



# The ambiguity of ethnicity as risk factor of vitamin D deficiency – A case study of Danish vitamin D policy documents

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## ABSTRACT

**Objectives:** To explore how ethnic minorities at risk of vitamin D deficiency are constructed in Danish policy documents (current as of April 2009), regarding vitamin D supplementation.

**Methods:** Ten policy documents were analysed through content analysis, focusing on definitions and explanations of ethnic minorities being at risk of vitamin D deficiency. This formed the basis for an analysis of constructions of ethnic minorities at risk which was undertaken using the Social Construction of Technology (SCOT) theory as an organising framework.

**Results:** The analysis showed a high degree of interpretative flexibility regarding how ethnic minorities are constructed as a risk group for vitamin D deficiency. The ten documents analysed revealed eight different constructions of the ethnic minorities groups at risk. A low degree of interpretative flexibility was found regarding the importance of skin colour and skin covering. Major disagreements were found regarding the importance attributed to the Islamic religion, other traditions, immigration, gender and age, and use of an evolutionary explanation for the increased risk.

**Conclusions:** Ethnic minorities at risk of vitamin D deficiency are constructed very differently in Danish policies current as of April 2009. A more precise definition of ethnic minorities in policies and research may be helpful in seeking to identify which ethnic minorities are and are not at risk of vitamin D deficiency.

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## 1. Introduction

It is well known that vitamin D deficiency is associated with a wide range of diseases including osteoporosis, other skeletal disruptive diseases, cancers, cardiovascular diseases, autoimmune diseases, and schizophrenia [1]. Prescribing vitamin D supplements for people with low vitamin D levels are therefore expected to benefit health in various ways.

Some population groups are thought to be more susceptible to vitamin D deficiency than others, for example, certain ethnic minority groups. Studies conducted in Denmark have identified that 'Pakistani immigrants and descendants', 'veiled Arab women', 'immigrants' and 'immigrant children born in Denmark' can have severely low vitamin D status [2–6]. Similar findings have been reported in studies from neighbouring countries. For example, a high prevalence of vitamin D deficiency was observed in Norway among 'immigrants born in Turkey, Sri Lanka, Iran, Pakistan, and Vietnam' and in Germany among 'immigrant children with Turkish and Arab-Islamic background' [7,8]. What is apparent in much of this research, however, is that the factors associated with increased risk of

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vitamin D deficiency vary a great deal among those ethnic minority groups. For example, the risk factors which are referred to include a variety of aspects such as immigrant status, country of birth, country of origin, region of origin, clothing, and religion [2–8]. Based on epidemiological studies, it is therefore not possible to define the factors or specific ethnic minorities that are assumed to be associated with an increased risk of vitamin D deficiency. Due to the unclear definitions of who the ethnic minorities are, it is difficult to clearly specify which ethnic minorities should be recommended to take supplements.

As we argue in this paper, these definitions can also be unclear in policy papers. We argue that this can make it difficult if not impossible for decision makers and health professionals to identify those in need of treatment and prevention. More precise definitions are therefore needed in policy papers in order for health professionals to recommend supplements to those ethnic minority people who are, in fact, at risk.

The objective of this article is to analyse Danish policy documents regarding vitamin D supplementation in order to explore how ethnic minorities are defined as being at risk of vitamin D deficiency. The article focuses on documents which were current as of April 2009.

## 2. Materials and methods

The study is based on a content analysis of Danish policy documents (guidelines and background papers) current as of April 2009, regarding vitamin D supplements.

### 2.1. Theoretical background

A social constructivist perspective was chosen to analyse the vitamin D guidelines. From this perspective, it is assumed that individuals understand reality in different ways, and that social problems are not viewed as either neutral or objective but rather as 'interpretations of conditions that have been subjectively defined as problematic and, as such, demand some type of ameliorative action' [9]. Hence, the social constructivist perspective provides a framework for understanding different perspectives with regard to the same issue.

#### 2.1.1. Social Construction of Technology theory

One framework for analysing policies through the lens of social constructivism is the adoption of the Social Construction of Technology (SCOT) theory. The underlying idea is that development of technologies is influenced by different groups of people; in SCOT they are referred to as 'relevant social groups'. These groups may share or contest meanings and notions of the particular technology and

**Table 1**  
Search strategy.

	Type of institutions	Specific institutions
Primary search	Boards/administrations	Veterinary and Food Administration ( <a href="http://www.fvm.dk">www.fvm.dk</a> ) National Board of Health ( <a href="http://www.sst.dk">www.sst.dk</a> )
	Ministries	Ministry of Food, Agriculture and Fisheries ( <a href="http://www.fvst.dk">www.fvst.dk</a> ) Ministry of Health and Promotion ( <a href="http://www.sum.dk">www.sum.dk</a> )
	Regional authorities	North Denmark Region ( <a href="http://www.rm.dk">www.rm.dk</a> ) Central Denmark Region ( <a href="http://www.rm.dk">www.rm.dk</a> ) Region of Southern Denmark ( <a href="http://www.regionsyddanmark.dk">www.regionsyddanmark.dk</a> ) Zealand Region ( <a href="http://www.regionsjaelland.dk">www.regionsjaelland.dk</a> ) Capital Region of Denmark ( <a href="http://www.regionh.dk">www.regionh.dk</a> ) Danish Regions (interest organisation for the five regions) ( <a href="http://www.regioner.dk">www.regioner.dk</a> )
	Local authorities	Local Government Denmark (interest group and member authority of Danish municipalities) ( <a href="http://www.kl.dk">www.kl.dk</a> ) The Danish Healthy Cities Network ( <a href="http://www.sund-by-net.dk">www.sund-by-net.dk</a> )
Secondary search	Other sources	Association of Danish Pharmacies ( <a href="http://www.apotekerforeningen.dk">www.apotekerforeningen.dk</a> ) and webpage for members) Danish Medical Association ( <a href="http://www.laeger.dk">www.laeger.dk</a> ) Danish Nurses' Association ( <a href="http://www.dsr.dk">www.dsr.dk</a> ) The Danish Association of Clinical Dieticians ( <a href="http://www.diaetist.dk">www.diaetist.dk</a> ) <a href="http://www.sundhed.dk">www.sundhed.dk</a> (the official Danish e-health portal for the public Danish healthcare services) ( <a href="http://www.sundhed.dk">www.sundhed.dk</a> ) Broad search ( <a href="http://www.google.dk">www.google.dk</a> ) Inquiry among private acquaintances among ethnic minorities

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