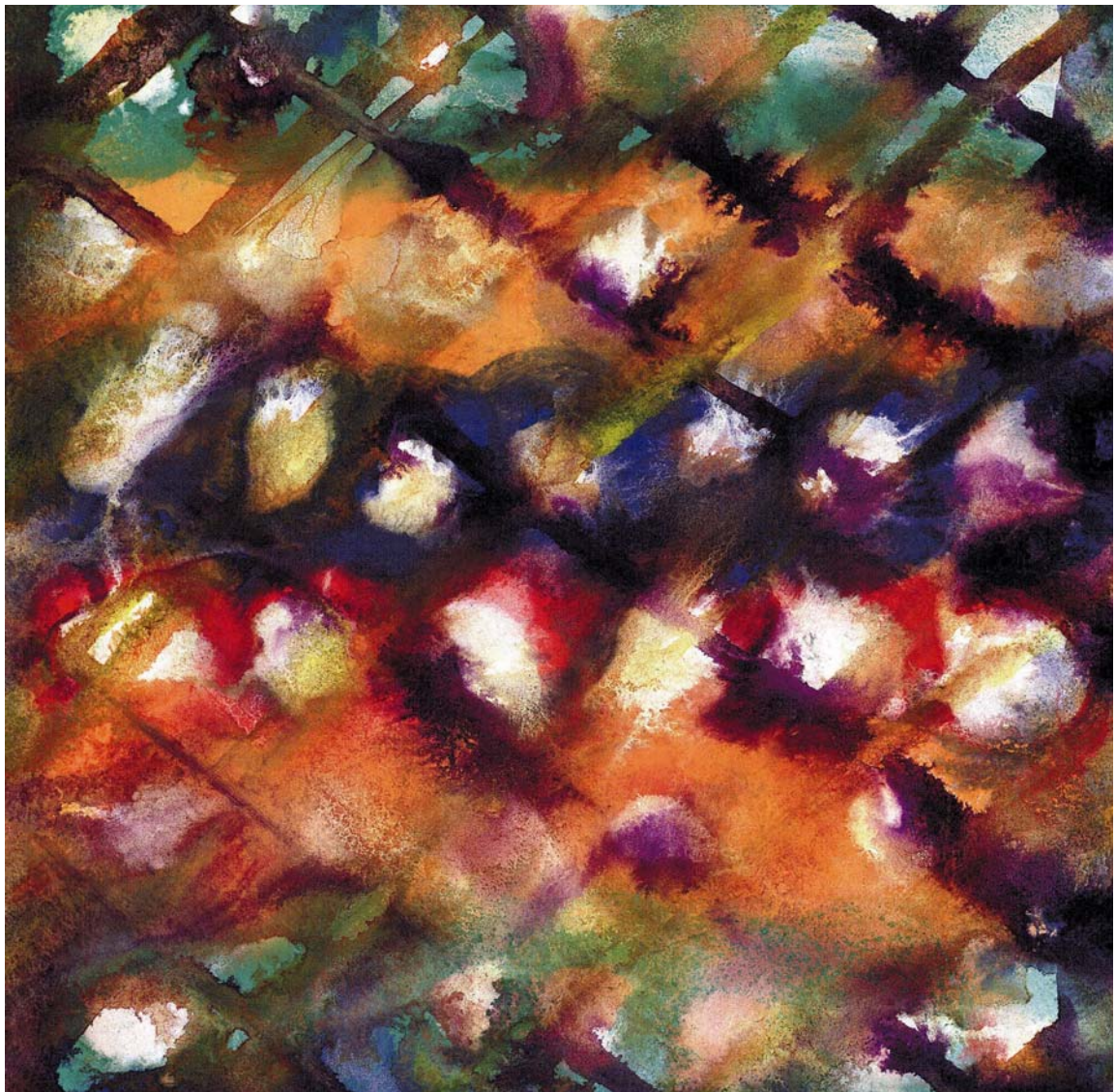


Conference

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Background Report The Icelandic Cancer Society, Island



Ethnic Groups in Iceland

Status Report

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The Icelandic Cancer Society

Þorbjörg Guðmundsdóttir

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1. Introduction

There has been a marked increase in immigration to Iceland during the past 10 years. In 1995 the total population of non-Icelandic residents was 1.8% while it was 3.5% in 2003 which is slightly lower than the percentage in the other Nordic countries. The largest non-Icelandic nationals come from Europe (70%), mostly from Scandinavia and Eastern Europe. The second largest ethnic group is from countries in Asia (17%) and then from North America (6%).

The main emphasis in this report is on ethnic groups from Eastern Europe and Asia for the purpose of creating an understanding and knowledge on how information about cancer and cancer prevention can best be presented in an effective and appropriate way to these groups as well as to other ethnic minority groups in Iceland.

2. A short overview of ethnic groups

The focus of this report is on ethnic groups from Asia (Thailand, Philippines and Vietnam) on one hand and Eastern Europe (Poland and countries that formed former Yugoslavia such as Serbia, Croatia and Slovenia) on the other hand. The report is based on personal contacts, articles, research reports, as well as on statistics from the Statistical Bureau of Iceland.

2.1 Major ethnic groups other than from Scandinavia and the United States

<u>Ethnic Groups</u>	<u>Women</u>	<u>Men</u>	<u>Total</u>
Poland	909	947	1856
Philippines	377	232	609
Thailand	326	148	474
Former Yugoslavia	286	304	590
Vietnam	129	102	231

The Asian Group

The Asian group, in spite of different cultural background among individuals in this group, serves as an umbrella for Thais, Philippines and Vietnamese which are the largest nationals that form the Asian ethnic group in Iceland. In addition to cultural, religious and financial differences the educational level within the groups may span from illiteracy to having a university degree. Many have little knowledge of English and have a hard time learning Icelandic as well, which causes difficulties in communicating with Icelanders and is probably the main cause for isolation among these groups. Only few individuals have been able to get jobs that they are skilled for and the men seem to have more difficulties in finding jobs than the women. Many of the Asians are faced with family, financial

and social difficulties, while others are better off. There are mixed marriages within the groups, mostly women married to Icelandic men. A large part of the Asian group is residing in the metropolitan area of Reykjavík. Most are either Buddhists or Christians (Catholics).

Vietnamese

The first Vietnamese came to Iceland as refugees in the eighties. Later on many of them were joined by other family members or friends. The original group received support from the government and was assisted in finding jobs and housing.

Philippines

The Philippines form the largest Asian ethnic group. The number of Philippines residing in Iceland has grown during the past 10 years. They have either come to Iceland to seek job opportunities, marry, or to join family members already residing in the country. In this group you find single people as well as families. Most of the Philippines are Catholics. Many know the English language quite well which makes all around communication easier for the Philippines than other members of the Asian group.

Thais

There is number of Thais living in Iceland and plan to continue to do so (Jónsdóttir, 2003) in spite of cold weather, dark winters and difficulties in learning the language. Only few Thais know English well enough to be able to communicate in that language. A number of Thai women have come to Iceland to marry Icelanders.

Lifestyle

In spite of a vast difference in culture it seems that many Asians have successfully adapted to way of life in Iceland. They are hard workers, but majority of them hold low salary jobs and find themselves living in financial and social difficulties. There is number of single mothers with more than one child within this group.

Many of the Asians keep to their cultural background, especially when it comes to nutritional habits, consuming vegetables and rice rather than meat and they avoid milk products. As first or early treatment they may use traditional methods such as herbal medicines when it comes to illnesses. Due to difficult financial status they may postpone medical and dental treatments except when it comes to more severe cases. Smoking is not uncommon.

The Eastern European Groups

The Polish immigrants and immigrants from former Yugoslavia fill the Eastern European Group in this report. These countries form the second largest European non-Icelandic residents after Scandinavians and have brought with them Eastern European culture. In spite of rather high educational level most hold low salary jobs. In this group there are heavy smokers both among men and women, in spite of being aware of smoking being hazardous to ones health.

The Polish group

The Polish form the largest single group of Eastern Europeans in Iceland. Most of them have come to Iceland to seek job opportunities or to join their families. They form the largest non-Icelandic resident communities outside the metropolitan area of Reykjavík. Many live in fishing villages around the country and work in fish factories. Members of the Polish group are mostly Catholics.

Former Yugoslavians

The majority of immigrants from former Yugoslavia have come to Iceland as refugees. Invited by the Icelandic government during the past 5 years or so. Being invited by the government means that the Icelandic government provides housing, language lessons, jobs and supporting families for the first year. Prior to coming to Iceland most were living in refugee camps. They came in small groups and were resided in small villages around the country. Since then many of them have found their way to the metropolitan area of Reykjavík. In this group there are both Muslims and Christians. Upon arrival in Iceland, they underwent a complete physical including screening for cervical cancer for women.

Lifestyle

The Polish immigrants have come to Iceland to seek better way of life. They have little knowledge of other languages than their own and only few learn Icelandic well enough to get by. They tend to keep much to themselves. While those from former Yugoslavia have come to Iceland for different reasons, having to deal with the experience of war and/or refugee camps. Unlike other immigrants they have been offered free language lessons by the government so many of them are able to communicate in Icelandic.

2.2. The knowledge of and prevention of cancer

The Icelandic Cancer Societies has published on their website some information in English on cancer prevention and cancer detection but no information is available in languages of non-English speaking ethnic groups. All women after the age of 20 residing in Iceland receive invitation from the Icelandic Cancer Society for cancer screening program at the Cancer Detection Centre (CDC) on a regular basis. Even though there is no data available at the CDC on screening attendance of non-Icelandic residents it is the general feeling that they do respond to the

invitations. It seems that although the women do not understand Icelandic, they seek assistance from spouse, if Icelandic, or friends that are familiar with the screening program.

The Asian Group

The access to the health care system in Iceland is in some ways better than the Asian people are used to. In Iceland, all women have a Pap smear taken as part of a routine in connection with early pregnancy detection. After living in the country for 2-3 years most of the Asian women are aware of the regular screening program run by the Icelandic Cancer Society. Even though the CDC has no data on Asian women attending screening on a regular basis, our source of information believes many of them do.

The Eastern European Group

According to our source, members of the Eastern European group are well informed about cancer and cancer prevention. Both the Polish and the former Yugoslavians were used to good health care system in their homelands and are well oriented about health care issues. There is no data available at the CDC on whether or not women in these ethnic groups are attending screening. Polish women residing in villages around the country seem to attend screening when screening is available in their hometown or neighboring towns and it is believed that at least some of the women residing in Reykjavík area attend screening on regular basis as well.

2.3 Cultural differences

Respectful of those with authority

It is a known fact that people from Asia are very respectful and conscious of those they feel are of higher social status than themselves. They may seem to understand or agree with those they feel have authority, even though they do not understand what is being said. It is part of their culture. As to other ethnic groups as well it should be kept in mind that the individuals may find themselves in an unsecured situation and may therefore be more conscious of what they say or do especially when dealing with governmental - and/or health care personnel.

Gender differences

On the whole, both for the European and Asian groups, there should not be a major problem in female doctors treating male patients and vice versa, except when it comes to Muslims. For a Muslim patient it is important, if at all possible, to be treated by person of same gender.

"Hidden" illnesses

Knowledge and attitude towards health and illnesses in the European group does not differ much from that of native born Icelanders. The cultural differences are more obvious when it comes to the Asian group. It is quite common among the Asians to use traditional methods such as herbal medicines, when it comes to illnesses, before they seek medical advice within the health care system. Many believe that illnesses are being brought upon them by ancestors for some wrong doings such as not acting correctly or wisely, so they tend to treat illnesses as "taboo". That applies for cancer as well.

2.4 Barriers

There are number of barriers that have to be considered when it comes to informing minority groups of cancer prevention and cancer detection. Of these barriers lack of language knowledge is probably the single most important barrier. Another matter to be considered is illiteracy but it is estimated that there is about 5-7% illiteracy among immigrants. It should be kept in mind that knowledge and understanding of the cultural differences ethnic minority groups bring with them is important when it comes to informing and teaching about health issues.

Language

Many immigrants, especially those from Asia, find Icelandic difficult to learn and they may also have limited knowledge of other languages than their native tongue so the use of English is often of no help. It is hoped that the problem of language being a barrier, will be minimum in the second and third generation of immigrants, since children of immigrants attend the Icelandic school system. In the year 2000 an Icelandic study was performed on different issues concerning minority ethnic groups. One of the questions was whether or not immigrants found useful an information pamphlet for immigrants, published by the government, on *General Information on Social Insurance and rights*. According to the study, only 50% of participants, found it helpful. At the time it was the only pamphlet available for ethnic groups, published in several languages, including Thai, Polish, Serbian and English. This raises the question whether publication of pamphlets is the most effective way in reaching ethnic minority groups. Other means may be worth consideration when it comes to submitting information on health issues.

Many of the larger ethnic groups have within their groups individuals who have been able to learn Icelandic well enough to serve as interpreters and are available for interpretation upon request.

Knowledge and use of health care service

The information members of minority groups receive about the Icelandic health care system is limited, except for the refugees who have been invited by the

government. Many have to find out for themselves the hard way or from fellow countrymen. Once they know how the system works the access is not too difficult. The system offers a program to all pregnant women and women with children. This service is widely used by all women, non-Icelandic women included. In addition to this the CDC offers a screening program to all women residing in Iceland.

There should not be a great problem within the larger health care centers and hospitals in Iceland to deal with a situation where a patient wishes to be treated by person of same gender for cultural/religious reasons, but doctors or nurses of same nationality as the patient would be difficult to find within the system. Just as it is important that members of different ethnic groups become familiar with the health care system, it is equally as important for health care personnel to have at least minimum knowledge of cultural difference in order to be able to deal with and to give better care in any situations that may arise (Gudmundsdóttir and Ingólfssdóttir, 2001).

3. Thoughts on how information can best be shared

In gathering information for this report we have contacted people of ethnic groups that serve as interpreters, health care personnel, Icelanders that are working with non-Icelandic citizens and spokesmen of organizations, as well as going through reading materials on the subject. It is clear that to be successful in conveying information to non-Icelandic citizens it is important to take measures in cooperation with representatives from the different ethnic minority groups as well as Icelanders experienced in this field.

3.1 How do we reach minority groups?

It is not a simple task to try to reach all ethnic minority groups in Iceland with information on cancer, cancer prevention and cancer detection. Since there is no single method or channel likely to work for all groups we think the following channels may be worth considering:

- The use of the Internet.
- Through different ethnic social organizations.
- Through international cultural centers.
- Through the media.
- Through the health care system.
- Through organizations that work with ethnic minority groups.
- Through the school system.
- Through governmental channels.
- Through labor unions/companies.

The use of Internet

One of our most experienced contact person, a manager for the Icelandic Multi Cultural and Information Center, suggests that the use of computer and Internet would be the single most effective method to come information on cancer and related issues across. She suggests that the use of computer and Internet should be a part of an adaptation program for non-Icelandic citizens. The purpose is to teach them how to seek information on different topics through the Internet, including information on cancer and cancer prevention and detection. Basic information could be reached on Cancer Societies' web side with links to sites in their homeland, where more detailed information on specific subjects, can be found. Owing to the fact that there may be 5-7% illiteracy among minority ethnic groups, computer programs "that talks" and leads the individual through the program would proof helpful. Information on where computers for public use can be found should be easily available.

Through ethnic organizations

Several minority groups in Iceland have formed organizations for social and/or religious gathering. Women of different nationalities have formed an organization as well. Working closely with key persons of these organizations can be an effective way to find means of sharing information. These clubs are normally open for visitors and interpreters are available.

Through the international cultural centers

Information from The Icelandic Cancer Society is available in English at the International Cultural Centre in Reykjavik. Other educational or information material such as advertisements, posters and perhaps videos could be on display at multicultural centers.

Through the media

On a weekly basis, the Icelandic Multicultural and Information Center teletexts via the Icelandic State television, announcements and news in three different languages, Polish, Thai, and English. The Cancer Society could use this media for introducing the detection program offered by the CDC.

Through the health care system

In the year 2003, based on information provided by the Statistical Bureau of Iceland, 8% of the total number of women in their thirties, residing in Iceland, are non-Icelandic residents. Of the total number of immigrants, women of non-Icelandic descent, precede the number of non-Icelandic men by 10%. This shows that women especially young women, is a very important target group when it comes to sharing information on health issues. As stated earlier, all pregnant women and women with young children attend programs offered by the health care system, either at health care centers, hospital run health services for preg-

nant women and/or at centers for child health services. A close co-operation with healthcare persons in these fields and similar organisations should be considered.

Through organizations that work with ethnic minority groups

The Icelandic Red Cross (RC) is the organization that has worked most closely with individuals and groups of different ethnicity. The RC has been the key organizations preparing and supporting refugees invited to Iceland by the government as well as being spokesmen for other refugees and individuals of non-Icelandic nationalities seeking assistance.

The Icelandic National Church has designated a minister who provides services to individuals and groups of non-Icelandic origin. The minister is Japanese and has lived in Iceland for several years. He has been very active in his work and organized conferences/work shops on social, welfare and health issues in relation to EMG.

Through the school system

The Icelandic Cancer Society has been active in co-operation with The Committee For Tobacco Use Prevention educating young people about the health hazard of smoking by visiting schools and by publishing educational material for 10-20 years of age.

Through governmental channels

Several organizations within the government have responsibilities when it comes to immigration matters. It may be worth the effort for the Icelandic Cancer Societies to map these organizations for channels that could be beneficial both for sharing information and cost when producing information material.

Through labor unions and companies

Labor unions and large companies which have hired a number of non-Icelandic residents may be willing to put some effort into programs that contain information about cancer, cancer prevention and cancer protection.

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