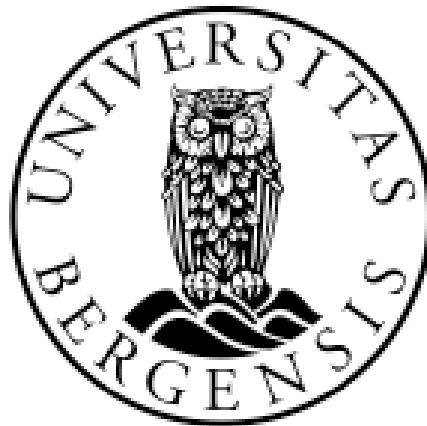


# Exploring Possibilities:

A Salutogenic Perspective on Health among Immigrant  
Women in Oslo

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## Abstract

This thesis is a qualitative case study of empowerment and sense of coherence among immigrant women in Oslo. The five women participating in this study are all connected to PMV – a centre for health, dialogue and development. The purpose of the study is to identify factors that influence the women's creation of their lives in a new context, to explore the role of PMV in that process, and to understand these findings in relation to a salutogenic perspective of health promotion. The methods used were qualitative, in depth interviews. As the study seeks to identify factors that empower and promote the women's development, the findings could be of value when developing similar interventions.

# 1. Introduction

## 1.1 Background

The background for this thesis is the political and ethical challenge of reducing social inequalities in health, as well as a personal interest for the possibilities that may arise by adapting a salutogenic perspective on health promotion.

There is growing evidence that health is not equally distributed throughout the Norwegian society, and that it differs considerably across ethnical groups (Kumar, Grøtvedt, Meyer, Søgaard and Strand 2008). The issue of health inequalities was first raised in a White Paper no 16 of 2003; Prescription for a Healthier Norway (Det Kongelige helsedepartement 2003). The White paper states that it is a problem of justice when people of low socio economic status, and with few material goods and resources, also are more exposed to illness, disease, disability, and reduced life expectancy. Inequities are, unlike some forms of inequality, unnecessary, unfair and avoidable (Naidoo and Wills 2000; Sund and Krokstad 2005; Elstad 2005). Evidence of growing social inequalities in Norway has led to a political recognition of the problem, and the publishing of the White Paper no 20; National Strategy to Reduce Social Inequalities in Health (Det Kongelige Helse- og Omsorgsdepartementet 2007; Kumar et al. 2008).

According to the White Paper of 2007; National Strategy to Reduce Social Inequalities in Health, non-Western Immigrants constitute a group with special health challenges (Det Kongelige Helse- og Omsorgsdepartementet 2007). Despite of Norway being an egalitarian

society, studies show that immigrants from low and middle-income countries represent the lowest position on the social gradient (Kumar et al. 2008).

Social inequalities in health can be targeted in different ways, either by focusing on the whole population, on reducing the gap, or increasing health among high-risk groups (Graham and Kelly 2004). Focusing on high-risk groups, such as immigrants from low and middle-income countries, may not be the most efficient method to improve the mean, but must be done from ethical reasons (Rose 1999).

My second point of departure for this thesis is the theory of salutogenesis and a curiosity on how a resource oriented focus can influence research methods and findings, as well as practice. Salutogenesis implies that the way we relate to our life has an influence on our health and well-being. Focusing on resources and positive aspects of our life will hence contribute to a changed perception of reality (Antonovsky 1987). The overall study aim of this thesis has been to explore the possibilities and outcome of approaching the health situation of immigrants from a salutogenic perspective.

*Primærmedisinsk verksted – a centre for health and dialogue* (PMV) came to my attention through my supervisor and was of immediate interest because of its methods and target group. PMV aims to improve the health and well-being of immigrant women in Oslo, by using empowerment as a method and focusing on the women's strengths and resources rather than their problems.

## 1.2 Primærmedisinsk verksted – a centre for health and dialogue

Primærmedisinsk verksted (PMV) is a health centre for immigrant women in Oslo. The centre started as a pilot project in 1994 under public sector auspice, and is now owned by *The Church City Mission*.

The method used at PMV is empowerment, and the main objective is to arrange for health promotion in a multicultural context, by promoting self-help strategies in cooperation with the target group. PMV also provides an arena for the immigrants to use their strength and demonstrate their competencies through various activities and working groups. PMV emphasises participation and relies heavily on some of the minority women who play a crucial part as helpers and organisers. These women are called *natural helpers* and function as leaders within their own ethnical health information group. Projects are developed on the basis of the group members' interests, and include topics like social isolation and integration, nutrition and reproductive health (Primærmedisinsk verksted 2009).

### ***An introduction to the projects at PMV***

PMV started with one international health information group in 1994. After ending the first group, most of the members became natural helpers for new groups. The natural helpers carry out the organisational work, acquire relevant knowledge to guide the groups, and get technical input from skilled personnel. The group members decide the focus and topics of the meetings, and the natural helpers find proper lecturers to come and meet the group (Primærmedisinsk verksted 2009; Magnussen 2000).



The idea behind the health information groups is to provide a secure place for women to meet and talk about their everyday concerns and other problems that may stand in the way of quality of life, at the same time as they are provided with health information related to their situations. The structure of the groups is open in the way that the natural helpers in cooperation with the group members, find methods to deal with the topics of interest (Søholt 1996).

The first health information group was international but today most groups consist of members from only one country. The advantages of homogeneous groups are the shared language and cultural similarities. PMV encourage the women to learn Norwegian, but does not want to exclude those who haven't learned the language. In fact, they may be in particular need of an arena to meet other women.

PMV now consists of various smaller projects in addition to the health information groups such as working groups and support groups. The support groups deal in depth with the issues that concern the participants at the centre. The work groups focus on the women's strengths and resources, and the nature of the groups are decided by the women themselves. The working groups offer cooking lessons and infant massage for a small fee. The fee is given to motivate the women and to acknowledge their competencies and contribution (Magnussen 2000; Primærmedisinsk verksted 2009).

PMV is a legitimate place for women to meet other people, to discuss matters that concern and interest them, and to make a meaningful contribution to the society. The goal of PMV is to offer a place to be, to learn and to master (Primærmedisinsk verksted 2009).

### 1.3 Immigrant women in Oslo

In this setting immigrants refer to people who have moved to Norway from other parts of the world than Western Europe, USA and Canada. This unspecified category may be of little value when aiming to guide health care providers and public health policies, as it is a heterogeneous group with large differences within (Kunar et al. 2008). As the participants at PMV and in this study are of different ethnicity and have had different motivations for their migration, a broad definition may nonetheless be adequate. There are, however, some health related trends, both positive and negative that seem to be general for non-western immigrants.

*The Oslo Immigrant Health Profile* (Kunar et al. 2008:12) concludes that the health of immigrants differs significantly from the ethnical born Norwegian host population.

Immigrants report more psychological problems and more somatic diseases like tuberculosis, HIV and malaria (eMSIS Folkehelseinstituttet in Næss and Strand 2007). Their self-reported health condition is also poorer than that of the native-born Norwegians (Kunar et al. 2008). Some groups of immigrants, especially with Turkish or Pakistani origin, are more disposed to obesity. Immigrants are also found to be less physical active than native-born Norwegians, and to eat more high-fat food. In general immigrants are exposed to more risk factors that may affect their physical and mental health (Dahl 2002; Næss et al. 2007).

There may be two reasons why immigrants are at higher risk of poor health than native-born Norwegians. First of all they are exposed to difficulties concerning their situation as immigrants. Second, immigrants from low- and middle- income countries with their lower income, employment, education levels and housing conditions, occupy the lowest position on the social gradient (Statistics Norway in Kunar et al. 2008; Sosial- og helse direktoratet 2005).

Studies have found that changes in physical and psychosocial environment due to migration pose certain threats to the psychological well-being. The psychological factors that might be influenced by migration are social support, social participation and feeling of powerlessness (Syed, Dalgard, Dalen, Akthar, Claussen, Selmer and Ahlberg 2006).

Isolation and exclusion are existing problems among immigrant women in general, and among the target group of PMV (Magnussen, 2000; Kunar et al. 2008). There may be various reasons for this. One reason may be a limited social network as a result of the migration. For Muslim women a second reason may be the practice of *purdah*. *Purdah* implies that women belong in the household, rather than in the society (Khader 1996). This tradition may be oppressive in Norway as there are conflicting norms of a woman's participation in the family and society, and what sort of knowledge and qualification a woman ought to possess. These conflicting expectations may be difficult to combine and handle. As there are certain traditions and norms for where it's suitable for a woman to reside, a legitimate social area is needed to prevent isolation (Jakobsen 2002).

The starting point for the development of PMV was a hypothesis formulated by the former district head physician: “ People who reside in a marginalised or demanding situation over a long period of time, and experience helplessness and lack of control over ones life situation, are more exposed to illness and disease” (Søholt 1997:13).

PMV aims to offer a place for the women to be, learn and master. The women are offered a place to meet other equals, to talk about topics that concern them in their everyday lives, to get professional input when it comes to health related issues, and to identify the resources available to them. The goal for the programme is to work as a bridge out in the society, and to empower the women to actively construct their lives as they wish (Primærmedisinsk verksted 2009).

## 2. Theoretical framework

The theoretical framework of this study is a salutogenic approach to Health Promotion.

Although the concept of Health Promotion and Salutogenesis are distinguished from each other, there is no conflict between the two perspectives. On the contrary, the salutogenic way of thinking may strengthen the core principles of Health Promotion, as the both perspectives emphasise values like equity, participation and empowerment, and work towards creating possibilities for a good life (Lindström and Eriksson 2006).

### 2.1 Health Promotion

The point of departure for this study was the philosophy of health promotion, and the principles have actively guided the focus and direction of this thesis.

Health Promotion is an action arm of modern public health, based on a positive and ecological definition of health. The traditional health definition used by Western scientific medicine describes health as the absence of illness and disease (Naidoo and Wills 2000:9). In this sense health is viewed as a negative term, focusing on what it is not rather than what it can be. It can also be seen as a narrow, as it mainly involves physical aspects of the human being. This definition was more or less the exclusive definition of health in western public health until after the Second World War. Following the war came a period characterised by optimism of an ideal world. The World Health Organisation (WHO) was created, and the new view of health was describes by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (WHO 1946:2).

WHO's definition reflected the optimism of the time period, and the shift of focus from medical orientation to subjective well-being. The new, positive and ecological concept of health had an impact on public health workers, scientists and philosophers who started to integrate theories and strategies from different fields. This was the starting point for the later development of health promotion and the realization of the Ottawa Charter in 1986 (Lindström and Eriksson 2005; Naidoo and Wills 2000).

The Ottawa Charter describes the philosophy behind health promotion as it was formulated at the first international conference on health promotion in 1986 (WHO 1986). Health Promotion is based on the positive and ecological definition of health, where health is seen as a resource and well-being, in addition to the absence of disease. This view entails the acknowledgement that determinants of health are found in all sectors of life and are of physical, psychological, spiritual and social nature. As this involves fields outside medicine, diverse methods should be applied to increase health among a population (Lindström and Eriksson 2006; Naidoo and Wills 2000).

Participation is an important principle of Health Promotion, and implies that the work should be carried out *with* people and not *to* people (Nutbeam 1998:28). The people involved are seen as active participants in their own emancipation and development, and are active in defining health issues and concerns that are relevant to them and their society. Health promotion should be applied to different levels of the society, by involving the population on the local level and by developing healthy public policies to arrange for structural change (Mæland 2005).

There are five main methods used in health promotion, *the medical approach*, *behaviour change*, *the educational approach*, *empowerment* and *social change* (Naidoo and Wills 2000:91). The *medical approach* aims to reduce morbidity and premature mortality among whole populations or within high-risk groups, whereas *behaviour change* encourages individuals to adopt healthy behaviours. The purpose of *the educational approach* is to provide information and knowledge to people to make their own, informed choices. *Empowerment* is a bottom-up strategy that emphasise active participants and aims to enable people to gain control over their own lives. *Social change* acknowledges the importance of the socio-economic environment in relation to health, and work towards structural changes. The five mentioned approaches target different areas of the society and focus of somewhat different determinants of health. They may be applicable and suitable in different situations, and often in combination with each other (Naidoo and Wills 2000).

## 2.2 Salutogenesis

Salutogenesis is an alternative medicine concept that emphasizes factors that support health rather than factors that cause disease (Antonovsky 1979). Aaron Antonovsky introduced the salutogenic paradigm as a result of studies involving victims of the Holocaust. Instead of focusing on what made people sick he focused on how many of the victims could maintain, and even improve their health under such circumstances. Antonovsky argued that stress and disease occur everywhere and at all times, and that the aspect worth studying is why some people survive and tackle this constant exposure better than others. According to Antonovsky the influencing factors can be describes as General Resistance Resources and Sense of Coherence (Antonovsky 1979; Lindström and Eriksson 2006).

General Resistance Resources imply biological, material and psychological factors, like ego identity, intelligence, view of life, cultural stability, social support, healthy behaviour, self-esteem, knowledge and money. The general resistance resources provide the individual with important life requisites that makes it easier to maintain and develop health (Eriksson and Lindström 2006). The ability to acknowledge and use the general resistance resources is dependent on the person's sense of coherence.

Sense of Coherence is defined as an enduring feeling of confidence that one's environment is predictable, and that there is a high probability that things will turn out as expected. Sense of coherence is a way of viewing life as meaningful, manageable and comprehensible (Eriksson 2007). Meaningfulness refers to the feeling that life makes sense, whereas manageability means recognizing the resources to meet the perceived demands. Comprehensibility implies perception of the world as an understandable and orderly place, rather than chaotic (Antonovsky 1987). According to the salutogenic orientation, sense of coherence is related to a person's health and well-being, by improved coping strategies (Lorenz 2007).

Antonovsky (1990) argues that sense of coherence is shaped by life experiences and is a stable feeling in the adult life, as long as the person does not experience any dramatic, permanent changes in their life situation.

The concepts of Health Promotion and Salutogenesis are in great accordance with each other. Health Promotion is described as a process that enables people to take control over their life and determinants of health, in order to increase their health and thereby be able to



live the life they want (Lindström and Eriksson 2006). Salutogenesis is also based on the prerequisite that health is a fundamental tool for living a productive and enjoyable life, and aims to strengthening people's health potential (Antonovsky 1996; Eriksson and Lindström 2008). These ideas and approaches are in great accordance with each other as they share the same philosophy and values.

Health Promotion had been criticised to be in danger of unfulfilled promise as it lacks a theoretical foundation. Antonovsky (1996) argues that health promotion has been held back from progress because it has been unable to confront the pathogenic orientation in western medicine. He further suggests that a salutogenic paradigm would be a better guide for research and practice in Health Promotion. As salutogenesis focuses on assessing resources rather than needs, the theory emphasises the positive orientation found in the philosophy of Health Promotion (Eriksson and Lindström 2008).

The salutogenic perspective can be applied to health promotion by enabling people to increase their general resistance resources, and by arranging conditions that emphasise the possibilities to experience sense of coherence. Empowerment is a method of high relevance in this aspect.

### 2.3 Empowerment

Empowerment can be defined as a method that helps people identify their own concerns and increases their control and ability to do something about it (Naidoo and Wills 2000:98). In relation to Salutogenesis, general resistance resources and sense of coherence are crucial aspects that influence the control and ability to move towards the ease end of the continuum and live a productive and enjoyable life (Eriksson and Lindström 2008).

Empowerment is in line with the principle of participation, as the health promoter works like a catalyst that enters a situation, enables people to take control of their own health and then withdraws. The participants are involved at all stages, and communicate their own needs, interests and resources. Ideally, health-promoting structures are created and internalised. This process may also have a positive affect in it self by increasing the participant's self-esteem, identity and feeling of belonging (Mæland 2005).

Empowerment can be applied both on the collective and the individual level (Koelen and van den Ban 2004). Community empowerment involves a local community, where the community members and the local organisations work together to solve identified problems. The aim is to increase well-being and quality of life among the community members and strengthen the feeling of power and influence. Psychological empowerment is a one-to-one approach where the person involved defines his or her concerns and area of commitment through counselling, and work together with the health promoter to find a relevant solution. This approach is based on the belief that change can only occur if people see and understand their own situation, are motivated to change and feel capable of doing so. Empowerment is a

complex concept that requires knowledge about conditions in a certain situation or society (Wallerstein 2006). The aim of empowerment is not only to enable people to change, but giving them power to change their social reality (Compton 2005; Naidoo & Wills 2000).

The relevance of empowerment to health promotion and salutogenesis is obvious in the definition of empowerment as a method to enable people to actively take control over their health and life, and arranging for knowledge and strengths to use their resources.

Empowerment can be seen as a tool to carry out the philosophy behind health promotion and salutogenesis, and is thus one of the key concepts in this context.

### 3. Study aims and research questions

The overall study aim of this thesis is to explore the possibilities and outcome of understanding the women's situation and development in the light of a salutogenic perspective.

The following research questions have been defined to approach this overall aim:

- How do the women deal with their situation?
- What are the aspects that influence their development?
- In what way do they feel empowered by their engagement at PMV?

## 4. Methods

### 4.1 The case study methodology

The methodology of this thesis is the case study design. The idea behind the case study is that one, or a small number of cases will be studied in detail. Various methods are applicable to a case study, and the choice of method depends on the nature of the research questions. In this study, in-depth interviews were chosen as method because it gave me the possibility to ask concrete questions at the same time as the women had the chance to elaborate freely (Kvale and Brinkmann 2009). I wanted to give the women the possibility to define and focus on what they experienced as important and relevant. When faced with linguistic barriers, I had the possibility to rephrase the question or repeat their answer to decrease the chance of misunderstandings.

### 4.2 Participants

The participants are five immigrant women who are situated in Oslo and work as natural helpers at PMV. In terms of living an active and productive life, the women represent the group that has managed the exposure of stress and hardship, both in relation to everyday life and their situation as immigrants. These women are not claimed to be representative for immigrant women in general, but are of special interest in this study as they have shown the ability to cope, regain the balance in challenging situations, and live an active and productive life.

My criteria for selecting participants were that they had been users of the centre for some time, either as “natural helpers” or group members, and that they were able to communicate either in English or Norwegian.

After my first meeting with the administration at PMV, I was introduced to three women who all worked as natural helpers at PMV and had been part of the first health information group. They again helped me to get in touch with the last two participants.

The number of participants was appointed as it provided me with the possibility to hear several perspectives and still be able to go in depth of each woman’s situation.

Some questions arise when it comes to the recruit procedures. The only way to access the participants was through the general manager, and then through the natural helpers she selected. As the participants were hand picked by the management, they are not necessarily representative for a group; women connected to PMV or immigrant women in Oslo in general. As the participants were recruited through the personnel and as four of the interviews took place at the centre, they may have felt resisted to express negative aspects of PMV. As the participants ought to speak Norwegian or English, the voice of the women who do not master these languages was not heard. As neither Norwegian nor English are the women’s first language there might have been difficulties in expressing what they intended to express. It was my impression however, that the women were quite comfortable about speaking Norwegian, and that they felt free to take the time they needed to express themselves.

### 4.3 Settings

The four first interviews were conducted in the locations of PMV, three of them in the participants' own offices and the fourth in the kitchen. The fifth interview was conducted at an activity centre, where the participant worked as a volunteer. Although there were short disruptions during some of the interviews, the settings were familiar and safe and they all had long periods where they could elaborate freely.

The interviews took place during working hours, from 09:00 to 16:00. Three of the interviews lasted from 60 to 75 minutes, whereas two interviews exceeded 90 minutes. All participants were informed on the purpose of the study and were given the possibility to read through the interview guide prior to the interview. The participants choose the location and the time of the interviews.

A tape recorder was used during all the interviews but due to technical problems, one of the interviews was lost. Detailed notes were taken during the interviews and transcribed immediately after. All participants consented to being recorded.

### 4.4 Data collection

A semi structured interview guide was written before the interviews but was used mainly as a checklist. The interviews were quite open, leaving the decision of focus to the participant. Concrete questions were asked when the participants were less talkative or to guide the conversation on to relevant topics. The purpose of the interviews was to better understand

the women's context and situation, to better see their interests and needs, and to hear how they describe PMV and their participation at the centre.

To obtain the purpose of the interviews, the interview-guide focused on the following main themes:

- The participant's background
- The women's daily life
- Their thoughts about their future
- Their participation at PMV

#### 4.5 Data analysis

The data analysis has been an ongoing process that started simultaneously with the data collection. During the interviews the data was interpreted in the light of the theoretical framework, and main points were written down before the transcription of the interviews.

After all interviews were conducted and transcribed, all the documents were read through, to gain an overall view of the contents (Creswell 2003). In accordance with the nature of my research questions, I was open to letting the focus of the participants influence the direction of the analysis. The topics emphasised during the interviews were of various nature. Some of the participants were quite personal and elaborated on their situation and challenges. Others were rather impersonal and focused on the various projects at PMV.



The material was organised using the questions from the interview guide as broad categories. In cases where the respondents brought up issues that were not described in the interview guide, new categories were created. The categories were arranged in relation to each other (Richards 2005).

Further, each section within each category was given a label that described the content of the section. Digging deeper into the material allowed me to cut out sections that were irrelevant to the objectives of the thesis and grouping sections that were overlapping. The sections were kept quite large, to prevent taking the data out of context. After coding all the material, the labels were listed and reorganised to assure a logic construction of the report, and to generate themes for categories. The themes involved descriptions of the participants and their context, and reflected various perspectives, supported by different quotations (Silverman 2005; Creswell 2003). The quotations are marked with the participants' number, PA1, PA2, PA3 and PA4, to give the reader the possibility to relate the quotations to each other.

The interpretation involved generating a meaning of the data and reflecting on whether the findings are in accordance with past information. The material was interpreted in light of the theoretical framework.

During the process of analysis several choices were made that have influenced the presentation of the findings. The researcher's focus has influenced the nature of the

interviews, as well as the selection of the material presented, and the result is thereby a simplified presentation of reality.

#### 4.6 Ethical Issues

As the study deals with sensitive and personal issues, ethical considerations should be given special attention (Creswell 2003).

The participants were interviewed by own free choice and were aware of the right to withdraw at any time. The researcher has an obligation to respect the rights, needs, values and desires of the participants. Whether immigrants should be defined as a vulnerable group or not, can be discussed. However, special consideration was taken. As the circumstances of why the participants migrated may have been of a traumatic character, the researcher anticipated that certain topics could be uncomfortable and was prepared to deal with them in a sensitive way.

The researcher did not engage in observation of the site as that might have caused unnecessary disturbance. It's important that the environment at PMV is associated with trust and respect, and the researcher kept that in mind when entering the research site. Participants were by informed written consent and the identity of the participants has been masked. The research objectives were verbally and written articulated so that the participants had the possibility to understand the purpose of the study. The report on the result was made available to the participants prior to the admitting of the thesis. The transcriptions and the

participants' names were saved separately and stored with security and safety (Creswell 2003).

#### 4.7 Methodological considerations

All methods of scientific inquiry involve threats to the reliability and validity of the results. Precautions have been taken throughout the process, but it's important to be clear on the matters that could influence the interpretation of the data (Creswell 2003).

Reliability is related to the consistency of data, that the researcher presents the material the way it was intended expressed by the participants. This could be approached by rephrasing questions, being precise and accurate during the interviews, transcription and classification (Kvale 1996:238). This aspect is of special importance when interviewing participants with another mother tongue. Precautions regarding this matter have been taken throughout the process of gathering and analysing the data. The participants were also given the possibility to read through the report on the results, to decrease the chance of misunderstandings. None of the women had any objections to the presentation of the results. There's no guarantee, however, that the proposition was taken seriously.

In qualitative studies validity refers to the extent to which the observations reflect the topic or phenomenon that aims to be studied (Kvale 1996). Validity could be challenged when the researcher is faced with contrary cases. In this study the researcher tried to be as open as possible, by making an effort to leaving previous assumption behind when entering the interview setting. Inconsistent information was included in the report on the result, to reflect

the diversity in the interview data and demonstrate that no data was left out of the analysis (Creswell 2003). The issue of verification has been present throughout the research process by continuous checking, questioning and theoretical interpretation of the findings.

It's important for the researcher in qualitative research to always reflect on ones personal lens and how it may shape the study (Creswell 2003). The researcher's bibliography influences the choice of topic, the strategies of inquiry and the concrete components studied. One must therefore be sensitive to biases, values and interests in interpreting the data.

Regarding this study the researcher has no personal relation to the participants or the research site. However, the site was not chosen randomly but because it was of interest to the researcher, as it operates with methods and principles in line with those of health promotion and salutogenesis (Søholt 1996, 1997).

Various choices are taken throughout the process of a qualitative study. When it came to the recruitment of participants, the selection was limited to natural helpers. The selection provided an opportunity to identify factors that promoted the development of an active and productive life. However, no conclusion can be drawn on the situation of the other participants, and whether they have the same experiences of the centre. In order to answer these questions, representatives from the group members would have had to be interviewed.

## 5. Results

As stated earlier, the aim of this study is to employ a salutogenic perspective in understanding the women's situation and development, by identifying resources and factors that promote good health, as well as factors that the women perceived as obstacles. The chapter on the results will therefore focus on how the women perceive their situation, what they need from their environment in order to create their life, and whether PMV influences this process.

This chapter consists of two parts. The first part is a presentation of the participants, their perceived challenges, and resources that help them cope. The second part deals with the women's engagement at PMV. It includes their motivation to be engaged at the centre, their presentation of the activities, and their description on how the activities have influenced their life.

### 5.1 The women and their situation

The main objective with this section is to identify the challenges the women are faced with, and the resources and factors that promote good health. To paint a fuller picture of the women's situation, the section will start with a presentation of the five participants and their first encounter with Norway.

### ***Demographics***

The participants are five female employees at PMV. Three of the women are originally from Pakistan, one from Somalia, and one from Morocco. They came to Norway in the period from 1986 to 1995 and they are all able to communicate in Norwegian.

One of the women came to Norway on a business trip, and decided to move here on her own. After a short period she met a man and they later got married. Two of the women came to live with their husbands who were already situated in Norway. A fourth woman came together with her husband. They both had close relatives living in the Oslo area. The last woman came to Norway as an asylum seeker with her husband. Three of the women are still married, and two are divorced. They all have between two and five children.

All the women are employed at PMV and have worked as leaders (natural helpers) for health information groups. Some of the women have other jobs as well; one works as a personal assistant and one is employed in Somali Women's Association<sup>1</sup>. Several of the women work as volunteers or are occupied with their large families.

### ***The women's encounter with Norway***

Several of the women describe their first meeting with Norway as cold. The temperature was low and the social climate was different than the women were used to. They all agree that the

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<sup>1</sup> My translation of Somalisk Kvinneforening

first period in Norway was challenging and that they were in special need of practical and social support. Some of the women were lucky and got in touch with persons who helped them orientate in the new society. They claim that their life became easier as soon as they joined a language course or became participants of the society in other ways. For some of the women it took several years before they felt settled, whereas others felt they handled the alteration quite well.

### ***Challenges in creating their lives in a new context***

Although several of the women, if not all, show enthusiasm for living in Norway today, they have all faced serious difficulties in the process of creating their lives in a new context. Presented below are challenges the women have faced themselves, as well as challenges they perceive as common in their environment.

The most striking challenge in the women's daily life seems to have been the new language. Some of the women spoke English or French when they came to Norway but they all give an impression that learning Norwegian has been important to them:

*My husband spoke French and I spoke some French as well but it was really hard and uninspiring to go out with people who spoke English or Norwegian and I didn't understand either. PA1*

*Understanding the system wasn't first priority. The only thing I thought of was learning the language as an entrance to the society. After that you can focus on other things. PA1*

Several of the women argue that they didn't understand how the society was organised when they first arrived in Norway:

*The Norwegian system is really difficult to grasp. People struggle with all the welfare arrangement such as applying for rehabilitation, disablement pension and figuring out your rights if you're a single parent. PA4*

*There are all these small things, like in Norway they want to communicate in written form and we are used to oral. Several women I know receive a lot of important mail but they can't read. They struggle a lot! A woman told me, "I'm leaving Norway!" She was so frustrated. I told her that I would help her and put up a sign to avoid the advertisements and that she had to get someone to help her read the rest. PA4*

*Even though I've lived in Norway for several years I still have problems with understanding how the school system works. I have a daughter who wanted to choose sports as main subject in upper secondary school, but I didn't know whether it would give her university admission certification. And what about the Social and Health programme? A lot of parents don't know these things. PA4*

It seems like the childcare service is one of the arrangements that were unfamiliar to the women. The participants explain how the childcare service in some cases is met with fear among immigrants:

*I was given a form to fill out, about my children's habits and behaviour in relation to health. Even though I was secure in the role as a mother, I was so scared! I didn't understand why they wanted this information and I was sure that they were suspicious of something and wanted to test me. PA2*



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*Many women are preoccupied with the childcare services. Some are suspicious because they don't know what it is. They don't know the laws and rights and they don't have anything similar in their homeland. And many believed that they would take away their children when they came to visit their home. PA4*

The women argue that it's crucial to understand why certain things are expected from you.

One of the participants gives an example that illustrates how misunderstandings can arise:

*Three girls had knocked a forth girl down in a shopping centre and the parents were called to pay 3000 kroner. The parents were well off and willing to pay but they wanted an explanation of what had happened and what they were paying for. The police officer didn't give them enough time and started to nag about how they had to pay interest if they didn't pay in time... All they needed was to understand. PA4*

One of the participants feels a desire and responsibility to integrate but points out that it is a complex process that requires social arrangements and cooperation:

*In Norway they say that the immigrants have to integrate but it's not only up to us. It's not easy to integrate even though you want to do it and work for it to succeed. It's easier said than done. PA4*

An other participant points out that she felt left on her own when she arrived in Norway and missed someone to guide her. She believe however, that things have changed since she arrived nearly 15 years ago:

*There was no follow-up to speak of. Well now it's different. Now everyone goes to summer school to learn everything about the system and the society. But when I came it was nothing. They just told me that if I wanted to do a language course I could,*

*and if not that was also okay. But now you have to do certain things to integrate and that's good. I didn't understand anything. PA1*

An attempt to integrate can sometimes be met with scepticism, as there are colliding, cultural expectancies on how to create and live your life. That was the case when one of the participants first started working:

*It hasn't always been positive and good. There has been resistance not the least from my relatives who didn't understand why I had to work and do the kind of job that I did. Several of my friends reacted, too, because they didn't understand what I was working for. But after a while they understood that I did no harm and that I was protecting their rights and making it easier for the families to stick together. I fight to improve the conditions for the women, children and family. PA5*

Child-raising seems to be one of the areas where the women lack relevant role models:

*I was young when I came to Norway, and I had never raised or minded any children before. It was completely new to me. PA4*

*Many mothers experience a lot of complications with the new form of child-raising. PA4*

In some cases the children can also feel incompatible expectancies from their parents and the society:

*There are some cases where the children are expected to take care of their handicapped parents. That's what usually happens in our homeland but here it's*

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*different. One boy that I know had to take care of his father even though he was a student and he struggles a lot. His father did not accept help from outside and intimidated the son to believe that he would end up in hell if he didn't help. But the son didn't have the professional knowledge and he didn't get enough money to stay at home and take care of his father. In Norway we have welfare arrangements that take care of these matters but the father didn't understand. It takes time to adjust to the new society and it's really complicated. PA4*

Several of the women were bothered by the physical and social climate when they came to Norway:

*And especially, where I come from it's very warm. And when I say warm I don't mean warm only in temperature but the people are warm and everybody talk with each other and ask how it's going and say hello to everyone they meet. So it was a huge difference. PA1*

It seems like several of the women lack people around them to help in their everyday life:

*And the wife is tired and the husband comes home and feels like he's done a lot and the wife feels like she's done a lot as well. And they have no place to breath and there's no one to help them. They may know some other people but they have their own families and their own problems. PA5*

*In our homeland the women visit their parents during the holidays, without their husbands. And then they have the opportunity to long for each other, and when you're apart you think positive thoughts while when you're together all the time you just think negative thoughts. (Laughs). That's how we do it at home but here, unfortunately, we don't have our parents, we don't have anyone to go to. We're*

*together all the time, and sometimes we fight and fight. Naturally! But I really miss some relatives to escape to every once in a while. PA5*

For at least one of the participants this new social climate and the lack of a network made her feel quite lonesome:

*You sit alone and lock yourself in and don't understand anything. No one knocks on your door, no one shouts your name, no one talks to you. It's very hard. It's not easy. It's not easy at all. So it's very, very, very, very, very, very difficult to be new in a country. PA1*

An extreme variant of a limited social network is isolation. One of the women believes that this problem is a result of women's lack of tools to communicate, and the husband's expectations of a wife's role in the family:

*Very few husbands deny their wives to leave their home. However, the husbands often show their wives that they are expected to stay at home and that they are needed there. PA2*

It seems like several of the women have found themselves in new roles and situations that are unusual to them. One of the participants explain how the feeling of being weak and inadequate influenced her identity:

*I'm not the kind of woman who feels sorry for my self. I'm so strong on the inside and I've done so much with my life in my homeland. But when I came here it said "Phuuuff!". I was nothing, nothing! Everything! I lost everything! I had money, I was a social person, I was happy, I talked to everyone, I travelled a lot. I was so lively*

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*and strong and could handle everything. And then I came here and “Phuuuff”. Who are you? It was so very hard. PA1*

As for all people personal problems occur, and in combination with a limited social and supporting network the problems may become harder to tackle:

*It was a period of my life when I was very ill and very depressed and I was pregnant with my second child, and my first child was only 18 months. So it was very difficult for me to focus on other things than just handling our economic situation. Because when my husband left us he took away everything. And when I say everything I mean our economical stability, the social aspect, and the physical aspect. Everything! PA1*

Some of the women’s concerns seem to be specific to their situations as immigrants:

*I had to try to get myself together and it was really difficult cause I was very depressed and tired and sick and dizzy and everything. And no one knew what was wrong with me. So I was sent to a psychologist but that’s not for me. Because some problems can be treated and you can learn to forget them, but other problems are stuck. PA1*

In some cases these worries have resulted in physical, undefined pain:

*There are reasons why we feel pain in our bodies. Because it’s war in our homeland and many have lost family members and friends, some women are alone here and don’t have any relatives. And some women have witnessed awful incidents, and some have trouble with their husbands and there are so many things! PA4*

The women seem to be preoccupied with health related issues, both concerning themselves and their children. The problems vary from daily concerns like eczema and allergy to more serious problems like bodily undefined and ongoing pain and problems with their menstruation as a result of female genital mutilation.

One of the participants lost her ex husband in aids and went through a difficult period worrying about the health of him, their children and her self:

*He was the one who died but it stuck on me as well. I was called to the hospital to do all these tests and they didn't know who had infected who. I knew he was sick because he was admitted. And sitting at home waiting for the results for two weeks... And I felt ill, you know? I had all the symptoms; I was weak, I lost weight, I was nauseous... Everything! And I thought, it's over. I've gotten it. And finally I got the results and it was so hard. But fortunately the test was negative. But it wasn't enough, you know? I had been with him for a long time, five years. How? And he was HIV positive when we got married! How could I not have gotten it? And what about the children? PA1*

Some of the women were faced with problems when they tried to enter working life. One of the women quit her job because she felt uncomfortable in the work environment. Another woman experienced to be taken advantage of by her Norwegian leader. She did not accept the situation and stood up for her rights. It did, however, have a negative impact on her life for some time:

*I felt abused by the Norwegian leaders. They expected me to do anything they asked me to, just because they were leaders. Sometimes I had to do the work of one of the women while she was the one getting paid. And when I filled in for others, the hours I worked wasn't registered on me but on one of the other women. I felt so lousy and*

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*I'm not Norwegian, I'm an immigrant and I didn't like it here. But I'm not the kind of person who allows others to treat me bad. So I went to the head office and it became a huge case. PA1*

I third woman lost her job because she lacked higher education:

*I had been Minority Project Leader for two and a half years when they unfortunately had to announce the position as a result of some new arrangements. I didn't have any papers but I was very experienced and I managed the job fine. But they had to announce the position and someone else was supposed to have it. In the end that person withdrew and they asked me if I wanted it after all. I told them no. PA5*

### ***Resources and factors that make it easier to cope***

The women identify both personal and interpersonal factors that they feel improve their ability to cope with challenges in their lives. The personal factors mentioned were of social character, having ambition and something to fight for, and positive coping experiences.

When it comes to interpersonal factors, the women emphasise the importance of a social and supporting network.

One of the participants argues that her social character made it easier for her to adjust to a new society:

*I've always been outgoing and social and I think that people around me see me as a pleasant woman. I believe that the encounter with a new country is very much influenced by the characteristics of the person. I've always been active and I don't have any problems getting to know new people. I've also had a husband that*

*encouraged me to be an active participant in the society. These factors have made me meet a lot of people and increase my social network. PA3*

Through this statement it seems like her participation in the society was influenced both by social characteristics and personal freedom to act upon it.

Several of the women argue that their attitude and ambitions for their life have been important motivators to deal with challenges:

*It's really difficult! But compared to other women who struggle, I have a lot of strength and I'm very much a feminist. I think I can handle things that Norwegian women can't handle because they are always used to getting it their way whereas I'm used to fight. PA4*

*Many children want to become actors when they grow up but I've always wanted to be a helper. I've always wanted to help others and when I see these women who have great problems I want to help them! I want to fight and I want us women to make it. I've had something to fight for and that has made me pleased with my life. I lived my life before I got married so I have no reason to feel bitter. I've always fought and I've made it. Sometimes I feel a bit like Cinderella (laughs). PA5*



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One of the participants implies that ambitions and a mental image of how she wanted her life to be, helped her out of a destructive phase:

*It wasn't for economic reasons that I started to look for a job. It was for my own sake, really. The children had started kindergarten and I felt so alone. I didn't recognise the person I was or the life I wanted to live so I got out. PA1*

It seems like education and positive coping experiences for some people can be an advantage when faced with difficult situations:

*I can say that I made it because I handled the transition quite well. Even though it was difficult. It wasn't easy. But I was very lucky. I was educated before I came to Norway and I knew I had it in me. I didn't speak English but I spoke perfect French and knew the grammar and all. Norwegian is really difficult but it helped to know another form of grammar. PA4*

The interpersonal factors were related to supporting aspects of practical, social and caring character, like someone to step in and help with concrete tasks as well as the feeling of having someone significant to rely on:

*It's crucial for anyone's wellbeing to have a place to be where you can talk with people about something else than your illness and problems. It's no use sitting alone thinking about what I should have done differently and feeling sorry for myself. Actually, a lot of people are worse off than I am. It doesn't help at all blaming yourself and dwell upon every little thing. It makes you feel so alone and think that nobody understands what you're going through but in fact a lot of women are in the same situation and have the same problems. It's important to get together and feel understood, when it comes to language, culture and situation. PA1*

*I got to know a Norwegian lady and she helped me a lot and she was very, very kind. So I was with her the whole time. I came with her to the supermarket and everywhere she went. PA1*

It seems like a network of people may provide ease in certain situations. However, it takes initiative and action to achieve a social and supporting network in the first place.

### ***Initiatives***

The five participants have taken initiative in many arenas to orientate in the Norwegian society, and to understand how to create the life they want to live. These initiatives are presented to paint a clearer picture of the women's activity level in this process, and their chosen areas of effort.

All of the participants have in some way or another made an effort to learn Norwegian. They express that learning the local language has been one of the highest priorities. Four of the women attended language courses whereas the last woman learned the language by practicing and making use of people around her. Speaking the local language is an important tool to understand and be able to communicate and participate in the society, but the women seem to have had somewhat different reasons to learn Norwegian:

*I had to learn Norwegian to access the system, to understand at least what's happening in the little world around me. If not I'd feel so alone. PA1*

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*As I spoke fluently English I never had any problems getting by but I wanted to learn Norwegian to be a good and participating mother for my children. I wanted to be able to communicate with my neighbours and other parents at school. It was an important step to increase our network. PA2*

*I felt that it was really important for me to learn Norwegian so that I could manage situations without my husband. I needed to take my children to the health centre and so on, and it was much easier if I wasn't dependent on my husband. I started to learn Norwegian early because I was curious and eager to understand the society. PA5*

*I wanted and needed to be an active participant in the society but my poor language skills were holding me back. PA3*

Although the women shared an interest to learn the local language, the process was not entirely painless:

*It was very difficult and very exhausting. I did everything I could to learn the language as soon as possible, but it took a lot of effort. I practiced all the time and I struggled a lot. I had to. PA1*

The five participants represent a group of immigrant women who are, or have been active in working life. They seem to have various reasons to take this step and several of the women express joy and enthusiasm in relation to work:

*After 100 hours of language course they asked me if I wanted to work there as a babysitter. So I asked my husband and he was a bit sceptical in the beginning. He didn't understand why I had to take care of other people's children and argued that I*

*had enough with our own. I told him that I didn't mind at all and that I would get paid for doing what I would have done anyway. PA5*

*After a while they figured out that I knew how to use the knitting machine and offered me to work an extra day to teach the other women. So I started to work there at Wednesdays as well and it was really nice because it was a very social day and they made cake and everything. PA5*

One of the participants started to look for a job to get out of her house and her miserable situation:

*It had been very difficult for a long time. One day I decided to do something to get out of this shithole. So I started to look for a job. PA1*

Several of the women are engaged in volunteer work and their motivation to work is apparently something else than the economic aspect. The women seem to appreciate the social aspects of working in addition to having an arena where they can use their resources and feel valued:

*I worked as a volunteer to help women in situations where they needed assistance. Like taking them to the doctor and so on... I knew their situation so well and it felt meaningful to be able to help. It was also a pleasant experience for me as I got to know other women and have a good time. Our children also got to know each other and we still keep in touch. PA5*

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It seems like the new world appeared as chaotic to several of the participants, and that their first priority was to learn Norwegian to further understand the structure of the society. One of the women describes her meeting with the Norwegian welfare arrangements as challenging but she did not give up:

*I started to learn about rules and rights when I got separated really, after I'd lived in Norway for five years. I had to. I had to manage on my own and I didn't understand anything. I had no one to help me. And I was sent from one service to another and I never ended up in the right place. But that's how I started to learn. And I filled in forms and applications without being sure what I wrote. I just put a bracket at the bottom of the page where I wrote, "Please understand! I don't know Norwegian very well". It helped! I've learned so much just by not giving up. PA1*

After learning the system several of the women used their new knowledge to make use of public services:

*I agreed on working without salary, but I needed money to pay for the babysitter. So I asked the general manager for a certificate to show to the employment office and we wrote a report where we explained the kind of work I did. I got a meeting with an officer and he gave me extra child maintenance. PA4*

Some of the women have attending courses and activities at various centres. They have also initiated a group for Pakistani parents at a school, and established two organisations, one for Somali women and one for Pakistani women:

*Somali Women's Association became a natural extension of the Somali health information group, and was established in 1998. I was the one who came up with the idea. There was already a similar organisation for Somali men but unlike the men, we women really needed it! I didn't know how to start an organisation but the leader*

*at PMV helped me. He didn't really know either, but we tried together and we succeeded. PA4*

*There was a gang of Pakistani pupils at my children's school whom people were worried for. So we started a parents group to stick together, be visible in the school environment and to let the children know that we cared and were watching. There had been some incidence of violence and crime among this group and we had to show them that we expected them to behave properly and respectfully. It had a great impact and we got positive response from the school. PA2*

## 5.2 Primærmedisinsk verksted

This section will focus on the women's description of PMV. The way they describe the various activities and their tasks as natural helpers, may give insight in what they experience as the essence of their engagement at the centre. The women have also identified positive and negative aspects with PMV and explained how their participation has affected their lives.

### ***The women's first meeting with Primærmedisinsk verksted***

The five participants in this study came to know about PMV in different ways, and had individual motivations and point of departures to engage in the activities the centre had to offer.

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One of the women met the general manager of PMV in 1999 through the social security office, due to a longer period of sick leave. At that time her life was difficult in many ways. She suffered from undefined pain in her body and her ex husband was seriously ill. She had visited several doctors, but no one had been able to give her a diagnosis. She did not know what to expect from the doctor and manager at PMV:

*I had a lot of applications from different doctors, so he had a pile of papers and he looked at all of the papers and tried to understand what I went through. In a way... And he asked if I knew PMV and I said: "No I don't know it". He said: "Okay, if you go there and meet me, I will look after you until you get better". Get better how? He's a doctor and I've seen many doctors and I've done anything to get better but nothing helped. How can he help me? PA1*

In spite of her scepticism she agreed to come to the centre and have a meeting with the manager. When she got there and saw the other employees she was positively surprised:

*And when I came here I saw that there were only immigrants working here, so maybe there was something right, and it was. At least, you felt understood, without having to say all the right words. He understands, he understands well and he helped me a lot. PA1*

After the first meeting she visited the centre several times a week and was engaged in different activities. In 2001, she started to work there as a natural helper.

One of the other women heard about PMV and the health information meetings through the local public health centre where she had been visiting with her children. She did not register for the meeting, but when the day came she was too curious to keep away:

*When I came there I realised that I was the only one! About 80 women had registered but I was the only one there and I wasn't even on the list! There were several interpreters there and I stayed and talked with the people in charge about health related issues and things like that. PA2*

During this first meeting she got an unexpected assignment that led to a positive experience for her:

*After 30 minutes the interpreters left and as I was leaving some time after that, women started to flock in. As there was no one there to translate, I was asked to translate from English to Urdu for the Pakistani women. That was the first time I interpreted and I felt really proud. PA2*

This positive encounter with PMV made her stay in the health information group, and she later became a natural helper and employee at PMV.

A third participant describes her interest in PMV merely as a working place. She had been doing a lot of volunteer work, and got in touch with PMV through her extended social network.

*I got to know one of the natural helpers through some common friends, and when they discovered that I practically did the same job as them, I was employed to work with the Pakistani group. PA3*



The fourth participant has been in contact with PMV since 1994, when she first came to Oslo. She was also recruited through the public health centre. At that time she had just settled down in Oslo, didn't know many women from her home country and was interested in a larger social network. She was a member of the first international health information group in 1994, and was employed in 1998.

The last woman met PMV's general manager at an activity centre in 1994 where he was recruiting new participants. She was also a participant of the first health information group, and she later took the initiative to do the practical work of a course at PMV:

*I really wanted to stay at PMV. Actually, they didn't have a post for me, but I still wanted to be there. Fortunately, I got the opportunity to stay as an intern but I would have stayed there anyway, even without getting paid. PA5*

### ***The women's descriptions of the projects***

The women have participated in various projects that they themselves or other participants have initiated. The background for the projects has been to focus on, and use the women's own resources and to deal with problems and challenges that they face in their everyday lives. It's clear that PMV utilises a bottom-up strategy in identifying focus areas:

*We sat down together with one of the employees at PMV and thought about what we usually do during a day, and if any of this work could be of interest to other people. PA2*

*I told the women that they are free to decide what they want to learn. We live here in Norway and it's a country where we are strangers, that has its own culture, a different climate and a different education. PA4*

It's clear that the employees at PMV encourage the women to challenge themselves and that they appreciate participation over expertise:

*I'm not an interpreter. I'm not educated as one, and I don't know that much Norwegian but he told me: "That's okay, we don't need an expert". It's not like we really need expertise. "Just come and translate what you know". And that's what I've done several times. PA1*

*One day he asked me if I wanted to work for a project to prevent HIV and aids. The father of my children, my ex husband died of aids. HIV and aids, okay... I know something, but I don't know a lot. And I'm not the kind of person who can start reading from scratch. I don't have the brain to start over... But he thought I was qualified to manage the work and that I could do it. And with some help I can do it! Yes it is possible. So instead of talking about my problems during our meetings we started discussing HIV and aids. PA1*

All of the women have been participants and natural helpers of health information groups at PMV. The first health information group was international and started in 1994. Five of the participants later started their own groups with 75 new participants, divided in four groups. In addition to their experience from the first health information group, the women were offered other forms of preparation, such as courses and guidance. The tasks as natural helpers are, among others, to recruit members, get in touch with guest speakers of different

professions, make folders and translate written text, lead discussions in the group and acquire knowledge about relevant topics.

The role of the natural helper is first and foremost presented as a person who share her experiences of challenges and solutions:

*We don't distribute medications but our personal experiences. And recommend things that may be healthy for them, like eating fish to increase their level of vitamin d and to do physical exercise. PA1*

*We are here to discuss. Those who want to learn about the Norwegian society and what I have learned through PMV. PA4*

It is also the natural helper's responsibility to recruit new members, a job that they take serious:

*When I started to recruit women I stopped random Somali women on the street and asked them if they'd heard of PMV. I told them about the projects and if they didn't have time to talk I gave them a folder that was written in Norwegian and Somali. PA4*

The natural helpers do not always know the answers, but seem willing to try and find solutions:

*Someone said "I have a child with disabilities and I know nothing about my rights. What can I do?" I told her that I didn't have any experience in that field either but*

*that I would try to find some information. "Maybe there's an organisation that work with these issues and can visit the group and tell us about your rights". PA4*

One of the women gives an example on how they go about to acquire new knowledge:

*Several of the women wanted to loose weight and eat healthily. I didn't know that much about the issue but I learned to use a computer program that calculated the amount of energy in various dishes. After learning more about the issue, I went back to my group and we made a cooking book with lots of different healthy recipes. PA4*

Some of the women want to motivate the group members to change behaviour, for example learn Norwegian:

*And there are many women who are bothered by their lacking ability to write or read in Norwegian. And they say: "How can I learn?" I answer: "You mustn't give up, you mustn't loose your confidence. You've been given this chance to day! Try and maybe you will succeed." PA4*

In addition to the various groups and projects, the natural helpers also organise social arrangements as religious holidays, independent days and parties:

*And in the big park by Oslo Plaza we held a huge party where we invited pop stars from abroad. And we also organise a marking of the International Day against female genital mutilation, the 6<sup>th</sup> of February. We organise a lot of events. PA4*

There are also administrative tasks for the natural helpers to carry out like writing applications and reports. The organisation of different activities involves cooperation with public services as well as non-governmental organisations:

*I organise different activities like sewing, cooking and exercise groups, after requests from the psychiatric clinic at Ullevål. PA1*

*I give lectures to police students, the childcare services and the social services. PA4*

*We cooperate with The Volunteer Centre<sup>2</sup> and The Norwegian People's Aid<sup>3</sup>. They have helped us with location and some small amounts of money for lectures. PA5*

The participants at PMV have also initiated various working groups. The idea behind the working group is that the women will use their skills in a way that makes a contribution to the society. The women do not always get salary, but they are given honorarium to motivate their work.

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<sup>2</sup> My translation of Frivillighetssentralen

<sup>3</sup> Translation of Norsk Folkehjelp

The first working group at PMV was an infant massage group. The group started as an initiative from the participants at PMV who saw an opportunity to use their skills and resources:

*One of the women told me “I’m a good masseuse”. In our homeland we don’t study like physiotherapists but we inherit the knowledge through tradition. Some of the women started to teach infant massage techniques at the public health centre. PA4*

They also engaged a physiotherapist to guide their work:

*We got in touch with a physiotherapist who guided us and explained why we were taught to massage the way we did. In Pakistan we learn to massage through tradition and we are not aware of the anatomical aspects. As for the reason why we always massage towards the heart. PA2*

The massage group was held at the public health centre and for some of the women it led to an entrance to working life:

*Four of the women were permanently employed as a result of the working group and two of them are still working as infant masseuses. PA2*

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At least three of the women have been engaged in a cooking class where they have taught Norwegians how to make Moroccan, Pakistani, Indian and Somali food. This working group is a result of the women's wish to use their cooking skills and make a contribution to the society that immigrants again would benefit from:

*So I sat there and pondered and I didn't know what to do, what else do I know? And then suddenly I came to think of food! And I thought yes! If there's one thing women know, it's cooking. And it doesn't matter if we know the language. I thought it was a great idea, because all the time we have to learn new things. Everything, since we came to Norway had to be learned. But this is something we can teach Norwegians!*

PA5

The target group for this class is mainly employees in the public sphere, like the public health services, the child welfare and teachers of domestic science:

*It's the health services or child welfare service that need the knowledge for their foreign clients at institutions. So they learn how to make different dishes, in order for the clients to eat the food. They're not used to Norwegian food, you know. We also focused on how we can increase our low levels of vitamin D. PA1*

*After a while the cooking classes got more and more interesting, and we got a project at Tøyen primary school where we taught the teachers of domestic science how to make food from Pakistan, Somalia and Iran to prevent the children of being bullied: "Oh what are you eating? It looks awful." You know? The children complain about each other's food because they're not used to it. So we taught the teachers how to prepare the food and they would use the recipe. And it became very popular, the children were very proud when their food was made. "That's my food, my mother makes it all the time!" And this really used to be a problem. I remember talking to mothers who were concerned about their children because they refused to eat their*

*packed lunch. They said that the Norwegian pupils commented on the smell of their food and that they rather wanted sandwiches like the Norwegians, but didn't eat that either because they weren't used to it. PA5*

Giving cooking lessons involved presenting the recipes in written form, which was a challenge to many of the women:

*In our homeland, when I cook for fifty, sixty people I do it without a recipe. We cook with our heads. But in Norway it's different. We had to measure how much onion, how much chilli, how much egg plant and how much coriander and things like that. PA4*

In addition to the health information groups and the work groups, there have also been established groups to provide support and create understanding. The support group is a natural extension of the health information groups. During the health information meetings the women present and discuss topics that concern and interest them. Some of the smaller concerns are dealt with during the meetings, whereas severe problems require more time and effort. In those cases there is usually established a support group that focuses only on one specific topic. There have been established support groups on topics like child raising, isolation, bodily pain, female genital mutilation, exercise and other cultural related challenges.



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The natural helpers have initiated projects that deal with forced marriage, unemployment and drop-outs. How they approach these issues vary from group to group, and there is room for creative solutions:

*In the group that deals with forced marriage, we have divided the group into one daughters' group and one mothers' group. Then we have presented different thoughts and attitudes in relation to forced marriages, and discussed questions and issues we don't understand. After the sessions, the information is shared between the two groups in order to get insight in feelings and thoughts of the persons, related to the topic. This is done to increase their understanding of other perspectives, avoid conflicts and misunderstandings, and at the same time accept that we have different views. PA2*

In relation to unemployment they try to target the root of the problem rather than focusing on immediate solutions:

*Activation and Work Training<sup>4</sup> is a project that focuses on strengthening self-help strategies. Why is it that these Somali men have been unemployed for such a long time? Why were they good workers in their homeland and what happened when they came to Norway? PA4*

Child-raising is a common topic in the health information groups and there has also been established a group for those with special interests for the topic.

*There are many mothers and daughters who face a lot of challenges. When it comes to school trips and camps for example, the mothers refuse the daughters to go. And it's important to help these mothers understand. Not only to understand the language*

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<sup>4</sup> My translation of Aktivisering og Arbeidstrening

*but the culture, and the objectives of the trips. In my culture it's not proper to let a girl spend the night away from her family. So it takes time to make them understand, you know? We can't force them, but they will understand if we explain and give them time. We need to let them know the purpose of the trips, that it's a part of the curriculum and that they will have to write a report and get marks and so on. PA4*

Isolation and exclusion is another topic targeted by a support group. As the health information groups do not reach the isolated women, PMV have established a project where some women visit the isolated women at home and hold a small meeting there. PMV also arrange social trips where women can make friends and increase their network.

Some women have initiated a group where they discuss sensitive topics from their lives that have resulted in physical pain and discomfort:

*We talk about how coming to Norway change things. Why we women struggle so much, have pain in our bodies and become depressed. PA4*

Female genital mutilation seems to be given a lot of attention and is taken very seriously.

One of the natural helpers has been in charge of a project that target this issue:

*There are many women who are burnt in their bodies. In the beginning of the project it was very difficult to approach the topic. We wanted to discuss female genital mutilation but it was such a sensitive subject. We started off very carefully with the adult women and mothers. We met and talked, and were guided by a professional. The second step was to establish a group for girls at the age of 13 to 17, and finally a group for boys at the same age. The three groups came together and made a documentary film on the subject. We made 20 000 copies that we distributed all over*

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*Norway: to libraries, schools, reception centres for asylum seekers and teachers. It's very important that the reception centres for asylum seekers have this tape because, when people first arrive in Norway there's no one explaining them that female genital mutilation is illegal. And in this documentary there are doctors that talk about the medical aspects and an imam who explains that it's a tradition rather than a religious custom. And there were different women who talked about their experiences. It was very important and exciting. PA4*

Some of the women are interested in losing weight and being healthy. They did not feel like they had a natural place to work out and initiated a workout group:

*The local government let us use some of their locations and all the women brought skirts to wear. We used a stereo and African music and all the women danced and it was wonderful! And in the end of each session we ate together, but only vegetables: Salads, pulses and raita. Just to make it even more special. PA4*

### ***Challenges and solutions at Primærmedisinsk verksted***

Working at PMV and as natural helpers the women are faced with various challenges. A recurring issue is to arrange for babysitting while the women are at the meetings:

*Child-minding during the meetings was a common problem. And their husbands wouldn't help them either. So we had lots of meetings with complications. But we have helped each other and I told the women that if they couldn't get a babysitter they would have to bring their children. We couldn't afford a babysitter but we made a system where everyone took turns. And we brought some toys from home and it worked out well. PA4*

Nutrition has been an area of commitment in several health information groups. The women have apparently met opposition in trying to change health behaviour, but according to the women the persuasion has worked:

*It's really difficult to convince them to eat Norwegian food. I've lived here for eighteen years and I still don't eat it (laughs). PA1*

*The women said "Our husbands don't like the food when the oil doesn't show". They are taxi drivers and eat out and were used to eating out before their wives came to Norway. "It's okay", I said. "Lets try reducing the amount of oil anyway!" And they tried, with the result that their husbands didn't even notice the difference. PA5*

As personal issues are shared and advises are given during the meeting, it's crucial that the group members experience the natural helper as trustworthy. One of the participants argues that it takes time to build trust:

*At that time none of the women trusted me, and no one was comfortable speaking about their own experiences. It took many, many years. When they want to speak to me they can call me or we can sit down together in a private room and I will keep everything in confidence. But at that time they didn't know this. PA4*

Some of the activities at PMV challenge the existing family structures and are not necessarily tolerated immediately. A trip for women only where they had to leave the children with their husbands is an example of that:

*We were twelve women the first time we went. And there were a lot of challenges: "oh my husband, oh my children". But I told them to stop worrying and see how it*

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*turned out. And when we got back everything was just fine, and the fathers and the children were happy and proud. They had worried that their husbands would leave the house in a mess and smack the children but they didn't. At the same time the men saw how much effort it took to mind the children and the household and appreciated us in another way when we got back. PA5*

### ***What makes PMV a good place to be?***

The women describe various aspects of PMV that is important to them and that makes PMV a good place to be.

One of the participants explains how important it is to understand and to feel understood:

*They (immigrants) can never be Norwegians and they can never speak Norwegian like a native. So they are left alone with their own language. That's where the employees at PMV come in. When the hospital or a psychiatric centre calls us they don't want us to heal or help. It's enough that we translate and explain them in their own language. And it's so wonderful, you see? To talk to someone who doesn't imagine how it is, but who knows how it is. PA1*

It's clearly not only the language that make you feel understood, but the fact that the other women have been in a similar situation:

*It's not always enough to feel sympathy from someone who has never been an immigrant. It's not the same. You'll have to feel it in your body to know how we struggle. That's why it's so important to be surrounded by people who are or have been in the same situation as you. It feels so good. PA1*

It is not necessarily the nature of the activities that are the attractions, but rather a place to be and something to do:

*It's a place where your interests are taken seriously and you can be with people and talk, rather than being home alone with your problems and diseases. That really helps. It never helps mulling over your situation and blaming yourself. It's not healthy to analyse too much. PA1*

A period of reorganization at PMV confronted the group member's motivation to be engaged in the health information groups. It's clear that the social aspects and conversations are more important than the health information per se:

*It came a time when we didn't have enough money to invite guest lecturers and I asked the women if they wanted to continue the meetings anyway. And everyone said yes, of course, and I was surprised because I understood that the most important aspect of the meetings was to get together and talk. It made them forget all about their frustrations and problems regarding their home or homeland. PA4*

PMV is described as a natural place for social interaction and network building:

*They were so happy about having this place where they could be and meet people. To feel free! And to meet other women and get to know them, expand their network. So they can call each other and visit each other and talk about their children and so on. PA4*

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Several of the women describe activities that give them meaning and that makes them feel useful:

*Using my resources has given me a lot of strengths. A lot! I remember the first time I held a cooking class. I was so worried about how to behave towards the Norwegians, and how to manage with all the names of the vegetables and spices. But it was a success! And I thought, I can do something! And it was such a contrast to sitting at home thinking that I can't do anything, all I do is sitting in my sofa. And when you do something that is successful and everyone is happy... And the Norwegians were so good at giving me attention and yes, I can do it! PA1*

*I was really nervous before the first lesson and I was thinking about how to organise it for days. But when we started I realised that they were normal people and that they asked me questions! And suddenly I felt relaxed and happy. PA5*

A group of women made a booklet on the medical effect of herbs and were very proud when they saw the results:

*When I saw the booklet it was like I understood how much we knew. I showed it to my children and they were very proud. It was like they looked at me in a different way when they realised that their mother actually has a lot of knowledge and is useful outside the kitchen. PA2*

One of the participants describes how discussions in the group can provoke or confirm ones initial perspective, and give insight on cultural matters:

*We all have different backgrounds and we discuss a lot. And even though I don't want to reject my culture, I won't practice what I think is wrong. I'm not the same*

*generation as my mother. It's a new and different generation. And I will embrace what's good, both in this new culture and my old culture. But we need to discuss and to talk freely even though we don't agree. I ask a lot of questions because I want to learn. We are Muslims but it's not written anywhere that we have to accept forced marriage. I want to have the possibility to reject a man that I don't like because I will be the one who have to struggle a lot with him, not my family. We have a lot of discussions and learn about different cultures. It's very enriching. PA4*

It seems like the activities at PMV often function as a stepping stone out in the society:

*Most of the women from my first health information group are working now. Some of them are nurses, auxiliary nurses, nursing assistants, and some of them work in kindergartens. I've encouraged women to work in kindergartens because it helps them to learn Norwegian. PA4*

### ***What do the women learn at PMV?***

One of the tasks of the natural helpers is to acquire knowledge and present information on health related issues. According to one of the participants, they also learn a lot from the group members:

*But it's not like you hold a lecture on your own. We talk together and find solutions based on our experiences. PA1*

*If you have children and a husband and you're at home, it's a different life. But when you get here and meet other people and share our knowledge and experiences. You learn so much! By discussing other women's problems and giving advices I've learned how to deal with my own issues. It's also very useful that the groups consist of women of different ages and backgrounds. Some of the women were old when they*



*came to Norway and have a lot of knowledge about our homeland and traditions. We, on the other hand, have learned to know the Norwegian society and how it works. PA4*

One of the participants argues that there's a lack of understanding about the objectives with some school activities among immigrant mothers. She describes that a discussion on this topic in some degree can change their attitude, for example on the matter of girls participating on school camps:

*Many of the women have understood, little by little, and allowed their daughters to go on school trips. And they need to know that there are many ways to participate as a mother, for example through FAU. You can help arrange activities and get involved in your daughter's life. They won't refuse you because they need you and they need your kids. PA4*

The natural helpers have learnt how to eat healthily and how to measure the energy levels in food:

*We engaged a nutritionist to teach us how to calculate the amount of fat and proteins in our food. We then made a cooking book based on our new knowledge and talked about the reasons for our unhealthy lifestyle. PA5*

One of the participants gives an example of why it's crucial that women learn to express themselves:

*If I didn't have this job I would never learn how to speak up for myself. And in my culture it's difficult to talk to a psychologist because we're not used to it in our homeland. When we have a problem the family gets involved and wants to solve it.*

*And we have a gathering and your mother or your father speak for you and tells you what's the right decision. Now, the women have the courage to speak for them selves and to take control over their own life. PA4*

The international environment has led to new cultural understandings:

*You learn a lot through other women's knowledge and experiences, also because of our cultural differences. I've learnt about Pakistani culture, about Arab culture and that there are differences within each group. I feel very rich in that matter. And we all have our own problems. In our culture we have female genital mutilation, in Pakistan they worry about forced marriages and divorce. We don't get excluded if we get divorced but a lot of Pakistanis do. We are all Muslim but the culture is different. PA4*

### ***What could be better?***

One of the participants explains that the Pakistani environment sometimes reacts on the work PMV and "people like her" do. As PMV seeks to empower women and encourage them to take control over their life, men may feel threatened to give up their power. She experienced that people had prejudice about PMV in the beginning, but that they softened as they got familiar with the centre. The participant thinks, however, that they do have reasons to feel threatened as the women learn about their rights and possibilities, and become more independent.

One participant argues that the nature of the Pakistan environment, which she describes as closed and judgemental should be considered in a higher degree, when developing activities and projects:

*People talk and are very concerned about what other people think of them. PMV must not be a place where the women have to worry about their reputation. PA3*

An other participant is enthusiastic and grateful about the work at PMV, but is not sure that PMV could offer a solution for her in a period when she was isolated and depressed:

*I was a bit sceptical in the beginning. I was sceptical to the whole club thing... I'm not the kind of person that usually needs an activity centre. I don't know, but I wouldn't have taken the chance. PA1*

***What significance has PMV had in the women's life?***

One of the participants explains how her introduction to PMV literally changed her life:

*Every time I get the chance, I talk about my experiences and what has happened to me. It was a revolution! I don't know what had happened to me if I hadn't met the leader of PMV. And I feel grateful all the time because I got to know this place and because of what they had to offer me. I say thanks. It has made me to the person I am to day. PA1*

Several of the participants explain how important it feels to be able to make a contribution and to remind yourself and others that you have valuable resources. According to the women, PMV has been an arena for such experiences:

*Starting the work group was such an important development for me and the other women. I was so sick of receiving and learning all the time, and I felt I had so much to give. PA2*

*It's been a lot of hard work and I've worked a lot of overtime and even without getting paid. But we are happy because we help a lot of women who need it. PA4*

The environment at PMV is social as they work together with - and for other women:

*It means too much for me, too much. There are things that I really enjoy working with, like humans and being able to help. And I've learned so much from PMV. PMV has meant a great deal in my life. PA4*

One of the participants argues that the model used at PMV is a suitable model for social interventions related to immigrants:

*We've travelled to Uppsala and Malmö in Sweden to give lectures and to talk about our centre. There wouldn't be any problems if everyone had a place like Primærmedisinsk Verksted. PA4*

The women express gratefulness for what PMV and the former general manager have offered them:

*I want to say thank you. Every time I have the possibility I want to thank him (the former general manager). I'm very, very, very pleased with working here at PMV.*

PA2

*For me it doesn't matter whether I'm permanent employed or not. I just want to do the job that I believe in and love. I'm very happy. PA5*

## 6. Discussion

The following chapter is a discussion on how the results can be interpreted in the light of health promotion and salutogenesis. The aim of this study is to explore the possibilities of employing a salutogenic perspective in understanding the situation and development of the five participants. To reach this aim, the following questions will be addressed: To what degree do the women themselves employ a salutogenic perspective? In what way has PMV influenced the women's situation? What are the factors that have promoted their development? Firstly, the chapter is introduced by a summary of the results.

### 6.1 Summary of results

The report on the results presented an overview of the women's perceived situation, regarding challenges they have faced in creating their lives in a new context, as well as promoting factors that contribute to solutions and development. Further, the women's relation to PMV was presented as they expressed their thoughts about the projects and the centre's influence on their lives.

All the women agree that they have faced challenges as a result of their immigration to Norway and that they were in special need of social and practical support. The women seem bothered about the cold social climate and express a need of seeking out arenas for social interaction. Several of the women express that their dissatisfaction with their situation resulted in bodily pain, and at least one of the women became depressed and felt worn out for several years. Some of the most common challenges seem to have been to learn

Norwegian, to build a network, to understand the new expectations and cultural norms the society represent, and to figure out the practical organisation of the society. The women express frustration in relation to these challenges, but it seems like an even more important challenge has been to find their place in this new scenery and between the different cultures, and feel comfortable with the position they experience to have. The process of becoming comfortable with one's identity in the new context seems to be especially hard for women, as the cultural and social norms of a woman's role in the society vary between the Norwegian culture and the women's cultures of origin. Respect and pride seem to be important attributes for the women who express frustration in relation to feeling like a strong person on the inside and appearing like a weak person on the outside.

In spite of the strain and stress the women experienced in their everyday life, they have all taken the step out of their homes and into the Norwegian society and live active and productive lives. The women identified both personal and interpersonal factors that promote this development, and make it easier to reach their goals. Some of the identified factors are personal characteristics, ambitions in their life, positive coping experiences, and supporting networks.

There seems to be a general agreement among the women that PMV has been a crucial contribution to the creation of their new lives, by empowering them to see their possibilities and actively take control over their situation. The women express a strong feeling of mastery and meaningfulness as a result of their engagement at PMV, especially in relation to the working groups, which seem to have influenced their self-esteem. The group meetings seem to function as distractions as well as arenas for socialisation, and communication of health

related information. The women express a desire to get out of their homes and discuss their concerns in a solution-focused manner. However, it's clear, that rather than being helped, the women express a need to feel useful.

## 6.2 How do the women deal with their situation?

As we have seen earlier, the women have managed to pull themselves up and live active and productive lives. What is it about these women that kept them from giving up, in spite of the challenging situations? And how is their handling of the situation related to sense of coherence?

All of the five women take initiatives in various arenas of their lives. It is hard to know how the women reason in relation to the choices they have made, but it is clear that they seek activities that are constructive to their development and strengthen their feeling of comprehensibility, manageability and meaningfulness.

The women argue at several occasions that the world seemed chaotic and that they were unable to understand the structure of the society. One of the women was desperate to be understood and wrote, "please help me" at the end of the forms she filled out. It seems like she felt quite helpless and dependent on people around her, but still she was hopeful that people were willing to make an effort to understand, and that things would turn out well in the end. The women have made efforts to understand their surroundings, and making them controllable and predictable.



The structure of the society and social norms are usually tools that create predictability and logic. In the women's case, it was rather an obstacle. The women approach this chaos by learning Norwegian and actively orientate in the new society. One of the women describes the process of finding the right office and the right public service as an exhausting and challenging process, but still she did not give up. In some way she must have experienced the gains of this effort as important to her. One of the participants describe the frustrating feeling not to be understood in important situations and how wonderful it then feels when someone from your own environment enters the situation to explain and make you understand. This situation illustrates the importance of comprehending what's happening around you, and how perceiving the environment as chaotic and unpredictable may lead to a negative experience of the world (Lorenz 2007).

The effort to orientate in the society does not only lead to an overview and understanding of ones external environment, but it's also a prerequisite for recognising the available resources in order to make use of them. The women show a high degree of manageability by actively utilise their supporting network and public services. Some of the women even initiate additional support, by creating a group for parents of Pakistani school children, and by applying for extra means for a babysitter while engaging in volunteer work.

The women seem drawn to activities that give them meaning, such as settings where they can be useful and engage in social interaction. Several of the women work as volunteers, but the motivation does not seem to be of economic character. The women seem to dislike being

identified as victims or as weak, and seek activities that invalidate this stigma. This again shows the women's immanent desire of emphasising the positive aspects of their internal and external environment – to experience meaning in their life, and viewing themselves as a resource to the society rather than a burden.

What makes a life meaningful can be both culturally and individually dependent, and there is not one answer to the question (Antonovsky 1987). The women in this study give an impression that they constantly seek meaning, and that they have experienced periods both with and without meaningfulness. Some of the aspects the women bring forward as important in their life are to feel useful, experience mastery, being active, being a good mother and wife, having a social and supporting network, and a feeling of belonging.

Sense of coherence is described as a relatively constant state in the adult life (Antonovsky 1987). It does not imply, however, that the way we relate to our surroundings is unchangeable. Antonovsky uses the metaphor of a person balancing a tightrope (1987:105). Sometimes we almost lose balance but we manage to stay on, we fall in the net but grab hold of a line and pull ourselves back on, or we fall badly and hurt ourselves and even go under. As the circumstances of our lives change, the way we experience our lives as comprehensible, manageable and meaningful change accordingly. These changes are natural vibrations in life, as we are exposed to various forms of strain. The ability to get back on the right track and pull ourselves up again is related to our sense of coherence. Even though the women seem to be drawn to arenas that strengthen their sense of coherence, the women were not always in touch with their motivation to engage in meaningful activities. Some periods of the women's lives, and especially when they first came to Norway, are described as empty

and without motivation whatsoever. Those periods could be seen as the natural vibrations of life, and that the aspect worth focusing on is how they manage to pull themselves back up on the tightrope.

The women seem to deal with their situation by exposing themselves to challenges, by not giving up, and by seeking out arenas and activities that strengthen their general resistance resources and sense of coherence. Although a sense of coherence in some ways is founded on the general resistance resources, the women illustrate that it's not enough merely to focus on increasing resources. It seems as important to focus on the resources that already are there, and to strengthen the sense of coherence through activities that imply meaning and mastery.

### 6.3 What are the factors that influence their development?

During the interviews, the women identified several factors that influenced their situation and development. These factors are in accordance with what Antonovsky (1987) refers to as general resistance resources.

It is clear that the women experience the available general resistance resources as important, promoting factors for their well-being. They acknowledge the significance of a social and supporting network, cultural understanding, and knowledge about the society in which they live. In cases where these resources are unavailable, they become frustrated and even

depressed. However, they also show the ability to seek out arenas that provide them with the lacking resources.

What seems to be the most important factor that has influenced the women's development is their capability of taking initiative. All of the women have gone through the process of orientating in the new society. Learning Norwegian is one of the arenas where the women have invested a lot of time and effort. The women describe this process as challenging and important. They saw the possibilities of learning the local language and using it as a key to the society, as well as a way to bring order and predictability into their surroundings.

Understanding the language is not merely a tool to understand and create meaning, but also a tool to communicate, express oneself, and be an active citizen. Being comfortable in the way you express yourself, and having the possibility to participate in the society, could again influence your self-esteem and identity.

It seems, however, that more important than learning about the new society and the new language, is the process of using ones resources, experience mastery and a feeling of usefulness. It seems like the arenas that may influence the women's self-esteem also strengthen their feelings of meaningfulness. Some of the general resistance resources seem to be interrelated with each other, and with the persons potential to experience sense of coherence. For example, a woman who acknowledges the importance of a social network is likely to seek out arenas for social interactions. This action may again result in an extended supporting network, and confirm her identity as a social person who gets along well with other people. At the same time, the strengthening resource of a supporting network could

bring out the potential of experiencing sense of coherence, as the external environment appears safe and manageable (Antonovsky 1987).

It seems as if the women's way to deal with their situation is effective, and actively influences their development. It is clear that the strengthened general resistance resources have resulted in positive circles and influenced the women's well-being and sense of coherence. The women have taken control over their life by exposing themselves to activities that gives them what they need, and by not giving up. One of the arenas that have provided such activities is PMV.

#### 6.4 In what way are the women empowered by PMV?

PMV seems to have played an important part in the women's creation of their lives. The questions that arise in this context are how PMV moves forth to enable the women, how this process influences their situation, and whether the core principles of health promotion and salutogenesis are effective.

All people are exposed to stress, and according to the salutogenic perspective the perception of a situation is the crucial factor that influence health and well-being (Antonovsky 1987; Eriksson, Lindström, Lilja 2007). However, the amount of everyday strain will most likely influence the capability to handle a situation, regardless of the person's sense of coherence. A person's ability to experience sense of coherence must in some degree be influenced by the situation. Empowering people to experience an increased sense of coherence would then

imply creating an environment that reinforces factors that strengthen the general resistance resources and influence the feelings of comprehensibility, manageability and meaningfulness.

The empowerment approach at PMV emphasises the salutogenic perspectives of grass root thinking and participation. PMV operates with a holistic view of health that acknowledges physical, social and mental wellbeing, and focuses on the women's resources. PMV also work for equity, the ground rock in Health Promotion (Naidoo and Wills 2000).

PMV is resource oriented in the way that they give the women opportunities to contribute in areas that usually require expertise. The women are challenged and encouraged to try new domains. The domains are not random, but chosen by the women themselves out of interests, knowledge or personal motivation to contribute. The women are encouraged to direct their focus on their daily activities and look for resources or experience that can be of use to others. PMV also applies a solution-oriented focus on factors that hinder the women to live the life they want to live, like learning Norwegian and ease their understanding of the environment. The women are active in the process as they identify areas that they wish to improve and focus on, and carry out the work in cooperation with natural helpers and professionals.

PMV's ecological approach in working towards a projected status is obvious in the organisation of cooking classes. The women themselves have chosen the nature of the workgroup in accordance with their perceived resources. Further, they teach Norwegians

who work in the public sphere how to make dishes that are typical for their country. In that way immigrants in Norwegian institutions can be provided with their own food and ethnical food can be included in schools to prevent a fear for the unknown. At the same time they change the experienced power relation between the Norwegians and themselves, meet Norwegians in a new setting, get a more realistic picture of who they might be, and see that Norwegians can be curious and interested in getting to know them.

The women give a strong impression that their quality of life has improved during their participation at PMV and that they feel better equipped to change aspects of their lives that they are not happy about. It seems like the conversations and group sessions at PMV is highly resource focused and in line with the bottom-up strategy. Concerns are taken serious and dealt with, while there is a focus on strengths and resources. This shift of perspective could also lead to a change in the way reality is perceived, as the positive aspects suppress the negative.

Using empowerment as a method requires insight in the situation of the target group. The natural helpers seem to play an important role in carrying out the philosophy behind PMV and health promotion. Their position acknowledges the importance of participation over expertise, as they represent the target group at the same time as they make use of their experience from the centre. Studies have shown that in order for an empowerment intervention to be successful, the environment that influence and maintain people's behaviour must be acknowledged (Naidoo & Wills 2000; Wallerstein 2006). In this relation the natural helpers have a unique insight and understanding of the environment and the situation of the participants, which gives this approach a great advantage.

Employing natural helpers has several functions. First of all, the target group is activated, and they experience to have influence and power. As the natural helpers are not trained in health related issues or organising events and lectures, the natural helpers learn by doing, and increase the competence level within the target group. It also seems like it is important to experience the group leaders as trustworthy, to create a safe environment with a low threshold for expressing ones interests and needs. In addition, having “one of their own” as leader may increase the feeling of ownership, which is an important indicator for committed members (Naidoo and Wills 2000; Nutbeam 1998).

The natural helpers may also function as role models for the other group members as they can be seen as peers, while they represent position and successfulness. These characteristics can be of powerful influence, especially if the group member values the membership and wants to identify with the group (Naidoo and Wills (2000:227).

When it comes to the support group, the natural helpers have a personal understanding of the problems that may lead to different solutions than what may seem natural for an external leader. An example may be the group dealing with forced marriages where the natural helper decided to divide the group into two, one group for mothers and one for daughters. This decision was based on the understanding of the delicacy of the topic. Moreover, the natural helpers do not have the same overview and expertise as skilled personnel. Although they do cooperate with professionals, it seems as if PMV values the women’s active participation in, and creation of the projects higher than the technical information professionals provide. This is in accordance with the assumption that the women need other motivators to be active participants than to learn.



Some of the support groups deal with sensitive issues, like female genital mutilation. In these cases it's crucial for the leader to have personal and cultural references to the topic. The women express on several occasions that it's important to feel understood when presenting their personal problems, and that it's impossible for outsiders to fully understand the nature of their problems.

For the women to influence the factors within their control, they have to feel motivated to do so. Immigrants in Norway are often encouraged to take courses to learn Norwegian, and to get to know the Norwegian society and welfare arrangements. However, learning a language and understanding the structure of a society are time-consuming processes, where the reward can be collected after several months, maybe even years, with hard work. Long-term rewards however, are not especially efficient in relation to influence behaviour, and could easily result in people giving up, which again affect their self-esteem (Naidoo and Wills 2000:223). Arranging for activities that provide short-time rewards, as done by PMV, could be a good alternative. The feelings of mastery, belonging, acknowledgement and influence seem to be effective motivators.

As mentioned above, a crucial factor for the women to deal with their situation is that they seek out arenas where their general resistance resources and sense of coherence are strengthened. PMV seems to be the single, most important place for the women in this aspect. By making a connection to PMV, the women are no longer alone in the process of dealing with their situation and creating their life. PMV has provided activities and networks that have contributed to making the women's general resistance resources available and strengthening their sense of coherence. However, it is not right to give credit solely to the

centre, as the women to a high degree have done the job themselves, and PMV rather has functioned as a catalyst.

Several of the women who have been participants at PMV have taken the step into working life. Some of the women would probably have done so regardless of their engagement at PMV, and maybe women who are attracted to places like PMV often also are attracted to working life. However, it may also be that PMV offers a good preparation for an active participation in the society as it provides a place for the women to test their skills, and increase their self-esteem.

There is no doubt that the women feel empowered by PMV. They might have had different needs and interests when it comes to being empowered, but it's obvious that all the women feel more equipped to live an active and productive life after their engagement at the centre.

PMV has been an arena for the women to be, learn and master. These three functions seem to strengthen various general resistance resources. A place for the women to be, has given them a space in their everyday life and a distraction from their problems. But PMV has also functioned a place to be together, where the women can meet other women in a similar situation and become engaged in social interaction. They have created a social network, in addition to having experienced feelings of belonging and affection. In that way, their social support and identity have been strengthened.

PMV has been a place to learn in several ways. Firstly, the women have increased their knowledge on health related issues, concerning different cultural practices as well as general health information. Secondly, the women have learned about the Norwegian society and language, through the various lectures and by personal interaction. Thirdly, the women have learned to shift their focus from problems to solutions and possibilities.

Being a place to master has given the women belief in themselves, and an increased feeling of meaningfulness. The women's personal problems have been traded into personal gain and competence, as the women have been encouraged to identify their resources and challenge themselves.

The principles of salutogenesis are clearly visible in the approach of PMV. The women express on several occasions that the employers at PMV encourage them to identify their strengths and use them in the working groups and in their everyday life. They do not map the women's problems or flaws in relation to knowing Norwegian, having higher education, being illiterate etc, but turn their challenges into something positive. A clear example of this is the situation where one of the participants had gone through a rough time and lost her ex husband in aids. Instead of going over her problems again and again, the general manager encourages her to start a HIV and aids prevention group for immigrants, and helps her get started. In that way they took advantage of her personal experience and used it as motivation to learn more about the topic, and eventually teach others what she had learnt and be of support to people in a similar situation. In this case the woman needed something else in her life than her problems, like social interaction and a belief in her abilities. This approach does

not necessarily replace therapy, but at one point it seems like a solution-oriented focus can be productive, whether it is applied in therapy or outside.

Another example of the resource-oriented approach at PMV is the work groups. These groups arrange for employment and mastering, factors that keep people healthy. The women mention that using their resources has made them stronger, and it's clear that the salutogenic perspective has reached the target group of the project.

When it comes to a person's sense of coherence, emphasising the positive aspects of a situation like resources, strengths and solution may increase the person's experiences of the world as a good place and one self as an adequate person. Thus PMV makes possible for the women to interact, use their competence and skills, getting emotionally involved, performing and influencing – with all the self-assuring qualities following suit, creating still more positive, reinforcing circles.

The methods used at PMV seem to create synergy. They acknowledge that the women already have what it takes to create the life they want, and that an important step in that process is to feel useful, adequate and thereby experiencing meaningfulness. As the women have this need and interest of participating and being useful, the outcome of the intervention is, actually a vital contribution to the society.

## 7. Conclusions

Although the concept of Health Promotion and Salutogenesis were developed within two different fields of science, salutogenesis seem to be a suitable theory to guide health promotion research and practice. Salutogenesis strengthen the positive orientation found in Health Promotion and underlines the core principles, such as equity, participation and empowerment. Through empowerment the two concepts connect, by enabling people to experience a higher degree of manageability, comprehensibility and meaningfulness. The connection between health promotion and salutogenesis is evident in this study where salutogenesis functions both as a paradigm for the research and as the sense of coherence framework offers a useful approach to the participants and the health promoting intervention they are part of.

This study has illustrated the environment's significance in experience sense of coherence, and also how PMV has succeeded in creating conditions that strengthen this sense. The findings indicate that the external environment can be arranged in a way that influence and strengthen the internal environment, the sense of coherence. A way of indirectly strengthening a person's sense of coherence is to increase the general resistance resources. It also seems possible, however, to strengthen the sense of coherence directly by approaching areas that influence the experience itself. By focusing on and trusting the women's abilities, and giving them meaningful tasks, PMV provides the women with an arena to be, learn, contribute, master, and actively take power to create their own life.

Time and again the women have put themselves in difficult situations where they were dependant on cooperation from people around them. They showed their strength by not giving up, but still they were in need of a system that responded. If they had faced closed doors and lack of goodwill, it would have limited their sense of coherence. This finding emphasise the importance of arranging for the potential sense of coherence in people to be brought forward. As Antonovsky (1993 in Eriksson 2007) argues, it's the responsibility of the society to create conditions that increase the sense of coherence among its population. A health promoting society is thus an environment that strengthens general resistance resources and empowers people to experience comprehensibility, manageability and meaningfulness.

Through this study it becomes clear that the strongest need and interest among the five participants, is to make a contribution to the society and to feel like a helper, rather than a burden. This aspect should influence the way the society and government relate to immigrants. The Norwegian society seems to underestimate the resources of the immigrants from middle- and low-income countries. We seem to be more occupied with what we have to offer them, and how we can provide them with the education and knowledge they need. It seems like the Norwegian society's goal and expectations for this group differ a great deal from the immigrants' goals and expectations to themselves, as well as the Norwegian society's goals and expectations to native-born Norwegians. If the feeling of mastery, meaningfulness and influence are important determinants for health, the Norwegian society is doing itself a disservice by focusing on what they can do for immigrants, rather than how immigrants can contribute to the society.

PMV stands out as a good example of health promoting interventions that adapt a salutogenic approach and emphasise the core principles of health promotion. By acknowledging the needs and interest identified by the women, and by arranging for activities that strengthen the women's general resistance resources and sense of coherence, the women feel more capable of controlling and creating their life and thereby promote health and wellbeing. The salutogenic approach found at PMV should to a large extent be transferable to other health promoting interventions. First and foremost, it implies assessing skills and resources within the target group, asking solution focused questions and making them active participants in their own development. The salutogenic perspective lifts health promotion to the next level by bringing its values and positive orientation to its full potential.

The identified outcomes of the salutogenic perspective applied at PMV join the argument that the salutogenic approach could have a more central position in public health and health promotion, and create a solid theoretical framework for health promotion (Antonovsky 1996; Eriksson 2007:71).

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## Appendix: Interviewguide

Tusen takk for at du kunne tenke deg å stille opp på intervjuet!

Jeg er masterstudent i helsefremmende arbeid ved universitetet i Bergen og holder for tiden på med min masteroppgave. Tema for oppgaven er innvandrerkvinner situasjon i Norge, og jeg vil å finne ut av hvilke ønsker og behov dere har, og hva samfunnet kan gjøre for å tilrettelegge for dette.

Utgangspunktet for oppgaven er primærmedisinsk verksted og jeg ønsker å se på hvordan dette prosjektet bidrar til ditt liv, og hva som eventuelt kunne blitt gjort annerledes.

Jeg er derfor veldig interessert i å få høre dine meninger og opplevelser av din hverdag og ditt forhold til PMV. Det er du som kjenner til dine ønsker og behov, og som vet hvordan ting er og hva som fungerer. Dette er også en sjanse for deg å fortelle hva du kunne ønske var annerledes.

Høres det greit ut?

Har du noen spørsmål?

Før vi begynner intervjuet skal jeg gi deg litt informasjon om det praktiske ved intervjuet, og du må skrive under på en samtykkeerklæring som betyr at du har gått med på vilkårene av intervjuet og at du deltar frivillig.

**Først vil jeg gjerne høre litt om din bakgrunn og livssituasjon.**

**- Hva er din bakgrunn?**

- Hvilket land kommer du fra?
- Når kom du til Norge?
- Hvordan har det vært for deg å komme til Norge?
- Føler du at du har funnet det til rette (forstår hvordan det norske samfunnet fungerer, hvordan man kan få hjelp og støtte i forskjellige situasjoner etc.)?
- Hva er bra med å bo i Norge?
- Hva er vanskelig med å bo i Norge?

**- Hva gjør du til vanlig?**

- Jobber du? Går du på skole/ studerer? Er du hjemmeværende?

**- Bor du sammen med familien din?**

- Er du alene/ gift/ samboende?

- **Har du barn?**

- Hvis ja, hvem passer barnet/ barna på dagtid?

- **Har du annen familie her i nærheten?**

- I så fall, hvem? Hvor? Har dere mye kontakt?

- **Hvordan er ditt sosiale liv?**

- Har du et sosialt nettverk?
- Hvem er vennene dine?
- Har du noen norske vanner? I så fall: Hvem? Hvor ble dere kjent?
- Er du fornøyd med ditt sosialt nettverk?

**Nå vil jeg gjerne høre litt om din situasjon og dine ønsker for fremtiden.**

- **Hva slags planer har du for fremtiden?**

- Ønsker du at ting skal forandres eller være som de er?
- Tror du at du kommer til å fortsette å bo i Oslo?

**Så vil jeg gjerne høre om ditt møte med primærmedisinsk verksted (PMV).**

- **Kan du fortelle hvordan du opplever å delta ved primærmedisinske verksted?**
  - Hvordan fikk du vite om PMV?
  - Når?
  - Hva gjør du/har du gjort hos PMV?
  - Hvilke forventninger hadde du før du gikk dit første gang/ hva var det du ville oppnå?
  - Føler du at PMV lever opp til disse forventningene?
  - Hva tror du PMV har hatt å si for ditt liv (har du fått flere venner, har du lært noe, har det gjort noe med deg)?
  - I forhold til dine fremtidsplaner, er PMV nyttig for deg?
  - Hva er det med PMV som du synes er bra?
  - Er det ting du kunne ønske var bedre eller annerledes ved PMV? I så fall, hva?
  
- **Deltar du på andre aktiviteter/ tilbud utenfor PMV?**
  - I så fall, hvilke? Hva ønsker du å oppnå med disse aktivitetene?

**Da har jeg fått svar på det jeg ville vite. Er det noe mer du har lyst til å fortelle/si? Er det noe du lurer på i forhold til dette prosjektet?**

Tusen takk for at du ville delta på dette intervjuet! Du får gjerne kontakte meg dersom du har noen spørsmål.