



National study on the health, welfare and services of the foreign-born population – MoniSuomi 2022

Key observations to support decision-making

MAIN FINDINGS

- On average, the immigrant population in Finland is doing well. The majority have at least one friend in Finland and a moderately strong experience of inclusion and the safety of their daily lives.
- Most immigrants also felt their health was good and reported fewer long-term illnesses than the total population on average.
- Discrimination experiences are particularly common in the immigrant population, as 43% had experienced discrimination within the previous 12 months.
- Between 2018 and 2022, the need for physician, nurse and dentist appointment services increased significantly.
- The MoniSuomi study reinforces previous data that there are still major differences in the health, welfare, experiences of inclusion and access to services in the context of groups from different countries of origin and between men and women.

The National study on the health, welfare and services of the foreign-born population - MoniSuomi 2022 is a population study for the adult population with a foreign background (hereafter immigrant). The aim of the study is to examine health, well-being and service experiences and factors affecting these. Key results are presented in a web-based phenomenon report in which these can be examined nationally by country of origin, gender and age group as well as specifically in the wellbeing services counties studied. It is now also possible for the first time to view the change over time between 2018 and 2022. The results of the MoniSuomi study increase knowledge, understanding and discussion on the immigrant population in Finland and provide tools for decisions-making and planning. In addition, participation in the study has given immigrants the opportunity to influence and highlight their experiences.

Quality of life, inclusion, trust

According to the results, 48% of immigrants found their quality of life good on average, which was slightly less than in the Finnish population in total (52%). On the other hand, immigrants were more satisfied with themselves than the Finnish population in total. For example, 82 per cent of those who had moved to Finland from African countries felt satisfied with themselves, whereas the corresponding figure was 72 per cent for the total population. Challenges to quality of life emerged in different age groups and countries of origin. Young adults felt the most dissatisfied with themselves, their neighbourhood and their relationships, while women aged 50-74 encountered more health-related challenges. There were no significant differences in quality of life between 2018 and 2022.

14% of immigrants experienced loneliness, but the experience of loneliness varied according to country of origin, gender, and age. For example, one in five young men (aged 20-29) said that they were lonely, while one in four men from the Middle East and North Africa were lonely. Around four out of five immigrants had at least one friend in Finland, but major differences were observed by country of origin and gender. Only 68% of men from the Middle East and North African countries had a friend in Finland and only 73% of women from the same country of origin, whereas 90% or more in Russia/Soviet Union and Estonia groups had a friend in Finland. The experience of inclusion was slightly better for immigrants than for the Finnish population in total, but men in the Middle East and North Africa group experienced exclusion more often than others.

The trust of immigrants in different institutions (health care and social welfare workers, the judicial system, the Finnish Government, the Church or other religious communities) varied according to their country of origin. For example, those from Russia and the Soviet Union trusted healthcare workers less, while those from Africa and South-East Asia had a greater amount of trust for them. The lowest level of trust in social welfare workers was among men from Estonia. From the Estonia and Russia and the Soviet Union country groups had the least confidence in the Finnish Government. Men and women from African countries (excluding North Africa) and women from Southeast Asia felt the most trust in the Church and other religious communities. Immigrants held the greatest amount of trust in the police (approximately 90%) and no significant differences were observed between different country of origin or age groups.

Experiences of discrimination were particularly common in the immigrant population, as 43% had experienced discrimination in the previous 12 months. Experiences of discrimination among immigrants varied by country of origin, and the experiences were particularly

emphasised by men from the Middle East and Africa. Immigrants felt that their daily lives were extremely or very safe slightly more often than the Finnish population in total, although there were minor difference depending on the country of origin and gender. Men felt that their daily life was slightly safer than women. The experience of being safe in their daily lives was most common among men who had moved from Europe, Russia and the Soviet Union (83%), and the least common in the group of men who had moved from Estonia (68%).

Approximately one third of immigrants aged 20-74 reported having had to forgo food, medicines or medical visits due to lack of money in the last 12 months. In terms of adequacy of finances, immigrants experienced problems more often than the Finnish population in total. The immigrant population felt that Kela's basic social assistance was sufficient more often than the Finnish population in total (those who felt that the basic social assistance from Kela was insufficient 50% vs. 70 %). Of the country-of-origin groups, the Middle East and North Africa groups stood out, as in these in particular, the experiences of men on the adequacy of social assistance were close to the level of the entire population (immigrant men: 67 % and men in the Finnish population in total: 70 %).

Health, functional capacity and lifestyle

Approximately two out of three respondents felt that their health was good, men slightly more often than women. Immigrants had fewer long-term illnesses or health problems on average based on their own report than the Finnish population in total, there were especially few of these reported by men from Asia, America and Oceania. The perceived health of immigrants had also improved slightly since 2018, and the share of those who reported long-term illnesses or health problems had decreased in four years, although the change was relatively small.

Mobility challenges, such as walking up one flight of stairs and a 100-metre run, were more common among immigrants than among the Finnish population in total, although there were differences between the countries of origin and genders. These difficulties were most common among those from the Middle East and North Africa, whereas men from Russia or the Soviet Union experienced less difficulties in running than the male Finnish population in total. There were few difficulties in walking half a kilometre, but they were slightly more common among immigrants, especially women from the Middle East, Africa and South-East Asia. More than a quarter of women from the Middle East and North Africa experienced major walking difficulties.

Memory, learning and concentration difficulties were common in certain immigrant groups. A small positive change in the prevalence of memory problems was observed when comparing data from 2022 with data from 2018. The self-assessed experience of work ability was similar for immigrants to that of Finnish population in total, but there were differences between countries of origin. Experiences of impaired work ability were most common among groups from the Middle East and North Africa, in which almost half of women and nearly 40 per cent of men felt that they were partially or completely unable to work. In some countries of origin, work ability was perceived as better than in the Finnish population in total (women from South-East Asia and men from Africa, Europe, other parts of Asia, America and Oceania). The experience of partial or full incapacity to work increased slightly between 2018 and 2022 among immigrants, especially those from Estonia and other Asian, American and Oceanian countries.

One in five immigrant men and 15% of immigrant women smoke daily. Smoking was the most common among those from Estonia and those aged 50–74. Daily smoking did not decrease significantly compared to 2018. Immigrants consumed less alcohol than the Finnish population in total, and its use in the last 12 months decreased slightly from 2018 to 2022 in all countries of origin. Six per cent of immigrant men and two per cent of immigrant women had used cannabis, which was the same as the use of cannabis among the Finnish population in total. The use of cannabis was clearly more common among young people than in older age groups.

Approximately half of immigrants met the recommendation on sustainable physical activity. It was most achieved among those from Russia, Estonia and Europe, and least commonly among those from the Middle East and North Africa. The target for consumption of plants

How this study was conducted:

The survey data was collected between September 2022 and March 2023 using an electronic form, which was supplemented by a paper questionnaire and telephone interviews. The study's sample (N = 18,600) was drawn using a stratified random sample from the Population Information System maintained by the Digital and Population Data Services Agency.

Sampling was restricted to persons who were born abroad and were of foreign origin, who were aged 20 to 74 and had lived in Finland for at least 12 months at the time of sampling. Including all response methods, the response rate was 44.1 per cent (n = 7,838). Data from the Healthy Finland 2023 survey was used as comparison data for the MoniSuomi study.

This study is a continuation of the Fin-Monik study carried out in 2018-2019. In the future, the study will be carried out every four years, next in 2026.

and fruit was achieved more often among immigrant women than men. Women from Europe, Russia and Estonia ate the most vegetables and fruit (almost 40%).

Health and social services

Between 2018 and 2022, the need for physician, nurse and dentist appointment services increased significantly. The reported need for services was lower among immigrant women than the Finnish population in total, and there were differences in the need for services between countries of origin. Especially immigrant men and women aged 20-29 had a significant need for mental health services, and this varied by country of origin. Experiences on the adequacy of services also increased significantly in four years: in 2018, one in four immigrants felt that doctor's appointment services were insufficient in relation to their needs, compared to one in three in 2022. The rise was even greater in dental services (24% vs. 48%).

The share of those who went to doctor's appointments was clearly lower among immigrants compared to the Finnish population in total; except for in the Europe group (excl. Estonia and Russia) (immigrant men: 45–58 % and women: 45–65 % and men in the Finnish population in total: 63 % and women: 73 %). The share of occupational health care visits was also lower among employed immigrant men and women compared to among the employed Finnish population in total (women 32% vs. 51% and men: 31 % vs. 48 %). The lack of a common language, lack of information, difficult opening hours, long waiting times and high client fees appeared to be key challenges for immigrants when seeking treatment, even though immigrants felt that these factors are likely to hamper access to care less often than the Finnish population in total.

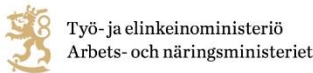
Approximately one in ten immigrants had used guidance and counselling services provided by social workers and services for families with children. The use and need for services were more common than among Finland's Finnish population in total. The experience of insufficient services for families with children was common, especially among immigrant men. Approximately one in three immigrants felt that they had access to social services quickly enough, and about 40 per cent found a suitable service and felt that it met the need. The lack of a common language hampered the use of social services by some immigrants.

Prerequisites for use of digital services

The majority of immigrants had access to a smartphone, the Internet and the necessary strong identification tool for digital services, and their use had become more common since 2018. There were significant differences in self-assessed digital competence between people from different countries of origin and it was lower among immigrants compared to the Finnish population in total. Women from countries in the Middle East, Africa and South-East Asia had a particularly high many difficulties in digital skills. There was also a difference in digital competence between age groups; young adults had the necessary skills, but in older age groups, not quite as often. Differences in digital competence between age groups were similar to those among the Finnish population in total.

In conclusion

The results of the MoniSuomi study highlighted several positive aspects of the inclusion, health and welfare of adults with an immigrant background in Finland. The majority of immigrants have at least one friend in Finland and a moderately strong experience of inclusion and a feeling of safety in their daily lives. The majority (seven out of ten) followed Finnish politics at least weekly, and the majority had access to a smartphone, the Internet and the required strong identification tool. Most immigrants felt their health was good and reported fewer long-term illnesses than the total population on average. Approximately half of the immigrants also exercise in accordance with the recommendation for endurance exercise performance. Alcohol consumption was lower than among the Finnish population in total, and consumption also decreased in 2018 and 2022. The results of the study indicate that most immigrants feel that they are well, feel that their environment is safe, and they have a sense of belonging and of participating in Finnish society, and put in an effort to maintain a healthy lifestyle.



This study reinforces previous data that there are still major differences in the health, welfare, experiences of inclusion and access to services in the context of groups from different background and sexes. Poor health and the prevalence of health risk factors are particularly emphasised in groups where migration is common due to them being refugees. The identified challenges include experiences of loneliness, experiences of discrimination, difficulties related to social assistance and inadequate access to health services.

For these reasons, we hope that the results of this study will be widely utilised, for example, in the planning and evaluation of integration policy, health and well-being policy and in policy measures in general. We also hope that the results will be available for the wellbeing services counties, municipalities and organisations to utilise in the planning and implementation of different services. By focusing support to those who need it we can promote a more equal, fair, stable and prosperous society that benefits all its members. The continuation of research and monitoring plays a key role in supporting decision-making, as a research data-based understanding of the current situation lays the foundation for effective solutions and monitoring of change.

Sources

- [National study on the health, welfare and services of the foreign-born population \(MoniSuomi\) \(THL\)](#)
- [MoniSuomi results web page \(THL\)](#)
- [MoniSuomi-2022 indicator data](#)
- [The FinMonik survey on well-being among persons of foreign origin 2018-2019](#)

Suggested citation:

Kuusio H, Mäkipää L, Klemettilä K, Nykänen S, Kytö, Lilja E (2023) National study on the health, welfare and services of the foreign-born population – MoniSuomi 2022 Key observations to support decision-making. Data Brief 4/2024. Finnish Institute for Health and Welfare, Helsinki.

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ISBN 978-952-408-259-4 (online publication)

ISSN 2323-5179 (online publication)

<http://urn.fi/URN:ISBN:978-952-408-259-4>