthcare in the home country is considered as a way to keep connections alive in the home country.

Finally, Russian and Finnish respondents revealed perceived need for continuity of care. It is quite understandable for Finnish respondents as they were just temporarily residing in a host country due to work, and thus combining visits with vacations ensured continuity of care obtained prior to moving. For Russians, a possible explanation could be relatively a short geographical distance and an inexpensive travelling and stay in Russia.

6.1 Strengths and limitations of the study

Strengths:

First, there is scarce knowledge about seeking healthcare in the home countries by migrants. In the literature reviewed, there was no study reporting seeking healthcare in the home country by citizens who live temporarily in the host country, like in the case of Finns in this study. Finnish respondents recalled their experiences from many countries where they live/lived, which included the United States, countries in Africa, Asia, and

Europe. There has been no study done so far about Kosovars on their healthcare seeking behaviour either in their host or home country.

Secondly, this particular study done by this author is most likely the second study of its kind about healthcare seeking behaviour in the home country of immigrants living in Finland, thus bringing out more knowledge in this particular subject. Third strength to be highlighted is that this study involved three groups of respondents from three different nationalities, which by itself could be considered as strength as it was possible to make comparisons among groups and to find out similarities and differences.

Fourth, qualitative approach using in-depth interviews has been used in this study, which is a big step in gathering data and information that could be later used in any other larger quantitative study done in this subject as there is only little pre-existing knowledge on the topic of this study.

Fifth, the study was carried out in Finland, but data collection took place in 4 different cities, including central part of Finland, west, and Northwest region in Finland.

Sixth, another strength worth to be noted is that author of the study belongs to and speaks the same native language as one of the groups of respondents as the author is native of Kosovo.

Finally, the findings of this study are consistent with the findings of several research studies done before elsewhere on immigrants about their healthcare utilization in their host as well as home countries.

Limitations:

It should also be mentioned that there are several limitations to this study that need to be mentioned. First, the study sample was rather small (N=25), thus generalization cannot

be made to other migrant groups, but the sample size was consistent with recommendation for qualitative research using in-depth interviews (Burns & Grove, 2007).

Second, snowballing technique was used as a sampling method. Snowballing technique is inherent with certain limits, for example, when generalizing the findings to other immigrant groups living in Finland or in other countries. Few direct impacts of snowballing technique in this study are: enrolment of only men as study participants among Kosovar immigrants; from Russians, enrolment of only those who held university degrees; and amongst Finns enrolment of those who held either Master's or PhD degree. However, snowballing technique was used as a sampling method as it was difficult to get in advance all information needed about target group for inclusion criteria in this study.

Third, interviewing about past experience carries out potential memory bias, that is, sometimes study participants may not recall correctly from their memory. Another issue would be one do not know what the participant says is a fact or a fiction.

Finally, using content analysis carries out potential bias of researcher interpreting the meaning of the content of the original expressions given by respondents in his or her own way, but the author of this study speaks the same native language as one of the respondent groups (Kosovars), thus having greater understanding of the meaning attached to the stories told by the respondents.

6.2 Comparisons of findings with previous studies

First, in the literature reviewed, there was found no studies conducted with Kosovars as migrants about health-seeking behaviour in a new host country, and similarly no study findings about seeking healthcare in the home country by citizens of any country while living abroad temporarily. Thus comparison is made in this chapter between findings of

this current study with findings of the previous studies conducted elsewhere with migrants about healthcare usage in the host country.

Second, in this study, participants from all the three groups reported motivating factors for which they had sought care in their home countries, which were categorized as motivating factors at patient level, provider level, and system level. For example, few patient level factors revealed in this study like length of stay and gender were also reported by Macias et al., 2000, Shin et al., 2005, Leduc & Proulx, 2004, in their studies. Furthermore, lack of language skills reported by all the three respondent groups in this current study and subsequently not being able to understand explanations about health situation and advices given by healthcare professionals were also noted in several other studies carried out, such as studies done by Garces et al., 2006, Shin et al., 2005, Dias et al., 2008, Roth & Kobayashi, 2008, and Lopez, 2005.

Moreover, system level motivating factors, such as high cost and long waiting times that were mentioned by Kosovar and Russian participants in this study as reasons to seek for healthcare in their home countries which prompted them to use cheaper available healthcare or treatment in their home countries, such as dental care, are consistent with the findings in the studies reviewed, such as Ma, 1999, Pavlič et al., 2007, Garces et al., 2006, Macias et al., 2000, Leduc & Proulx, 2004, Dias et al., 2008, and Shin et al., 2005. However, travelling back to the home country exclusively for healthcare purpose or combining visits to relatives with getting healthcare treatment not only from traditional healers but also modern scientific treatment was not noted in the previous reviewed studies.

Third, motivating factors for which Russian migrants in Finland in this study sought healthcare in Russia are consistent with findings of the literature reviewed on migrants from former Soviet Union/Russia living in the United States and Israel as reported by Soskolne et al., 2005, Ivanov & Buck, 2002, Aroian et al., 2001, and Remmenick & Ottenstein-Eisen, 1998. For example, in this study, similar to findings of the previous studies reviewed, Russian migrants revealed that cultural norms and beliefs, such as

expectations for medical cures, willingness to use government subsidized health services, dissatisfaction with referral system and preferring more specialist care, comparison with care they received in their home country with the host country play important role whether to seek healthcare in the host country or travel to their home country.

Other similarities between findings of this current study with the previous studies, such as Leduc & Proulx, 2004 and Koehn, 2007 respectively, are the retrospective comparison of care received in the home countries by migrants and trust of healthcare personnel. Moreover, Russian participants in this study similarly reported dissatisfaction with long waiting times, and preferences for traditional healing methods as to the study findings of Soskolne et al., 2005, Ivanov & Buck, 2002, and Aroian et al., 2001.

According to Kleinman (1973), the usage of traditional healing methods is common among people all over the world, which has been noted solely by Russian migrants in this study. Need and use of traditional healing methods (non-biomedical approach) were also reported by few migrants in the reviewed studies carried out by Garces et al., 2006, Macias et al., 2000, Ma, 1999, Lopez, 2007, Pavlič et al., 2007, and Tiilikainen, 2007.

Fourth, factors that motivated participants in this study are similar to findings of few other previous studies carried with migrants in which along with usage of healthcare services in the host countries migrant sought healthcare also in their countries of origin. For example, in the study by Ma (1999), it was found that length of stay, education level, lack of familiarity with the healthcare system, and language skills are interlinked to each other and have an impact on healthcare utilization. Trust to healthcare professionals and use of social networks to arrange appointments in the home countries were also mentioned in the study of Pavlič et al., 2007, Koehn, 2007, and Tiilikainen, 2007. Relatively short distance was an important factor for Russian participants in this study to seek healthcare in Russia similar to Mexicans in the United States and migrants from the former republics of Yugoslavia living in Slovenia (Lopez, 2005, and Pavlič et al., 2007).

Findings of this study are consistent with findings of the studies with migrants in Finland. For example, in this study Kosovar and Russian migrants revealed language and communication problems, dissatisfaction with attitudes of Finnish healthcare staff, such as continuous hurry, lack of time, and aversive attitude towards foreigners as patients, findings that are very consistent with study findings by Koskimies and Mutikainen (2008). Furthermore, respondents from all the three respondent groups had sought care mainly when visiting family relatives or friend, use of social networks to arrange appointments beforehand, and travelling to the home country and seeking healthcare as a way to keep connections with the home country, which are very consistent with the findings of Tiilikainen (2007) about Somalis living in Finland.

Finally, Kosovar and Finnish participants in this study had reported few objections on the healthcare obtained in their home country, such as quality of care, attitudes of healthcare professionals, which has not been reported in previous studies.

6.3 Public health implications & further research proposals

The study findings have several important public health implications. Finnish healthcare providers need to approach immigrant patients in a holistic manner and take into consideration that migrants may have different views and expectations about health and appropriate care based on their experiences they had in their countries of origin.

As Koehn & Tiilikainen (2007) concluded that Finnish healthcare professionals are not aware of the extent to which migrants rely upon and use alternative approaches. Hence, Finnish healthcare decision-makers and providers need more empirical data about what alternative healthcare services their migrant patients are using so that they can respond appropriately. Therefore, Finnish healthcare personnel need more information about the motives or reasons for migrants to seek healthcare in their countries of origin and for Finns who live in other countries in order to provide the relevant and suitable care.

Furthermore, Finnish healthcare providers can benefit and utilize, for example, information from care obtained by migrants in their home countries, like different diagnostic tests underwent by migrants in their home countries. However, Finnish healthcare providers should take into consideration that migrants in Finland might take two different treatments at the same time, one prescribed by healthcare professionals in Finland and other one from migrants' home country, especially if treatments are entirely different as it might influence on the health outcomes of their clients.

Moreover, as Kosovar and Russian migrants reported lack of language in terms of not understanding physicians' advices and explanations about health situation or condition, it would be useful to involve professional interpreters to ensure that migrant clients understand given advices or explanations.

Therefore, conducting another research in the same field using quantitative method would be useful in order to extrapolate findings to bigger population. Increasing the sample size and conducting the research in other settings might provide more additional information on the healthcare seeking phenomenon in the home country by migrants living in Finland and by Finns who live and/or work temporarily abroad.

As the number of migrants who come to live in Finland is increasing gradually, more research is needed with specific immigrant groups to learn about their cultural patterns of healthcare utilization in order to improve the effectiveness and appropriateness of the delivery of healthcare services thus resulting in desired healthcare outcomes.

Finally, a research to obtain opinions and/or practices of Finnish healthcare personnel about utilization of healthcare services in Finland by immigrants would be useful, including foreign healthcare professionals working in Finland as informants.

7. Conclusions and recommendations

Findings of this study permit the following conclusions to be drawn:

- a wide range of factors at patient, provider, and system level motivated Kosovar and Russian migrants living in Finland, and Finns who live/lived temporarily abroad, which include such as length of stay, education, cultural norms and beliefs, high cost especially for dental treatment, long waiting times in governmental clinics, and social aspect (being near to family), including perceived need to ensure continuity of care obtained in the home country;

- seeking healthcare in the home country is usually combined with visits to relatives and friends who also assist in fixing/arranging appointments with the healthcare providers beforehand in the home country, but for few reasons, they also did travel exclusively to the home country for availing healthcare. Private practice was more preferred, whilst Kosovar and Finnish participants in addition to satisfaction with the care obtained in the home country, they also reported dissatisfaction with the quality of services (Kosovars) and with the attitudes of healthcare professionals;

- availing modern (bio-medical) therapy in the home country by all the Kosovar study respondents who are immigrants living in Finland, by all the Finns in the study group living in abroad, and majority of the Russians in the study group. But few Russians in the study group availed traditional (non-biomedical) healthcare in their home country.

Seeking healthcare is one of the many components of health behaviour that is complex and multidimensional. Although a lot is known about the healthcare-seeking behaviour, it is still influenced to a large extent by the changing life situations/conditions of an individual, and hence it is not possible to make generalizations accurately.

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Appendix 1: Interview guide

SEEKING HEALTHCARE IN THE HOME COUNTRY: REASONS GIVEN BY KOSOVAR AND RUSSIAN MIGRANTS LIVIING IN FINLAND, AND BY FINNS LIVING ABROAD

Interviewer:
Date:
Interviewee's code:

I. Opening the Interview
Explain topic of the study and why it is conducted.

II. Oral consent section
Would it be all right from your side to conduct an interview with you regarding your seeking health care in your home country? Interview will be voice-recorded and then verbatim transcribed. All information will remain confidential and only author of the study will have access to the interview data. Interview is anonymous but would be good to have your contact details if needed to contact you afterwards. Interview will take 45-60 minutes and you are free to discontinue interview at any time.

It seems you are eligible to participate in the study, so let us go on with the interview. If no, thank you for your time.

III. Set of questions related to background information of the interviewee
- Could you tell where and when you were born? Where have you lived since then?
- When did you move to the host country?
- Are there any other family members living with you? If they do not live with you, where do they live?
- What is your current citizenship?
- What is your educational background?
- Do you work or study at the moment? What is your current occupation?
- Have you ever sought healthcare in a country other than you country of residence, i.e., travelled abroad to seek healthcare?

IV. Set of questions related to reasons why one seeks healthcare at home country

- Could you tell me more about your medical/health service usage outside Finland/in Finland (for Finns)?
  Prompt, if necessary:
  # how many times and when? in which countries?
  # in what ways (visits, telephone/internet contacts, relatives have visited doctors/healers and brought medication, other ways)?
  # what kind of practitioners (doctors, religious/traditional healers, pharmacists, or other) have you used?

- Would you like to explain more about conditions/reasons for seeking healthcare abroad? (If you have more than one experience, we can start from the latest episode.)

  Prompt, if necessary:
  # For what symptoms did you seek counselling/care?
  # Where did you go?
  # Whom did you see?
  # What did it cost to you in terms of time, money, or other resources?

- Besides going abroad, did you also use health services in your country of residence? Can you tell me something about your experience there?
  Prompt, if necessary:
  # Did you use the local services before or after those that you have used abroad?
  # What kind of counselling/treatment did you get from local health service?

- What were the motivating factors for you to seek healthcare abroad?
  Prompt, if necessary:
  - Did somebody recommend you to go back to home country?
  - Were you unhappy with local health care services in Finland or in the host country?

- What do you think now: was it worth seeking health care abroad?
  Prompt, if necessary:
  # What did you gain? And what did you possibly loose?

- If you were again in similar situation, would you do the same?

V. Set of questions about time after experience in health seeking in the home country

- Now you are back to Finland, have you discussed your experience of seeking healthcare abroad with local health professionals?
  Prompt, if necessary:
  - If Yes, Why? How did local health professionals react?
  - If No, Why?

- Did Finns refuse to treat (continue treatment) after that?

- Finally, is there anything that you would like the Finnish health professionals to learn from those you consulted abroad?
  Prompt, if necessary:
  # What and why?