Mens Sana in Corpore Sano: A pilot study of the health of Italians living in Norway

Summary of main results

Laura Terragni, Giovanna Calogiuri & Monica Miscali

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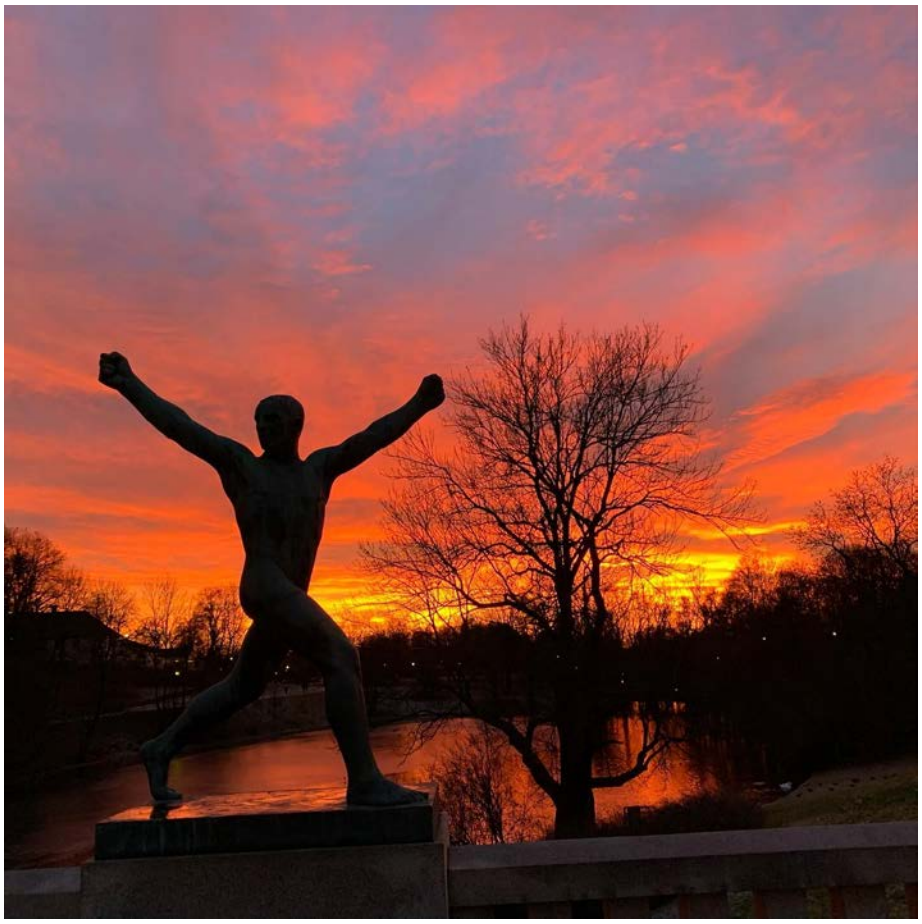

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Abstract

Studies have shown how the move to another country is an event that has a possible negative impact on people's health. Italian immigrants have not been specifically studied in previous investigations in Norway, and therefore information is lacking. Although the prevalence of Italian immigrants in Norway is low, especially when compared with other immigrant groups, it has tripled in the past 15 years. The purpose of this project was thus to carry out a pilot investigation among Italians living in Norway to obtain knowledge about their perceived health and lifestyles.

The research included an online survey (n = 330) and a series of qualitative interviews (n = 14), both conducted between 15 March and 24 April 2019. This report presents the preliminary and descriptive findings of these investigations.

Based on our study's results, it emerges that the health of Italians in Norway is generally good, compared with both the health of Norwegians and that of other immigrant groups. The Italians in Norway are, generally, quite active. In particular, it seems that Norway offers better opportunities for outdoor training and physical activities. The Italians also have healthy nutritional habits, although we observed some challenges, mainly concerning the consumption of fruit and vegetables. The frequency and quality of interpersonal relationships are often judged as unsatisfactory. For many, the move to Norway meant a worsening social life. Also worthy of attention are the findings that a large number of the Italians report little trust in the Norwegian health system, as well as difficulties communicating with medical personnel.

The present study has a number of limitations, especially the fact that the sample does not fully represent the Italian population in Norway. For example, the proportion of women and people with a high level of education is larger than what is reported in the official sources. This is important to take into consideration when interpreting the results, because previous studies indicate that women and people with a high level of education tend to have healthier lifestyles. Nevertheless, the results of this pilot study could provide indications about the health condition of Italians and possible obstacles to a healthy life in a new country. This knowledge can be used to plan the next study, which would be more complete and systematic, as well as to promote actions targeted at enhancing the health condition of the Italian community living in Norway.

It is important to point out that this study was conducted before the COVID-19 pandemic. How the pandemic affected the health of the Italians living in Norway and their relation with the Norwegian health care system is therefore beyond the scope of this study.

Introduction

Not so many Italians live in the kingdom of Norway, particularly if we compare the number with that of Italians living in other European countries, such as France and Germany. Nevertheless, Italians' immigration to Norway seems to be increasing, at least since the end of the 1990s, with a peak in the years after 2008. Thus, this is a progressively increasing population that deserves detailed analysis (Figure 1).
According to a report drafted by the Italian Embassy in Norway, the number of Italians residing in Norway and registered at the Norwegian Registry of Italians Resident Abroad (AIRE) is 7108. This number also includes the offspring of Italian immigrants who retained their Italian citizenship. Italians who moved to Norway during their lives (the so-called 'first-generation immigrants') instead number about 4523 people, 2862 of whom are men and 1661 women.[1]

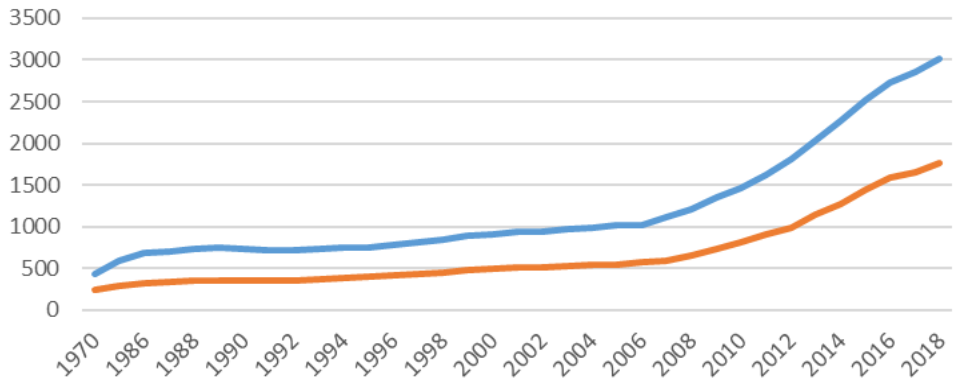

Figure 1. Trends of Italian citizens living in Norway (blue = men; orange = women)

Several studies about the phenomenon of migration have shown how it is an event with possibly a negative impact on health.[3] In fact, those who migrate face many difficulties with regard to settling in a new country that is structurally and culturally different. Beyond the practical obstacles such as – mostly at first – poor knowledge of both the language and the health system, there are additional difficulties due to a clash of different cultures and health habits.[4]

A recent publication about the life conditions of some groups of immigrants in Norway (excluding Italians) emphasized how immigrants, more frequently than Norwegians, have a negative evaluation of their health. Diseases such as diabetes and cardiovascular problems are widespread, in addition to mental health challenges.[5] The proportion of people not taking any physical exercise, or exercising rarely, is larger than among the Norwegian population, and the percentage of overweight or obese people is also higher. The survey also pointed out that immigrants have a weaker 'social capital' and fewer frequent contacts with both their family, and friends and acquaintances.

Italian immigrants are not specifically analysed in the above-mentioned survey, or in the other studies about quality of life and health that are regularly carried out by the Norwegian authorities,[6] and there is therefore a lack of information about Italians living in Norway.

So, how is the health status of Italians living in Norway? How many Italians experience some challenge related to living in a country that is not their motherland? What are the Italians' habits with respect to health-related behaviours such as physical activity and nutrition? Can they take advantage of both cultures (Italian and Norwegian) or, rather, do they meet barriers (cultural, social and economic) that result in less healthy lifestyles?

Aim of the project

The aim of this project was to carry out a pilot investigation among Italians living in Norway to obtain a wider range of information about their perceived health and lifestyles. The research includes both a survey and qualitative interviews. The results of this pilot study could provide indications about both the health of Italians and possible obstacles to a healthy life in a new country. This knowledge can be used to plan future studies, which would be more complete and systematic, as well as to promote actions targeted at increasing the health of the Italian community living in Norway.

The study's methodology

The survey was carried out through the distribution of an electronic questionnaire and performance of qualitative interviews. The investigation, started in the autumn of 2018, was completed in the spring of 2019. The study was conducted according to the international guidelines for ethical research and approved by the Norwegian Centre for Research Data[1].

The electronic survey was distributed during the period between 15 March and 24 April 2019. A total of 330 people (156 men and 174 women) responded to the survey. As we had no access to a personal data list from the embassy, the questionnaire was distributed through different channels, such as the COMITES' mail list, adverts on the embassy's website and several Facebook groups for Italians in Norway. The following were the inclusion criteria: age ≥18 years; resident in Norway at the time of the survey; having spent most of their childhood (up to age 16 years) in Italy; knowledge of Italian.

The data presented in this report have been analysed descriptively (using Excel and SPSS), and displayed using graphics and tables. Through a set of preliminary analyses, no relevant difference between men and women came out so it was decided to present, with the exclusion of socio-demographic data, the results for the entire sample.

Besides the questionnaire, we conducted qualitative interviews with 14 people, who were chosen with the target of representing the variation across migrants in Norway, with regard to the number of years of residence and the reasons for moving. Moreover, we tried to achieve a certain variation of gender and age. The final interviewed sample has the following features: eight women and six men, half of whom have lived in Norway for more than 10 years – four between 5 and 10 years and three for <5 years; three of those interviewed originally moved to Norway for reasons of study, three for family relationships, two to follow the partner and the remainder for professional reasons; most were interviewed live in Oslo.

Interviews were conducted face to face or via Skype, recorded, transcribed, and analysed to explore and detail the more significant topics for the investigation, such as the definition of 'feeling healthy', changes in food habits after migration, connection with nature and physical exercise, and social relationships and identity. The analysis was supported with the program Nvivo 12.

[1] For reasons of synthesis, the description of the methodology adopted in the present study, as displayed in this report, is not extremely detailed. Anyone interested in more information about the methodology of the study can contact the authors of this report directly.

Results

Socio-demographic characteristics of the sample

Who are the people participating in the survey?

Detailed information about the socio-demographic profile of the sample is displayed in Table 1, whereas below we report a summary of the main results. Women were represented slightly more than men (53%). With regard to age, the group represented the most is that aged between 31 and 50 years (71%). The proportion of people with a university qualification is 82%. With regard to the area of residence in Norway, most of the respondents (60%) live in Oslo-Akershus. Comparing these data with AIRE and Statistics Norway sources, we see that our sample differs from the characteristics of Italians living in Norway: indeed our sample has a larger number of women, people aged between 31 and 50 years, and people with a high level of education. According to the reference figures, these groups should make 37%, 54% and 60% of the Italians in Norway, respectively. To a smaller extent, there is also an over-representation of people living in Oslo/Akershus, which according to the reference figures, these groups should make 53% of the Italians in Norway. These discrepancies need to be taken into account when interpreting the findings of this study, as individual characteristics such as sex, age, educational level, and place of residence are known to influence people's lifestyles and health –for example, in Norway, people with the higher educational level live up to six years longer and have better health than those with lower educational level.[7]

The large majority of the sample (60%) declared, in the survey, having permanent work. A smaller percentage had a temporary contract (22%), whereas 10% had a more precarious working situation, with irregular jobs: 5% of the sample declared being freelance and 3% students; 4.4% declared being unemployed, a slightly larger percentage than the Norwegian average[8] but, at the same time, lower than other average immigrant groups.[9]

The most common reasons for moving to Norway were being offered a job (49%) or to join a partner (32%). Moving to look for a job (13%) or for study reasons (13%) was quite a common reason too. This finding is in line with data related to other migrant groups, in particular to groups coming from other European countries.[10]

With regard to the duration of residence in Norway, most of the respondents (45%) had been living in Norway for a period of between 4 and 10 years, whereas a lower percentage had been living in Norway for a period of <4 years (24%) or >10 years (28%). Knowledge of Norwegian varied considerably across the sample: part of the sample (43%) declared having 'good' or 'very good' knowledge of the language, 28% 'intermediate' knowledge and the remaining 29% 'quite poor' or 'very poor' knowledge.

Table 1 Socio-demographic profile of respondents in the *Mens Sana in Corpore Sano* survey

	Men		Women	
	n	**(%)**	***n***	**(%)**
Gender	152	(47)	169	(53)
Age (years)				
18–30	20	(13)	26	(15)
31–50	104	(68)	124	(73)
>50 years	28	(18)	19	(11)
Education				
Up to high school	31	(21)	27	(16)
University degree (Bachelor's, Master's, or equivalent)	84	(55)	88	(52)
Research doctorate	37	(24)	54	(32)
Region of residence in Norway				
North	14	(9)	7	(4)
Centre	14	(9)	21	(12)
West	26	(17)	19	(11)
Oslo/Akershus	84	(55)	107	(63)
Other eastern regions	11	(7)	15	(9)
South	3	(2)	0	(0)
Working condition				
Unemployed	6	(4)	8	(5)
Student	1	(1)	11	(6)
Irregular jobs	6	(4)	1	(1)
Freelance	7	(5)	10	(6)
Temporary contract	28	(18)	42	(25)
Permanent contract	101	(66)	90	(53)
Other	3	(2)	7	(4)
Years of residence in Norway				
0–1	13	(9)	19	(11)
2–4	41	(27)	46	(27)
5–9	47	(31)	58	(34)
≥10	51	(34)	46	(27)
Knowledge of Norwegian				
Very poor	24	(16)	13	(8)
Quite poor	27	(18)	30	(18)
Intermediate	47	(31)	43	(25)
Very good	29	(19)	51	(30)
Fluent	25	(16)	32	(19)

Note:
Region of residence: North = Finnmark, Troms, Nordland; Centre = North Trøndelag, Sør Trøndelag, Møre og Romsdal; West = Sogn og Fjordane, Hordaland, Rogaland; Other eastern regions = Telemark, Buskerud, Vestfold, Østfold, Oppland, Hedmark; South = Vest Agder, A. Agder.

General health and relationship with the health system

Evaluation of personal health

In our survey, we asked the respondents to evaluate their own health (Figure 2). Although simple and subjected to personal interpretations, this type of measure (also known as *self-rated health*) has been shown to be a valuable indicator of health in population studies. For example, a meta-analysis study showed that people with 'bad' self-rated health had a twice-higher mortality risk compared with people with 'very good' self-rated health.[11] Our survey reveals that respondents perceived having quite good general health: 79% responded that they had 'good' or 'very good' general health, 16% selected the option 'neither good nor bad' and 5% (a relatively small percentage but not to be overlooked) reported 'bad' health. Nobody selected the 'very bad' option.

We also asked the respondents to estimate how satisfied they were with their life (on a 1–10 scale). Such type of measurements have been found to be valuable indicators of a person's wellbeing, which is in turn associated with positive life outcomes such as enjoying good health.[12] The answers revealed that a wide majority appeared to be satisfied: 74% reported a value ≥7. On the other hand, a not negligible percentage reported a low level of satisfaction (i.e. 8% reported a value ≤4).

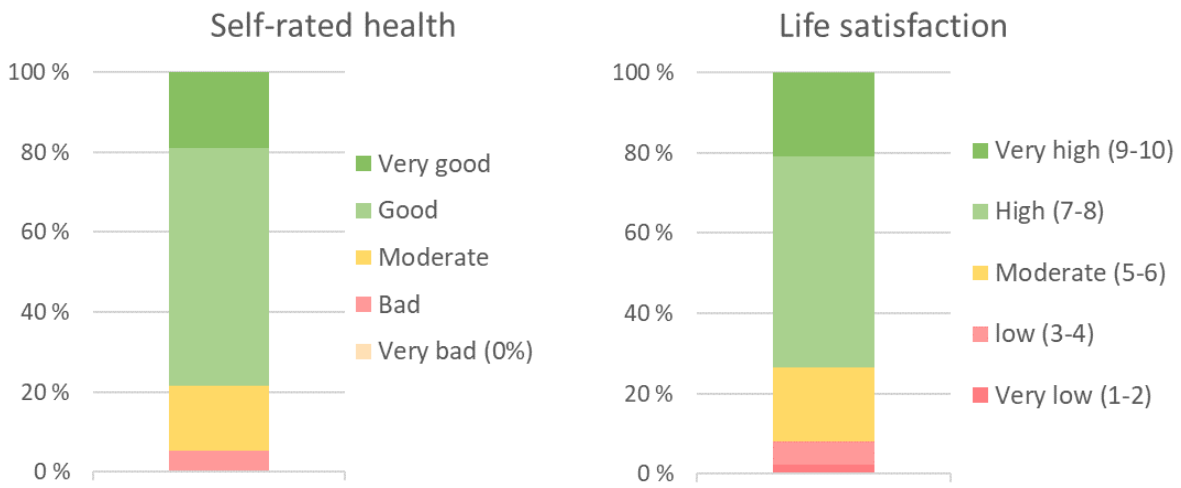

Figure 2 Left: self-perceived health. Right: life satisfaction.

Health: better in Italy or Norway?

To understand whether moving to Norway was perceived as a factor influencing health, in the questionnaire we asked the respondents to imagine how their health would have been if they had remained in Italy. Our findings show that the perception of the influence of moving varies considerably depending on different areas of health. As shown in Figure 3, with regard to health in general, moving does not seem to be seen as an event with a relevant impact. Many more than half the respondents (61%) thought that their health would have been the same in Italy as in Norway: 24% that their health is better in Norway than it would have been in Italy and 15% the opposite.

Moving to Norway is perceived in a positive way with regard to physical activity: more than half the respondents (54%) declared that their physical activity actually improved. On the contrary, moving was an event that had a negative influence on the respondents' *social life*, as reported by 66% of the respondents. Quite the opposite, with regard to food habits, moving seems to have had quite a negative impact: 43% declared that their diet would have been healthier in Italy than in Norway.

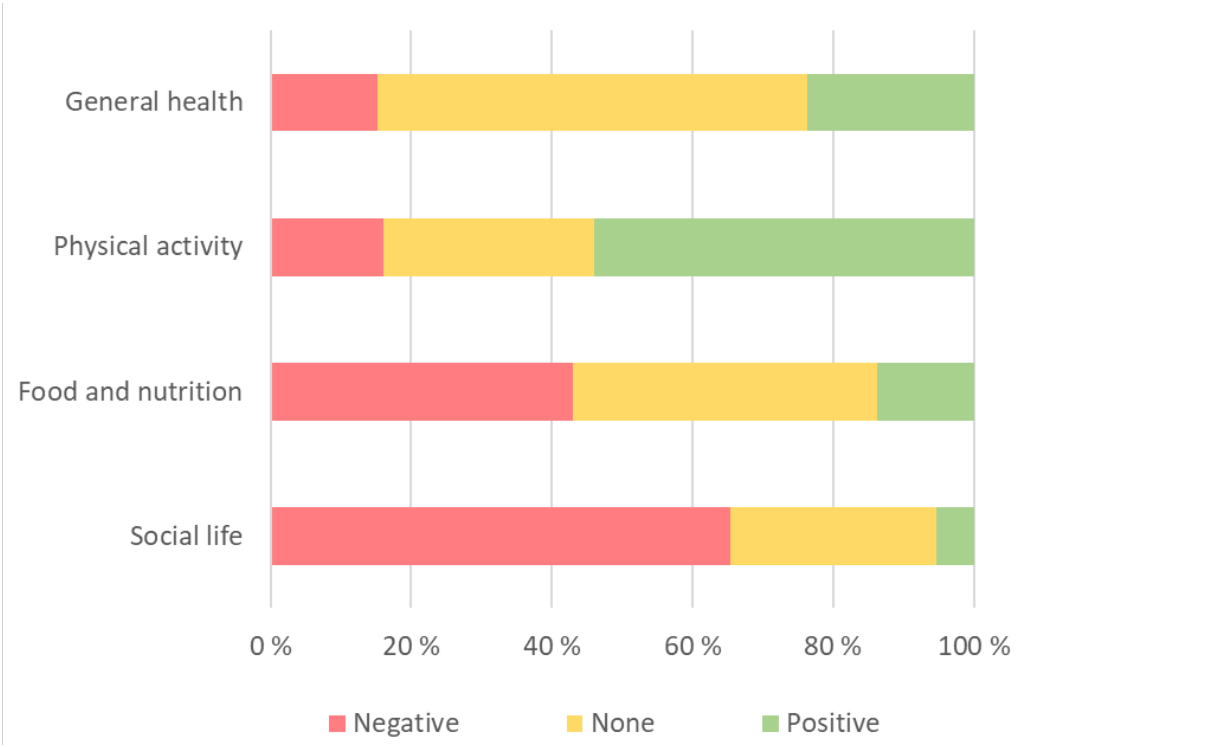

Figure 3 Perceived impact of moving to Norway on different health domains: general health, physical activity, food and nutrition, and social life.

This diversity of evaluations of the impact on health of moving to Norway also comes out in the interviews. Among the aspects that mostly contributed to the evaluation of moving as a positive factor for health, we found the greater simplicity of life, and the lower level of stress and number of worries. This is explained well in the following quotes:

> There is a simplicity of life in every aspect. Everything is simplified. Starting from bureaucracy to private transactions. This leaves a lot of free time. Free from stress. (Man, 38 years)

> Life in Norway is a safe life, peaceful and stress free. Life has a different rhythm. There aren't the problems that there are in Italy, economic problems. (Woman, 49 years)

Among negative aspects, several respondents talked about the impact that moving had on mental health, because of the difficulties establishing a significant social network. For example, an informant said:

> After early enthusiasm, problems arrived. Isolation was the most difficult thing overall, due to the language … language was a big obstacle. You feel you are not autonomous anymore, when you look for information, when you try to understand how the system works, it takes not a little effort. (Woman, 49 years)

Again, from the interviews it emerges that this difficulty in establishing meaningful relationships is also pointed out by those interviewed who have lived in Norway for many years, so it cannot be seen as simple or a temporary phenomenon linked to the early moving period.

> I'm physically fine … I'm not overweight, I train a bit … psychologically is a different matter. (Man, 35 years)

Trust in the health system

The survey also included some questions about the level of trust in the Norwegian health system, including doctors and healthcare personnel (Figure 4). The findings suggest that the level of trust varies considerably among the respondents. For example, on a scale of 1–10 (where 10 represents the highest level of trust), almost one-third (27%) of the respondents reported a value <5 and an additional 34% reported values slightly higher (5 or 6). On the other hand, 38% of respondents reported fairly high levels of trust (7 or above). The questionnaire also asked whether medical examinations (general and specialist) were undertaken in Norway or Italy in the past 12 months. The data show that, among those who had had examinations by the general practitioner, 12% had them in Italy. Among those who had a specialist examination (i.e. gynaecologist, dentist, etc.) the percentage who had this examination in Italy is even larger (25%).

In the questionnaire we also asked for an evaluation of how easy or difficult it was to actively participate in communications with medical staff, asking questions and following up on issues relative to one's own health (Figure 4). The results show a clear division in the sample, with about half the respondents (53%) reporting a perception that the communication was difficult or extremely difficult, whereas the other half (47%) perceived it as easy or very easy.

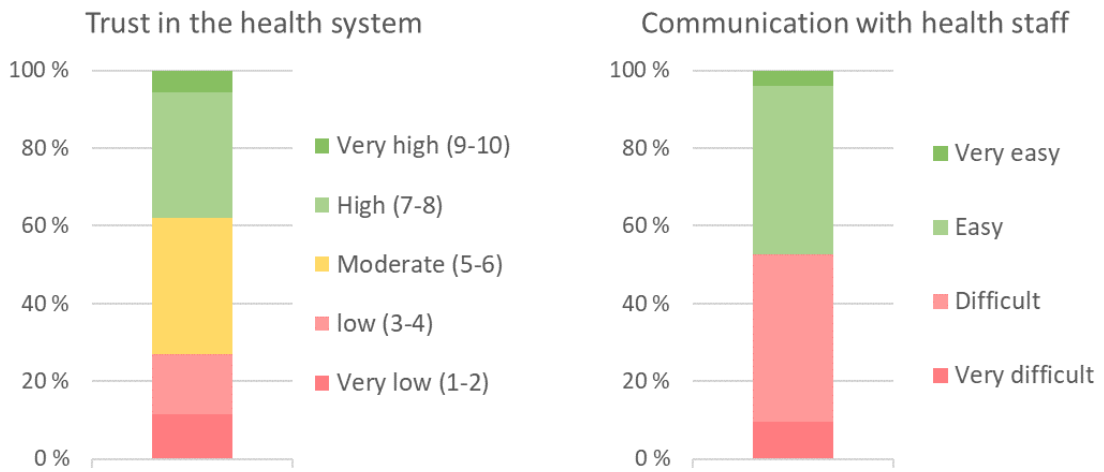

Figure 4 Left: general trust in the Norwegian health system, including doctors and healthcare staff. Right: active participate in the communication with medical staff, asking questions and following up on issues relative to one's own health.

The relationship with the healthcare system has been developed in detail in the qualitative interviews. Almost all the respondents had had contact with the healthcare system in Norway, with both general practitioners and specialists. Experiences and opinions were quite variable: they included a perception that medical personnel may lack of experience of more complex health problems, given the low number of cases in Norway. Others missed the 'Italian family doctor', who was viewed as having a more personal relationship with his patients.

> Maybe because I'm Italian, but here the pap test is done by the general practitioner and you can't see a gynaecologist. Therefore, if there is any problem and I want a specialist examination I go to Italy. For the specialist examination there is a waiting list anyway and, rather than going privately here, I go in Italy. (Woman, 49 years)

Nutrition and food culture

Food habits have a very important impact on our health. Indeed, it is considered that many illnesses could be prevented with a healthy diet. Despite food habits all over the world being greatly different, there is a consensus about nutritional recommendations worldwide: these include having a varied diet, eating at least five portions of fruit and vegetables a day, eating more fish and reducing meat consumption, choosing whole-wheat products rather than refined ones, reducing consumption of salt and sugar, and preferring 'healthy' fats (such as olive oil).[13] The 'Mediterranean diet' is considered by many experts to be an excellent example of a healthy diet, as it tends to be largely in line with the principles mentioned above.

So how were the food habits of our respondents?

Table 2 shows the frequency of consumption of some selected foods and beverages, whereas Figure 5 shows the percentage of respondents who eat food and drink beverages according to the Norwegian Directorate of Health's recommendations.[14]

Based on our data, it is possible to assert that the respondents' nutritional habits are in general quite healthy, particularly with regard to the low consumption of processed food, sweetened drinks, snacks and red meat. Consumption of cured meats, such as ham and dry sausages, is relatively low (16%), whereas consumption of sweets seems to be high (24% eat sweets every day). About 80% of the respondents declared to eat fish once or more a week. Respondents seem instead to have difficulties following the recommendations about fruit and vegetable consumption. In fact, 42% and 37%, respectively, eat an inadequate quantity of fruit and vegetables (which means that they do not eat fruit and vegetables *every day*, one or more times a day). However, these percentages are very similar to the national Norwegian average (46% and 45%, respectively, do not eat fruit and vegetables every day).[15]

With regard to alcohol consumption (wine, beer and other alcoholic drinks), based on the available data, it is difficult to estimate whether or not consumption is in line with the recommendations. In fact, the recommendations allow, within certain limits, a daily consumption of <10 g for women and <20 g for men (as an example, a glass of red wine contains about 12 g of alcohol). In general, however, it seems that, in the sample, alcohol consumption was limited, considering that the great majority did not drink alcohol every day.

Table 2 Consumption of food and drink

Foods and drinks	Never or rarely (%)	1–3 times a month (%)	1–3 times a week (%)	4–6 times a week (%)	Once a day (%)	Twice a day (%)	3+ times a day (%)
Vegetables	1	3	15	18	25	33	5
Fruit	1	7	20	14	27	24	8
Pasta, bread, etc.	2	3	21	18	27	22	7
Fish	6	13	66	13	3	1	0
Sweets	8	16	38	15	17	6	1
Salted snacks	24	41	31	3	1	0	0
Cured meats	18	32	34	10	5	0	0
Red meat	16	33	46	5	1	0	0
Ready-made food	47	36	15	1	1	0	0
Supplements	36	10	10	8	33	3	1
Juices	29	28	20	9	13	1	0
Sugary drinks	60	28	10	1	0	0	0
Sugar-free drinks	72	16	8	2	2	1	0
Wine	25	40	30	3	3	0	0
Beer	26	40	30	4	1	0	0
Other alcoholic drinks	61	31	8	0	0	0	0

Note: frequency of consumption of food and drink considered as not meeting the recommendations outlined by the Norwegian Directorate of Health are highlighted in yellow.

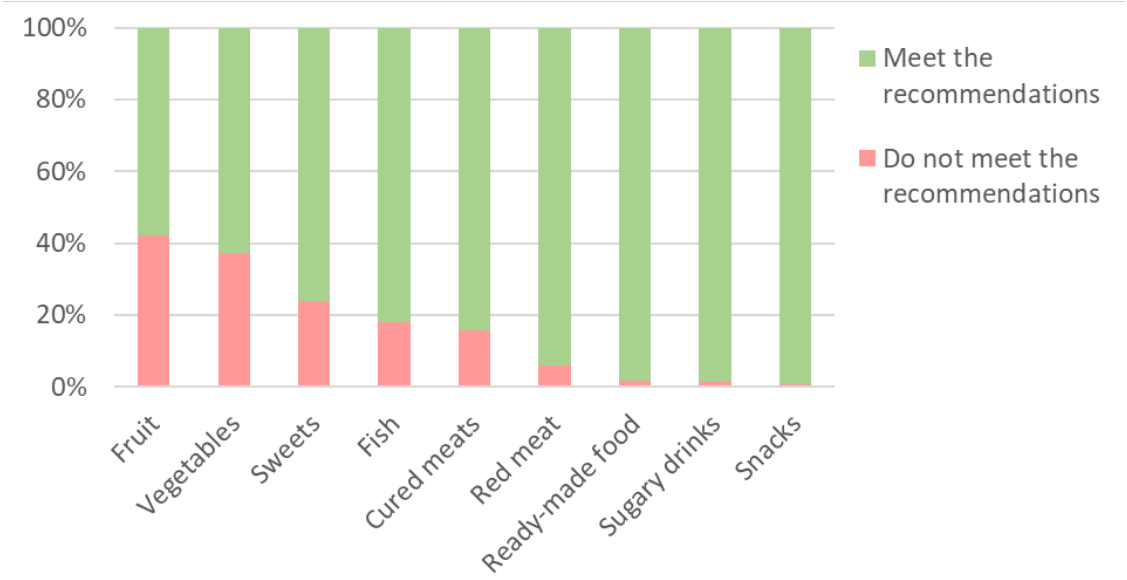

Figure 5 Percentage of respondents consuming certain foods and drinks in line and not in line with the Norwegian Directorate of Health's recommendations.

The interviews provide several useful elements to understand the food habits of Italians in Norway. The low consumption of fruit and vegetables can be partly explained by a perception of higher prices and lower variety and quantity available in shops, as mentioned by many of those interviewed. With regard to daily consumption of sweets, it is important to underline how, for many, breakfast remains (as typical in Italy) a sweet meal, with consumption of bread and jam or biscuits. Consumption of ham and Italian sausages, although within the recommended limits, is an element emerging in almost all the qualitative interviews. This can be explained by the fact that ham and salami are often part of the 'luggage' of Italians coming back to Norway after staying in Italy:

> We travel down with matryoshka bags. One is then filled with food. There are always sausages, bought at the butcher and kept in a vacuum. Mortadella, ham, salami. Salami for sure. (Woman, 49 years)

It emerges from the qualitative interviews that respondents tend to combine the two food traditions: making a larger use of fish and whole-wheat products is something that has become more common after moving to Norway, although Italian habits such as not eating ready-made food and using olive oil are still common. An element of acculturation of the diet appears to be evident from the tendency of simplifying meals, mainly switching to a 'one-course meal', but made using food from the Italian tradition.

> We switched to a one-course meal. We do not eat first course, second course and side dish. It's not like in Italian culture. Everything is in a main dish, maybe with two or three sides. But it is all placed together. (Woman, 45 years)

When asked whether following a healthy diet is easier in Italy or Norway, some of those interviewed emphasized that better quality Italian food makes a healthy diet easier, as explained in this quote:

> In Italy … you have a wider choice, more attention to food so I think it's easier … also taste is important, like tomatoes: when they are tasty, you don't need to flavour them with too many sauces, it's easier. (Woman, 39 years)

It is, however, interesting to point out that some indicated that a healthy diet is actually easier in Norway due to the lack of 'temptations'. There are no 'sliced pizzas' or other tasty treats as in Italian shops:

> In Norway you chose what you find; there are far fewer temptations here. Especially, for stuff like mozzarella, ham. They are so expensive that you think: forget it. (Man, 32 years)

The interviews indicated also that there is some criticism and scepticism, especially concerning children's diets. The lack of a meal at school and being forced to feed them every day with 'matpakke' (the 'lunch box') are seen by most as a big limitation to a healthy and balanced diet. In addition, the habit of letting kids having free access to sweets during the weekend or the uncontrolled consumption of sweets on the occasions of special events such as birthdays or parties is viewed negatively. From this point of view, the Italians interviewed seem to value more positively having a 'moderate freedom', eating more frequently but in smaller amounts sweet treats and, for adults, a glass of wine during the week.

> For example, what I find absurd is that they are sugar phobic. When there are instead so many products with a lot of sugar inside. Like their beloved 'leverpostai'. I think that in Italy we eat too much, but healthier, not ready-made food. I think about lunch, the 'pålegg'. So many have a lunch based on 'pålegg', which is full of preservatives. (Woman, 49 years)[2]

> I find this thing of the school cafeteria and, particularly, the very small time spent for lunch break very limiting. I find it extremely limiting. (Woman, 45 years)

[2] 'Leverpostai' is a paste based on leaver, often used as a spread on bread; 'Pålegg' is a general term referring to any food used as spread or anyway eaten on top of a slice of bread (e.g., chees, cured meat, fish in can, etc.).

Physical activity and the relationship with nature

From the point of view of health promotion, the expression *physical activity* referred not only to situations of structured physical exercise (for example, when we exercise at the gym or play a sport), but also to any bodily movement that leads, for at least 10 consecutive minutes, to an increase in energy expenditure. To simplify, we can say that this condition is characterized by faster breathing, slightly accelerated heart rate and/or a warm sensation, and includes, for example, walking or doing house-chores. According to the recommendations of the World Health Organization (WHO), in order to improve and/or maintain good psycho-physical health, adults and elderly should engage in physical activity of light- or moderate-intensity for at least 150 minutes a week (the overall amount can be less with increasing intensity of physical activity, such as running). It should be noted that this cut-off refers to aerobic physical activity, i.e. walking, cycling, playing, etc. Besides this, the WHO recommends to perform regularly exercise aimed at increasing muscular strength and flexibility. At the same time, it is recommended to avoid, as much as possible, spending extended periods of time in inactivity or sedentary behaviours, for example sitting to work or study or watching TV.[16]

In this perspective, The respondents in our survey seem to be rather active, with most of them (62%) meeting the WHO's recommendations for aerobic physical activity (Figure 6). However, compared with the WHO's figures, the physical activity levels in our sample look lower than the Norwegian national average (69% of Norwegian adults record adequate physical activity levels), yet slightly higher than the Italian national average (59% of Italian adults record adequate physical activity levels). The results on sedentary time in our sample are more alarming: 70% declare sitting for 6 hours or more per day (Figure 6). These findings also show higher (although slightly) sedentary ratings of our sample compared with the Norwegian average.[17]

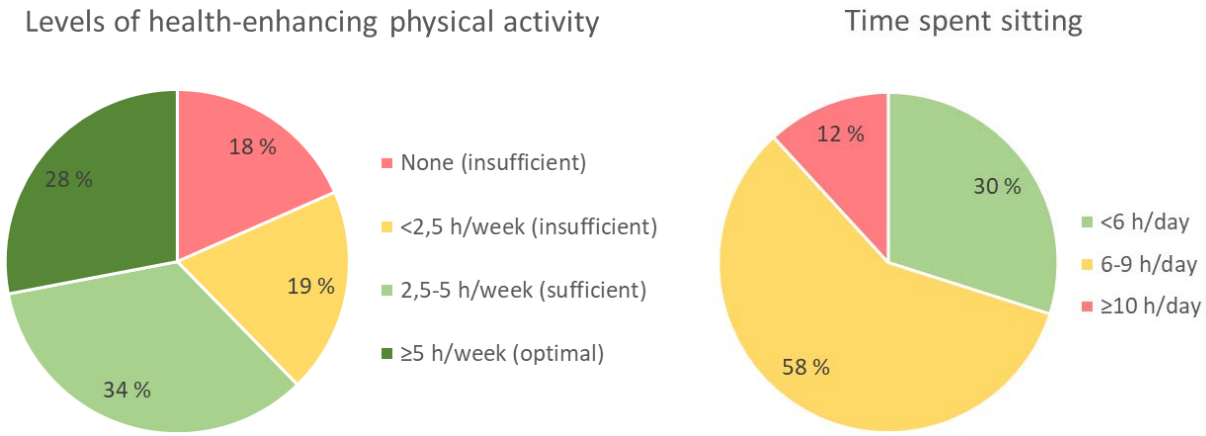

Figure 6 Left: amount of weekly physical activity in relation to the WHO's recommendations. Right: time spent sitting during a regular day.

Looking at the specific forms of physical activity (Figure 7), we see that so-called *active transport* (for example, walking or biking to get to a destination) was the most popular activity among our respondents. This was closely followed by physical activity in natural environments (for example, walking or jogging in a park or forest), an activity also known as *green exercise.*[18] Exercising at the gym came in the third place. This distribution somehow differs from the statistics for the Norwegian population, for whom green exercise is in first place, followed (at a certain distance) by exercise at the gym and active transport.[19] For what concerns skiing, a typical Norwegian activity, 37% of respondents seem to practise it sometimes or with a certain regularity (Figure 8). This percentage is in line with the Norwegian national average[3]. It is interesting to see how both skiing and green exercise have been practised by the participants somewhat more at the time of responding to the survey than in their childhood. This suggests that living in Norway may have positively influenced the practice of these activities positively (Figure 8).

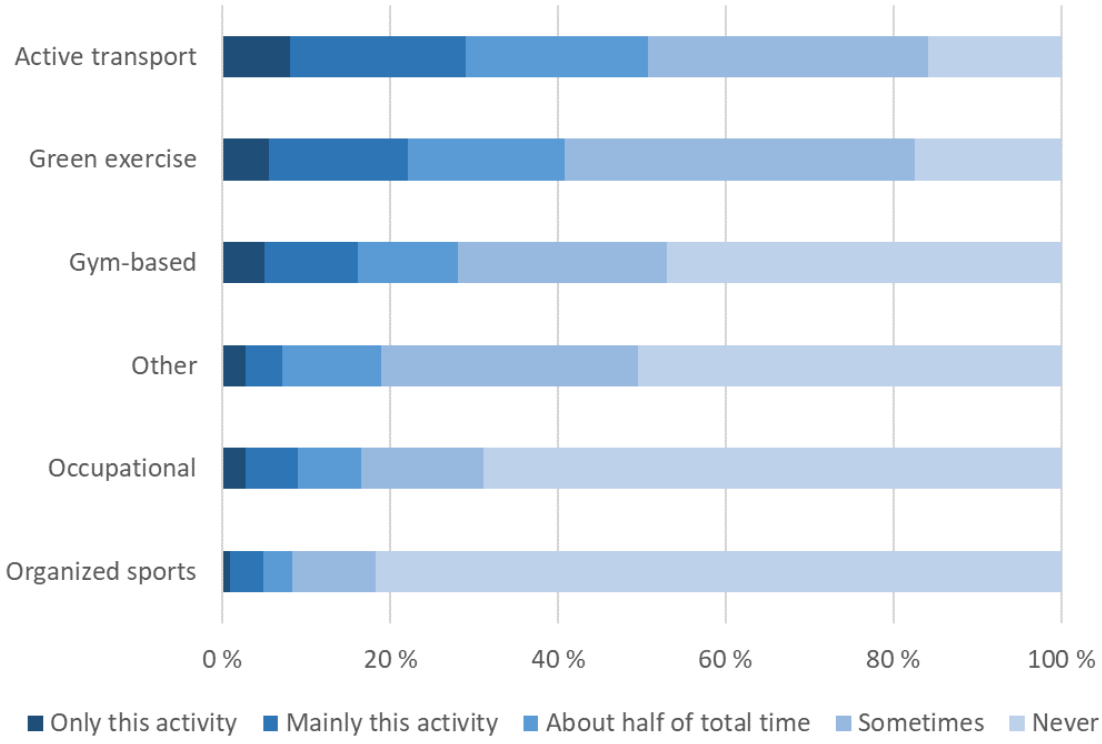

Figure 7. Type of physical activity, expressed in relation to the total weekly amount. Note: people who declared not engaging in any physical activity during a regular week (see Figure 6) are included within the option 'None'.
Note: *Active transport* = getting to a destination through non-motorized means of transportation. *Green exercise* = any physical activity in presence of nature. *Gym-based* = exercising in gyms of fitness centres. *Occupational* = physical activity related to work occupations. *Organized sports* = playing team or individual sports such as football, volleyball, athletics etc.

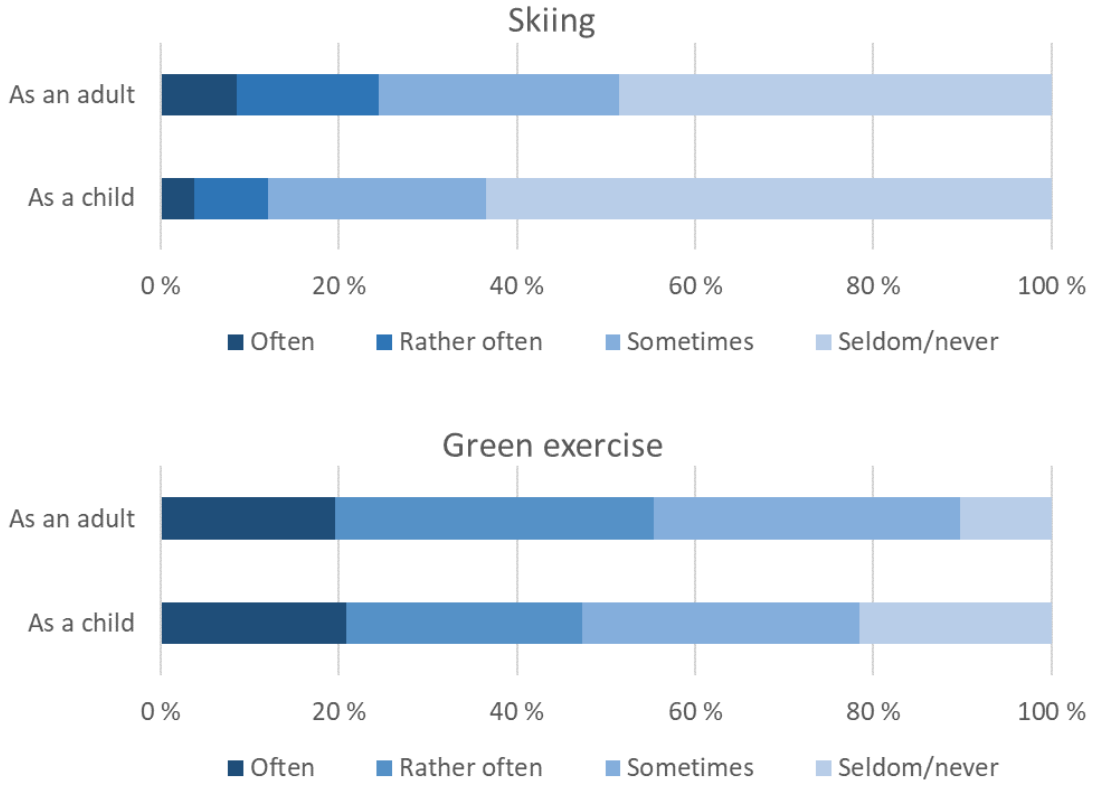

Figure 8 Skiing (above) and green exercise (below) at the time of the survey compared with childhood.

Green exercise is very popular in Norway: a 2012 survey showed that about 60% of the adult population engaged in this activity during a regular week.[21] This aspect was studied in depth during the interviews. Many have underlined how being close to nature is a positive experience:

> Here the nature is so close that it is impossible not to feel it. You just need to step out the door and you are in the middle of nature. [Would you say this contributes to your health?] Yes a lot, I would say a lot, I speak for myself, very much to me it contributes a lot. The view of this beautiful nature relaxes me, it helps my well-being a lot. (Woman, 49 years)

The relationship with nature is, anyway, filtered through Italian eyes, as explained in these quotes:

> We try to spend as much time as possible outdoors, with the limit of my 'italianness' … Sleeping in a tent in winter, I wouldn't do it. Especially if it's super cold – like around -15 [!!] – you can forget it …. (Woman, 39 years)

> I like cross-country skiing and going in the wood, but my wife has had an overdose of nature and mountains. I have the impression that here things are done because they *must* be done. On Sundays, you *must* go skiing. I like to go for a walk but it must not be too much. It has to be for the pleasure of doing it and not because someone impose you to do it. (Man, 39 years)

Identity and social networks

Social contacts

The frequency and quality of interpersonal relationships are very important for maintaining a good psycho-physical health. A good social network can give not only psychological support but also practical support in situations linked to health. In our survey, there were some questions focused on aspects related to the respondents' social life, in particular with respect to composition of their family nucleus and frequency of contacts with family and friends.

As shown in Figure 9, most (57%) of respondents declared that they moved to Norway on their own and 27% with their partner, whereas 12% joined a relative or partner. The large majority (81%) live with someone; 69% live with the partner (with or without children), whereas 37% live with children. The percentage of those living alone is 19%.

Contacts with native Italian families seem to be quite frequent: 88% declared having some contact at least once a week (Figure 10). Less frequent were the contacts with people considered to be 'good friends', with whom 54% of respondents declared having weekly contact.

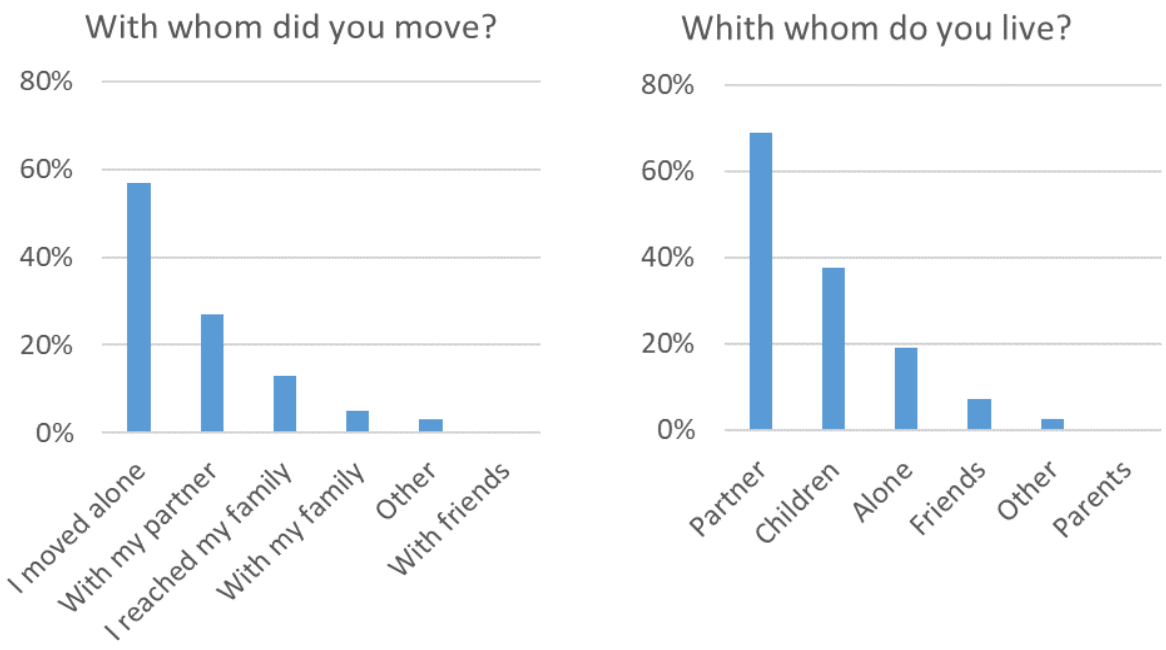

Figure 9 Left: people with whom the respondent moved to Norway. Right: people with whom the respondent lives. Note: respondents could select more than one option.

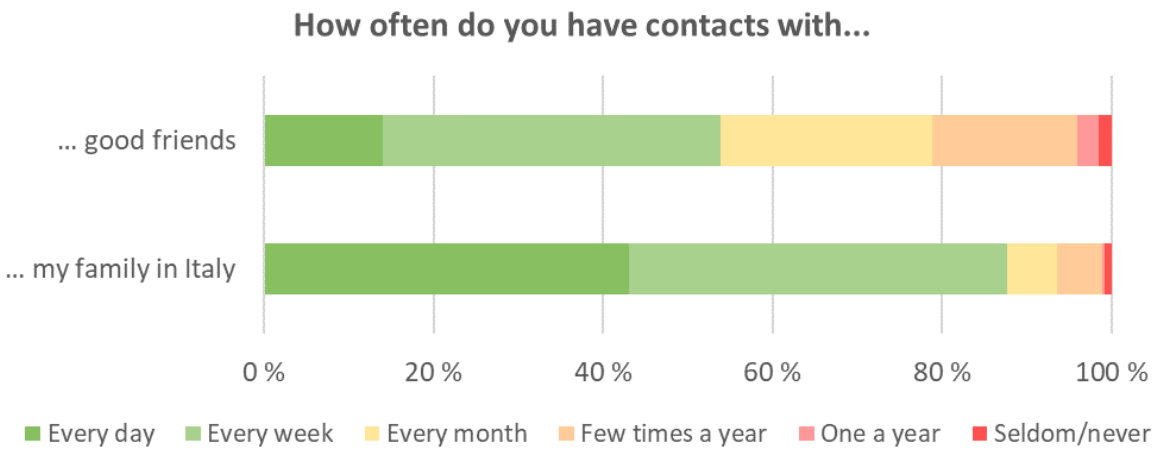

Figure 10 Frequency of contact with family and friends.

Social relationships came out as a very important topic during qualitative interviews. Also, among those who have lived in Norway for many years, social relationships are considered problematic. Some of the people who live outside Oslo or other big cities declared that they live an isolated life and do not have many contacts outside their working environment:

> You can't build a relationship outside at evening/night, after work. The ones I worked with always had something to do, never available … if you want to do something you must send them a stamped request, take an official appointment. (Man, 39 years)

Others showed the difficulty in interpreting social codes of the new country of residence:

> At the beginning, I tried to take initiatives with school class parents, inviting them for dinner. But maybe because I ended up in quite a snobbish environment … I still haven't learned how to make a Norwegian friend. (Woman, 50 years)

For some, on the other hand, relationships with Norwegian are not so important in themselves. This is mostly the case for people integrated in an international community, who work and spend free time with people of several nationalities.

Relationships with other Italians in Norway

Many of the respondends declared to have friends of Italian origin (Figure 11): 27% declare having only or mainly friends of Italian origin and the percentage reaches 47% if we count those who declare that half their friends are Italian.

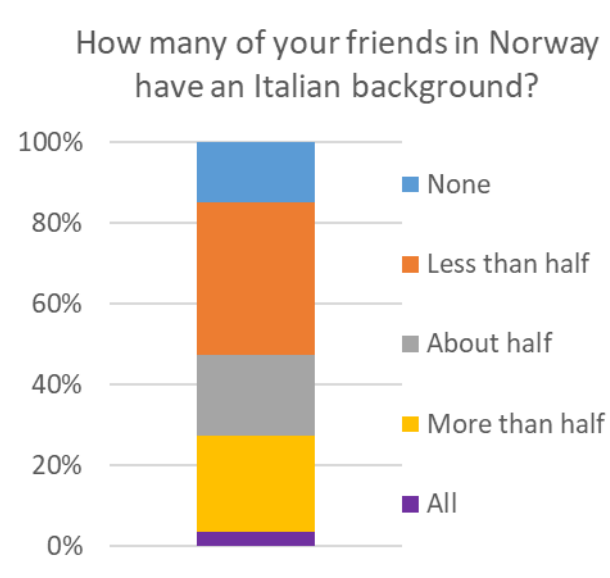

Figure 11 Friendships with other Italians living in Norway.

In the interviews, we delved deeper into the topic of networks within the Italian community in Norway. In the opinion of some of those interviewed, the notion of an 'Italian community' is interpreted in quite a broad way: some included organized groups such as the COMITES, Italian Institute of Culture or catholic community, whereas others refer more generally to other Italians who live in Norway. The interviews suggest the existence of networks of relatively stable relationships among Italians. In some cases, the 'Italian community' is seen as an important resource, mostly at the beginning:

> Italian community represented a great landmark; Italians I met and I made friends with in the first times were a big help … feeling that the other has lived with the same difficulties makes you feel less lonely. (Woman, 39 years)

In other cases, there is a certain ambivalence about wanting to create relationships with other Italians:

> I never felt the need … I was even invited … but I never felt the need. I also have the impression that Italians … there are exceptions of course … tend to complain of being forced here and after a while I didn't want to be in a listening group of complaints. (Man, 50 years)

Working life

If social relationships represent a 'sore spot' of life in Norway, a remarkably large part of the sample (89%) declared being satisfied with their working situation (Figure 12). However, there is still a considerable percentage (11%) of respondents who declared being under-occupied, perceiving their working position as inadequate than what would be normally expected compared with their level of education or professional training.

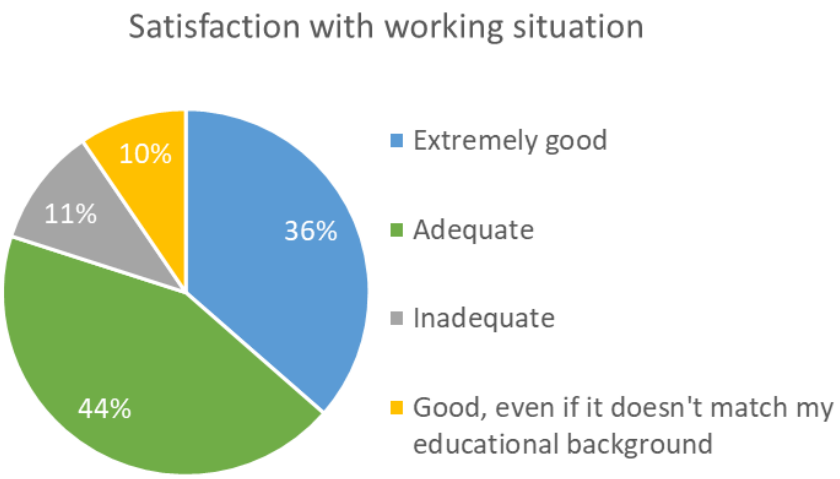

Figure 12 Satisfaction with the work situation.

From the interviews it emerged that among the positive aspects of the work situation, in addition to a good salary, a more 'easy-going' relationships with employers and the greater facility for balancing work and family life are perceived as important elements:

> Work is much quieter here than in Italy, even the relationship with the employer is easier. It is not a relationship with 'the boss' – there are many positive aspects, like the working hours, the salary is surely better than in Italy. The jobs I did in Italy: there is more stress and they pay much less. I wouldn't go back working in Italy. (Man, 50 years)

However, also some negative reflections emerged, as exemplified in the following case:

> Anyway, in Norway, you feel you are a 'second class' worker. The Norwegian system is in theory very fair about dismissal, but then I wonder why when some organization re-structuring occurs, the foreigners are the ones being cut-out. Even if you know the language it is always more difficult. You can learn Norwegian, learn to eat at 11am, going to the 'Hytte', but at the end they always put a wall between you and them. (Man, 58 years)

Immigrant, Italian resident in Norway, or citizen of the world?

The results of the survey reveal, generally, a diffused sense of 'italianness'. As shown in Figure 13 (left), a very substantial percentage of the sample declared feeling 'always' or 'mainly' Italian (87% in total). Only 2% declared feeling both Italian and Norwegian equally, although less than 1% declared feeling 'mainly Norwegian'. Some of the respondents commented to this question, explaining that neither 'Italian' nor 'Norwegian' well expressed their identity, while they rather identified with their *region* of origin in Italy or felt more like "citizen of the world".

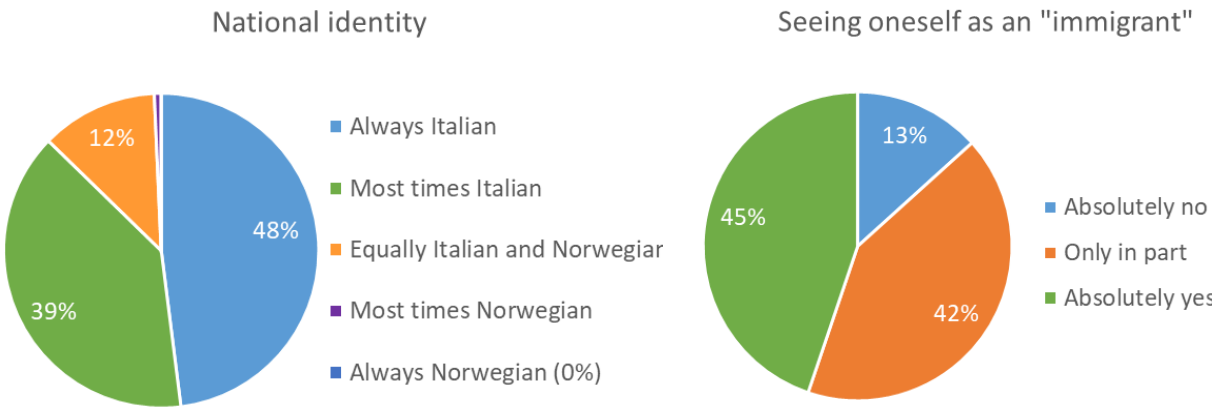

Figure 13 Left: national identity. Right: seeing oneself as an 'immigrant'.

This topic of identity also came out of the interviews, presenting quite a complex picture of how identity is transformed over the years:

> I lived 25 years in Italy and 25 years in Norway. Let's say half and half. Anyway I feel more Norwegian than Italian. I have changed a lot and moreover many years have passed. (Man, 50 years)

An interviewee referred to the fact that she tended to 'act' as a Norwegian when she was in Italy and as an Italian when she was in Norway:

> In Norway I tend to be more Italian and more Norwegian in Italy …. [What do you mean?] That my identity is strictly linked to Italy and so I try to be more Italian than what I would be. So I invite friends for dinner and prepare an Italian supper. Or watching the movies … some stuff that I wouldn't be interested in if I lived in Italy. It would be natural. It's a part of me and I would like it to be evident, to play a bit with it. The same in Italy …. [What do you do as a Norwegian?] I play the mystic … like being more sporty, always wearing sporty clothes … never a lot of make-up. Being a bit of a mountaineer. (Woman, 39 years)

This duality is well exemplified also in this other quote:

> Here in Norway I don't feel Norwegian, because I am not, even if I like living here. Here I feel I am an Italian but I don't like Italy. And when I go to Italy I realize I am different. (Man, 62 years)

As shown in Figure 13 (right), a large part of the sample (87%) declared an identification, completely or at least partially, with the word 'immigrant'. The interviews allowed to go into greater depth with this definition and the extent to which interviewees related to it. Some of the interviewees tended to see a negative meaning in the word 'immigrant', associating it with a person who *needed* to move, as explained in the following quote:

> In my opinion, the word immigrant is a bad word, it makes me think of someone who has to move from a country because of a war. I didn't move from a country because of a war and neither did I come here for the need to find a job. They just sent me here, that's it …. But I'm a foreigner, I'm not a Norwegian. (Man, 39 years)

How do you see the future?

With regard to future plans related to where to live (Figure 14), the sample seemed to split relatively homogeneously across the options 'move back to Italy in elder age' (32%), 'stay in Norway for the rest of my life' (22%), 'moving to another country' (20%), and 'I have no idea' (21%). The only option that was less represented (5%) was 'getting back to Italy relatively soon'.

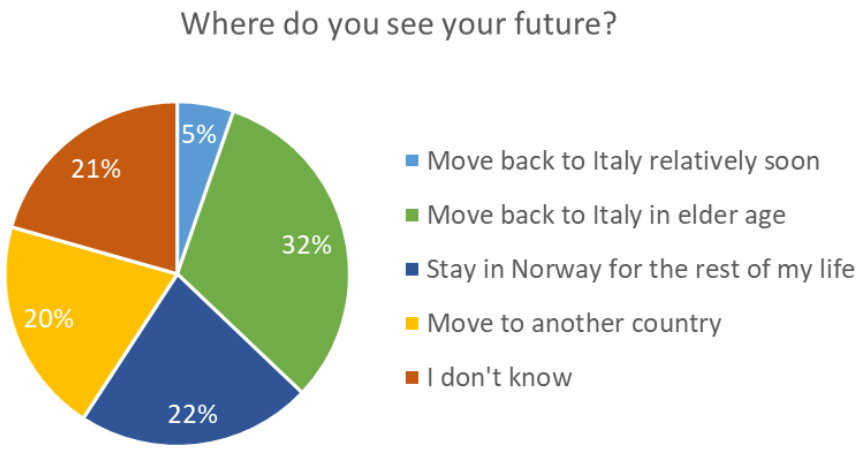

Figure 14. Where one sees one's own future.

These different options also emerged in the interviews. In some cases, it was clear how a vision of the future could be influenced by several aspects of personal life, such as work or children:

> I didn't buy a house in Norway, so I don't' really feel …. not having a relationship, not having a family, I don't know if something will change; I cannot exclude it, but in this current situation I would like to get closer to my nephews, I have different priorities, but at the moment I'm fine here, I like it. (Woman, 34 years)

Conclusions

The aim of this project was to conduct a pilot investigation among Italians living in Norway to gain more knowledge about their health and health-related lifestyles. The research was conducted through both an electronic survey and qualitative interviews.

It is important to specify that this study has a number of limitations, especially the fact that the sample does not fully reflect the Italian population in Norway. The proportion of women and people with a high level of education in our sample is, in fact, larger than what is reported by official sources (i.e., AIRE and Statistics Norway). This is important to take into account when interpreting the results, because previous studies indicate that women and people with a high level of education tend to have healthier lifestyles compared with men and people with lower educational levels. Nevertheless, the findings of this survey can provide a first insight into this under-researched topic.

On the basis of our study's results, it emerges that the self-perceived health of Italians in Norway is generally good, compared with both the health of Norwegians and that of other immigrant groups. The Italians in Norway appear to be quite physically active. Interestingly, it seems that the participants in our study perceive that Norway offers better opportunities for exercising outdoors, as well as using active forms of transportation, such as walking or cycling to/from work. The results also show that the Italians have fairly healthy nutritional habits. However, with respect to this topic, we did observe some challenges, mainly concerning the consumption of the recommended amounts of fruit and vegetables. It also emerges that the quality and frequency of interpersonal relationships is often judged as unsatisfactory. For many people, moving to Norway meant a worsening of their social life, for example, many respondents do not have weekly contact with good friends. Moreover, the Italians' relationship with the health system is worthy of further attention, more specifically with regard to the fact that a large portion of the respondents reported a low level of trust in the Norwegian health system, as well as difficulties in communicating with medical personnel in Norway.

This is the first study to shed light on the health of Italians living in Norway and, to the best of our knowledge, other nations in Europe. The present study is important for several reasons: the results provide a starting point for better understanding of this phenomenon and they lay the foundation for planning future, more comprehensive and systematic, studies. A further aspect is the additional knowledge on the phenomenon of Italian migration, which seems to have been overlooked in the Norwegian context. Last, the results of the present study could inspire initiatives that aim at tackling some of the challenges encountered by the Italian community in Norway. In this regard, we especially encourage initiatives that can help Italians hot to understand and navigate the Norwegian health system, as well as initiatives that encourage aggregation and sociality.

Acknowledgements

We thank COMITES Oslo, which was the catalyst for this project as well an important partner in its implementation. Not only it represented the arena that inspired the study and curbed an open discussion with the Italian community, it also offered economic and administrative support for the development of the survey and the interviews.

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