

ORIGINAL PAPER**Perceptions of health among adolescents in Ethiopian immigrant families living in Finland****Berhanu Jembere, BSc, MHS PhD-student;**

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ABSTRACT

Aims: From the developmental perspectives children acquire and widen their perceptions of health as they mature and grow up. The main purpose of this study was to describe health through the eyes of adolescents in immigrant Ethiopian families living in Finland.

Methods: Ten boys and five girls participated. The adolescents' ages ranged from 12 to17. Theme interviews were used in data collection. Snowball sampling technique was used. Consent was obtained from the adolescents and adolescents' parents. Inductive content analysis technique was used to analyse the data.

Results: Adolescents indicated that health is the wellbeing of all dimensions that make us intact and complete. Adolescents believed relaxation, physical activity, good hygiene, good social relationship, avoiding consumption of poison substances, green nature, hygienic environment and peace are health supportive elements. On the contrary adolescents said insufficient resting, violent behaviors, difficulty, irritation, being inactive physically, addiction to alcohol and smoking, eating fatty food, not respecting meal time and use of drugs are health damaging behaviors. Adolescents consumed soft drink and alcohol frequently ,were physical inactive, practiced unhealthy eating habits, felt lazy to go and grab food from food store, faced financial difficulty to pay for Gym and healthy food that threatened their health. Adolescents used sport, socialization, moderate alcohol intake, avoid eating unhealthy food and smoking as their strategies to enhance their health.

Conclusions: Adolescents were able to identify unhealthy lifestyles and healthy lifestyles. However adolescents were engaged in healthy and unhealthy lifestyles simultaneously. Thus family, school, neighbours and health care workers should work together and vigilant in assessing and removing factors that prevent adolescents from adopting healthy lifestyles.

Keywords: Health, Adolescent, Migration, Ethiopia, Finland

INTRODUCTION

The definitions of the term health varies from scholar to scholar, from individual to individual and from culture to culture based up on the purpose it serves. However, the most cited and censured definition of health is indisputably that of the World Health Organization (WHO). The World Health Organization put forward a definition of health that stresses positive aspects of health. Health is a state of complete physical, mental and social well-being and not only the absence of disease and infirmity (WHO 1958). Three characteristics essential to positive conceptualization of health can be found in this definition because it reflects concern for individual as total person rather than as merely the sum of various parts, it views health in the context of both internal and external environments, and it equates health with productive and creative living (Pender 1982). Health has several dimensions. These are physical health, mental health, social health, emotional health, spiritual health and societal health (Ewles & Simnett 1989). Physical health is known as the most obvious dimension of health and is concerned with the mechanistic functioning of the body. Mental health means the ability to think clearly and coherently. There is strong correlation between mental health, emotional and social health. Emotional health refers to the ability to recognize emotions such as fear, joy, grief and anger and to express such emotions properly. Emotional or affective health means coping with stress, tension, depression and anxiety. Social health refers to the ability to make and maintain relationships with other people. For some people spiritual health is connected to religious beliefs and practices; for other people it has to do with personal faiths, principles of behaviour and ways of reaching peace of mind. Societal health means that person's health is inextricably related to everything surrounding that person and it is impossible to be healthy in sick society which does not make available the resources for basic physical and emotional needs. It is very improbable that someone can be healthy living in an area lacking basic services and facilities such as health care, transport and recreation (Ewles & Simnett 1989). Furthermore, Ewles and Simnett (1989) indicated that aspects of health are interconnected and

mutually dependent and a holistic view of health is greater value to health professionals and clients.

A healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early. When healthy lifestyle is adopted, a more positive role model is provided for other people in the family, especially for children (WHO 1999). The analysis of what determines health reveals that at least five factors interact to influence the health of an individual or population. These are biological factors (aging and genetic changes), lifestyles, environment, social and economic factors and the use of and access to health care service (Downie, Tannahill & Tannahill 2005).

Studies showed that there is a developmental tendency in which children acquire and develop their perception as they mature and grow up. Thus thoughts about health and illness are determined by the general society and are acquired through the gradual process of achieving general social orientations (Campbell 1975).

Health promotion is the intervention designed to improve health, such as offering sufficient nutrition, a favorable environment and ongoing health education. For instance massive immunizations, periodic examinations and safety features in the work place are used to protect and prevent against illness (Edelman & Mandle 2002). The goal of health promotion is to encourage positive growth and adjustment all the way through adolescent period while helping young people to keep away from outcomes that damage their future health and development (Perry & Jessor 1985). Adolescence is typically viewed as a transitional period between childhood and adulthood, During this period, adolescents reach physical and sexual maturity, develop more sophisticated reasoning ability and make important educational and occupational decisions that will shape their adult careers (Petersen & Crockett 1993).

The developmental tasks of adolescent period are successful transition to secondary schooling, academic achievement (learning skills needed for higher education and work), involvement in extra-curricular activities (sports, music, and clubs), forming close relationships within and across

gender and forming cohesive sense of self-identity (Masten & Coatsworth 1998).

Transition to adolescence period is linked with a number of issues that affect the adolescent's body, behavior, and social interactions. This transition touches upon most areas of the adolescent's everyday life and involves an increase in physical size and maturation (including neurological and sexual maturation), the desire to be independent from parents, with a resulting decrease in the influence of parents on the adolescent's behavior, an increase in the time spent away from home, an increase in the number of life activities to which the adolescent must adapt such as interaction with peers, sexuality, driving, community activities, earning money, coming to terms with drug use and crime, and greater involvement with peers (Barkley 2006). Most adolescents experience some frustration, anxiety, and despair when attempting to deal with these aspects of transition however they usually find ways doing so without being overwhelmed (WHO 1977).

Adolescence is a challenging developmental period characterized by experimentation, inquisitiveness (Benda & Corwyn 1998) and hesitation (Feldman & Elliott 1990). Adolescence is a period of risk-taking and onset of sexual activity. Thus adolescence period is a period that is largely connected with risk-taking behaviors (WHO 1993).

Consumption of health compromising substances such as alcohol, tobacco and other recreational drugs, as well as unprotected sexual activity that carries risk for unwanted pregnancy and infection, are among the risk related activities taken up by many adolescents (Smylie, Medaglia & Maticka-Tyndale 2006). These risk behaviors among adolescents have been associated with social and economic costs today and in the future including accidents, violence, suicide, chronic or acute health conditions, shortened educational achievement and reduced employment opportunity, as well as direct economic trouble to health care and to other social services (Benda & Corwyn 1998). [11]. Health risk behaviors which contribute to the leading causes of morbidity and mortality among adults and adolescents are interconnected (Eaton et al. 2006).

Although the universal aim of migration is to find new chances and the long-term prospects it offers are often good, migration is often distressing and not an easy process (WHO 1977). The family's cultural and ethnic influences that operate throughout childhood continue into adolescent period. The adolescent may question or reject these influences more strongly than does a younger counterpart, but the effects especially when ethnically based, still exists because others can see it. Adolescents with immigrant parents must negotiate two cultures, languages and set of expectations. In actual fact these adolescents live a dual life, resulting increased stress that can permeate all aspects of their lives (Edelman & Mandle 2002). The risk of maladaptation and various diseases among adolescents with immigrant families may be speeded up by unemployment, crowded living, vitamin deficiencies, weakening of family ties, radical changes in dietary habits, ecological differences, contact with many strangers and new cultural elements. Thus chief factors stopping the integration of immigrant adolescents in some countries are inequality associated with housing, employment, education and social acceptance by the host community (WHO 1977).

Adolescents of Ethiopian immigrant families have to face the challenges of the normal development and the reality of living between double cultures. This paper reports the analysis of perceptions of health through the eyes of adolescents in Ethiopian immigrant families living in Finland.

The main purposes of this study were

- to describe perceptions of health among adolescents of immigrant Ethiopian families
- to discover factors that promote the health of adolescents among immigrant Ethiopian families
- to describe the major factors that impose threat to the health promoting behaviors of adolescents of immigrant Ethiopian families

Methodology

Sample

Adolescents of Ethiopian immigrant families who were born in Ethiopia and Finland participated. The ages of the adolescents ranged from 12 to 17. Ten boys and five girls participated. All the participants lived with their parents except one participant. Three participants had Finnish parents or they were adopted by Finnish families. The conditions for participation were: the adolescents have to dwell in Finland at least for three years and the adolescents should have either mother or father who is originally from Ethiopia. Ethical statement was not needed because according to Finnish regulation, ethical approval is not needed when adolescents participate as individual (snowball sampling). The parents agreed to the participation of the adolescents. Written and verbal consents were obtained from both adolescents and parents.

Data collection

A total of fifteen theme interviews were conducted with adolescents. The data collection was began in June and ended in the middle of September 2007. Individual Interview was made. All the interviews were tape-recorded with the permission of adolescents and their parents.

Snowball sampling strategy was used to identify the adolescents and parents. It is a kind of convenient sampling. Snowball sampling is a process of selecting sample using social network (Kumar 1996). Each interview took nearly one hour. The interviews were conducted at the adolescents' home, and at the parks and libraries in Helsinki, capital city of Finland. A total of 110 pages of data were collected. The researcher contacted the parents of the adolescents via churches and friends. Prior to the interview the consent letters were given to the parents and adolescents. The consent letters were sent to the parents via e-mail and some of the parents were given the consent letter to their hands at church and in the suburbs of Helsinki. The snowball sampling technique was used because adolescents from immigrant Ethiopian families were spread in the dominant Finnish population and reaching them was relatively easy through snowball sampling. Perceptions of adolescents about health

were discovered through questions like these: Health does mean different to different, what does it mean to you?, What are good for health?, what are bad for health? What do you do to keep yourself healthy?

Data analysis

The analysis of the data was based on the inductive content analysis approach. The purposes of inductive approaches are to condense extensive and varied raw text data into a brief summary format and to establish clear links between the research purposes and the summary findings derived from the raw data and to allow research findings to emerge from the frequent, dominant themes inherent in raw data (Thomas 2003). In this study the data were put into a brief format by taking into consideration the purpose of the study. Categories were identified by reading and rereading the transcripts several times. Each interview was transcribed and prepared for close reading, and then the raw data were read in detail to familiarize with the content and discover and capture the major themes and subordinates in the text. The text was labeled and coded to create categories and again the overlapping categories were merged (Creswell 2002). In this paper major categories were identified which were developed from the research purposes through coding and logical groups of concepts (Kim, Elliott & MclinN 2004).

Results

Five major categories were identified which were developed from the research purposes through coding and logical groups of concepts that provide descriptions of health.

The meaning of health

According to the adolescents health is no infirmity, calamity and impediment on the physical body, bodily strength, being capable to perform everything one wishes, being strong within self, and having good physical shape. Also, health is stability, feeling fit and a form of life with emotional, psychological and spiritual security and harmony. The words of the adolescents:

Health is life with peace, Life without illness. Being mentally stable and physically fit, can do anything you want, being feeling strong inside, feeling healthy.

The health supportive behaviors

Adolescents reported health supportive behaviors includes having enjoyable life experience in quiet and good settings, good eating habits which included nutritious cooking, avoiding eating excessively greasy food and eating vitamins and vegetables, jogging, walking, playing basketball, tennis and exercising at Gyms; good hygiene included good settings, personal hygiene and a clean home, having good social relationships with friends, family members, peers at school and neighbors and avoiding doing health undermining activities, such as cigarette smoking, drinking alcohol and using drugs. The comments of the adolescents:

Rest, balanced food, physical movement, healthy and peaceful place, washing clothes regularly, taking care of home, cleaning bathrooms and kitchen are good. The people, you spend time with them and a family. Enjoying life and refraining from things that are known as bad for health such as cigarette, alcohol, and overly fatty food. Eating a lot of vegetables and vitamins are good.

The health damaging behaviors

The adolescents listed health damaging behaviors. These included, violent behaviors, troubles and arguments and irritation, lack of physical movement, addiction to alcohol and smoking, eating fatty food, not respecting meal time and use of drugs, being not getting enough sleep, lack of time to relax and to do recreational activities. The words of the adolescents:

Violence, problems, arguments, anger and being addicted to some drugs such as cannabis, cigarette and alcohol, sitting the same place on the computers and playing games and watching TV and using remote control to put on and off TV, consuming a lot of fat, not eating properly, not sleeping enough, and not having time for oneself. Work and study at the same give stress.

The adolescent behaviors as threat to health

The adolescents said that they have consumed large amount of soft drink and drunk alcohol on a regular basis. They have not practiced physically well, practiced unhealthy eating habits. They were unmotivated to go and grab food from food store and had faced lack of money to pay for Gym and healthy food .The words of the adolescents:

I drink too much lemonade, I like donuts I feel I do not exercise enough and don't eat healthy food (eating too much or little) I often drink alcohol, I usually eat late and I am lazy to go and buy food from shop, yesterday I did not eat. I do not have enough money to buy good food and for Gym.

Strategies used to promote health by adolescents

Adolescents participated in running, jogging, walking, bicycling, playing football and basket ball and playing tennis table and training at Gym; they socialized themselves by making friends, meeting friends and having fun with friends, used moderate amount of alcohol intake, refraining from eating unhealthy food such as eating less fatty food and making own food that is nutritious food at home rather than eating at restaurant which provided less nutritious food. The comments of the adolescents:

I am sociable person, cutting down consumption of fatty food like sausage, drinking moderately, even if I smoke today, I go to Gym and run to open my lung because people who smoke need to run a lot you know! I eat good food. I eat fruits; I do not have to go to the restaurant. I might rather go to the shop and go home and make my own food home.

Discussion

The data showed health is the wellbeing of all dimensions that make us intact and complete. This finding is consistent with WHO (1958) definition, health is “a state of complete physical, mental and social well-being and not only the absence of disease and infirmity”. Furthermore, getting pleasure from life by having enjoyable life experience in quiet and good settings, nutritious cooking, avoiding eating excessively greasy food and eating vitamins and vegetables, jogging,

walking, playing basketball, tennis and exercising at Gyms, clean environment, personal hygiene and a clean home were used for health promoting behaviors. Health is also about having good social relationships with friends, family members, peers at school and neighbors. Health is keeping away from health undermining activities, such as cigarette smoking, drinking alcohol and using drugs. In supporting this Millstein and Irwin (1986) showed that adolescents recognized behaviors such as appropriate nutrition, exercise, getting adequate sleep, and seeing the doctor or dentist, maintaining personal sanitation, taking vitamins, avoiding injury, staying away from ill persons, having optimistic attitude and avoiding pessimistic feeling as health advancing behaviors.

The data showed that violent behaviors, troubles and arguments and irritation, lack of physical movement, addiction to alcohol and smoking, eating fatty food, not respecting meal time, use of drugs and lack of time to relax and to do recreational activities put at high health risks adolescents. In supporting of this (Centers for diseases Control and Prevention 1999) smoking, substance abuse, inadequate physical exercise, a high fat diet, irresponsible use of motor vehicles and unsafe sex are behavioral risk factors. These unhealthy behaviors are associated with several health problems. Frequent high alcohol consumption and binge drinking in adolescence are risk factors for the likelihood of several other health hazards such as bodily injury, traffic accidents, violence, drunk driving and marijuana use

(Christopherson 2004; Bonomo, Coffey, Wolfe, Lynskey, Bowes & Patton 2001). Injuries are the most serious health risk to adolescents and the primary cause of passing away in the early ages (Paulson 1988; Hingson, 2005). Nutritional insufficiencies affect young people's wellbeing and the risk factor for major chronic diseases in adulthood (Yannakoulia, Karayiannis, Terzidou, Kokkevi & 2004). Chronic conditions such as cardiovascular diseases, cancer and type 2 diabetes are major causes of death (Bennett 1996). Dietary intakes are thought to be significant contributors to these morbidities (National Health and Medical Research Council 1995). Overweight is risk factor for elevated blood pressure, hyperlipidemia, or hyperinsulinemia for overweighed children (Freedman, Dietz, Scrivivasan & Berenson, 1999). Persistent physical inactivity in adolescents is associated with a less healthy lifestyle, worse educational progression, and poor self perceived health (Aarnio, Winter, Kujala & Kaprio 2002).

The data showed that adolescents had contradictory lifestyles. They were engaged in both healthy and unhealthy behavioral activities simultaneously. They should be encouraged to develop healthy behaviors because their participation in unhealthy behavioral activities, on occasion, could extend to adulthood and lead to ill health and social problems both today and tomorrow. Further research is needed on adolescents in immigrant families to elicit scientific knowledge and information then to protect, maintain and promote adolescents' health.

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