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EMPOWERING SOCIALLY EXCLUDED ELDERLY WITHIN RUSSIAN MINORITY IN ESTONIA AND FINLAND

TALLINN & HELSINKI 2009

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1. Theoretical background of the research

1.1 Reasons for emigration and its history in Estonia and Finland

Estonia

After the World War II, massive international migration started from economically less-developed countries to more successful ones and this trend continues today. In time, only the reasons for migration have changed. During this period, Estonia has changed from a country of destination for migration to a country of dispatch.

Before the Second World War, Estonia was one of the ethnically most homogenous regions in Europe (in 1934 Estonians comprised 88% of the population) and immediately after the war, the ratio of Estonians in the population was even 97% (Tiit 1993: 1678). Then, as a result of the annexation period in 1945–1989, the relative importance of the Estonian indigenous population was reduced to 62%. The annual net migration throughout the entire 40 years was 5,000–10,000 people, which is 0.3–0.8% of the population (Tiit 1993).

As a result of the political and economic changes that took place at the end of the 1980s and beginning of the 1990s, migration in Estonia (like most other transition countries) changed direction, and as of 1990, the net migration became negative. In 1989–1994, approximately 80,000 people (i.e. about 5% of the population) left Estonia. Immigrants that had arrived during previous periods from other regions of the Soviet Union, especially recent immigrants, also Russian military personnel and their families as well as Jews, Germans and Finns that repatriated for economic reasons left Estonia. As a result of the emigration, the share of Estonians in their homeland increased to almost 68% in 2000.

Along with other European countries, the CIS countries which receive very diverse migration flows, are important countries of destination for Estonian emigration. While emigration from Estonia has generally increased, migration to the CIS countries has decreased almost threefold in 2000–2007. Although only 16% of all Estonian migrants to foreign countries went to CIS countries (primarily, Russia, Ukraine and Belarus), the age and ethnic composition of these emigrants were quite specific. Many relatively older, over-60-year-old people left, whereas 91% of those departing were Russians, Ukrainians, and Belarusians (Anniste 2009).

The relative importance of Russian citizens in the four years under examination was 6% and this has decreased uniformly by years. The ratio of those with other citizenships was less than 2%.

Finland

Migration politics in Finland is quite new. It started in 1973 with migrants from Chile. The National Migration Committee was organized in 1981 to coordinate migrants' intake. In the beginning the number of migrants was 100 per year, but it rose until 750 to the year 2002. The first migrant political program was accepted in 1997 (Sainio 2006,8).

There are a lot of people in elderly population who remember till now their first meeting person with black skin in Finland. From the other side, there have always been Swedish and Russian people in Finland as a minority, who have lived in Finland for centuries.

When we are talking about people, who once lived in Karelian, we may sometimes hear called them *migrants*, in reality they must have been called *evacuated*, because they have forced to leave their homes, not as those from other countries.

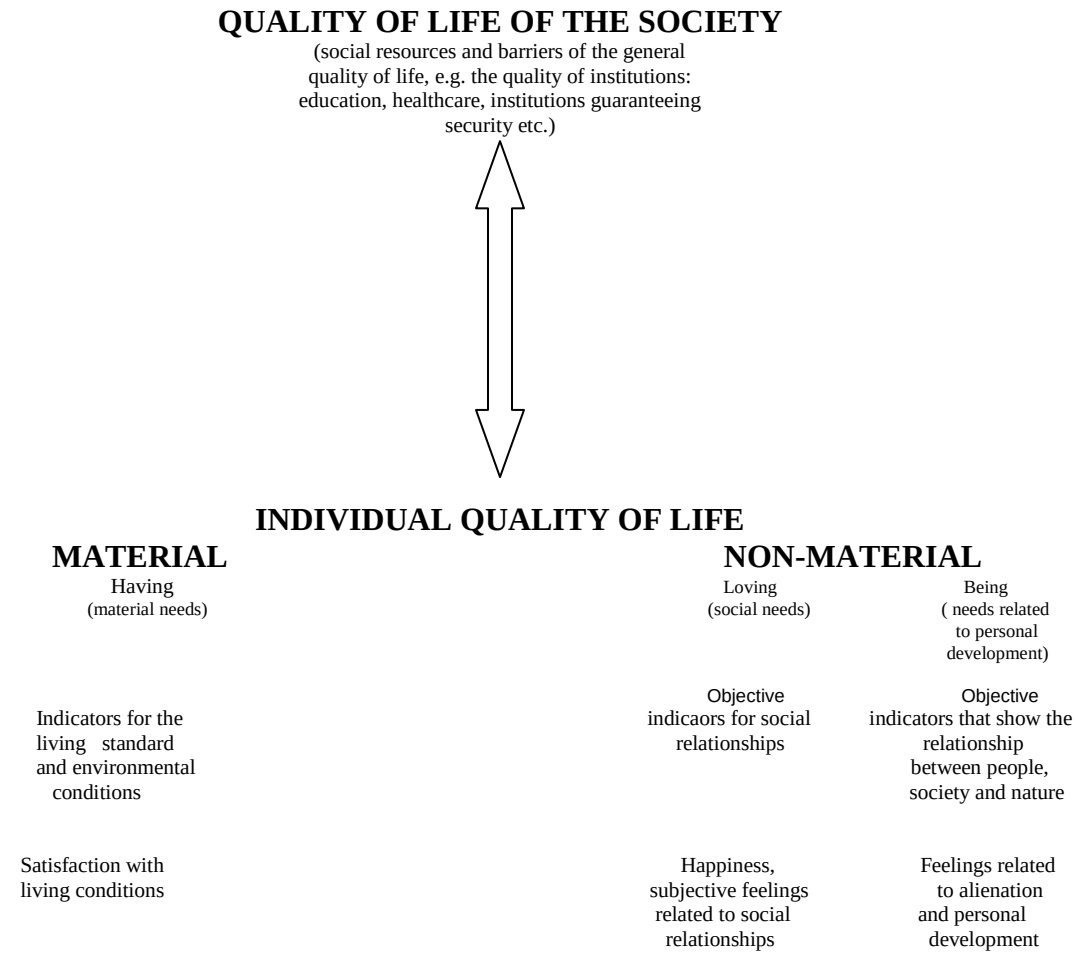
When there was a disintegration of Soviet Union in the beginning of 1990, the migration flow started. This accrued especially, when President Mauno Koivisto promised to Ingria people rights of *returning citizens* after returning to Finland. It was called *Lex Koivisto.* This humanitarian migration has made possible the reunion of several families and migration of many people from Estonia and Russia. *Returning citizens* are too those Finnish people, who have returned from abroad having lived long somewhere. For example those native fins, who once left to Sweden. (Sainio 2006,8).

Foreigners' law 301/2004 put frames to emigration and it contents Ingrian-Finnish peoples` migration frames as well.

At present, main language-groups in Finland are Russian (6030), Estonian (2068), English (1282), German (1145), Polish (363), Arabian (361), Spanish (327) Turkish (309), Somalia (313), Vietnamese (292) etc.

1.2 Quality of life, well-being, self-care

The graph below describes the aspects of the quality of life of the society.



Conceptualization of the quality of life (adapted from Allardt (1993)

1.2.1 The concept and nature of quality of life

Not long ago, it was thought that social development meant a rise in the living standard. However, the new approach which adds a qualitative dimension to the concept of quantitative growth, was developed in the 1970s (Zapf 2000). According to the new approach, having an income, a car or a house cannot be automatically equated with leading a good life, or, in other words, having more possessions does not necessarily improve one's quality of life. Based on this logic, the slogan for social development became "qualitative growth instead of quantitative growth", or "quality of life is more important than living standard". Today, the concept of "quality of life" is used not only as a scientific term or a political concept, but also in colloquial language.

What is the quality of life? In the broadest sense, quality of life characterizes the general well-being of people and shows how well people cope with the various areas of daily life

that reflect the significant values and goals of the society (Land 2001). First, the quality of life indicates the resources used by an individual and the result of their use (Erikson 1993), while "resources" and "results" do not only mean economic resources or material living conditions, but are also equally indicative of non-material and non-economic resources. **Using resources and achieving results is, to a greater or smaller degree, dependent on the environment surrounding the individual – the family, community, and society on a broader scale**. Thus, the general social environment should correspond to people's needs and abilities, guaranteeing their equal access to various goods and services (education, health care, income maintenance etc). The social, political and cultural context of an individual's life determines the extent to which people are able to achieve the goals they have set for themselves. It is assumed that if there is a balance between individual needs and the opportunities provided/afforded by the environment, the general quality of life of a society tends to be higher.

Quality of life cannot be objectively described through objective living conditions alone (e.g. income, state of health, size of individual social networks, or working conditions).

The subjective assessment provided by a person (good – bad, satisfied – not satisfied) regarding their life as a whole and other so-called objective conditions are equally important in terms of determining quality of life. Wolfgang Zapf (1984) has defined quality of life as "*good living conditions which correspond to positive subjective well-being*". According to Erik Allardt (1993), people have three main needs in having, loving and being, which are, in turn, divided into objective and subjective needs.

1.2.2 Measuring the quality of life

According to Ruut Veenhoven (1996), the influence of the social environment on the well-being and quality of life of a person can be viewed as the livalibility of societies, a concept that can be understood in terms of the living con-today, the concept of "quality of life" is used not only |conditions of a society, which should meet the needs and abilities of people (wealth, political freedom, equality, access to education etc). Such an understanding can be conditionally termed as "input-based" measurement of quality of life, where an assessment is made of the opportunities provided by a society for leading a high-quality life. This approach has been criticized for the unconfirmed presupposition that better social conditions can be automatically equated with a higher level of individual well-being. Another problem results from determining individuals' needs and abilities to which the social conditions should correspond (Noll 2002).

The "output-based approach" studies people's quality of life through subjective well-being (e.g. assessments of their state of health, satisfaction with life, happiness or satisfaction with their living environment (school system, healthcare services, infrastructure, etc)) (Veenhoven 1996). **According to this approach, the quality of life of a society is determined by the average quality of life of its members. In the temporal or spatial comparison of the general quality of life, it is important to combine the two approaches, taking into account that an increase in the general affluence of a society does not mean that people's happiness increases at the same**

rate. Cummins (2000) believes that general economic growth is only expressed in general subjective satisfaction if there is a decrease in the percentage of the population living below the poverty line. **In addition to the quality of life derived from the general environment, the quality of life is also determined by the resources and abilities of the individual. Resources related to the quality of life include, first of all, income, i.e. the material welfare of an individual or a household, followed by the state of health, work, relationships with friends and family, involvement in the community, personal safety, emotional well-being (Cummins 1996).** Personal free time is another important resource in the context of current lifestyles. **Resources related to the quality of life provide the opportunity to satisfy basic needs; the satisfying of basic needs creates individual quality of life which is expressed in the individual's feeling of satisfaction and positive assessments regarding their way of life. This means that in addition to objective indicators, subjective individual satisfaction must be taken into consideration when measuring quality of life**. Subjective satisfaction with life comprises satisfaction with various spheres of life: satisfaction with family life, relationships with friends, health, personal success, economic situation, etc (Campbell 1981).

Subjective indicators not only reflect the objective situation, but also point to the gap between expectations and the actual situation. Subjective assessments thus reveal the problematic spheres of life where barriers prevent the achievement of goals (e.g. the improvement of living conditions or family relationships). **Individual satisfaction assessments are formed through various social comparisons (compared to a reference group, an earlier situation, or a situation considered ideal or suitable).** By Allardt, there are material and non-material needs, what influence well-being of people. Among non-material "loving" and "being" conclude social needs and needs, which are connected with personal development and both needs are connected objectively with social relationships or show the relationship between people, society and nature. Happiness is also by Allardt connected with subjective feelings, related to social relationships. Social connections are though very important for people well-being, which means, that social exclusion is very tightly connected with citizens well-being.

Shortening on economical resources leads often to lowering people`s life quality, as in conditions of economy downfall societies support to all citizens, who are in need of help, increases as well. Then the most important will be citizen`s self-care to maintain managing with life activities to held the life quality in all acts of everyday life.

Even in equal economic-environmental conditions the coping with everyday life is very different (Orem 1959, 5). It depends from Orem`s self-care theory stresses, that the main attention in healthcare must be addressed to the person, to support persons individual abilities for self-care (Orem 1959, 5). Self-care theory says that the person and environment are parts from intakt system. When changes occur in one of them, this will influence on self-care (Orem 1971, 13-14).

2. Researsh aim, method, results

2.1 Aim of the research

General aim of the research is to clear up possibilities to increase the active participation in society and well-being of elderly people within Russian minority in Finland and Estonia.

Task to fulfill the aim is to map the main needs and problems of elderly within Russian minority in Finland and Estonia.

2.2 Method

Individual satisfaction assessments are formed through various social comparisons compared to a reference group, an earlier situation, or a situation considered ideal or suitable. Therefore, for this research the interview as a method was chosen.

Target group was chosen from Russian-speaking elderly (+65) by leaders of focus-groups. Focus-group leaders were 2 teachers from Tallinn Pedagogical Seminar in Tallinn and 2 teachers from Diak in Helsinki. 4 individual interviews and 12 group interviews were carried out from May 2009 – December 2010. Places where interviews were carried out were in both countries: day-care centers, social centers, clubs for the elderly in

Focus-group data and background

In Tallinn participated 33 women and 4 men, in all 37 persons, in Helsinki, 28 women and 3 men, altogether 31 people.

In Tallinn, focus-groups age-rate was from 65-84, medium age 73,7 years; in Helsinki from 65-84 , medium age 76,5.

Medium length of stay was in Tallinn focus-groups 0-42; in Helsinki from 5-35 years.

Communication languages in Tallinn groups was Russian in 37 cases, Estonian in 9 cases, English in 1 case; in Helsinki, Russian in 33 cases, Finnish in 28 cases.

Communication level in Estonian in Tallinn groups was: bad 22, medium 6, good 9. In Helsinki, groups managed in Finnish all quite well, for all 31, Russian was the basic communication language.

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2.3 Results

Main topics of interviews were: **nutrition, movement, services, social network, well/being.**

Nutrition

Estonia/Tallinn

From milk products mainly sour milk is used. Cheese is used less. From vegetables mainly cabbage, carrot, tomato, potato were used. Stews and soups are prepared by the elderly at home. From fruits only apples were mentioned, from sweets cookies. Fish is in menu only during the holydays. One man (he is a fisherman), salts the fish and makes himself sauerkraut. Using meat and meat products depends on the income and was mentioned differently. Some eat sausages 3 times weekly, some can allow fish or meat 1-2 times per week.

The use of alcohol is very moderate, 20-60 cl per day/week. Some members of focus-group are drinking every day 40 cl, others on holidays, others to raise blood-pressure.

The food is mainly home-made and prepared every day. The purpose for such behaviour was mentioned keeping busy. Very few eat ready-made food.

Most of people watch for their diet because of the health condition. There are some with diabetes diagnosis, who follow special diet. In many condition the main purpose, which dictates nutrition is bad condition of teeth. Amount of liquid – 1,5 litres is considered to be enough.

Among focus-group members there were two different groups – first who had enough money for food and another group with deficiency. Those with higher pension, can allow themselves more, ones with lower have very tight budget. One of the ladies said that in summer she went to the forest to pick berries, dries them and makes her tea from them.

In conclusion, the main problems here with nutrition are connected with income.

Finland/Helsinki

Focus group members from Helsinki told that their nutrition condition has changed for the better after migration. After retirement, they said, there is much more time to prepare food and they can find all supposable provisions, fresh and in a good quality level.

According to their own opinion, they eat now more vegetables and fruits but still they are longing for their national food.

Money is influencing their selection of food. They choose less expensive products and special offers in markets. When they were asked, what will they forsake, the answer was – meat products. Important point in food selection were teeth. Food chewing was complicated without them.

Point in food selection what had caused problems was bad language-knowledge. Many products had labels, which they couldn`t read. As their speaking language was quite normal, they got help from market or shops` assistants.

Focus-group members had good knowledge in healthy nutrition. They know, that the usage of too much sugar, salt and fat is unhealthy. They prepare food themselves but they have no knowledge about using and importance of vitamin D.

Conclusion from both countries – the elderly use self-made healthy food. They have good knowledge about nutrition and liquid intake. Main problems are connected with lack of money and bad teeth.

Movement

Estonia /Tallinn

The physical condition is considered moderate in the focus groups, only a few said that it was bad.

Among answers, there were people with normal and overweight. There were no people with under normal weight. Some people confessed tiredness, connected with age, pain (tired from pain), life-situation (rising grandchild). To cope with tiredness regime and day-time, naps were considered been important.

Movement is consciously part of everyday-life. Walks were made for two hours but movement is considered to be shopping, visits to the bank, pharmacy and gardening.

At winter-time walking is difficult due to the weather conditions and slippery roads. When there is a dog in the family, walking goes on every day.

Gymnastics is not popular, only if this is connected with problems with leg or a hand. One of the focus-group members plays accordion for the physical training. Using auxiliaries makes additional problems because of inadequate road conditions.

There were very big differences in walking lengths. People were thinking that they walk 2, 3, 5, 10, 15 km. Those living in social homes assessed their movement rather few.

Activities of daily living is the main purpose for moving, even it causes difficulties sometimes. This gives a purpose go out, too.

Elderly are quite aware of physical activity`s positive influence and nobody is not contradicting movements positive influence.

Problems connected with movement were mentioned:

- overweight, which has influence on health;
- dread of increasing immobility and inaccessible help. For example: operation is needed but lives alone and fears that after operation cannot manage at all;
- shortening social relationships, very real connects with friends and relatives. Need to find closest center, where elderly people meet;
- boredom and depression connected with immobility;
- fear for falling.

Finland/Helsinki

Everyday movement was considered good. Very few of them used equipment as walking-stick or other. After immigration they feel life have been changed for the better. Some focus-group members continued dancing. Nature and walking in nature most of them liked very much, so as walking with own dog. They cared of flowers and liked working in gardens. Often they went to the theatre with relatives and friends, made trips with walking–sticks, visited swimming-pools and made walking-trips together. They told that they are fond of travelling.

In conclusion, focus-group members from both countries pay attention to their possibilities moving around but here are big differences between the two groups. Estonian focus-groups members' movement is much more problematic due to the respondents' health condition and bad situation of roads. That makes movement complicated especially at winter-time.

Services

Estonia/Tallinn

Focus-groups` health-status is rather bad: chronic diseases as diabetes, high blood-pressure, bad seeing, pain in legs. They recognize their problems and know, how to behave when disease again comes forward. Medicines are expensive and alternative medicine is often used. Stress is caused by the bad behavior towards the elderly in medical institutions.

When talking about social services, then it seemed that the term hadn`t sunk in peoples mind. The answer was that there is no services, they didn`t use any, but people still use services as free transport, services day-care center, cheap tickets to the theatre, possibility to live in social home, social workers and social helpers services, food-service.

Most of the people are satisfied and couldn`t want some more. But missing services come forward in drastic situations. For example, a single person is afraid being operated on, because she/he has nobody to take care of. Or there is a situation where the grandparent is raising the grandchild, missing support is recognizable. Social home residents are in a need of manpower in home-work: electrician etc.

Information is not understandable but in social homes workers help.

Focus-group members have no problems using public services. Social home is located separately and residents have several problems: *„Siin ligidal kauplust, apteeki, panka ega postkontorit ei ole. On vaja sõita bussiga, aga selles rajoonis käib buss kord tunnis. Talvel on libe käia ja ka külm bussi oodata.“*

Using Internet was counted unnecessary, most didn`t see need for that. The main meaning was that there are as physical as psychological aspects connected with services: people were thinking that physically it is possible to reach services, but they didn`t see the support from services. And there are differences in organization local healthcare services.

Finland/Helsinki

Information about services is sufficient. As the focus-group members all manage themselves with activities of daily living, need for healthcare services is low. Two members are still using health services from former homeland. Usage of services offered by third sector is very popular.

Information, members of focus-group got from their friends, from radios, books and doctor. By post they get information about social services. Sometimes there are difficulties with medicines, this is because of a bad language-knowledge.

One of the focus-group members said: *”Minä sain maksusitoumuksen ja voin tilata uudet silmälasit. Kiitos jumalalle, on tärkeintä nähdä ja kuulla. Ja iäkkäälle ovat hampaat tarpeelliset ja nekin maksetaan sosiaalitoimistosta.”*And other adds: *”Olen opiskellut suomenkieltä pitkät jaksot. Kirjoitan ja luen sanomalehtiä. Kaikki on suomeksi, minulla on pari venäjänkielistä kirjaa.”*

All focus-group members told being in no need of interpreter, when visiting doctors or nurse visit.

Conclusion

In Tallinn respondents dont`have enough information about social services or they do not know, what social services are at all and do not believe in services. In Helsink,i the need for social services is low, more popular is to use services of the third sector. Some of them are using health services in Estonia. But respondents know that eldely care level is high in Finland.

Social network

Estonia/Tallinn

From close persons most often children and grandchildren are mentioned, very few have husbands alive. Women are socializing with neighbours and friends often in everyday outings, men regulary went fishing together. Very seldom are visits to the theatre and home-vists. In Lasnamäe Social Center a music events are going on every week and many from focus-group go there and they enjoy this possibility very much.

Most of elderly are used to the situation, attempting to manage and they don`t use social services.

The most difficult after retirement is to sustain changes in rythm of life, lost of work, collegues and feel themselves unnessesary. Better cope those who are optimistc and willing to work. Contacts with the land of origin are extant. Communication is held by phone and if its`possible, visits were made once in a couple of years.

People from the same congregation are participating in church work. Day-centers are places, where support is offered, songs singed, music played. Common tea-drinking is very popular.

Dancing isnt`popular for the bad health reason and pet keeping is very expensive, because of high veterinarian visit prices.

Not all respondents had not forgotted from their earlier extracurricular actvities. They read books and visit libraries, go for a walk, make trips and gardening, knit, go fishing. Travelling is the desire of many, but visits were made to Russia and Ukraine. Many of them want to travel to home-land.

Finland/Helsinki

Social life by focus-group memebers own words is very intensive. Connections with relatives and neighbours are very close. In meetings, they share memories from previous life and also information on how to manage with everyday life. With relatives and aquaintances were made visits to the theatre, stick-walking trips, also visits were made to the swimming-pools, libraries. Some said belonging to various clubs and assossiations. Most of the respondents said belonging to Lutheran or orthodox churches.

Conclusion

Relatives and neighbours are the main social network resource in both countries. Church as an important resource is mentioned also in both countries .

Well-being

Estonia/Tallinn

Objective and subjective matters, well-being were handled in this topic. Objective matters were living conditions, economical managing, safety. Respondents considered their living conditions (central heating, warm water, bathroom) as good. Respondents are living or independantly or with family members.

Responents are used to comfort and satisfied. Fridge was mentioned from home technics but no-one named vacuum cleaner. All of it is old but in good condition and working.

At home people feel themselves safely. Problems with safety arise outside. Safety depends on living region, time of year, condition of the roads, street lighting, transportation.

Economical managing is satisfactory as respondents have had a long working-life and pension is normal. In worse condition are disabled people and people with few working years. Biggest expences are expences for flats, medicines, dentist.

Retirement was the worst experience in respondents' lives. Though, people have managed, feel themselves quite optimistically, trying to have more contacts with relatives, make expences fewer, find new contacts.

Second topic were subjective matters of well-being. Problems with memory were mentioned and isolation.

Finland/Helsinki

Respondents expressed satisfaction with their lives in Finland.

Conclusion

In Estonia, focus-group members were optimistic and trying to manage with everyday-lives, even though they have several problems. Information about services is the main problem. In Finland, focus-group members are satisfied with their lives, too.

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