



“This is survival, not living the life”

**Daily life of asylum seekers, opportunities, participation,
health and well-being**

Lilja Ingvarsson

Thesis for the degree of Master of Public Health Sciences

Faculty of Social and Human Sciences

School of Social Sciences



HÁSKÓLI ÍSLANDS

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Faculty of Social and Human Sciences
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**„Þetta er ekkert líf”
Daglegt líf hælisleitenda, tækifæri, þátttaka,
heilsa og velsæld**

Lilja Ingvarsson

Lokaritgerð til meistaraþráðu í lýðheilsuvísindum

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Abstract

Aim: An ever-increasing number of people seek asylum in Iceland. The wait for resolution on application for asylum can take up to 3 years. During this time disrupted participation in daily occupations is common. This study was carried out to gain an understanding of the experience of asylum seekers, while awaiting the resolution of their application. It explores their daily occupations, their opportunities for participation in meaningful occupations and the effect of waiting in idleness on their health and well-being. *Methods:* Eleven semi-structured interviews were conducted with nine participants, of which six were asylum seekers. A grounded theory approach was applied in data analysis to categorize and identify key concepts. *Results:* Four major categories emerged that reflected the participants' living conditions, opportunities for participation, feelings of powerlessness, and views on the future. The long processing time of the applications was enormously stressful. Not being in charge of one's life, living conditions or income was frustrating and resulted in feelings of powerlessness. *Conclusion:* The results indicate that waiting in idleness is enormously stressful and the processing time of applications must be shortened. Attention needs to be focused on living conditions and opportunities for participation in meaningful occupations, including work.

Ágrip

Markmið: Sífelld fleiri sækja um hæli á Íslandi en málsmeðferðartími er allt að þrjú ár. Á biðtíma er algengt að þátttaka í mikilvægri iðju sé takmörkuð. Markmið rannsóknarinnar var að öðlast skilning á reynslu og upplifun hælisleitenda á þessum tíma. Áhersla var lögð á daglega iðju, tækifæri til þátttöku í iðju og áhrif þess á heilsu og velsæld að bíða í óvissu.

Aðferð: Ellefu opin viðtöl voru tekin við 9 þátttakendur, þar af 6 hælisleitendur. Aðferðum grundaðra kenninga í anda mótunarhyggju var beitt við úrvinnslu gagna.

Niðurstöður: Fjögur megin þemu komu í ljós, sem lýstu reynslu hælisleitenda og búsetu, tækifærum til þátttöku, upplifun valdleysis og framtíðarsýn. Daglegt líf einkenndist af fáum tækifærum til þátttöku í mikilvægri iðju. Mikið álag fylgdi löngum málsmeðferðartíma. Það var íþyngjandi að hafa ekki stjórn á eigin lífi, hvorki búsetu, tekjum né tækifærum til atvinnuþátttöku eða sjálfboðavinnu. Þessu fylgdi upplifun valdleysis sem hafði neikvæð áhrif á heilsu og velsæld hælisleitenda.

Umræða: Niðurstöður benda til þess að mikilvægt sé að stytta málsmeðferðartíma hælisumsókna til að koma í veg fyrir heilsuspillandi áhrif af völdum langs biðtíma í óvissu. Einnig þarf að gefa gaum að búsetuformi og stuðla að tækifærum til þátttöku í iðju við hæfi, m.a. atvinnu.

Preface

This 60 ECTS unit thesis for a master's degree in Public Health Science was written within the Department of Social and Human Sciences at the University of Iceland. The supervisors were Snæfríður Þóra Egilson PhD and Unnur Dís Skaptadóttir PhD. A qualitative study was carried out to gain an insight into the daily lives of asylum seekers in Iceland and their health and well-being. It began with a research proposal in the spring of 2013 and was completed in December 2014. The study was approved by the National Bioethics Committee (VSN-13-173).

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1 Introduction

In recent years the number of asylum seekers in Iceland has been increasing. Predominantly, they are young, single males (74%) (The Directorate of Immigration, 2013) who often have to wait for months for resolution on their application for asylum. Few studies regarding asylum seekers have been done in Iceland. A governmental report from 2009 contains information on the legal status of asylum seekers in Iceland and procedures in granting or denying asylum (Dóms-og kirkjumálaráðuneyti, 2009). Three master's theses were found with focus on legal procedures and international law (Snorradóttir, 2012; Jónasdóttir, 2009; Kvaran, 2009). Additionally, Helena N. Wolimbwa (2009) did qualitative research for her master's thesis in social work on the conditions of asylum seekers in Iceland and their experience of services provided, e.g. from social workers, the Icelandic Red Cross and the Directorate of Immigration. The findings revealed that asylum seekers experience inactivity and social isolation while awaiting the resolution of their application for asylum and they expressed both positive and negative opinions of the services provided.

This study for a master's degree in public health was undertaken to gain an understanding of the daily lives of asylum seekers and their health and well-being. Furthermore, it was of interest to explore their opportunities to engage in meaningful occupations and their participation in society. A qualitative research design was employed, in an aim to give the participants a voice and reflect their views.

I've had a longstanding interest in occupational justice, the right of individuals to have opportunities to participate in occupations which are important to them, and the consequences when this is not possible (Hammell, 2008; Hammell & Iwama, 2012; Townsend, 2004; Townsend & Wilcock, 2004). My background as an occupational therapist undoubtedly inspires this interest. Being a daughter of an immigrant from Denmark, I've always had empathy for people searching for a better life by migrating to Iceland and I believe they enrich Icelandic society and culture.

This thesis is divided into two parts. First a theoretical background and second a manuscript of an article to be submitted to the Scandinavian Journal of Occupational Therapy. In the theoretical background I will first discuss and define health and well-being. Then the term occupation will be introduced and how engagement in occupations, which are meaningful to the individual, can contribute to health. Section four includes statistical information on refugees and asylum seekers and the Icelandic context will be presented. The implications of refugeeism on health and how time, opportunities for participation in

meaningful occupations and living in uncertainty, can affect health and well-being is discussed in part five. Finally a conclusion of this literature review is presented. The second part of this thesis is a manuscript of an article, which is written according to the guidelines of the chosen journal, the Scandinavian Journal of Occupational Therapy. There the results from the research on the daily life of asylum seekers are presented. The article includes background, materials and methods, results, discussion, and conclusion.

2 Health and well-being

Health and well-being are regarded as fundamental human rights in the Universal Declaration of Human Rights from 1948 (The United Nations, 1948). A commonly used definition of health, was issued by the World Health Organization (WHO) in 1946, and states that health is: “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 2014a). Well-being can be referred to as the individual’s contentment with his or her health, both mental and physical, sense of belonging, economic security, and opportunities to participate in meaningful occupations (Hammell, 2008). In 1986, WHO declared by the Ottawa Charter for Health Promotion that: “to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (WHO, 2014b). With this addition, important emphasis is given to the impact of the physical as well as the social environment on health and well-being.

Health has been described as not only the object of living but rather as a resource of everyday life, which can be influenced both negatively and positively by the individual’s actions or the environment. Thus health promotion should not only focus on the individual but also at society and how it supports or hinders health and well-being (Hammell, 2008; WHO, 2014b).

3 Occupation

The belief that participation in meaningful occupations is health promoting has been a core concept in the field of occupational therapy since the birth of the profession (Meyer, 1922; Moll, Gewurtz, Krupa, & Law, 2013; Whiteford, 2005). Engaging in occupations, which are meaningful to the individual, is regarded as the foundation of good health and this applies not only to occupations essential to support life but also to occupations for pleasure (Christiansen & Townsend, 2004; Law, 2002; Meyer, 1922; Palmadottir, 2003). The term occupation has been defined by the World Federation of Occupational Therapists as follows: “occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to, and are expected to do” (WFOT, 2011). Occupations have also been referred to as a combination of doing, being and becoming. Doing refers to actions of individuals, being refers to self-actualization, and becoming reflects change and personal development. In addition, the term belonging has been identified as an important aspect of occupations, that is the need to belong and contribute to others (Christiansen & Townsend, 2004; Hammell, 2004, 2014; Fenger & Pálmadóttir, 2011; Rebeiro, 2001; Wilcock, 1999). Thus, the occupation one engages in is seen as defining who one is, not only as an individual, but also as a member of one’s community (Hammell, 2004, 2014; Polgar & Landry, 2004). Participation in meaningful occupations such as work and leisure, has been identified as having a positive influence on health and well-being and can lead to feelings of confidence, accomplishment, and life satisfaction as well as development of emotional and psychological skills (Christiansen & Townsend, 2004; Law, 2002; Law, Steinwender, & Leclair, 1998; Wilcock, 1998). Furthermore, engaging in occupations that give one a feeling of belonging and contributing to others through social interaction and connections, is seen as enhancing well-being (Hammell, 2014; Fenger & Pálmadóttir, 2011).

3.1 Public health and occupation

In Canada, the United Kingdom, and many other countries including Iceland, the definition of public health includes the science and art of promoting health, preventing disease and prolonging life through the organized effort of society (Beaglehole & Bonita, 1997; Marchildon & McNut, 2007; Ministry of Health, 2008). In essence public health is concerned with promoting health on a community and societal level rather than on an individual level, yet most of public health research and promotions focus on lifestyle and diseases connected

with unhealthy lifestyles (Moll et al., 2013; Wilcock, 1998). Within public health little attention has been directed to the perspective of occupation, or “doing” of individuals, i.e. how people develop habits and routines that promote health. In addition little acknowledgment has been given to how communities and the environment can either promote or hinder participation in occupations that promote health (Moll et al., 2013). In the Ottawa Charter for health promotion developed by the World Health Organization, the emphasis is on enabling people to have control over and to improve their health. It includes areas such as policymaking and creating supportive environments, which places health promotion in the socio-political domain (Beaglehole & Bonita, 1997; Moll et al., 2013; WHO, 2014b). In the research for this thesis the perspectives of both occupational therapy and public health were applied, to explore how communities and the environment influenced the occupations and daily lives of asylum seekers.

4 Refugees and asylum seekers

Today, an ever-increasing number of people become refugees worldwide. Refugeeism is, however, not a new phenomenon. Written texts, referring to refugees, have been found from as early as 3,500 years ago (The UN Refugee Agency, n.d.-a). The United Nations Refugee Agency (UNHCR) Global Trends 2013 report (The United Nations, 2014) states that the number of refugees and displaced people has reached an all-time high, 51,2 million persons, at the end of 2013, of which 1,2 million are asylum-seekers.

The Universal Declaration on Human Rights from 1948 states that everyone has the right to nationality (The United Nations, 1948). Nevertheless, stateless people, i.e. people without a nationality or citizenship, can be found in almost every country in the world. Having a citizenship is the key to many rights, such as education, employment, and health care. People can be stateless due to civil unrest, as well as due to discrimination on the basis of race, gender, ethnicity, religion, language, or disability (The UN Refugee Agency, n.d.-b).

The United Nations Convention relating to the Status of Refugees based on article 14 in the Universal Declaration of Human Rights from 1948 (The United Nations, 1948) was adopted in Geneva on July 28th 1951 and commenced on April 22nd 1954. This convention is the core of international refugee protection today (UN General Assembly, 1951). It was reformed in 1967 with a protocol that took out geographical and temporal limitations, thus giving it a universal coverage (The UN Refugee Agency, 1967). The UNHCR, defines a refugee as someone who: “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country” (The UN Refugee Agency, n.d.-a). It is important to keep in mind that a refugee is someone who has not chosen this status, rather it has been forced upon her/him by circumstances beyond her/his control. In addition, a refugee is a person with a past, life history, hopes, and a unique identity (Whiteford, 2005). An asylum seeker is defined as: “an individual who has sought international protection and whose claims for refugee status have not yet been determined” (The UN Refugee Agency, 2011).

Although voluntary repatriation is the preferred solution for most refugees, it is not an option for many who have no other way of finding safety than resettling in a new country. Yet, only a few nations offer resettlement programs and most have a quota for refugee resettlement, which has been unchanged for years, despite a growing demand (The UN Refugee Agency, 2012).

4.1 The Icelandic context

Until recent years Iceland has not been a preferred destination for asylum seekers, possibly due to the location of the country. However, the numbers are rising (Icelandic Red Cross, 2012). In the year 2013, one hundred and seventy-two individuals applied for asylum in Iceland compared to one hundred and eighteen in 2012 and seventy-six in 2011. The length of time for processing an application for asylum can be from six months to several years. By the end of the year 2013, fifty-six applications were pending, from 2013, 2012, and the oldest one from 2011 (The Directorate of Immigration, 2013).

According to the project manager for matters of asylum seekers and refugees at the Icelandic Red Cross, the majority of asylum seekers in Iceland are males who travel alone. Many of them do not have Iceland as their final destination, but are stopped at border control, in transit to Canada or the United States of America, travelling with false documents or without any (Verbal communication with Áshildur Linnet, 2013). Iceland is part of the Schengen agreement, which allows people to travel across borders within Europe without being subjected to border control, and therefore has responsibility for border control for Europe (European Commission, 2014). Due to the geographical location of Iceland, almost all asylum seekers come from other European countries and many have sought asylum there. Hence they are subject to treatment under The European Union's Dublin Convention (European Union, 1997), which determines the state responsible for examining the application for asylum. This allows countries to return asylum seekers to a third country, without examining their case, in the hope that they will receive just treatment there.

4.1.1 Living conditions for asylum seekers in Iceland

Policies in many countries require asylum seekers to be detained in special camps while their cases are processed (Bennett & Campbell, 2014; Green, 2006; Quinn, 2014; Whiteford, 2005). Although this is not the case in Iceland, the asylum seekers live for the first six months in a hostel on the outskirts of Reykjanesbaer (The Directorate of Immigration, n.d.), a small town with 15,000 inhabitants, near the international airport (Statistics Iceland, 2014). They have single rooms, but share a living room, bathroom, and kitchen. When living at the hostel they are free to come and go as they please. If Icelandic authorities decide to further process the application for asylum, they are often provided apartments with 3-4 other asylum seekers at other locations (Verbal communication with Áshildur Linnet, 2013). While the application for asylum is being processed, the Icelandic state provides housing, an allowance for food and minimum necessities, and courses in the Icelandic language. Asylum seekers do not have

permission to work during the initial reviewing of the application for asylum, which can take from 6 months to more than 3 years (Althingi, 2002).

Through volunteer programs, the Icelandic Red Cross provides social support in the form of weekly visits, monthly social activities, and access to second hand clothes. Furthermore the Red Cross acts as an advocate for just treatment of applications for asylum (Icelandic Red Cross, n.d.). Due to their location and low financial status, the asylum seekers have limited opportunities to participate in other social activities.

5 Implications of migration on health

Moving to a new country, whether it is due to migration of one's own choice or flight from one's homeland due to war or other life threatening situations, poses the challenge of adjusting to a new culture as well as the threat of not being able to participate in meaningful occupations (Bhugra, 2004; Tribe, 2002). Migrating usually means not only leaving one's family and social network behind but also the culture one knows (Tribe, 2002). In general, migration is known to be a factor in psychological stress and can be accompanied by psychosomatic symptoms (Bhugra, 2004; Hallas, Hansen, Staehr, Munk-Andersen, & Jorgensen, 2007; Samarasinghe, Fridlund, & Arvidsson, 2006; Tribe, 2002). Negative attitudes of the host country, language problems, cultural differences, unemployment, and inactivity can hinder integration and accentuate psychosomatic symptoms (Samarasinghe et al., 2006). In addition, being in the asylum seeking process, with an uncertain future, is experienced as a chaotic and stressful period. Lack of control, change of roles, loneliness, lack of social network, and reports of disruption of daily occupations are also common factors reported by immigrants and asylum seekers (Burchett & Matheson, 2010; Campell & Turbin, 2010; Law, 2002; Ogunsiyi, Wilkes, Jackson, & Peters, 2012; Samarasinghe et al., 2006).

Living conditions, opportunities to participate in society, whether it is employment, education, or social events affect the mental health of asylum seekers (Bhugra, 2004; Coffey, Kaplan, Sampson, & Tucci, 2010; Quinn, 2014; Tribe, 2002). Restrictions on participation can create post-migration stress, which adds to the stress related to previous trauma associated with migration. This can increase the risk of ongoing post-traumatic stress disorder and other psychological symptoms (Porter & Haslam, 2005; Silove, Steel, & Watters, 2000). A growing body of evidence shows, that sociopolitical procedures have a great effect on mental health and well-being of asylum seekers (Porter & Haslam, 2005; Silove, Austin, & Steel, 2007; Steel et al., 2011).

5.1 Time is a factor

In most countries, the time between applying for asylum to receiving a resolution can vary from a few weeks to several years. In some countries asylum seekers are kept in a closed detention camp during this time, while other countries use open camps or centers (Bennett & Campbell, 2014; Green, 2006; Quinn, 2014; Whiteford, 2005). During this time of waiting, regardless of living arrangement, asylum seekers often do not have permission to work, have few opportunities for education, and have very low income or welfare support (Burchett & Matheson, 2010; Silove et al., 2000). This is a time when psychological health is at great risk due to fear of being rejected and sent back to the country of origin, not being able to make plans for the future, social isolation, and lack of opportunities to participate in meaningful occupations (Bhugra, 2004; Morville, Amris, Eklund, Danneskiold-Samsoe, & Erlandsson, 2014; Tribe, 2002). The consequences of being in a detention camp can follow the asylum seeker for many years after gaining refugee status, as they report feelings of depression, sense of insecurity, and have difficulty integrating into society. In general their mental health is poor (Coffey et al., 2010; Silove et al., 2007; Steel et al., 2011).

The processing time of application for asylum and the length of stay in an asylum center seem to be an influential factor in health and well-being. In a retrospective study by Hallas et al. (2007) in Denmark, records from the years 2001-2002 of a large, multi-ethnic group of asylum seekers were analyzed. Results showed that an increased number of referrals for mental disorders as well as for somatic diagnosis were correlated to length of stay in the center. Incidence of post-traumatic stress disorder (PTSD) rose with the length of stay as well (Hallas et al., 2007). Moreover, a recent study by Moreville, et al. (2014) revealed that the length of stay influences the ability to perform activities of daily living, as measured by the Assessment of Motor and Process Skills (Fisher & Jones, 2010). A marked decline in performance of tasks such as preparing a simple meal was observed over just 10 months (Morville, et al., 2014).

5.2 Unemployment

Much research has been done on the effects of unemployment, i.e. when people lose their working role and identity, on mental health (Bhugra, 2004; Kennedy & McDonald, 2006; Paul & Moser, 2009). Paul and Moser's (2009) meta-analytic study found that, in general, unemployed persons showed significantly more symptoms of depression, distress, and anxiety. In addition they reported low self-esteem and lack of well-being. Kennedy and McDonald (2006) found similar results in Australia, when examining the effects of stress in

relation to unemployment and migration to a new country. Unemployed immigrants had poorer mental health than employed ones. Furthermore, the first 6 months following migration and unemployment had the greatest effect on health. This is consistent with the findings of other studies on the effect of unemployment that show that people can adapt to the state of unemployment over time, nevertheless mental health is consistently poorer for unemployed people than employed (Kennedy & McDonald, 2006; Warr & Jackson, 1987).

5.3 Occupational deprivation

When participation in meaningful occupations is challenged or impossible, the risk of occupational deprivation is high. Occupational deprivation, a term used in occupational therapy, has been defined as: “a state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors which stand outside of the control of the individual” (Whiteford, 2000, p. 201). These external causes can be economic, environmental, social, geographical or political (Hammell & Iwama, 2012; Hocking, 2012; Whiteford, 2005). Social segregation, i.e. living conditions, lack of access to appropriate transportation, poverty, and limited opportunities for participation, can lead to marginalization and feelings of powerlessness. This can prevent people from having control over their lives, and making choices regarding living conditions and occupations (Hammell, 2008). Occupational deprivation and powerlessness can be seen among vulnerable populations such as people living in poverty, in institutions, in prisons, and is common among refugees and asylum seekers (Hammell, 2008; Hammell & Iwama, 2012; Hocking, 2012; Moreville & Erlandsson, 2013; Whiteford, 2004).

5.4 Living “in between”

While waiting for resolution of the application for asylum, life is lived in a state of limbo, or a life of “in between”, which has a major influence on well-being of the individual (Stewart, 2005). Sociopolitical procedures, e.g. restrictions on participation, have been found to have a great effect on mental health and well-being. (Porter & Haslam, 2005; Silove et al., 2000; Silove et al., 2007; Steel et al., 2011). Asylum seekers live in fear of being deported, experience loneliness, isolation, and shame and have few opportunities to contribute to society, either by work, volunteering or other means, which intensifies their feelings of low self-esteem (Hocking, 2012; Quinn, 2014). A survey of destitute asylum seekers and refugees in Scotland revealed that many asylum seekers experience economic deprivation as well as

limited opportunities to participate in society. This further adds to feelings of anxiety, stress, and powerlessness (Green, 2006).

The type of permission status, that is, whether it is temporary protection or a permanent protection visa, also has an influence on health and assimilation to the new society. A longitudinal study in New South Wales in Australia revealed that asylum seekers who received temporary protection visa experienced more anxiety, depression, and overall general distress than those who received permanent protection visa. Over time, those with temporary protection visa showed no improvement in English language skills and were socially withdrawn whereas the ones with permanent protection visa adjusted better to their new home (Steel et al., 2011).

6 Conclusion

In the preceding sections a definition of health and well-being was provided and the term occupation was presented as it is used in occupational therapy. Then the status of refugees and asylum seekers worldwide was described as well as the Icelandic context. Finally, the implication of refugeeism and asylum seeking on health was reviewed.

Worldwide, the number of refugees and asylum seekers continue to rise, and in line with that, the number of individuals seeking asylum in Iceland is also increasing. Migrating and seeking asylum, poses a challenge to health and well-being. Stress is a huge influential factor, often caused by the uncertainty of the future. The time spent waiting for resolution of the application for asylum is related to health and well-being, the longer the time, the more psychological and psychosomatic symptoms are reported. Not being able to participate in meaningful occupations accentuates these symptoms and can lead to occupational deprivation and feelings of powerlessness.

Many quantitative studies have been done on the health of immigrants, refugees and asylum seekers around the world. Most of them focus on symptoms and diseases associated with migration, such as psychological and psychosomatic symptoms. However, few qualitative studies have been directed at this subject and none was found with the focus on opportunities for participation in meaningful occupations and the effects on health and well-being.

The aim of this study was to gain an understanding on the experience of asylum seekers in Iceland, while waiting for resolution of their application for asylum. It focused on their daily occupations, opportunities for participation and the effect of waiting in idleness for up to a few years on their health and well-being. This study was approved by The National Bioethics Committee (VSN-13-173).

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Article

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Daily life of asylum seekers, participation, health and well-being

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Abstract

Aim: An ever-increasing number of people seek asylum in Iceland. The wait for resolution on application for asylum can take up to 3 years. During this time disrupted participation in daily occupations is common. This study was carried out to gain an understanding of the experience of asylum seekers, while awaiting the resolution of their application. It explores their daily occupations, their opportunities for participation in meaningful occupations and the effect of waiting in idleness on their health and well-being. *Methods:* Eleven semi-structured interviews were conducted with nine participants, of which six were asylum seekers. A grounded theory approach was applied in data analysis to categorize and identify key concepts. *Results:* Four major categories emerged that reflected the participants' living conditions, opportunities for participation, feelings of powerlessness, and views on the future. The long processing time of the applications was enormously stressful. Not being in charge of one's life, living conditions or income was frustrating and resulted in feelings of powerlessness. *Conclusion:* The results indicate that waiting in idleness is enormously stressful and the processing time of applications must be shortened. Attention needs to be focused on living conditions and opportunities for participation in meaningful occupations, including work.

Key words: living conditions, occupations, powerlessness

Introduction

Engaging in meaningful occupations, whether to support life or for pleasure, has long been regarded as the foundation of good health and applies not only to occupations essential to support life but also to occupations for pleasure (1-4). The occupations one engages in are seen as defining who one is, not only as an individual but also as a member of one's community (5-7). Well-being is one of the fundamental elements of human rights (8), and can be referred to as the individual's contentment with her or his health, both mental and physical, sense of belonging, economic security, and opportunities to participate in meaningful occupations (9). Participation in occupations such as work and leisure has been identified as having positive influence on health and well-being and can lead to feelings of confidence, accomplishment, and life satisfaction as well as development of emotional and psychological skills (1-3, 10, 11). Furthermore, engaging in occupations that promote a feeling of belonging and contributing to others through social interaction and connections, is seen as enhancing well-being (2, 6).

When participation in meaningful occupations is challenged or impossible, the risk of occupational deprivation is high. Occupational deprivation has been defined as: "a state of prolonged preclusion from engagement in occupations of necessity and/or meaning due to factors which stand outside of the control of the individual" (12). These external causes can be economic, environmental, social, geographical or political (13, 14). Social segregation, i.e. lack of access to appropriate transportation, poverty, and limited opportunities for participation, can lead to marginalization and feelings of powerlessness. This can prevent people from having control over their lives, and in making choices regarding living conditions, and occupations (9). Occupational deprivation and powerlessness can be seen among vulnerable populations such as people living in poverty, in institutions, in prisons, and is common among refugees and asylum seekers (9, 14-16).

Migrating and seeking asylum pose the challenge of integrating to a new culture as well as the threat of not being able to participate in meaningful occupations. In general, migration is known to be a factor in psychological stress and can be accompanied by psychosomatic symptoms (17-19). Reportedly unemployment and inactivity accentuate these symptoms (18). Lack of control, change of roles, loneliness, a lack of social network, and disruption of daily occupations are often reported by immigrants and asylum seekers (3, 18, 20-22). One study showed that prolonged stay in asylum centers had a negative influence on health (17), and a recent study by Moreville on the ability to perform activities of daily living, as measured by

the Assessment of Motor and Process Skills (23), revealed a marked decline in performance over just 10 months (24).

Worldwide, an ever-increasing number of people become refugees. The United Nations Refugee Agency (UNHCR) Global Trends 2013 report (25) states that the number of refugees and displaced people has reached its highest ever, to 51,2 million persons at the end of the year 2013. Of these, 1,2 million were asylum-seekers (25). Until recent years Iceland has not been a preferred destination for asylum seekers, possibly due to the location of the country, however the numbers are rising (26). The majority of asylum seekers in Iceland are males who travel alone. Many do not choose Iceland as their final destination, but are stopped at border control, in transit to Canada or the United States of America, travelling with false documents or without any. Iceland has responsibility for border control for Europe as part of the Schengen agreement, which allows people to travel across European borders without being subjected to border control. (27). Due to the geographic location of Iceland, almost all asylum seekers come from other European countries and many have sought asylum there. Hence they are subject to treatment under the European Union's Dublin Convention (28), which determines the state responsible for examining applications for asylum. This allows countries to return asylum seekers to a third country, without examining their case. In 2013, one hundred and seventy-two individuals sought asylum in Iceland. By the end of 2013, fifty-six applications were pending, from 2013, 2012 and the oldest ones from 2011 (29).

In many countries, asylum seekers are detained in special camps while their case is processed (13). Although not the case in Iceland, the asylum seekers live for the first six months in a hostel on the outskirts of Reykjanestadir, a small town with 15,000 inhabitants, near the international airport (30). They have single rooms and share a living room, bathroom, and kitchen. While at the hostel they are free to come and go as they please. If Icelandic authorities decide to further process the application for asylum, they are often provided apartments with 3-4 other asylum seekers at other locations. During this time, the Icelandic state provides housing, allowance for food and minimum necessities and courses in the Icelandic language. Asylum seekers do not have permission to work during the initial reviewing of the application for asylum, which can take from 6 months to more than 3 years (31). The Icelandic Red Cross, through volunteer programs, provides social support in the form of weekly visits to asylum seekers, monthly social activities, and access to second hand clothes. Furthermore the Red Cross acts as an advocate for just treatment of applications for

asylum (32). Due to their location and low financial status the asylum seekers have limited opportunities to participate in other social activities than those offered by the Red Cross.

This study was carried out to gain an understanding of the experience of asylum seekers in Iceland, who were awaiting the resolution of their applications. It focused on the asylum seekers' daily occupations, opportunities for participation, and the effect on their health and well-being of waiting in idleness for as long as a few years.

Materials and methods

Design

A qualitative design was applied and data were gathered from media, interviews, and participation observation. A semi-structured interview guide was developed to gain understanding regarding the participants' experience and feelings on the topic (33-35). A constructivist grounded theory approach by Charmaz was applied in data analysis to categorize and identify key concepts (33).

Participants

Nine participants took part in the study, six asylum seekers (key informants), two individuals who have insight into the daily lives of asylum seekers and a former asylum seeker who came to Iceland 7 years ago and was interviewed for reflection and verification. Initially, to gain background information, the project manager for matters of asylum seekers and refugees at the Icelandic Red Cross and the pastor for immigrants in the Icelandic Lutheran church, were interviewed. They then mediated contact between the other participants and the first author. The inclusion criteria for the key informants were: a) men from the Near East, b) in Iceland for 6 months or more, c) with an application for asylum pending, d) basic knowledge of English.

The six key informants came from Afghanistan, Iran, and Iraq and were 23-38 years old. They had been outside their country of origin for 5-18 years and in Iceland for 6-30 months. Two lived in Reykjanesbaer when first interviewed. Due to a change in their living conditions, a second interview was added. The other four lived in Reykjavik, sharing an apartment with 2-4 other men. Three of the six key informants did not choose Iceland as their final destination, but were stopped at border control. Their level of knowledge of English varied greatly, most were able to understand and speak at an intermediate level, while one spoke on a very basic level, and one asked a roommate to interpret.

Ethics

The research was approved by the National Bioethics Committee (VSN-13-173). All participants received both verbal and written information about the purpose of the study, confidentiality, and anonymity of data collected. They all signed an informed consent form. All names are pseudonyms.

Data collection

Data from media, such as newspapers, television and radio, were collected from the spring of 2013 to date. Interviews and participant observation took place from November 2013 to June 2014. The duration of the interviews was from 35 to 105 minutes. The two pilot interviews took place in the participants' offices', eight interviews took place in the homes of the key informants, and one in a coffee house by request of the interviewee. All interviews were conducted at times of the participants' convenience. The pilot interviews were conducted in Icelandic and the remaining interviews in English.

Two interview guidelines were designed, one for background information and reflections, and the second for the key informants. Both were short and had open-ended questions, which gave an opportunity for probing to facilitate a narrative (34, 35). The guidelines for the key informants included questions on background, daily activities, past and present, opportunities to participate in meaningful activities, and what the interviewee preferred and wanted an opportunity to do. All interviews were recorded and transcribed verbatim. Observations and field notes were written following each interview and a diary was kept during the whole process of data gathering.

In addition to observations in the homes and neighborhoods of the key informants a participant observation was conducted at a New Year's dinner for asylum seekers held by the Red Cross. Observation notes included information from informal conversations.

Data analysis

Data analysis began following the first interview in order to identify emerging codes as well as gaps in the data, so that the focus of the following interviews could be adjusted accordingly (33, 34). The constructivist grounded theory approach by Charmaz (33) was applied, reading the data thoroughly, initially coding each line in words reflecting actions rather than topics. Focused coding was then administered, identifying the most frequent and significant codes. Finally the data were categorized and key concepts identified. Constant comparison of the

data, to find similarities and differences, was employed throughout the analyzing process (33). The analysis was done by the first author and verified by the second author.

To increase the level of clarity the quotes cited below were slightly edited to reduce length and improve grammar while care has been taken to maintain their meaning.

Results:

Four major categories emerged that reflected the key informant's experience of seeking asylum in Iceland: "It's the worst place", "Nothing to do", "This is survival, not living the life", and "I want a normal life like everyone else". The categories described their experience and shed light on the participant's living conditions, opportunities for participation, feelings of powerlessness, and views about the future. The categories are presented in table I.

It's the worst place

For the first 6 months in Iceland, the key informants were required to reside in a hostel on the outskirts of a small town near the international airport. Constant air traffic was a continuous reminder of the possibility of deportation. They all expressed how stressful these living conditions were for them.

Overall they didn't feel welcome and had few opportunities for socializing and integrating into the community hence they did not have a sense of belonging. Within the small homogeneous host community, they were easily recognized as asylum seekers by their physique, i.e. dark hair and complexion, not knowing the language, not working, and while the locals travelled predominantly by car, the asylum seekers went everywhere on foot. Din described the attitude of the locals like this: "They don't like us, I don't say racist, but they don't like us. You can read it in their eyes, even in the eyes of a small child. Everybody knows us, knows that we are refugees". Hostile comments from local people were reported and one, Basir, claimed he didn't go to nightclubs anymore because he had experienced problems or even fights. They pointed out that overall, there were few opportunities to participate in "normal activities" with "normal people".

All key informants said that living in the hostel was demanding, sharing a kitchen, bathroom, and living room with other residents, with whom they had no relationship whatsoever. The inhabitants came from different countries, different diverse cultural backgrounds and religions, and often had very dissimilar needs regarding cleanliness. The poor habits of cohabitants regarding hygiene, especially in the bathroom and kitchen, was distressing for Basir and Izad, maybe more so because they had previously kept a home for

themselves for several years. Hazan and Omar shared their views on the lack of hygiene and added that sharing a kitchen with so many people sometimes meant waiting for 3-4 hours into the night to start cooking.

These living conditions offered little opportunity for privacy. Different religions, habits, and routines, such as sleeping habits were disturbing, as some of their cohabitants made noise during the night and were insensitive to the needs of the others. Din experienced such disturbance of his sleep, which affected his health: “It’s just like living in a mental hospital without any nurse. You will get sick if you cannot sleep. I mean it is the worst place that I’ve ever seen, people always walking, walking, talking, they don’t care if you are sleeping or not”. The practice of the Islamic religion by some residents, especially when they played the call to prayer loudly over the Internet, caused distress for Izad, who is Christian. It evoked memories of hardship in his home country: “I don’t like to hear this, because I know that in our country, when in jail, when they want to beat you, they play this. We call it Azan”. He looked forward to moving to Reykjavik, where he would live with just one person, who is also Christian.

All participants preferred living in Reykjavik, a city of 200,000 inhabitants, where they lived 2-4 together in an apartment within walking distance of the city center. They felt that they had more opportunities to be active within a larger and more diverse population, and more areas for outdoor activities, such as jogging or walking. There they found it easier to blend in with the locals and didn’t feel prejudice when socializing. In Reykjavik there were also more opportunities for volunteering. While living in Reykjanesbaer, Basir had arranged to volunteer in a soup kitchen in Reykjavik, however the cost of transport prevented him from taking part. During the second interview after he had moved to Reykjavik, he informed me with pride, that he had begun volunteering in this soup kitchen.

Nothing to do

When asked about what they did during the day, most participants became a little puzzled, paused, and their first answer was: “Nothing”. Further inquiry revealed that they were referring to employment. Not being allowed to work had a strong impact on their self-image and well-being. They had all been working for many years, some even from as young an age as ten hence they associated working strongly with having a normal life. Work was associated with self-respect, independence, contributing to society, and belonging. Din reflected on his experience of working from a young age in his home country: “I was working from 7 am until 12 pm every day except Friday. When you work, you don’t think too much, although in a bad

situation, we could talk to each other. Also you feel useful, helping your family and not being dependent on anyone”. Despite such strenuous working hours and conditions, the work had contributed to his well-being.

Working was also seen as a means to socialize with Icelanders, integrate into society and an opportunity to practice and learn Icelandic. Taking part in volunteer work offered the men a sense of purpose and simulation to regular work. Din and Abdul did volunteer work a few days a week. Abdul said: “It is important to work, it keeps your mind busy. If you stay in the home all day you feel bad, you’re not happy”.

When asked to describe a regular day, it revealed that they tried to fill their days with exercising, walking, cleaning, cooking, and chatting via the Internet with family and friends. All were aware of the importance of being active for health and well-being. They performed these activities to make time pass, as one put it “to kill time”, not necessarily because they fulfilled their need for doing something meaningful. They even spent extra hours on activities such as exercise and cooking, in order pass time. Basir mentioned going to the swimming pool and staying there for 2-3 hours and Omar disclosed: “I make food, because when I make food it cost one hour, like one hour and half”.

This is survival, not living the life

This quote above from Basir represents the thoughts of all the key informants. Not being in charge in one’s life reflected the thought of survival. They talked about “lost time” and were eager to “begin life”, meaning starting a family, having a job and a home, that is, “living the life”. They felt like they were stuck while they waited for a decision on their application for asylum. This situation of indeterminacy, waiting for a definite answer, was a great burden on the participants. They felt that time was lost and they could only live in the present. Life was on hold while they were waiting for real life to begin. Repeatedly they stated: “What can I do?” and “I just have to wait.” Omar said: “Sometime you know, you just [...] You’re not feeling good, you’re feeling you’ve lost everything, you know, but what can you do, you have to wait”.

Being in Iceland, an island with border control, one cannot easily leave without documents. Izad compared this to “being in jail without walls”. He had a long history of living in Europe without citizenship and documents and referred to the restrictions of not being able to travel to other countries as denial of basic human rights. He pointed out: “If you don’t have documents you are not a human being, it means maybe you are not in jail, you are at home; but you like to go to other countries”.

They had all been independent working individuals, before coming to Iceland, and experienced the change to being dependent, receiving social assistance for housing, food and pocket money, as a great burden. They also stressed how expensive this was for the Icelandic society and that everyone was losing; Icelandic society was losing money and workforce, and they were losing time. Basir put it this way: “It takes too much time; I’m losing time and they are losing money, because they are paying for everything here, it is not free”. Feelings of shame were apparent and Din described his feelings when he went to the social services office to collect his assistance in this way: “It’s like you’re standing on others’ shoulders, it’s disgusting, you feel you are useless”, referring to being an able bodied young man collecting assistance while other recipients were old or disabled.

I want a normal life like everyone else

The wish to have a normal life, citizenship, work, family, and a home was a common thread through the interviews. This was not always said openly, but rather through stories of friends and in gestures and body language. Izad’s tales about his friends in other European countries and in Canada reflected this: “I have many friends in Finland and Norway. Now they have children, they are married, and they have a home. They are my age or younger and some have been shorter time out of our country”. He regretted all his years of waiting for asylum in Europe and Iceland and felt that he was running out of time.

The key informants didn’t seem to consider the community of asylum seekers as a community of its own, but wanted to integrate into Icelandic society. They stressed the importance of learning Icelandic if they would be granted asylum, however some had reservations on how much effort they should put into learning a difficult language of no practical use, if deported. Living a segregated life from mainstream society, offered few opportunities to practice language skills, but participating in volunteer work as Din did was a way to both break the social isolation and enhance language skills. He said: “It helps me, at least you socialize with the people around the shop and I can practice Icelandic”.

Three of my key informants were active members of a church community in Europe before they came to Iceland. They had important and respectable roles as interpreters and assistants for new refugees. When two of them tried to join a congregation in Reykjanestadir, they didn’t feel welcome and had no sense of belonging. However, when interviewed again, after living in Reykjavik for three months, they reported a different experience. They felt welcome and a part of the community of the church they had joined there. This church has international divisions and offers masses in both English and Spanish twice a week.

When asked how they saw their future, the key informants became quiet and seemed distant, unable to put their dreams into words as their lives were in a state of uncertainty. They didn't know if they would stay in Iceland or would be sent back to another European country on grounds stated in the Dublin agreement or even to the country they fled from. Abdul put it this way: "I don't have a dream now, because now it's difficult, I'm waiting. I don't know what will happen in the future. If I get negative, life is finished. No, I don't have a dream for future now".

Discussion

The findings indicate that the asylum seekers experience occupational deprivation and powerlessness. Living conditions, lack of opportunities to participate in meaningful occupations, and various legal restrictions and regulations accentuate this experience (19, 36-38). It is important to point out that my key informants' critiques were solely directed at governmental rules and regulations, and in no way directed at individuals, e.g. employees at the social service office.

Regardless of length of time in Iceland, all key informants described feelings of powerlessness that influenced their well-being. Not being in charge of their lives, living conditions, or income was extremely frustrating. Furthermore they felt excluded from society by not being allowed to work. Previous studies have shown that a state of indeterminacy, waiting for answers in fear of being deported, can have a major influence on well-being. It can accentuate feelings of anxiety, isolation, loneliness, shame, and powerlessness (13, 19, 39, 40). Having few opportunities to contribute to society, either through work, volunteering, or other means, can result in low self-esteem (37, 41).

Stress is an integral part of migration and seeking asylum, and living conditions can amplify that feeling (13, 16, 19, 21, 24, 36, 42). The location and housing arrangements in Reykjanesbaer, were enormously stressful for the key informants, who had no sense of belonging in this small community. Having limited opportunities to participate in social activities contributed to their loneliness and isolation, and increased the risk of occupational deprivation and marginalization (9). This is in line with findings of other studies, that health can be compromised when there is no opportunity to participate in meaningful occupations. Furthermore, this can have long-term effects on the ability of asylum seekers to integrate into a new culture (3, 15, 36, 37). It was clearly voiced by the key informants that living in the hostel, which could be described as an open camp, was very demanding and even a challenge to health. This was not only because they had to live with so many others but also due to the

facility and location. Although not in a closed camp, the lack of control of one's life, was striking.

Living in Reykjavik, in apartments with 2-4 others, was the preferred living arrangement. They felt they had more control and choice in their life, found it easier to integrate into society, and had more opportunities to participate in various social events at low cost or free, as well as do volunteer work for various charity organizations. Being in a larger, more diverse community, they felt less visible as foreigners. They not only had more opportunities to engage in various occupations, they also had a sense of belonging and felt less marginalized. The sense of belonging, i.e. connecting and contributing to others has been found to contribute to well-being (6, 20).

Having too much time on their hands, a difficult past, and an uncertain future was difficult to manage. The men tried to create a structure in their daily lives, some routine, and a sense of doing something useful. Nevertheless occupational deprivation was prominent, as the occupations they engaged in were not meaningful enough and served mostly to pass time. The role of working was very central to their identity. Studies have associated dignity, pride, independence and self-esteem as characteristics associated with the role of working (13, 20, 43). Furthermore loss of roles has been identified as a negative influence on health and well-being (3, 13, 16, 24). Not being allowed to work resulted in feelings of shame due to being dependent on social services assistance. They found this kind of support demeaning. Being financially dependent has been associated with feelings of frustration and worthlessness by not contributing to society. This in turn, affects self-esteem and well-being (13, 20, 37, 39).

The results from the interviews with the key informants were in line with the information from the two background interviews, but gave a much deeper understanding and insight into the experience of seeking asylum in Iceland. The last interview, which was taken for reflection and verification, confirmed the findings.

Conclusion

Clearly, waiting in idleness is enormously stressful, frustrating and depressing. It is of prime importance to change Icelandic laws regarding employment of asylum seekers and to increase opportunities for their participation in various social and other meaningful activities. In addition, the time frame for processing applications should be shortened as much as possible. The findings of this study reveal that living in apartments in a larger community, supports health and well-being in contrast to the deleterious effects of the current environment of most asylum seekers in Iceland.

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Table I The major categories that emerged

Category
“It’s the worst pace”
“Nothing to do”
“This is survival, not living the life”
“I want a normal life like everyone else”

Appendix 1: Interview guide 1 – Asylum seekers

The opportunities and participation of asylum seekers in daily activities, which are of personal importance

Viðtalsrammi: hælisleitandi

Can you tell me about yourself?

(Background, where from, how long in Iceland, where came from, where do you live)

Can you describe a regular/normal day in your life

(What do you do, exercise, hobby, interests, what do you like to do)

What type of activities did you do in your homecountry?

(Work, hobbies, etc)

In general, what type of activities do you like to do

Do you have an opportunity to participate in activities you like

(If no, why?, what types of activities would you like to be able to participate in)

How do you feel when you have an opportunitie to participate in activities you like

How do you feel when you don't have an opportunitie to participate in activities you like

Appendix 2: Interview guide 2 – for background and reflection

Tækifæri og þátttaka hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg

Viðtalsrammi vegna starfsmanns/sjálfbóðaliða

Getur þú sagt mér aðeins frá þér sjálfum....

Hver er aðkoma þín að málefnum hælisleitenda?

Getur þú lýst þessum hópi

Getur þú sagt mér hvaða þjónusta er í boði fyrir hælisleitendur annað en húsnæði og fæði?

Ytri áhrif/umhverfi

hvernig upplifir þú viðhorf samfélagsins eða almennings til hælisleitenda

Viðhorf fjölmiðla

Viðhorf yfirvalda

Hvaða áhrif telur þú að þessi viðhorf hafi á líðan hælisleitenda

Framtíðarhorfur – hvernig sérð þú framtíðina í þessum málum?

Eitthvað sem þú vilt bæta við varðandi málefni hælisleitenda hér á landi?

Appendix 3: Letter of intent (English)

The opportunities and participation of asylum seekers in daily activities, which are of personal importance

Letter of intent

Dear recipient

By this letter, which contains information on the study on the opportunities of asylum seekers to participate in daily activities, I kindly request your participation. The aim of the study is to gain insight into the daily life of asylum seekers and their opportunities to participate in meaningful activities and the consequences of not being able to participate in such activities. Engaging in daily activities, which are meaningful, has long been regarded as the foundation of good health. Through activities, people identify with themselves, others and with the world at large. Health, quality of life and well-being can be affected if opportunities to participate in meaningful activities are few or none at all.

The views and experience of a few persons who work with asylum seekers will be explored as well to further understand the conditions asylum seekers in Iceland live in.

This study is part of Lilja Ingvarsson's, telephone: 864-6770, master's thesis in public health at the University of Iceland. Supervisor for the study is Snæfríður Þóra Egilson, e-mail: sne@hi.is, telephone: 525 4264

Participation involves one interview, approximately one hour long. The interviews will be recorded and transcribed word for word. Following the transcription the recordings will be erased. All information obtained in the interviews will be handled according to laws and regulations on confidentiality and Icelandic laws regarding dataprotection. All information pertaining to the study will be stored in a secure place, while the study is in progress and destroyed following analyses and no later than five years after the study is completed. All information will be untraceable.

Please note, that you are not obligated to participate in the study and you can quit at any time without notice or explanation. You are also free to refuse to answer any questions in the study. In case you feel any distress or discomfort following the interview you can contact Jóhann Thoroddsen, psychologist at the Icelandic Red cross, without any cost.

With kind regards

Dr. Snæfríður Þóra Egilson

Lilja Ingvarsson masters student at the University of Iceland

Appendix 4: Letter of intent (Icelandic)

Tækifæri og þátttaka hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg

Upplýsingar til þátttakenda rannsóknarinnar

Ágæti viðtakandi

Bréf þetta er til upplýsinga um rannsókn á tækifærum og þátttöku hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg og jafnframt ósk um þátttöku þína í rannsókninni. Markmið rannsóknarinnar er að öðlast innsýn í daglegt líf hælisleitenda, kanna upplifun og reynslu þeirra af möguleikum á þátttöku í athöfnum og afleiðingum þess að hafa ekki tækifæri til þess. Að hafa dagleg viðfangsefni eða iðju til að takast á við, er ein af undirstöðum góðrar heilsu. Í gegnum iðju mótast sjálfsmýnd og þau hlutverk sem einstaklingurinn hefur. Takmörkuð tækifæri til þátttöku í mikilvægri iðju geta haft áhrif á lífsgæði, heilsu og vellíðan.

Einnig verður kannað viðhorf og reynsla nokkurra einstaklinga sem vinna að málum hælisleitenda til að fá frekari innsýn inn í þær aðstæður sem hælisleitendum eru búnar.

Rannsóknin er liður í lokaverkefni Lilju Ingvarsson, sími : 864-6770 til meistaraþrófs í lýðheilsuvísindum við Háskóla Íslands. Ábyrgðarmaður rannsóknarinnar er Dr. Snæfríður Þóra Egilson prófessor við Háskóla Íslands, netfang: sne@hi.is, sími: 525 4264.

Þátttakendur taka þátt í viðtali, u.þ.b. klukkustundar löngu. Viðtölin verða hljóðrituð og eftir að þau hafa verið afrituð orðrétt er upptakan eyðilögð. Allar upplýsingar sem fram koma í viðtölum verða meðhöndlaðar samkvæmt ströngustu reglum um trúnað og nafnleynd og farið að íslenskum lögum varðandi persónuvernd, vinnslu og eyðingu frumgagna Rannsóknargögn verða varðveitt á öruggum stað á meðan á rannsókn stendur og eytt að lokinni úrvinnslu og eigi síðar en fimm árum eftir rannsóknarlok. Niðurstöður rannsóknarinnar verða allar ópersónugreinanlegar.

Tekið skal fram að þér ber ekki skylda til að taka þátt í rannsókninni og þú getur hætt hvenær sem er án fyrirvara eða útskýringa á ákvörðun þinni. Einnig er þér frjálst að neita að svara einstökum spurningum rannsóknarinnar. Ef eitthvað sem fram kemur í viðtalinu veldur þér vanlíðan, getur þú haft samband við Jóhann Thoroddsen, sálfræðing hjá Rauða krossi Íslands þér að kostnaðarlausu.

Virðingarfyllst,

Dr. Snæfríður Þóra Egilson

Lilja Ingvarsson meistaranemi við Háskóla Íslands

Appendix 5: Informed consent (English)

The opportunities and participation of asylum seekers in daily activities which are of personal importance

Informed consent

I have read the letter of intent regarding participation in the research: The opportunities and participation of asylum seekers in daily activities which are of personal importance. I have been given an opportunity to ask questions regarding the research and I have received answers and explanations on items unclear to me.

This research is part of a Lilja Ingvarsson's masters thesis in Public health at the University of Iceland. The supervisor is Snæfríður Þóra Egilson professor at the University of Iceland.

Participation in the research involves an approximately one hour long interview.

All information will be handled with highest confidentiality. All measures will be taken to keep the information untraceable.

With my signature, I confirm that I am willing to participate in the research as it has been described without payment or reward. I am aware that I can quit participation at any time.

Date

Participants name

With my signature, I confirm to have given information on the research in accordance with laws and regulation.

Lilja Ingvarsson, researcher

Appendix 6: Informed consent (Icelandic)

Tækifæri og þátttaka hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg

Upplýst samþykki

Ég undirrituð/undirritaður hef lesið kynningarbréf um þátttöku í rannsókninni: Tækifæri og þátttaka hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg. Ég hef fengið tækifæri til að spyrja spurninga um rannsóknina og fengið fullnægjandi svör og útskýringar á atriðum sem mér voru óljós. Ég hef af fúsum og frjálsum vilja ákveðið að taka þátt í rannsókninni.

Rannsóknin er liður í lokaverkefni Lilju Ingvarsson til meistarpófs í lýðheilsuvísindum við Háskóla Íslands. Leiðbeinandi er dr. Snæfríður Þóra Egilson prófessor við Háskóla Íslands.

Þátttaka í rannsókninni felur í sér eitt u.þ.b. klukkustundar langt viðtal.

Farið verður með allar upplýsingar sem trúnaðarmál og þess vandlega gætt að ekki verði hægt að rekja þær.

Ég samþykki hér með að taka þátt í rannsókninni eins og henni er lýst. Mér er frjálst að hætta þátttöku á hvaða stigi hennar sem er.

Dagsetning

Nafn þátttakanda

Undirritaður, starfsmaður rannsóknarinnar, staðfestir hér með að hafa veitt upplýsingar um eðli og tilgang rannsóknarinnar, í samræmi við lög og reglur um vísindarannsóknir.

Lilja Ingvarsson

Appendix 7: Declaration of cooperation from the Icelandic Red Cross



Samstarfsyfirlýsing vegna rannsóknarinnar:

Tækifæri og þátttaka hælisleitenda til að takast á við dagleg viðfangsefni sem eru þeim mikilvæg

Ábyrgðarmaður rannsóknarinnar: Dr. Snæfríður Þóra Egilson, prófessor

Rannsakandi: Lilja Ingvarsson meistaranemi

Hér með lýsi ég, Áshildur Linnét framkvæmdastjóri Rauða krossins í Hafnarfirði f.h. Rauða krossins á Íslandi, yfir vilja til samstarfs við ofangreinda aðila um rannsókn á tækifærum og þátttöku hælisleitenda í daglegum viðfangsefnum, sem eru þeim mikilvæg. Samstarfið felst í því að Rauði krossinn á Íslandi hefur milligöngu um að finna 10-12 þátttakendur fyrir rannsóknina með því spyrjast fyrir meðal hælisleitenda sem uppfylla skilyrði um þátttöku, um vilja þeirra til að taka þátt. Ef einstaklingur hefur áhuga á að taka þátt í rannsókninni, afhendir starfsmaður Rauða krossins kynningarbréf á íslensku og/eða ensku og fær undirritun vegna upplýsts samþykkis sem er á íslensku eða á ensku.

Einnig leggur Rauði krossinn á Íslandi til stuðningsviðtal hjá Jóhanni Thoroddsen sálfræðingi ef þörf kerfur eftir rannsóknarviðtalið lýkur.

Áformað er að taka u.þ.b. klukkustundar langt viðtal við hvern þátttakanda á tímabilinu janúar til apríl 2014.

Rannsóknin gefur vísbendingar um það hver tækifæri hælisleitenda eru til þátttöku í daglegum viðfangsefnum sem og hver þátttaka þeirra er í iðju sem er þeim mikilvæg.

Reykjavík, 14. nóvember 2013

Áshildur Linnét framkvæmdastjóri Rauða krossins í Hafnarfirði