

OSLO AND AKERSHUS  
UNIVERSITY COLLEGE  
OF APPLIED SCIENCES

## Counseling Immigrant Parents about Food and Feeding Practices: Public Health Nurses' Experiences

**The 4th International Global Network of Public Health Nursing Conference  
18-20 September 2016,  
at Legoland Conference Center, Billund, Denmark**

**Bettina Holmberg Fagerlund,**  
PhD candidate, Cand san, PHN, RN

**Kjell Sverre Pettersen**  
PhD, Msc

**Laura Terragni**  
PhD, MA

**Kari Glavin**  
PhD, PHN, RN

## Counseling Immigrant Parents about Food and Feeding Practices: Public Health Nurses' Experiences

Bettina Holmberg Fagerlund, Cand.San., PHN, RN<sup>1</sup>, Kjell Sverre Pettersen, PhD, Msc,<sup>1</sup>  
Laura Terragni, PhD, MA<sup>1</sup>, and Kari Glavin, PhD, PHN, RN<sup>2,3</sup>

<sup>1</sup>Department of Nursing and Health Promotion, Faculty of Health Sciences, Oslo and Akershus University College of Applied Sciences, Oslo, Norway; and <sup>2</sup>Department of Nursing, Diakonova University College, Oslo, Norway

Correspondence to:

Bettina Holmberg Fagerlund, Department of Nursing and Health Promotion, Faculty of Health Sciences, Oslo and Akershus University College of Applied Sciences, P.O. Box 4, St. Olavs Plaza, N-0130 Oslo, Norway. E-mail: betinna.fagerlund@hous.no

**ABSTRACT Objectives:** To describe the experiences of public health nurses (PHNs) in counseling immigrant parents on food and feeding practices at child health centers (CHCs). **Design and Sample:** In this study employing a qualitative description (QD) approach, the participants ( $n = 26$ ) were PHNs from five CHCs in the greater Oslo region of Norway. **Measures:** Data were collected through five focus group interviews and examined using qualitative content analysis. **Results:** Counseling on food and feeding practices was an important topic in most consultations with immigrant parents. The PHNs were concerned that the child should eat ordinary, healthy food regularly. Immigrant families were often experienced as a generic group and the PHNs disclosed that they rarely adjusted their counseling strategy based on enquiries about families' food culture or parents' level of education or knowledge. Time constraints and language and cultural barriers were common



### Background

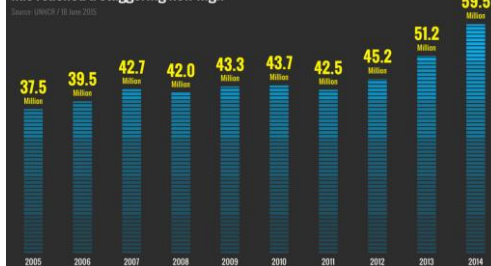
Year	People living outside their country of origin	Per cent of the world's population
2013	232 million	3.2
2015	244 million	3.3

The majority of migrants cross borders in search of better economic and social opportunities, while others are forced to flee crisis.

(United Nations Population Fund, 2015)



### The number of people displaced by war has reached a staggering new high



(United Nations High Commissioner for Refugees, 2015)



### In Norway

- 13% of the total population are immigrants.
- Oslo has the largest number of immigrants and Norwegians born to immigrant parents, with these two groups making up 33% of the capital's entire population.

(Statistics Norway, 2016)



–As the population of the whole country becomes more diverse as a result of continuing immigration, **public health nurses need the skills to deliver culturally competent care and services**



## Communication challenges exist...

(Eklöf, Hupli, & Leino-Kilpi; Kale & Syed, 2010)

- **The challenges are particularly prevalent in the context of counseling on food and feeding practices** (Ilmonen, Isolaari, & Laitinen, 2012)
- **In the dialogue between the public health nurse and families with a language and a food culture that differs from the traditional one of the majority of the population** (Magnusson, Kjellgren, & Winkvist, 2012)



At the **child health centres**; a longstanding tradition of freely available preventive health care for preschool children visiting with their parents.

(Norwegian Directorate of Health, 2004)



## Aspects of food and nutrition are central to public health nurses' counseling schedule



- Which ranges from breastfeeding initiation and support to the introduction of solid foods to children
- And then the successive transition to family food habits

(Schiørbeck, Birketvedt, & Helland, 2008)



## Aim

**To describe the experiences of public health nurses in counseling immigrant parents about food and feeding practices at child health centres.**

### Design and methods

- A *qualitative description* approach was used to analyze ('qualitative content analysis') five audiotaped focus group interviews with **public health nurses as participants (n = 26)** at **child health centres in the greater region of Oslo**.
- The interviews were conducted 2010 – 2011
- These child health centres had high proportions of immigrant parents visiting them (Aalandslid, 2007)



## Results from the focus groups

**The Four Main Categories with 12 Underlying Subcategories**

- 1: A main concern that the child should eat ordinary, healthy food regularly**
- 2: Preconceived notions and generalizations of families**
- 3: Suggestions for counseling improvements**
- 4: Barriers in the meeting**



## 1: A main concern that the child should eat ordinary, healthy food regularly

*I am thinking ... that nutrition and diet is a topic that is raised nearly every time and in every consultation as one of the topics we must address. And it is kind of embedded in our procedures.*

*Children's diet is also a topic very often raised by parents when they come; when we ask if there is anything in particular they would like to talk about, the subject is often food.*



## 2: Preconceived notions and generalizations of families

*I can't actually categorize the families into, like, Asian or African. I more often think that "they are not ethnically Norwegian"...*

*To be honest, it is quite random whether we ask about family food traditions and everyday meals. We are mostly concerned about the child.*

*We don't have the whole picture of the family diet.*



## 3: Suggestions for counseling improvements

*A wish for understanding the culture of food and meals... What does, for example, the Pakistani diet consist of?*

*We distribute all the brochures to immigrants, such as "Food for Infants," breastfeeding—really nice leaflets—but they have not been translated—not even into English.*

*We have tried to produce some informational materials with pictures, tangible things. We have a box where we keep pictures of sandwich toppings and breakfast cereals, so that we can note what is good and what is not so good.*



## 4: Barriers in the meeting

*You stand in front of the families, sort of bow-legged [shows signs of rickets], saying this is what happens if you don't take cod liver oil ... It is very difficult....*

*We see this very often that children drink an awful lot of milk. Because the parents believe that milk is very healthy, the children are given milk as comfort, milk when they are upset, and milk when they walk toward the fridge and try to open it themselves. They are given milk all the time.*

*Nutrition and diet are very important, but there are some consultations where there are so many problems, where the mother has so many problems, that you choose not to talk about that bottle of juice at all. The mother has more than enough other challenges already in regard to coping with everyday life...*



## Ethnic disparities affecting dietary concerns after infancy (subcategory)

*At first, everyone should have milk and after that porridge and... dinner jars [industrially produced baby food]... then the same food as the rest of the family... this is when it starts to get complicated.*



## CONCLUSIONS - Summary

- Counseling immigrant parents on food and feeding at child health centres is often challenging for public health nurses.
- This counseling appears to be an important topic in the majority of the consultations
- The public health nurses have awareness of cultural differences and challenges in the communication process
- Despite of this they struggle to meet changing demands related to ethnically and culturally heterogenous groups of families.
- The public health nurses disclosed that they rarely adjust their counseling strategy based on enquiries about families food culture or parents level of education or knowledge.
- Time constraints and language and cultural barriers were common challenges.



## Implications ahead...

- *Interventions to strengthen counseling on food and feeding practices ought to be part of the public health nurse education in Norway*
- *This study's findings are useful in the development of an assessment, and communication tool to assist public health nurses in their task of individualizing the dialogue (/ teaching) in consultations regarding infant and child feeding practices.*

## References



- **Aalandslid, V. (2007).** [Report on immigrants' demography and living conditions in 12 Norwegian municipalities]. Oslo: Statistisk Norge. Retrieved from [http://www.ssb.no/publikasjoner/pdf/rapp\\_200724/rapp\\_200724.pdf](http://www.ssb.no/publikasjoner/pdf/rapp_200724/rapp_200724.pdf)
- **Eklof, N., Hupli, M., & Leino-Kilpi, H. (2014).** Nurses' perceptions of working with immigrant patients and interpreters in Finland. *Public Health Nursing, 32*, 143-150.
- **Holmberg Fagerlund, B., Pettersen, K. S., Terragni, L., & Glavin, K. (2016).** Counseling Immigrant Parents about Food and Feeding Practices: Public Health Nurses' Experiences. *Public Health Nursing, doi: 10.1111/phn.12248*. [Epub ahead of print]
- **Ilmonen, J., Isolaari, E., & Laitinen, K. (2012).** *Journal of Clinical Nursing, 21*(19/20), 2985-2994. Nutrition education and counselling practices in mother and child health clinics: Study amongst nurses.
- **Kale, E., & Syed, H. R. (2010).** Language barriers and the use of interpreters in the public health services: A questionnaire-based survey. *Patient Education and Counseling, 81*(2), 187-191.
- **Magnusson, M. B., Kjellgren, K. I., & Winkvist, A. (2012).** Enabling overweight children to improve their food and exercise habits—school nurses' counselling in multilingual settings. *Journal of Clinical Nursing, 21*(17-18), 2452-2460.
- **Neergaard, M., Olesen, F., Andersen, R., & Sondergaard, J. (2009).** Qualitative description - the poor cousin of health research? *BMC Medical Research Methodology, 9*(1), 52.
- **Norwegian Directorate of Health (2004).** [Guide to the regulations on health promotion and prevention in child health- and school health services in the municipalities.] Retrieved from <https://helsestorkorstat.no/Lists/Publikasjoner/Attachments/388/vaelder-til-forskritt-kommunen-helsefremmende-og-torebyggen-arbeid--helsestasjon--og-skolehelseti.pdf>
- **Scherbeck, H., Birkevedt, K., & Helland, I. B. (2008).** Kartlegging og tiltak ved spise- og ernæringsvaner. [Surveying and actions on food and nutrition problems.] In S. v. Tetzchner, F. Hesselberg & H. Scherbeck, (Eds.), *Habilitering: Tverrfaglig samarbeid for mennesker med utviklingsmessige funksjonsproblemer*. [Habilitation: Interdisciplinary Collaboration for people with developmental disabilities] (pp. 138-180). Oslo: Gyldendal Akademisk.
- **Statistics Norway. (2016).** Immigrants and Norwegian-born to immigrant parents. 1 January 2016. Retrieved from <http://www.ssb.no/befolkning/statistikk/rnyvbf>
- **United Nations High Commissioner for Refugees. (2015).** Retrieved from <http://www.unhcr.org/>
- **United Nations Population Fund. (2015).** United Nations population fund: Migration. Retrieved from <http://www.unfpa.org/migration>
- Pictures: shutterstock.com, pixabay.com, private



**Thank you for listening!**

**Authors:**

[Bettina.Holmberg-Fagerlund@hioa.no](mailto:Bettina.Holmberg-Fagerlund@hioa.no)

**Professor Kjell Sverre Pettersen**, PhD, Msc, Science Educator, Oslo and Akershus University College of Applied Sciences

**Associate Professor Laura Terragni**, PhD, MA, Sociologist, Oslo and Akershus University College of Applied Sciences

**Professor Kari Glavin**, PhD, PHN, RN, Oslo and Akershus University College of Applied Sciences; Diakonova University College