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Experience report

Development of educational materials for complementary feeding in migrant families: an experience report

Desenvolvimento de materiais educativos para introdução alimentar em famílias migrantes: relato de experiência

Desarrollo de materiales educativos para la alimentación complementaria en familias migrantes: relato de experiencia

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Resumo

Objective: To report the experience of developing culturally sensitive educational materials for complementary feeding of infants aged six to nine months in migrant families, in primary health care. **Methods:** An experience report of a technological innovation, with a qualitative and descriptive approach guided by the Standards for Reporting Qualitative Research (SRQR) principles from the EQUATOR Network, developed during a primary health care internship. The experience followed four successive stages: a narrative literature review, comparative analysis of international feeding recommendations, direct observation and informal interactions with migrant families, and qualitative synthesis of the communication needs identified, which guided the creation of visual and multilingual educational materials. **Results:** Language barriers, cultural differences in feeding practices, and the absence of simple visual materials were identified. Food cards, texture guides, safety recommendations, and multilingual glossaries were developed; these were perceived by professionals and families as facilitators of communication, although no formal effectiveness evaluation was conducted. **Conclusion:** The development of culturally adapted educational materials constitutes a promising strategy to strengthen communication between professionals and migrant families, with potential to support safe and appropriate feeding practices in primary health care, although future evaluation of their effectiveness is needed.

Descritores:
Alimentação Complementar. Saúde da Criança. Enfermagem Transcultural. Educação em Saúde. Atenção Primária à Saúde.

What is known?
Cultural diversity influences feeding practices and may make it difficult for migrant families to understand recommendations on complementary feeding for infants.

What does the study add?
It presents visual and multilingual educational materials perceived as facilitators of communication about complementary feeding for infants in multicultural contexts.

Abstract

Objetivo: Relatar a experiência no desenvolvimento de materiais educativos culturalmente sensíveis para a introdução alimentar de

lactentes entre os seis e os nove meses em famílias migrantes, nos cuidados de saúde primários. **Métodos:** Relato de experiência de inovação tecnológica, de abordagem qualitativa e descritiva, orientado pelos princípios do *Standards for Reporting Qualitative Research* (SRQR) da rede EQUATOR, desenvolvido durante estágio em cuidados de saúde primários. A experiência decorreu em quatro etapas sucessivas: revisão narrativa da literatura, análise comparativa de recomendações alimentares internacionais, observação direta e interações informais com famílias migrantes e síntese qualitativa das necessidades comunicacionais identificadas, que orientaram a criação de materiais educativos visuais e multilíngues. **Resultados:** Foram identificadas barreiras linguísticas, diferenças culturais nas práticas alimentares e a ausência de materiais visuais simples. Foram desenvolvidos cartões de alimentos, guias de texturas, orientações de segurança e glossários multilíngues, percebidos por profissionais e famílias como facilitadores da comunicação, embora sem avaliação formal da sua efetividade. **Conclusão:** A criação de materiais educativos culturalmente adaptados constitui uma estratégia promissora para fortalecer a comunicação entre os profissionais e as famílias migrantes, com potencial para apoiar práticas alimentares seguras e adequadas nos cuidados de saúde primários, embora careça de avaliação futura quanto à efetividade.
Descriptors:
Complementary Feeding. Child Health. Transcultural Nursing. Health Education. Primary Health Care.

Resumen
Objetivo: Informar sobre la experiencia en el desarrollo de materiales educativos culturalmente sensibles para la introducción de alimentos sólidos a lactantes de entre seis y nueve meses de edad en familias migrantes, dentro de la atención primaria de salud. **Métodos:** Este es un informe de experiencia de innovación tecnológica, utilizando un enfoque cualitativo y descriptivo, guiado por los principios de los *Standards for Reporting Qualitative Research* (SRQR) de la red EQUATOR, desarrollado durante una pasantía en atención primaria de salud. La experiencia se desarrolló en cuatro etapas sucesivas: una revisión narrativa de la literatura, un análisis comparativo de recomendaciones dietéticas internacionales, observación directa e interacciones informales con familias migrantes, y una síntesis cualitativa de las necesidades de comunicación identificadas, que guiaron la creación de materiales educativos visuales y multilingües. **Resultados:** Se identificaron barreras lingüísticas, diferencias culturales en las prácticas de alimentación y la ausencia de materiales visuales simples. Se desarrollaron tarjetas de alimentos, guías de texturas, pautas de seguridad y glosarios multilingües, percibidos por profesionales y familias como facilitadores de la comunicación, aunque sin una evaluación formal de su efectividad. **Conclusión:** La creación de materiales educativos adaptados culturalmente constituye una estrategia prometedora para fortalecer la comunicación entre los profesionales y las familias migrantes, con el potencial de apoyar prácticas alimentarias seguras y adecuadas en la atención primaria de salud, aunque es necesaria una evaluación más exhaustiva de su eficacia.
Descriptores:
Alimentación Complementaria. Salud del Niño. Enfermería Transcultural. Educación en Salud. Atención Primaria de Salud.

INTRODUCTION

Complementary feeding between six and nine months of age is an essential stage for child growth and development, influencing nutritional status, the development of eating habits, and the prevention of nutritional deficiencies.[1,8] Despite the existence of widely disseminated international recommendations, feeding practices vary significantly across cultures, which may lead to doubts, insecurity, and difficulties with adaptation among migrant families.[2-3,9]

In primary health care, the increasing cultural diversity in Portugal has highlighted challenges in communication between healthcare professionals and families, particularly when language barriers or differences in feeding practices are present.[4,9] The literature emphasizes that the cultural competence of healthcare professionals is crucial to the quality of communication, understanding of clinical guidance, and adherence to recommendations.[5,10,13] The lack of simple, visual, and culturally adapted educational materials limits the provision of guidance on textures, permitted foods, and safety practices, especially among families with low levels of health literacy.[6,11]

This scenario highlights a concrete gap in care practice: the scarcity of simple, visual, and multilingual educational resources that support, during consultations, intercultural communication about complementary feeding and promote safe feeding practices among migrant families. Addressing this gap is particularly relevant to Nursing, a discipline that integrates care, education, and cultural mediation, and plays a central role in developing care strategies and technologies that respond to the needs of migrant families in primary health care.[7,10,13]

Thus, this study aims to report the experience of developing culturally sensitive educational materials for complementary feeding of infants aged six to nine months in migrant families in primary health care.

METHODS

This is an experience report on technological innovation, developed as part of a curricular internship in Nursing, carried out in a Primary Health Care Unit in Portugal. The experience took place during care and educational activities directed at families with children aged six to nine months, including migrant families from Brazil, Pakistan, and Portuguese-speaking African countries. To guide transparency and rigor in this report's presentation, the principles of the Standards for Reporting Qualitative Research (SRQR), recommended by the EQUATOR Network for qualitative studies, were adopted. Although this work does not constitute a formal qualitative study, the experience involved the systematic collection and analysis of qualitative information, namely direct observation, informal interactions with families, and literature review; therefore, the use of the SRQR contributed to ensuring clarity in the description of the context, procedures, and analytical process that underpinned the development of the educational materials.

The setting was a unit with high cultural diversity among its users, which allowed for direct observation of communication challenges related to complementary feeding, particularly when language barriers or differences in cultural practices existed.[4,9] Cultural competence, as a central element of Nursing care, guided the approach adopted.[5,10,13]

The experience involved families receiving care in child health consultations, without the collection of personal, clinical, or identifiable data. The interactions occurred spontaneously during the consultations, without the application of formal research instruments, characterizing a naturalistic process integrated into care practice.

The methodological process was developed throughout the curricular internship, in four successive and complementary stages. In the first stage, before the beginning of care activities, a narrative review of the national and international literature on complementary feeding, food safety, and cultural diversity was conducted, with searches in scientific databases and reference technical documents. In the second stage, a comparative analysis was conducted of the dietary guidelines in force in the countries of origin of the families receiving care, identifying the main areas of convergence and divergence in relation to Portuguese recommendations. In the third stage, throughout the child health consultations, field notes were recorded on the questions, difficulties in understanding, and cultural practices informally reported by the families. In the fourth stage, the information gathered in the previous stages was organized and analyzed descriptively and qualitatively, which made it possible to identify the communication needs that informed the definition of the content, language, and format of the educational materials. The prototypes

of the materials were discussed with the supervising nurse and the Nursing team of the unit, whose contributions were incorporated into the final versions before their use in consultations.

The development of the educational materials was based on three main sources. The first consisted of a narrative literature review, including national and international recommendations on complementary feeding, food safety, and cultural diversity.[1-3,8,12] The second involved a comparative analysis of dietary guidelines from countries representative of the families receiving care, identifying cultural differences relevant to feeding practices. The third source consisted of direct observation and informal interactions with migrant families, which made it possible to identify frequent questions, difficulties in understanding, and specific communication needs.[9,11]

The information collected was organized descriptively, allowing for the identification of gaps and opportunities for the development of culturally sensitive educational materials. The analysis was conducted qualitatively and descriptively to understand how cultural differences influenced the understanding of recommendations on complementary feeding. This process provided the basis for the creation of simple, multilingual visual materials adapted to the identified needs.

The materials were used in an integrated manner during child health consultations, generally as visual aids during the verbal explanation of guidance on complementary feeding: food illustrations and texture progression guides were shown to families when discussing foods and consistencies appropriate for the child's age, while the multilingual glossary was provided for subsequent consultation at home. The presentation of the materials was adapted according to the language and level of health literacy of each family, namely through the selection of the languages of the illustrations and glossary most appropriate to each context, and the use of slower explanations and practical examples whenever greater difficulties in understanding were identified.

Regarding ethical aspects, as the experience did not involve the collection of personal data, structured interviews, or any form of participant identification, submission to a Research Ethics Committee was not required. All interactions respected the ethical principles of confidentiality, anonymity, and cultural respect. The development of the materials was integrated into the student's training activities, without any risk to the users.

This exemption is consistent with the ethical and regulatory framework described for the context in Portugal, according to which activities of a care and training nature that do not involve the collection, processing, or storage of identifiable personal or health data, under the General Data Protection Regulation (Regulation (EU) 2016/679), nor the application of research instruments, do not constitute research involving human subjects for assessment by an Ethics Committee, without prejudice to compliance with the general ethical principles applicable to healthcare practice.

RESULTS

The experience enabled a progressive, comprehensive identification of needs that hindered communication between healthcare professionals and families, particularly when families were migrants and had feeding practices that differed from national recommendations. Based on these needs, educational materials were developed to address, in a simple and culturally sensitive manner, the most frequent questions about complementary feeding between six and nine months of age.

The first need observed was the presence of language barriers, which directly interfered with the understanding of the guidance provided during consultations. Terms such as "texture", "consistency", "permitted foods", or "foods that should be avoided" were not always understood, even when translated verbally. This difficulty made communication slower and increased families' insecurity, who frequently requested repetitions or expressed concern about making mistakes.

The second need identified was related to cultural differences in feeding practices. Some families used spices from an early age, others offered foods in liquid form as a matter of tradition, others were unfamiliar with certain foods, while others introduced certain foods later than recommended. These differences highlighted the importance of materials that not only provided information but also respected and incorporated cultural practices, offering safe and appropriate alternatives.

The third need concerned the absence of simple visual materials that could be used during consultations to support verbal explanations. The lack of visual resources made it difficult to demonstrate textures, portion sizes, and age-appropriate foods, especially for families with low health literacy.

In response to these needs, different educational materials were developed and organized to facilitate their use by professionals and their understanding by families, arranged into four main sets:

First, food illustrations: Clear and easily recognizable cards were developed, depicting fruits, vegetables, cereals, legumes, meat, and fish. Each card included the name of the food in Portuguese, English, and Urdu (Figure 1), allowing families with different levels of language proficiency to quickly identify the foods. From the professionals' perspective, this resource provided useful support for explaining the variety, frequency, and age-appropriateness of foods.

Figure 1. Example of Portuguese/English/Urdu food illustration cards. Monte de Caparica, Portugal, 2026.

Source: Costa, Sequeira and Oliveira (2026).

Second, texture progression guides from six to nine months: The guides sequentially presented the expected progression of textures, from creamy preparations at six months, through thicker and mashed foods at seven and eight months, to small soft pieces at nine months. The figures were drawn or simulated to visually represent the consistency, allowing families to compare these representations with their own homemade preparations (Figure 2).

Figure 2. Texture progression guide from six to nine months, used as a visual aid during child health consultations. Monte de Caparica, Portugal, 2026

Source: Costa, Sequeira and Sarreira-de-Oliveira, (2026).

Third, food safety and choking prevention guidance was provided. Materials were created with visual examples of safe ways to cut foods, foods that should be avoided, and appropriate positioning during meals. The guidance included simple and direct images, accompanied by short sentences, facilitating understanding even among families with low health literacy.

Fourth, development of a multilingual glossary of essential terms. Based on the difficulties observed, a glossary was developed containing key terms related to infant feeding, translated into English and Urdu, based on the terms identified in the food illustrations (Figure 1). This resource allowed families to review the guidance at home and communicate their questions more effectively during subsequent consultations.

The use of these materials during consultations was accompanied by positive perceptions among families and professionals, although without the use of formal instruments to assess their effectiveness. According to families' spontaneous reports, there was greater understanding of the guidance, more active participation in the explanations, and a greater sense of confidence in starting or adjusting complementary

feeding. Professionals, in turn, reported that the materials facilitated communication, reduced the time needed to explain complex concepts, and made it possible to adapt the guidance to the cultural practices of each family.

Overall, the experience suggests that the materials developed may contribute to bringing communication between professionals and families closer and supporting informed decision-making in contexts marked by cultural diversity; however, this perception is based on clinical observation and requires confirmation through studies with an evaluative design.

DISCUSSION

This experience made it possible to report the process of developing culturally sensitive educational materials — food illustrations, texture progression guides, safety guidelines, and multilingual glossaries — intended to support complementary feeding of infants aged six to nine months in migrant families, thus addressing the proposed objective. More broadly, the experience suggests that complementary feeding in multicultural contexts requires more than the transmission of technical recommendations: it requires cultural sensitivity, clear communication, and educational resources that incorporate families' practices. Other international studies have demonstrated that cultural diversity influences food choices, the meanings attributed to foods, and the interpretation of health guidance, reinforcing the need for culturally sensitive approaches in clinical practice.[14,15] The creation of educational materials adapted to the context was consistent with evidence supporting culturally tailored interventions as a potentially effective strategy for reducing communication barriers.[16]

The language barriers observed during consultations are widely documented in the literature, which identifies communication as one of the main challenges faced by migrant families in healthcare services.[17] The absence of a common language may compromise understanding of recommendations and reduce families' confidence. Some recent studies have demonstrated that visual and multilingual materials facilitate the understanding of complex concepts, particularly on topics such as textures, consistencies, and food safety,[18,19] which is consistent with the results observed.

The influence of cultural practices on how families introduce new foods is also supported by the literature. Evidence shows that the early use of spices, a preference for more liquid consistencies, or the late introduction of certain foods are common practices in various cultures and are socially valued.[20] On the other hand, culturally sensitive educational interventions tend to promote greater adherence and food safety than rigid prescriptive approaches.[7] The materials developed appeared to facilitate dialogue with these practices, offering safe alternatives without devaluing family culture, which may represent a relevant contribution to clinical practice, to be confirmed in future studies.

The use of the materials during consultations demonstrated potential to strengthen family autonomy. The literature on health education highlights that simple visual resources adapted to users' level of understanding are essential for reducing inequalities and promoting safe feeding practices.[6] This experience reinforces the role of Nursing as a cultural mediator and facilitator of communication, in line with studies that advocate cultural competence as an essential element of care for migrant populations.[5]

The implementation of the experience was not without challenges. The translation and adaptation of technical terminology (for example, regarding textures and consistencies) into different languages required additional efforts to simplify the language without compromising the accuracy of the information conveyed. Integrating the materials into the already limited time of child health consultations required careful selection of the resources to be presented at each moment, and the variability of cultural practices among families from different backgrounds required some flexibility in how the materials were presented, avoiding a prescriptive approach. These difficulties are consistent with the literature on the development of educational technologies in multicultural contexts and reinforce the need for ongoing, rather than merely one-time, cultural adaptation processes in the production of such resources.

Overall, the findings converge with research advocating the importance of educational innovation in Nursing, particularly in multicultural contexts. The creation of visual and multilingual materials proved to be a feasible, low-cost, and replicable strategy, with the potential to contribute to the quality of care and the reduction of health inequalities, a potential that requires confirmation through studies with an evaluative design.

Study limitations and contributions

As limitations, it can be noted that the experience was developed in a single primary care service, which limits the generalizability of the results. Furthermore, no formal instruments were used to assess the effectiveness of the educational materials, making it impossible to objectively measure their impact on family adherence. The perceptions described are based on clinical observation and spontaneous feedback from families and professionals.

Nevertheless, it is important to note that the work contributes to Nursing practice by presenting a replicable educational innovation strategy in multicultural contexts. The materials developed can be adapted to different services and populations, strengthening communication between professionals and migrant families. The experience reinforces the importance of cultural competence in Nursing education and highlights the value of visual and multilingual resources in promoting feeding education and safety when introducing new foods.

CONCLUSION

The experience demonstrated that the cultural diversity present in primary health care requires educational strategies that support communication and promote safe feeding practices. The creation of visual and multilingual materials proved to be a simple, feasible intervention aligned with the needs of migrant families, with the potential to improve food and nutrition education practices and to support communication between healthcare professionals and migrant families regarding complementary feeding of infants aged six to nine months. As this was an experience report without formal evaluation of the intervention, these findings do not allow conclusions to be drawn regarding the strengthening of family autonomy or the reduction of health inequalities; rather, they constitute indications that reinforce the relevance of future studies with an evaluative design to measure the impact of these materials on care practice.

AUTHORS' CONTRIBUTIONS

Study conception or design: Costa MD, Oliveira PS. Data collection: Costa MD. Data analysis and interpretation: Costa MD, Sequeira ML. Drafting of the article or critical revision: Oliveira PS, Sequeira ML. Final approval of the version to be published: Costa MD, Oliveira PS, Sequeira ML.

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