Inland Norway
University of
Applied Sciences

Parents' and health nurses' experiences of communicating infant nutrition in Inland, Norway.

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Master's degree in Public Health Science

2023

Acknowledgements

I could not have undertaken this journey without the health nurses, parents, and patient babies who participated in this study. I am extremely grateful for the knowledge and experiences they shared with me.

I am deeply indebted to my supervisor, Victor Chimhutu, for his feedback and patience. His ability to calm my overthinking mind was just as important as his extensive knowledge. This endeavor would not have been possible without his support.

I would like to express my deepest appreciation to all the inspirational people at Inland University of Applied Sciences, and especially to my fellow students Cilla and Ylva, for their huge support throughout this process. Thank you to Miranda Thurston, always inspiring me to push further, even after I think I finally "get it". The question of "but why?" will forever be in my mind going forward in life.

Lastly, I am grateful for the support from my friends and family. Many thanks to my sister, Annette, for proofreading help and emotional support. Thank you to my son Kristian, who remined me of the importance of taking breaks and play. Thanks to my partner Arne Magnus for being the most patient man ever lived. Not only listening to my ideas and frustrations day and night, but also bringing insight and motivation to this process.

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Abstract

Background: Dietary habits that are established in childhood are shown to often follow into adulthood. The National Guidelines on infant nutrition are the basis for introducing solid foods to infants in Norway. While these recommend a healthy diet consisting of meat, fish, beans, fruit and vegetables, reports show a high consumption of industrialized baby food products. As childhood overweight and obesity are increasing worldwide, it is important to explore the experiences in communicating infant nutrition between parents and health nurses as well as additional sources of information the parents use regarding this topic, and how these impact the dietary choices they make for their infants, particularly regarding industrialized products.

Theory: National reports and previous studies on the topic of industrialized food, infant nutrition guidance and interventions opting for a healthy diet was used to inform this research. The findings in this study are mainly understood within the concept of empowerment, conceptualized by N. Kabeer with the three interrelated dimensions, resources, agency and achievements.

Methods and aim: A qualitative case study design, conducted with FGDs and semi-structured interviews with health nurses and parents in Inland County, Norway. The purpose was to provide better understanding of the experiences in communicating infant nutrition at the public health center, and its impact on the use of industrialized baby food.

Results and conclusion: Findings show positive and negative sides of Internet as a source of infant nutrition information to empower parents and health nurses. Results indicate openness in communication is preferred by most parents, and challenges faced by the health nurses while working to empower parents' autonomy. Findings may have implications for further development of information material and potentially empower parents who experience challenges in dietary choices, and for policymakers regulating marketing of industrialized baby food.

Sammendrag

Bakgrunn: Kostholdsvaner som etableres i barndommen følger ofte inn i voksenlivet. Nasjonale retningslinjer for spedbarnsernæring danner grunnlaget for å introdusere fast føde til spedbarn i Norge. Mens disse anbefaler et sunt kosthold bestående av kjøtt, fisk, bønner, frukt og grønnsaker, viser rapporter et høyt forbruk av industrialiserte babymatprodukter. Ettersom overvekt og fedme blant barn er en økende global utfordring, er det viktig å utforske opplevelsene knyttet til kommunikasjon om spedbarnsernæring mellom foreldre og helsesykepleiere, samt fra ytterligere informasjonskilder som foreldre bruker om dette emnet, og hvordan disse påvirker kostholdsvalgene de tar for sine barn, spesielt når det gjelder industrialiserte produkter.

Teori: Nasjonale rapporter og tidligere forskning om industrialisert mat, veiledning og intervensjoner for et sunt kosthold til spedbarn ble brukt til å informere denne studien. Funnene i denne studien er i hovedsak forstått innenfor begrepet empowerment, konseptualisert av N. Kabeer gjennom de tre overlappende dimensjonene; ressurser, handlefrihet og prestasjoner (resources, agency and achievements).

Metoder og mål: Et kvalitativt casestudiedesign, utført med FGDer og semi-strukturerte intervjuer med helsesykepleiere og foreldre i Innlandet fylke i Norge. Hensikten var å gi bedre forståelse av opplevelsene med formidling av spedbarnsernæring ved helsestasjonen, og dens innvirkning på bruken av industrialisert barnemat.

Resultater og konklusjon: Funnene viser positive og negative sider ved bruk av Internett som en kilde til informasjon om spedbarnsernæring for å myndiggjøre (empower) foreldre og helsesykepleiere. Resultatene indikerer at åpenhet i kommunikasjon foretrekkes av de fleste foreldre, samt utfordringer som helsesykepleiere står overfor når de arbeider for å styrke foreldrenes autonomi. Funn kan ha implikasjoner for videreutvikling av informasjonsmateriell og potensielt styrke foreldre som opplever utfordringer i kostholdsvalg, og for beslutningstakere som regulerer markedsføring av industrialisert barnemat.

Chapter 1 – Introduction

1.0 Background

Overweight and obesity are increasing worldwide, and according to the World Health Organization (WHO), a larger number of people are now being overweight than underweight (World Health Organization, 2021). WHO estimated that 39 million of children under five years were overweight or obese in 2020. WHO's recommendation to combat this global challenge, is to limit total fats and sugars, increase vegetable consumption and to increase the level of physical activity (World Health Organization, 2021). WHO states that environmental and societal changes affect the diet and level of psychical activity, and lists policies regarding health, marketing, education and food processing among such factors (World Health Organization, 2021). Consuming pre-prepared foods and processed foods are said to be an important cause of obesity prevalence (Monteiro, 2009, p. 729; Solberg et al., 2016).

The public health notice (Folkehelsemeldingen) presents a national strategy for decreasing social inequalities in health, and the report builds on collaborating work with sir Michael Marmot and his colleagues at University College London and NTNUs research center WellFare (Meld St. 15 (2022-2023)); UCL Institute of Health Equity and NTNU WellFare, 2023). One of the aims of the public health notice is that more people are to follow national guidelines on nutrition, as an unhealthy diet increases risk of diseases and early death, and further stating that there are large social inequalities with regards to a healthy diet (Meld St. 15 (2022-2023), p. 50). An unhealthy diet is further listed as one of the ten major public health challenges in Norway (Folkehelseinstituttet, 2018).

The National Public Health Survey 2020 show that adults in Inland County have an intake of fruit and vegetables that are below national average (Abel & Totland, 2021, p. 28). Results also show that the population of Inland County has the highest intake of sugary drinks, sweets and cookies in Norway, combined with the lowest intake of fish meals (Abel & Totland, 2021). Studies show that dietary habits established in childhood are often shown to follow into adulthood (Helle et al., 2019; Holmberg Fagerlund et al., 2017; Schwartz et al., 2011). A focus on optimizing the infant diet, can have potential to reduce conditions in adulthood that follows from a bad diet (Helle et al., 2019).

Unhealthy food does not only affect the physical form but can also impact the mental health of children (Folkehelseinstituttet, 2016; Jacka et al., 2013). Based on statistics from *Mor- og barnundersøkelsen*, (translates to "survey on mother and children"), a study has shown that eating little nutritious food increases the risk of developing depression, anxiety, and behavioral challenges, which has been observed in children as early as 1,5 years (Folkehelseinstituttet, 2016; Jacka et al., 2013).

The Norwegian Directorate of Health focuses on a healthy diet in their general recommendations of infant nutrition (Myhre et al., 2020). The brochure *"Food and meals for infants"* are available online at the Directorate of health and the governmental Internet site Helsenorge. Here information on how to ensure a healthy diet for the infant is provided (Helsedirektoratet, 2018). It lists meat, fish, beans, fruit and vegetables as nutritious food, and information on how to prepare porridge that meets the infant's iron need (Helsedirektoratet, 2018). The use of squeeze bags are discouraged as they do not contribute to motoric development and can lead to overweight and tooth damage (Helsedirektoratet, 2018). The Consumer Council (Forbrukerrådet) also show concern towards this product, and emphasizes

that natural sugars from fruit and vegetables in smoothies and fruit purees in squeeze bags and other baby snacks, are processed to a degree were the cell structure is damaged, and the sugar in these products must be viewed as free sugars, which should be limited to infants (Forbrukerrådet, 2020). The squeeze bags examined in a report conducted by them, showed an average of 70% sugar content, and they also emphasize that consuming these probably will accustom the infant to preferring sweet tasting foods (Forbrukerrådet, 2020). This relates and refers to what is called "window of opportunity" in developing infants' healthy or unhealthy dietary habits. Se *Insert 1* for the definition.

Insert 1: Definition and conceptualization of window of opportunity.

> **"Window of opportunity"** is a term used to describe a period, the first two years in a child´s life, which is sensitive to metabolic and nutritional factors (Giesta et al., 2019, p. 2393; Relvas et al., 2019, p. 585). Within this period, the child´s ability to accept healthy foods is developed and can create a foundation for healthy dietary habits (Relvas et al., 2019, p. 585; Toomey et al., 2021, p. 2889).

The Norwegian Institute of Public Health (NIPH) has examined infants' dietary habits, and the results are published in the Spedkost 3-report (Myhre et al., 2020). Although the National guidelines lists types of food in its natural form, (translated from "råvarer") the Spedkost 3-report reveals a high consumption of industrialized food (Myhre et al., 2020). Parents of infants were asked to report on their infant's food consumption, and results show that 91% of infants aged six months consumed industrialized porridge, both from powder and squeeze bags (Myhre et al., 2020). Compared to this, only 20% of the infants ate homemade porridge. Further, 49% of the infants consumed industrialized dinners and 68% of the infants consumed homemade dinners, including a group who consumed a combination of both homemade and industrialized

dinners (Myhre et al., 2020). As noted, squeeze bags are discouraged by the Norwegian Directorate of Health, still, the report show a consumption of 61%, mainly containing industrialized fruit and vegetables (Myhre et al., 2020). The findings of infants high consumption of industrialized products mirrors the general population in Norway, as results from a mapping of ultraprocessed food purchases in Norway show that these products accounted for 58,8% of food sales in 2013 (Solberg et al., 2016).

All Norwegian infants and its parents are followed up by a health nurse at a public health center, where they receive nutritional advice. The advice is adjusted by the health nurses in order to fit the family they advise (Myhre et al., 2020). National and international studies have shown that parents often experience inconsistency in advice they are given, and this often leads them to seek advice outside of the official advice from the government and health nurses at the public health centers (Helle et al., 2019; Holmberg Fagerlund et al., 2017; Toomey et al., 2021). Good communication between health nurses and parents on the topic of infant nutrition, may have potential to reduce social inequalities in health.

1.1 Research question

With the intent to create a foundation for improving possible challenges in communication, this study examines the experiences of health nurses and parents in Inland County, Norway, while communicating infant nutrition. Information parents receive with regards to introducing complementary solid foods to their babies are explored, particularly regarding industrialized baby food, and the communication is studied to view its effects on their decision to offer homemade meals to their infants. The emphasis is on the role of the health nurse regarding their decisions, and what level of trust is seen in the relationship. Since the communication at the health centers forms a two-way dialogue between the parents and the health nurses, this study

is conducted by examining the experiences of both sides of communicating parts, with qualitative interviews with parents and focus group discussions with health nurses, forming the following research question:

What are the experiences of health nurses and parents with communicating infant nutrition, and how do these experiences impact the use of industrialized baby food?

The research question is complemented with two sub-questions:

1. What are the general experiences of health nurses from communicating infant nutrition with parents, and does the health nurses' attitudes towards industrialized baby food impact on the advice they provide?
2. What other sources of information do parents use when sourcing information on infant nutrition, and do these sources complement or conflict the information they receive from the health nurse?

Chapter 2 – Literature

2.0 Search process

The literature review was conducted throughout the process by searching for studies relevant to the thesis topics, mainly through PubMed and Oria with HINN access. Information from the government and public authorities provided documentation on guidelines and relevant health situations in Norway today. To ensure that the research question was targeted from multiple angles, the search words used in databases varied, but mainly focused on "ultraprocessed food", "complementary food", "baby", "infant", "intervention", "communication" and "guidance". After searching databases with selected search words, a snowball method was used by using

reference lists of relevant articles and this contributed to identify specific relevant studies to answer the research question. When discussing the findings of the collected data, where ideas for theoretical concepts emerged from the participants, the literature review was altered to explore fitting research.

Several studies from existing research examine the relationship between introducing complementary solid foods and allergy. Allergy is not a consideration for this thesis; therefore, these studies were excluded from the literature review. Further, studies focusing on formula milk were excluded. Although formula milk is an industrialized product, it is an alternative to breastfeeding, and not an alternative to complementary solid foods, which is the focus of this study. Some studies on breastfeeding guidance were included as the factors concerning this challenge also proved to be relevant when guiding parents on giving solid foods to the infants.

2.1 Mapping of infant´s dietary habits in Norway

As mentioned initially, The Norwegian Institute of Public Health (NIPH) has studied dietary habits of infants in Norway, and the results are presented in the Spedkost 3-report. Infants are defined as children aged 0-12 months (Helsedirektoratet, 2017). The main report is separated in two reports, whereas one report presents diets among six months old infants, and the other report present diets among twelve months old infants (Myhre et al., 2020; Paulsen et al., 2020). The report on six months old infants shows a correlation between industrialized foods and breastfeeding, whereas infants who were not breastfed ate more industrialized porridge, than those who were partially breastfed. As for homemade dinners and homemade fruit- and vegetable purées, the partially breastfed infants consumed more of these foods than those infants who were not breastfed (Myhre et al., 2020).

National action plan for better diet (2017-2021) informs that there are regulations for processed infant and toddler food (Helse- og Omsorgsdepartementet, 2017). The Ministry of Health and Welfare (2015) emphasizes in an EEA (EØS) note on the regulations that processed grain-based food and other processed baby foods should not be the only nutrition-source to infants and should only be part of a varied diet (Helse-og omsorgsdepartementet, 2015). However, as for recommending homemade or industrialized porridge to the parents, the Directorate of Health informs that since the industrialized porridge has added iron, which is an important nutrient for infants, it is often recommended (Helsedirektoratet, 2021a).

2.2 Factors affecting intake of industrialized and ultraprocessed foods

The Brazilian government has used the NOVA-classification (see *Insert 2*) in the development of their dietary guidelines (Relvas et al., 2019), which mirrors the number of studies on ultraprocessed foods conducted in Brazil. Literature differs in use of industrialized food as a term, and ultraprosessed food is often used.

Insert 2: NOVA-classification of processed foods

NOVA-classification is a tool used to categorize food regarding food processing, instead of solely nutrients (Monteiro et al., 2016; Relvas et al., 2019)

Group 1: Unprocessed or minimally processed foods

Group 2: Processed culinary ingredients

Group 3: Processed foods

Group 4: Ultraprocessed food and drink products

(Huybrechts et al., 2022; Monteiro et al., 2016)

As stated earlier, the Spedkost 3-report show a relationship between breastfeeding duration and industrialized foods given to the infant (Myhre et al., 2020). This finding is fitting with existing research on the topic, Relvas et al. (2019) also indicate that there is a relationship between the duration of breastfeeding and introduction of ultraprocessed foods, showing that shorter periods of breastfeeding is related to more ultraprocessed food given to the infant (Relvas et al., 2019). Other factors for providing ultraprocessed food to infants are income, maternal age, educational level, parity and lack of early assistance from primary health care (Giesta et al., 2019; Relvas et al., 2019). However, with regards to income, Araújo et al. (2021) discussed findings of high consumption of ultraprocessed food among high income families in Portugal and suggests that these types of foods are chosen because of its practical manner and availability (Araújo et al., 2021). The study further concluded that in their selection of examined foods with regards to nutritional value, the ultraprocessed foods were the most energy dense (Araújo et al., 2021).

Contradictory to the findings of Araújo et al (2021), Cairstairs et al. (2016) concluded that the homemade foods in their selection of examined foods with regards to nutritional value, were the most energy dense (Carstairs et al., 2016). However, the findings are also discussed by the authors, as their reference point for nutritional value of homemade meals are cookbooks, and they acknowledge the fact that parents may adjust the recipes, and therefore the findings may not be precise. Further, it is stated in the study that only providing commercial foods will expose the infants to a lower range of vegetables, meats, and fish (Carstairs et al., 2016, p. 1041).

2.3 Interventions opting to increase a healthy diet

The literature review showed multiple studies that evaluate interventions intended to promote health dietary choices for children. These interventions are aimed at the parents, and often the mothers in particular. Findings from a randomized control study in Norway showed that

education in food-preparation and nutrition had positive outcomes on infants food consumption and health (Øverby et al., 2017). After a two-day course on the topic, the intervention group provided less industrialized foods to their children than the control group. As for health outcomes, results from the intervention group showed that intake of homemade porridge was positively associated with higher levels of HDL cholesterol (Øverby et al., 2017). High HDL cholesterol can reduce risk of cardiovascular disease.

In addition to merely education on the topic, research show that other factors of parental behavior, such as responsive feeding (see *Insert 3*), also affect the risk of overweight and obesity in infancy and early childhood (Redsell et al., 2016). A systematic review of 27 randomized controlled trial-interventions with the aim to prevent obesity in children under two years, showed this association between maternal responsiveness and childhood obesity. However, the authors acknowledge that more research is needed on which specific theory of behavioral change that should be applied in these interventions. Nevertheless, from their findings they suggest interventions should be aiming to build maternal self-efficacy (Redsell et al., 2016).

Insert 3: Responsive feeding

Responsive feeding refers to when the parent is responsive to the child´s signals of hunger and satiety (Helle et al., 2019; Holmberg Fagerlund et al., 2017; Toomey et al., 2021). This term sits between nonresponsive and indulgent and uninvolved feeding. Nonresponsive feeding refers to the parent totally controlling the feeding situation, whereas indulgent feeding involves a feeding situation where the child is in total control. Uninvolved feeding as a term is used when the parents is completely absent in the feeding situation (Hurley et al., 2011, p. 495). Together with a focus on diet, responsive feeding is viewed as the most promising interventions to prevent obesity (Helle et al., 2019, p. 2; Redsell et al., 2016).

2.4 Challenges in communication and guidance

Contradictory to the findings of Redsell et al. (2016) on building maternal self-efficacy and increasing responsiveness, results from a study from 1999, conducted as qualitative interviews with health nurses in Norway, indicates that the introduction of empowerment as a concept in communication has led to dilemmas (Andrews, 1999). The use of empowerment in guidance between health nurses and parents, moved the health nurses' position from an expert to a more enabling role, where the purpose was to support the parents in making their own decisions. However, as some parents still viewed the health nurses as experts, it lead to challenges at the practical level of service at health centers (Andrews, 1999). These challenges in communication are also described by Bramhagen et al. (2016), who studied Swedish mothers' experiences of feeding situations and their communication with their health nurse (Bramhagen et al., 2006). The authors categorized the mothers into categories as controlling or flexible, where the controlling mothers experienced less support than expected from the health nurse (Bramhagen et al., 2006). Parallels can be drawn to findings of Andrews (1999) where concrete advise from an expert were preferred by some parents, rather than a more open and enabling role (Andrews, 1999).

2.5 Principle meets practicality

An Irish study of barriers affecting primary healthcare professionals to promote a healthy diet for infants, lists communication and level of trust between healthcare professionals and parents as such barriers (Toomey et al., 2021). Interestingly, one of the health nurses among the participants expressed concern towards the sources used on the information they were given, as several consisted of industry-funded resources. When introducing new interventions to promote healthy feeding, the health care professionals felt it was important that the programs were developed by dietitians and that they as healthcare professionals were given adequate and

competent training (Toomey et al., 2021). As for delivering knowledge to the parents they suggested practical training and "weaning workshops" for parents (Toomey et al., 2021). The health professionals acknowledged the fact that the general information given to parents lacked consistency, which was problematic when parents also got conflicting information from external sources (Toomey et al., 2021). Holmberg Fagerlund et al. (2017) found through a modified scoping review that parents experienced this inconsistency, when studying research of parents of children aged 0-2 years who were given counselling on healthy diets from health professionals (Holmberg Fagerlund et al., 2017). Further, another study found that the majority of the participating Norwegian mothers also preferred the Internet when sourcing information on infant nutrition (Helle et al., 2019). Moreover, Toomey et al. (2021) further mentions time and the health nurses' personal interest in nutrition as factors that impacted how the message was delivered to the parents (Toomey et al., 2021). Still, good communication between them were seen as crucial to ensure that the information was provided to the parents (Toomey et al., 2021). Examining the experiences of health nurses and parents in Inland County are important in exploring what factors they perceive as contributing to a good communication, which may impact on dietary choices.

A study from Scotland, where solid foods are being considered when the infant is three to four months, examined experiences of infant feedings, in particular the transition from breastfeeding to solid foods (Hoddinott et al., 2012) Results show that policy goals such as exclusive breastfeeding for six months conflicted with some family situations (Hoddinott et al., 2012). Although maternity leave in Norway "covers" these six months and can allow for exclusive breastfeeding if the mother choses to, the underlying message of what is ideal, can perhaps be transferred to the message of what is a healthy diet for infants. Hence, the perception of any stigma or challenges the parents may experience regarding breastfeeding can be transferred to

communication regarding infant nutrition at the public health center. Due to shame, some parents admitted to not telling the health professionals if they were not following the advice they were given on infant feeding (Hoddinott et al., 2012). They felt guilty of not doing the "right thing", and this might contribute to explain why only 44,5% of Norwegian mothers preferred to receive information from their health nurse (Helle et al., 2019).

Hoddinott et al. (2012) divided the results into what is idealism and what is realism for both mothers and family and in health services, and lists mismatches and conflicts (Hoddinott et al., 2012). A realistic view from the mothers and family perspective is that family happiness is the ideal, and breastfeeding is just seen as one of the important factors contributing to this. Amongst mismatches of idealism and realism of health services the authors lists staff shortages and competing demands on time (Hoddinott et al., 2012). As also mentioned by Toomey et al. (2021), time is regarded an important factor for delivering sufficient information on infant nutrition (Toomey et al., 2021).

2.6 Food environments and information availability

In addition to examine experiences with communicating infant nutrition at the public health center, this thesis also aims to examine other sources of information parents use when sourcing information on infant nutrition. Even though parents receive nutritional advice from health nurses at the public health centers, there are other factors in the parents' environment that can have an impact on their dietary choices. A food environment is described by Swinburn et al. (2013) as *"*The collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people´s food and beverage choices and nutritional status*"* (Swinburn et al., 2013, p. 2).

As noted previously, in sourcing information outside of the public health center and the health nurses, findings of a Norwegian eHealth intervention showed that the Internet is a preferred source by many mothers (Helle et al., 2019). Almost 80% preferred to use the Internet to find information on infant nutrition, but when questioned of the importance of it being provided by public authorities, only 67% was concerned with this. More importantly, the study showed that only 44,5% of the mothers in the study preferred to receive information on this topic from their health nurse (Helle et al., 2019). Moreover, results from Bramhagen et al. (2006) also showed that some mothers felt that they were not taken seriously by their health nurse, and therefore sough support from friends and family instead (Bramhagen et al., 2006). Vea (2016) in a master thesis on parents' perspective on guidance, found that the mothers sough information on infant nutrition from their maternal group, the Internet and their own mothers, as they wanted more information than they were provided from their assigned health nurse (Vea, 2016).

As for marketing towards children in Norway, it is self-regulated by the food industry through Matbransjens Faglige Utvalg (translates to the Food Industry's Professional Committee) (Matbransjens Faglige Utvalg, u.å.). This committee was established to protect children under 13 years. In comparison, WHO suggest all children under the age of 18 should be protected from digital marketing (Steinnes & Haugrønning, 2020, p. 35). Although this report does not focus on infants nor parents, parallels might be drawn to concerns of misleading marketing of baby food products, made by the Consumer Council (Forbrukerrådet, 2020).

2.7 Theoretical framework of this study

The development of the interview guide was informed by models, concepts and framework found in the literature review, however, from the empirical data it became evident that there

were other factors of importance to the dietary choices of parents. This chapter presents theoretical frameworks and concepts used to explain the findings of the empirical data.

2.7.1 Empowerment

Empowerment is described as the process of enabling people, individuals, and communities to increase control over factors affecting their health (Andrews, 1999; World Health Organization, 1986). Empowerment of communities is declared in the Ottawa Charter as "the heart of the process" of health promotion work (World Health Organization, 1986). In this study, the parents will be viewed as representatives of the community, seeking to understand if the parents are empowered to increase control over their infant's health. The role of the health nurses will also be understood within the concept of empowerment.

The concept of empowerment is explained and conceptualized in different manners in the literature. Both Mosedale (2005) and Kabeer (1999) have used the concept to conceptualize women's empowerment (Kabeer, 1999; Mosedale, 2005). Although there are some similarities in their work, Mosedale (2005) differs from Kabeer (1999) as Mosedale´s focus is with *"*redefining and extending the limits of what is possible*",* whereas Kabeer´s focus is more with the *"*ability to choose*"* (Mosedale, 2005, p. 252.), and since the ability to choose also is the focus of this study, Kabeer´s conceptualization will mainly be used. However, Mosedale (2005) list four aspects that are often used in literature in trying to define empowerment that will be accounted for in this study. Firstly, the point of one having to be disempowered in order to be empowered, the same point as Kabeer (1999) emphasizes (Kabeer, 1999; Mosedale, 2005). According to Kabeer (1999), empowerment calls for a process of change, where the disempowered gain the ability to make choices (Kabeer, 1999).

With regards to being disempowered, the parents, especially first-time parents, are viewed in this study as being new to the topic of infant nutrition, and the study is seeking to explain how they acquire information on this important subject. Further, to examine whether this information put them in an empowered or disempowered position, that is, does the information they source make it easy for them to make choices on infant feeding and nutrition. Mosedale (2005) continues to the aspect of a third party, stating that they cannot empower a group, as the process of change must come from the group itself, which in this study are the parents. Health nurses can, however, possibly create a foundation and facilitate the parents to empower themselves. Another important aspect in defining empowerment, is that the decisions in question have to be important to the group being empowered (Mosedale, 2005). Even though health nurses may facilitate change, whether this is something the parents want to process, is only up to them. The last aspect listed by Mosedale (2005) is that empowerment is an ongoing process (Mosedale, 2005).

The use of empowerment as a concept is also critiqued, and McLaughlin (2016) discusses that empowerment has lost its radical roots, and is used by among others social workers to change individual behavior, and is therefore seen as an individualistic approach (McLaughlin, 2016, ch. 9). Still, he distinguishes between methods used, as some actors may steer the ones they want to empower into a desired direction, he emphasizes that some people may need professional support to make optimal choices (McLaughlin, 2016, p. 127), which could be quite relevant for this current study. The described views of empowerment underline the individual aspect of the concept, and to consider these structural impacts, the framework of Dahlgren and Whitehead (1991) is also used to explain the findings of this study.

However, in explaining the findings of this study, Naila Kabeer´s understanding of empowerment is mainly used as this use of the concept aligns more closer with the research questions and empirical findings. The conceivable effect communicating infant nutrition can have on dietary choices will be understood through three interrelated dimensions, developed by Kabeer (1999) to conceptualize woman´s empowerment; resources, agency and achievements. The same dimensions are used in determining the meaning of an indicator as a measurement of choice in the analysis of communicating infant nutrition at the public health clinic.

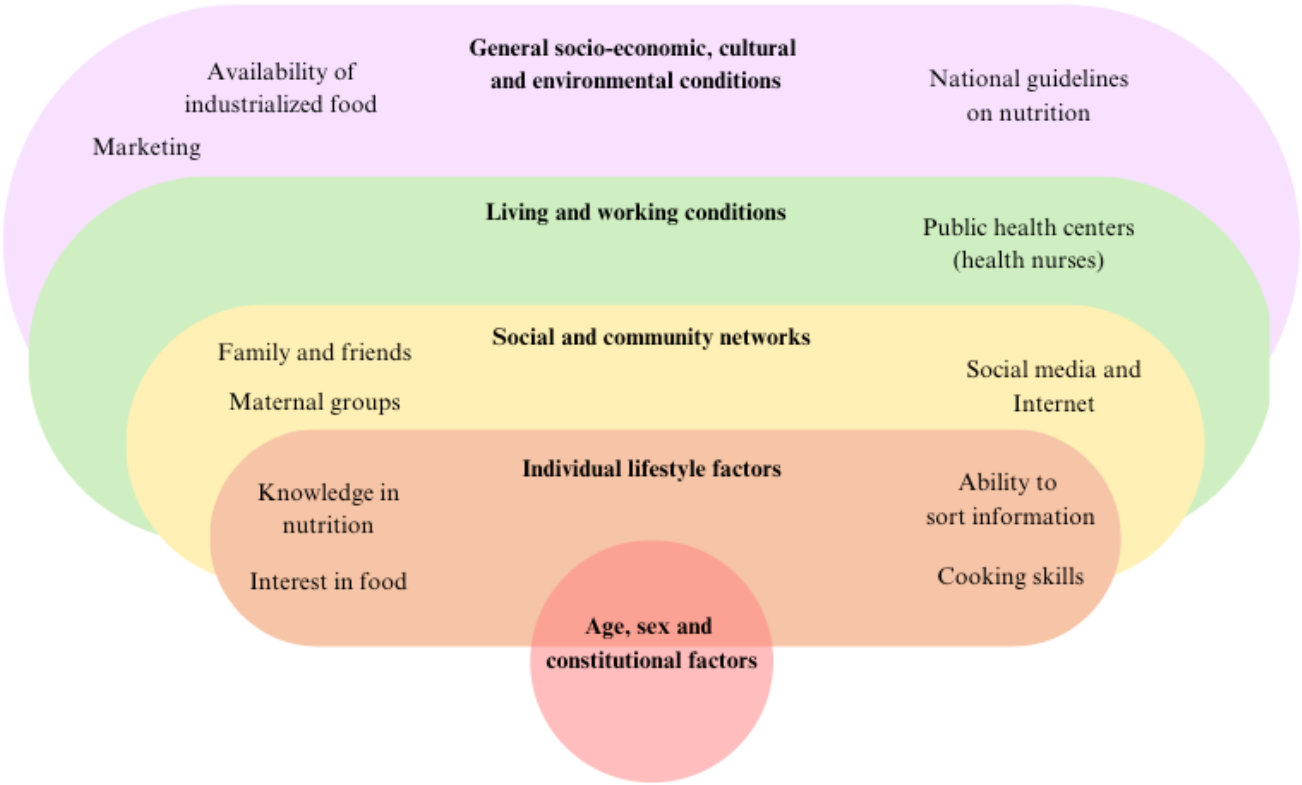
Resources refers to the pre-conditions to make choices, and includes both material resources and social resources that strengthens the ability to choose (Kabeer, 1999, p. 437). Agency is the process of decision making and is described in positive meanings in relation to power as the ability to define life-choices and to utilize their resources (Kabeer, 1999). In terms of this thesis this refers to the parents' ability to participate in nutritional decisions. Achievements refers to the outcomes of the change, defined as well-being outcomes (Kabeer, 1999). Possible achievements in this study will be not only be seen with regards to infants' health, but also possible well-being outcomes for the parents.

2.7.2 Dahlgren and Whitehead's framework

The framework of main determinants of health developed by Dahlgren and Whitehead illustrates how external influences affect individual health (Dahlgren & Whitehead, 1991). It shows a layered influence, from general socio-economic, cultural and environmental conditions at the outer end with greatest influence on health determinants, via living and working conditions and the health system, to social and community networks to individual lifestyle factors such as age, gender and constitutional factors (Dahlgren & Whitehead, 1991, p. 11). The

framework will be used in this thesis to discuss other structural factors that impact on the food environment of the participants, and an adaption is show in *Figure 1*.

Figure 1: Framework of determinants of dietary choices



Note: Framework of determinants of dietary choices, adapted from Dahlgren and Whitehead´s framework of main health determinants (Dahlgren & Whitehead, 1991).

Chapter 3 - Methodology

3.0 Research approach and study design

To examine the experiences of health nurses and parents with communicating infant nutrition, this study was conducted with a qualitative research strategy. In qualitative research the focus is on understanding the social world of the participants, and it is interpreted from the participant´s perspective in order to gain insight in their meanings and experiences (Bryman, 2016).

An ontological position refers to nature of reality, whereas an epistemological position refers to what is seen as acceptable knowledge in a discipline (Bryman, 2016). The ontological position of constructionism considers the social entities as socially constructed by the social actors, which is how the communication between parents and health nurses will be considered in this study (Bryman, 2016). The epistemological position of this study is interpretivism, as a qualitative research strategy is aiming to understand the social world of its participants by examining their interpretations of their social world, which was the intent of this research process (Bryman, 2016).

A case study design was used in this study. This study design is commonly used to examine a location or a setting (Bryman, 2016). A case is bounded by certain parameters such as location and time and uses in depth examinations within a real-world context to investigate a phenomenon (Creswell & Poth, 2018, p. 97; Yin, 2018, p. 15). In this study, the public health clinics in Inland County serve as the location of the case, and within the time frame where the child is defined as an infant at follow-up controls at the public health clinics.

The informants were recruited across Inland County, and they are viewed together as a single-case study, with Inland County being the location for the single-case (Yin, 2018). Single-case studies are divided into different types of case studies; critical, unusual, common, revelatory or longitudinal (Yin, 2018, p. 49). A common case (also named representative or typical case) was used in this study. A common case is chosen because it symbolize "a broader category of cases or they will provide a suitable context for certain research questions to be answered" (Bryman, 2016, p. 62, Yin, 2009). Since the study is exploring the communication between health nurses and parents, and the communication is carried out at the public health clinic, the clinics participating in this study provides a suitable context for answering the research question.

3.1 Selection and recruitment

Ten health nurses from three different public health centers that follow up infants between six and twelve months and six parents of infants between six and twelve months connected to four different public health centers were recruited for this study. All public health clinics were located in Inland County. The aim of recruiting both parents and health nurses were to bring a variety of aspects in trying to answer the research question and to achieve triangulation (Bryman, 2016; Graneheim & Lundman, 2004). All informants were chosen on the basis of them being able to discuss infant nutrition and communication on the topic and can therefore be categorized as a purposeful sample, as the definition of a purposeful sample is to strategically sample participants relevant to answering the research question (Bryman, 2016, p. 694; Malterud, 2012, p. 42; Tjora, 2021, p. 145). When collecting data, saturation refers to the process of collecting new information until the collected data does no longer provide new insight, hence the material is "saturated" (Creswell & Poth, 2018). In aiming to gain enough insight of their experiences with communication infant nutrition, but to also be realistic, saturation was unrealistic considering the time perspective of this study.

Health nurses at eight different public health clinics in Inland County were invited to participate via email. Some clinics were already part of a larger study conducted by Inland hospital and did not have the time to participate during the time frame of this study. Due to this and time pressure in their jobs, the health nurses were offered to participate together in focus group discussions if they were not able to participate in an individual interview session. Three clinics, with ten health nurses in total, responded and decided to participate in focus group discussions. Research participant characteristics are shown in *Table 1*.

To avoid using the health nurses as gatekeepers to recruit the parents, the parents were first recruited via flyers at the same three public health clinics as the health nurses were recruited from. The flyers contained information to contact me via email if they chose to participate, see *Appendix 1*. Unfortunately, the flyers were not as effective as anticipated, as no parents contacted me wanting to participate. To solve this issue, additional recruitment was done by posting the flyer via my personal Facebook and Instagram account. I also targeted large "baby-groups" on Facebook. This resulted in the six participating parents, who attends four different public health clinics in Inland County.

With the purpose of limiting recall bias, the infants age interval when interviewing parents was set to six to twelve months. In this interval, the children were still as noted previously, defined as infants, and recommended to be introduced to solid foods. Therefore, it was intended that the participating parents still remembered their experiences. Moreover, due to Covid-19 restrictions, the older babies had a different follow-up than the babies up to twelve months, therefor their parents were not selected for this study. Research participant characteristics are shown in *Table 2*.

Table 1: Research participant characteristics, health nurses.

Participant	Public health center	Work experience (y, range)
Beth	1	5-9
Laura	1	10-14
Noelle	1	10-14
Julie	1	1-4
Lily	2	5-9
Daisy	2	20-24
Rose	2	30-34
Emma	3	15-19
Olivia	3	5-9
Charlotte	3	1-4

Table 2: Research participant characteristics, parents.

Participant	Public health center	Age (y)	Age of infant (months)	Number of children
Michelle	4	40	12	2
Isabella	3	x	9,5	1
Lindsay	4	37	10	1
Susanne	3	35	10	2
Gina	2	28	6,5	2
Sarah	5	32	9	1

Public health center 1,2,3 and 4 are located in medium cities in Inland, whereas public health center 5 is located in a rural municipality in Inland.

3.2 Methods of data collection

The methods used for data collection were individual semi-structured interviews with parents from four different public health clinics in Inland County, and focus group discussions with health nurses from three different public health clinics in Inland county.

3.2.1 Semi-structured interviews with parents

The semi-structured interviews intended to assess the perceived quality of communication between parents and health nurses on the topic of infant nutrition, particularly industrialized food, from the parents' view. According to Kvale & Brinkmann (2021) interviews are a suitable method when examining different aspects of human experience which was the purpose of this study (Kvale & Brinkmann, 2021). Interviews provides a targeted focus for obtaining both explanations and perceptions (Yin, 2018, p. 114). The interviews were carried out at different locations of the parents choosing, i.e cafés or at Inland Norway University and the duration were from 29 to 68 minutes, where the average time was 42 minutes.

The semi-structured interview guide for the parents consisted of six open ended questions with possible follow-up questions and were in line recommendations of three to six questions for conducting such interviews (Tjora, 2021). The different questions were categorized into sections matching the sections of the research question and sub-questions, to facilitate a structured analysis of the collected data. These sections were 1. general information, 2. experience with communication, 3. personal interest in nutrition, 4. level of trust and 5. other sources of information. See *Appendix 2*.

A weakness of interviews as a method for data collection, is that it can be biased due to poorly articulated questions, as well as the informants only saying what they think me as a researcher

want to hear, what is commonly referred to as social desirability bias (Bryman, 2016, p. 217; Yin, 2018, p. 114). To lessen the risk of this happening, the interview guide was piloted and edited before conducting the interviews with the parents. The main change after the pilot interview was to make sure that the follow-up questions were open ended.

3.2.2 Focus group discussions with health nurses

The focus group discussions intended to gather the health nurses' view of perceived quality of communication between parents and health nurses on the topic of infant nutrition, particularly industrialized food. The group interaction is central in a focus group discussion, and the intent is to facilitate a professional discussion (Malterud, 2012). The method was also chosen for practical reasons to respect the time pressure of the health nurses and in order to gain a sufficient number of informants from the group. Homogeneity is important to achieve constructive conversation in a focus group discussion, while variety is important to achieve depth in the data collection (Malterud, 2012). Each group were homogeneous as they all were health nurses working at the same public health center, and variety was achieved by inviting all health nurses at each center. The focus group discussions were carried out at the public health center where the health nurses worked and the duration were from 34 to 63 minutes, where the average time was 45 minutes.

As opposed to an individual interview where the questions are presented in a more structured way, the focus group participants were encouraged to discuss amongst themselves and to comment on topics that appeared during the interview (Malterud, 2012). Still, a semi-structured interview guide with six open ended questions was used to make sure that all the themes relevant for this study was covered during the sessions. See *Appendix 3*.

As with the individual interviews with parents, the questions proposed to the health nurses in the focus groups were also categorized into sections matching the sections of the research question and sub-questions, to facilitate a structured analysis of the collected data. These sections matched the once given to the parents and were 1. general information, 2. experience with communication, 3. personal interest in nutrition, 4. level of trust and 5. other sources of information.

3.3 Data management

To make sure that all information provided from the participants was collected, I used a recorder during the interviews. I used an app for such purpose, the Diktafon app, which transfers the audio directly from my mobile phone to Nettskjema. Nettskjema is connected to EduCloud server, where the data is securely stored. I transcribed and anonymized the interviews verbatim and stored them at EduCloud server. In a transitioning phase of introducing EduCloud at Inland University, the data was transcribed and stored at OneDrive with Feide login. This solution was suggested by the IT-department at Inland University. In the anonymizing process the participants were given pseudonyms, and the list of the real names and pseudonyms were kept separately in order to correct or delete the correct interview in case of a participant decided to withdraw from the study.

3.4 Analysis of data material

Thematic analysis by Braun and Clarke (2006) was used to analyze the collected data. This step-by-step analysis allows for transparency in the process, where the semantic content of the collected data was interpretated into broader meanings in the developed sub-themes and themes, fitting with the epistemological stance of this thesis (Braun & Clarke, 2006). Hence the nature of this process, the sectioning in the interview- and focus group discussion guide matching the

sections of the research question and sub-questions, to facilitate a structured analysis, were discarded, in order keep the analysis open to emerging themes.

The thematic analysis process consists of six steps, where step 1 is the process of familiarization of the collected data, and here the recordings were transcribed verbatim (Braun & Clarke, 2006, p. 87). Step 2 is generating initial codes, and the data was coded using Nvivo software. Each code was kept close to the empirical data, meaning that the codes were developed from the data, and not directly influenced by the research questions, following an inductive approach, and open to exploring new themes from the informants (Braun & Clarke, 2006; Tjora, 2021).

Step 3 and step 4 is the process of searching for and reviewing themes, where step 5 is defining and naming the themes. In step 6, the final report was produced, with each theme and sub-themes presented with a detailed analysis in the empirical chapters (Braun & Clarke, 2006).

As expected, this process resulted in a high number of codes, 263 codes from the dataset of health nurses and 222 codes from the dataset of parents. Hence this being a recursive process, the analysis also moved across the steps, back and forth, to make sure the developed themes were fitting the entire dataset (Braun & Clarke, 2006). In this process some codes were deleted, and some codes were collapsed, leaving 223 codes for the dataset of health nurses and 217 codes for the dataset of the parents. The separate datasets with codes were again collapsed and some codes deleted, creating one dataset consisting of 323 codes from both health nurses and parents. At this stage of analysis, the 323 codes were collapsed into 58 new codes. In step 3 and 4, the 58 new codes were developed into 8 sub-themes, which was further developed into 2 main themes in step 5; *influences of today´s information society* and *freedom to make choices*. To keep this process organized and transparent, each step was documented

in a separate Word-documents. An overview of developed themes and sub-themes are shown in *Table 3*. Examples of the coding process from collected data to themes are illustrated in *Appendix 4*.

Table 3: Overview of themes and sub-themes

Themes	**Sub-themes**
Influences of today's information society	Internet as a source of information
	Learning from friends and family
	Health nurses reassures the "flink pike"
Freedom to make choices	Children and parents as individuals
	Adjusted guidance for each family
	Parents prefer open communication
	Perceptions of industrialized food

3.5 Trustworthiness in research

In qualitative research, the matters of credibility, transferability, dependability and confirmability strengthens the trustworthiness of the study (Bryman, 2016, p. 384). These criteria parallels with criterions of reliability and validity used in quantitative research (Bryman, 2016.

Credibility refers to the process of conducting principles of good practice in the research and to obtain confirmation from the participants that the researcher has understood their social world correctly (Bryman, 2016). Ensuring a methodology that generate trustworthy findings of the

research questions increases the credibility of the study (Graneheim & Lundman, 2004). Triangulation, as achieved here by interviewing both parents and health nurses, also add to its credibility. By paraphrasing some of the statements made by the informants back to them for confirmation when I was usure of the message, the aim was that the experiences of their social world was captured correctly.

As qualitative research is aiming to examine depth rather than width, the matter of generalization is somewhat limited to the finding's capacity to possible transferability to other contexts (Bryman, 2016). It is the readers decision to transfer the findings to a context they find suitable, but in order to facilitate this process, it is the researcher's responsibility to provide well defined descriptions of selection, process and analysis (Graneheim & Lundman, 2004). This is the intention of the description of methodological choices and to show how the thematic analysis was done step-by-step.

Dependability refers to the stability of data collection and alterations made during the study (Graneheim & Lundman, 2004). As the interviews have standards questions for all the participants, the interviewing process can involve possible follow-up questions, meaning that the participants can to some degree be asked different questions. As this cohere the design of semi-structured interviews, dependability is met by ensuring that the academic supervisor read the transcripts.

Confirmability involve separating personal values from the research (Bryman, 2016). Aiming for complete objectivity in research is impossible, but it is important to acknowledge these personal aspects before and during the research process. This is further discussed below in chapter *3.6 Role of researcher*.

3.6 Role of researcher

In order to ask relevant questions in the interviews, it is essential to have knowledge of the topic being assessed (Kvale & Brinkmann, 2021). Me being a mother of a 2-year-old, with my experiences from two different health centers, both urban and rural, can be considered a challenge as for degree of involvement in this study. Involvement and knowledge on the topic can mean that I am more sensitized to what the parents are expressing and can ask more precise questions, but it can also cause me to ask leading questions during the interview, if I have preconceived notions (Tjora, 2021). Therefore, it was important that I assessed my reflexivity and preconception before conducting the interviews and analyzing the data (Tjora, 2021). As recommenced by Malterud (2012), I wrote down my preconceptions before conducting the interviews, and this helped me to clarify them when analyzing the data (Malterud, 2012). However, as a former radiographer working at a hospital, I could also relate to the health nurses' challenges in providing services. Although it likewise was needed to be aware of my preconceptions towards them, being able to relate to both groups of informants might have led me to be more open to seeing possible challenges in their communication from a more open perspective as opposed to only being able to relate to one side of the communicating part. As the recruitment was carried out in a geographical area where I live, two of the parents can be viewed as acquittances, but the topic of infant nutrition and communication was not discussed with them in advance of this study.

3.7 Ethical considerations

Ethical principles can be divided into four main areas, which can overlap to some extent; harm to participants, informed consent, invasion of privacy, and deception (Bryman, 2016, p. 125-126). To ensure that this study met the ethical demands, all four of these was considered. Harm to participants refers to both physical and psychological harms (Bryman, 2016), and as for this

study it was especially important that the questions asked did not lead to loss of self-esteem or stress of being a "bad" parent for giving unhealthy foods to their baby. As for the health nurses it was important that the questions asked did not provide the feeling of not doing a good enough job.

The principles of informed consent and invasion of privacy was met by providing a consent form and to anonymize all collected data. See *Appendix 5* for consent form. The participation was voluntary, and the questions asked was designed to not be invading their private realms (Bryman, 2016). The participants were informed that he or she could withdraw from the study at any point of research. The principle of deception was met by openness towards the participants of the study's intention (Bryman, 2016). As mentioned, an openness of the analysis process increases credibility of the study, but also decreases the problem of deception.

Since the interviews was carried out in Norwegian, the data was analyzed before translating citations to English, to decrease risk of important data being lost in translation during the analyzing process, and information being misinterpreted.

Institutional clearance was ensured by applying and getting approval from Norsk Senter for Forskningsdata (NSD). See approved application in *Appendix 6*.

3.8 Limitations

Since the participation in this study was voluntary there is a chance the recruited parents have higher knowledge regards to infant nutrition than the general parent, as research has shown that this form of studies tends to recruit a more well-educated study-sample (Helle et al., 2019). However, since all infants and parents follow routine care at the health center, this challenge

can be strengthened by also interviewing the health nurses, as they communicate with parents with different socioeconomic backgrounds, and this may lead to insight in what may be challenging in their communication, both with parents from high-income families and low-income families.

Chapter 4 - Empirical chapter

4.0 Presentation of themes

A thematic analysis of the empirical data resulted in two main themes, *Influences of today´s information society* and *Freedom to make choices,* as these themes were emergent from the participant's experiences and perceptions. The first theme, *Influences of today's information society,* with corresponding sub-themes, *Internet as a source of information, Learning from friends and family* and *Health nurses reassures the "flink pike",* will describe what sources the parents used when they sourced for information on infant nutrition, and whether this information complemented or conflicted with the information they received from their health nurse. The description of this theme also involves general experiences of both health nurses and parents with communicating infant nutrition, and especially the health nurses' experiences with the informed parents.

The second theme, *Freedom to make choices,* with corresponding sub-themes, *Children and parents as individuals, Adjusted guidance for each family, Parents prefer open communication* and *Perceptions of industrialized food*, will describe what level of trust is placed by the parents on the information and recommendations they receive from the health nurses on infant nutrition, and how does this level of trust affect the dietary choices they make for their infants. Here the

health nurses' possibility to adjust the advice to the individual parent and infant, as well as the impact of society in these choices will be described.

Some of the sub-themes are complemented with under headings, to paint a clearer picture to the reader.

4.1 Influences of today's information society

This chapter will provide the results and describe the how the information society influences communication regarding infant nutrition, by describing the sub-themes within this theme. Both health nurses and parents describe positive and negative sides of the extensive information on infant nutrition, and their experiences on how they dealt with this issue is described.

4.1.1 Internet as a source of information

Some of the parents felt that the information on infant nutrition at the health centers were deficient, and some perceived the information as being too general. They wanted more specific information on nutrition at the health centers and felt the need to seek this information on their own, to fill a gap of guidance they experienced at the health centers. In the quest of getting both inspiration and knowledge on infant nutrition, the parents turned to the Internet as a source of information. Here they found communities of other parents who had children of the same age, as well as more corporate communities where they could receive age-appropriate tips on what and how their babies could eat. These Internet-accounts also offered memberships for more extensive information, and the parents' impression was that they were run by professionals within the field of nutrition.

Michelle: *"I follow an account on Instagram called "SolidStarts". The account has millions of followers all over the world. It is a very exciting account to follow. There is a free database on how each food item can be divided according to age, how much milk you should give… all kinds of possible advice and tips. And a lot of this is free, but you can also buy bundles, like videos of first aid, videos of how to reverse picky eating, and how to avoid it. You also have "Ernæringsmamma" in Norway. She´s really popular, she talks about this, but also marketing towards children. (…) There is also "Barnematbyen" where you can subscribe and be a part of things, that actually goes for all of these accounts".*

Sarah seemed to share the same excitement when she talked about the information she could find on the Internet:

Sarah: "*When he* [my son] *was four months, we got information on nutrition at the health center, and we were recommended to start with tasting samples. I used Internet a lot, to google what kind of food I could give and so on. I´m also member of a Facebook group, for babies who are the same age, and there I could find information on what other people gave as tasting samples. Like, I got told at the health center to start, but maybe not told what to start with, and me being a first-time mother, everything was new, like what can you give and what should you not give. (…) I follow some accounts on Instagram, and they are very inspiring. They have pictures of food, reels, they show food size according to age, and what they give for lunch instead of just bread with liver pâté or the usual. (…) I think it's perhaps more inspiring than reading a piece of paper that's just black and white text, isn't it, because then you see pictures, they've made film clips. (…) it's more when I lack a bit of motivation and feel that he might have eaten the same thing a lot, then I can go on the Internet and browse."*

Not everyone felt the need to seek the Internet for support and inspiration, and Susanne said she rarely felt the need to do the research as she had other people in her life for support.
However, she was still a member of some online groups, and occasionally she found information that was useful for her.

Susanne: *"There are quite a few others it's natural to ask before I ask a Facebook group, even if there are people who have children exactly the same age. But then that Facebook group can be very nice if there is someone who has made a dinner that was a huge success. So that's why you're there."*

A challenge to sort the jungle of information

The parents who used Internet as a source of information perceived themselves as being critical to the used source and when asked what made them trust this type of information source, Isabella described a critical view on what was important to her and how she proceeded:

Isabella: *"It's a question of what kind of background people have. If they are educated in the field then it will be a little different, but there are a lot of people who may only have taken a course or just heard something and also write about it in a way, so I take that with a grain of salt. I also want to know the background for the recommendations, and on what basis they have made those recommendations. ... Or if something comes up in the newspaper and other places, like the new study about introducing some solid foods earlier to prevent allergy, I'll check it out. But I'm very... I'd really like to know how the study was carried out, how many people participated and things like that. I´ve studied a lot myself, and in a way, it´s not everything that should be believed even though it is a study."*

Isabella noted that she had experience in reviewing studies from her education, and she described a thorough process when she searched the Internet for information on infant nutrition. She experienced that this method helped her to sort what she perceived as trustworthy information. Although the health nurses experienced some parents as well read within the field of infant nutrition, when asked if there was too much information available, health nurse Emma perceived most parents as being critical to the used sources, but at the same time they experienced that some parents needed additional guidance:

Emma: *"Although most people are quite critical of where they find the information, there are always some who have been reading all over and are unable to sort the information."*

The challenge of having too much information available was not only reserved the parents, but it also created some challenges for the health nurses. They experienced that a lot of the parents sought information on their own, and that they in general were very much updated on new studies and trends. This was sometimes challenging for the health nurses as they had many areas of infant health to keep updated on. Since they followed recommendations from The Directorate of Health when providing advice, they sometimes felt conflicted when new studies and new information deviated from the national recommendations. In one of the focus group discussion, Daisy, Rose and Lily discussed this challenge:

Daisy: *"This last year there has been some who have asked about it at the three month follow up control. Because of the new research, that say you should start with solid foods already at three months to prevent allergy. Just to put a little peanut butter on your finger inside the baby´s mouth. So, people are up to date on things. But these are things that we cannot recommend because the guidelines have not changed."*

….

Rose: *“There are courses from time to time, like webinars”.*

Lily: *“After corona”.*

Daisy: *“If there has been an update of guidelines or something like that. So, it's possible that there is more, but I can't keep up, can I? Must have some surplus energy and time to keep up with those things, right?”*

Lily: *“And prioritize it. You cannot prioritize sitting on webinars all day, we do not have the resources for that.”*

Along with the ability to sort the information that is available, these health nurses brought forth another important challenge in dealing with this issue, which is the unavailability of time.

4.1.2 Learning from friends and family

Internet was not the only external influence of information the participants experienced. The parents talked about other experiences they had talking with close family, especially their own mothers, friends, colleagues, and other mothers. Comments that other people have said to them affect them, resulted in making them unsure in their decision, but also to get a feeling of something being wrong with their babies. This was not limited to nutritional decisions, as they also mentioned comparing sleeping patterns and motoric skills. Lindsay illustrated this by sharing a comment she received from a colleague:

Lindsay: *“And it´s not like people are saying. I heard of people (later explaining this was a colleague) saying "Oh, I remember when my kids started eating porridge, it was so good because then they slept through the night" Honestly, that´s just nonsense to me. It hasn't been like that with my baby at all. She is almost ten months old now, and it is only recently she started*

to eat a whole portion of porridge. And she still doesn't sleep through the night! It's just so individual. But the fact that people say those things affects me. Because then I think there is something wrong with my baby."

She went on to talk about how other people also inspired her to start giving her baby solid foods before she intended, and where she described a portion that is in line with the recommendations given by The Directorate of Health, but still worrying of other people's meanings interfered with her self-assurance:

Lindsay: *"Maybe I was a bit influenced by others to start giving solid foods. But I started very gently, I made a very liquid porridge. And then I got the impression, it could be that it's just my brain, or that I was paranoid, but I kind of got the impression that others thought that the porridge I made was too liquid".*

The parents talked about their mothers and more peripheral acquaintances from older generations, and how they gave advice that they were given some years ago, which todays parents felt did not fit into today's view of both children in general and nutrition specifically. Sarah described this confusion of information with an example of her discussions with her mother:

Sarah: *"My mother said, "My God, in my time, we ate salami when we were pregnant, and the children had both milk and salt in their food". And here I am "no way, no butter on the bread, it´s too salty, my baby has his own butter without milk and salt", right. So, my mom is more like "Well, you grew up just fine", so I mean, it went fine in the past as well."*

The parents were somewhat divided in how self-assured they were within themselves with regards to making decisions of infant nutrition, but some parents in this study reported on situations where they felt judged by others or talked about situations where they made precautions in order to avoid being judged. This went for both online and offline relationships. They were also worried about being seen as judgmental towards others and being a parent who made all the baby food from scratch could be perceived as a "flink pike". This term was used by the informants as an overachieving mother, and in literature is sometimes translated to "good girl", but for better understanding of context in this study, the term "flink pike" will be kept in Norwegian.

This seemed especially important as two of the mothers also wanted to assure that I did not perceive them as "flink pike" at the end of the interviews. Some of them also wanted to know how they performed compared to others that I had interviewed. This could of course only be curiosity and interest in the topic discussed but being understanding and open towards others was expressed as being important to them.

4.1.3 Health nurses reassures the "flink pike"

The empirical data tells a story of the information overload that is presented to the parents from different actors. Whether this is from information they sought themselves, or as external influences such as marketing or advice provided from friends, family, health care professionals, governmental internet sources or social media, presented in a mix of old and new research. Navigating in this field could be challenging, and even though some parents were both able to sort the information and combine this with instinct and a gut-feeling, the health nurses experienced using a great amount of time reassuring parents in making decisions within the field of infant nutrition. They described both the amount of information and the fact that it is

often conflicted as factors that seemed especially challenging for the parents. When asked if the parents read more today and if there is too much information today, some health nurses discussed how more information could still make parents unsure:

Laura: *"Yes, that's how it is today, we get input from various sources. And I think many parents receive this. But they might still be unsure, so they need to come here to get confirmation that what they have thought and done is correct. Or if they have to change something. So many are well read, but perhaps many are also unsure. That's how I think."*
Beth: *"They also might have read something on the internet and also heard something from their grandmother... Yes, they also don't quite know what to trust. Then they ask us."*
Julie: *"Yes because we are in-between the Internet and the grandparents."*

The typical "flink pike" was described by some health nurses as highly educated and well-read within the topic of infant nutrition, but the fear of not doing the very best for their child caused them great insecurity. The perception of some health nurses was that some parents sought a golden standard recipe for their baby, but the challenges seemed to appear when the information was conflicting and if their baby was not willing to follow the recipe. In these cases, the main job for the health nurses was to reassure them and to work with these parents to help them to let go of the need for control.

Olivia: *"There are some parents who are very concerned with doing it as properly as possible, so properly that is becomes complicated. Nothing is good enough for their little baby. Sometimes I experience that they are concerned with how to do this as best as possible, and they want to make homemade baby food themselves. And then we advise, just boil a potato add some milk and make mashed potatoes. But then that´s almost a bit too simple."*

Emma: *"There are some parents that have to do everything right, and they have a lot of questions. In a way they are not satisfied either, because there is always something else they are wondering about. They are very concerned whether it is the right amount and what size a portion should be."*

The many sources of information may be presenting conflicting information to the parents, but the information may also conflict with the baby as an individual with individual preferences. Lindsay described herself as not being a "flink pike", but comparison can be challenging for any parent, and she experienced being reassured by her health nurse when she felt that her baby was not eating as much as other babies.

Lindsay: *When I was giving her porridge and food, I somehow couldn´t get anything in her. And then you hear of others. Another mother with whom I attend a maternity group, who has a son who is the same age as my baby, besides him being prematurely born, told me that when she started to give him porridge, he just loved it! Like, he cannot get enough. He gets angry if she doesn't give it quickly enough. Then I was like "what?!". But every time it comes to a breaking point where we almost give up, I talk to the health nurse. Cause you usually wait until it has gone quite far, but it always bets better when I talk to her. And she responds "it's completely normal, there are many children at that age who are still just trying it out, just a teaspoon sample." So, there's nothing abnormal then, at all, and in the first year it's the milk that's the most important anyway. She really manages to reassure me. And after that, my baby started eating more. Almost instantly. I say it always goes better the day I call her. It's just wild."*

4.2 Freedom to make choices

This chapter will provide the findings of how the freedom to make choices is important and experienced by parents and health nurses by describing the sub-themes within this theme; *Children and parents as individuals, Adjusted guidance for each family, Parents prefer open communication* and *Perceptions of industrialized food.*

4.2.1 Children and parents as individuals

Individuality was an important factor throughout the empirical data. Parents are individuals and have different perceptions of what is important to them and what they choose to prioritize in their lives. They also have different knowledge, skills, and preferences on what kinds of advice they want to receive from the health nurses and how they want this to be communicated to them.

Even though the health nurses spoke of their experiences with insecure parents who needed extra guidance, and some parents spoke of episodes where they asked for such guidance, some of the parents in this study emphasize their self-assurance and security within themselves as a factor when making decisions. This is the feeling that the health nurses tried to provide for some parents, especially the “flink pike”-parents, and whether the parents who spoke of this already possessed this characteristic or it was a result of extra guidance, some spoke with pride when describing the decisiveness based on their gut-feeling. Some parents also said they did not think that the health nurses affected parents in choices regarding infant nutrition. They thought that other parents, as themselves, read information on infant nutrition if this was a topic that was of interest to them.

Interest in food is also something that divides the crowd of parents and seemed to be an individual factor of whether the parents chose to buy industrialized food or make homemade baby food. One parent, Susanne, explains that she has not actively sought external sources of information, but have put together what she has seen on from Facebook-groups, heard at the health center, from her mom and what she has seen in the stores, and described herself as a mother who is not especially worried. In her description of how she made dietary choices for her infant, she emphasized her gut-feeling:

Susanne: "*I think I have to trust myself. He gets a lot of dinner jars, I think that's probably perfectly fine. (Laughing) (...) It's not something I've thought about very much. It's a bit like, the baby has to eat and then I find food and do it like this. I´m not thinking "is this right and is this right and should he have that instead?". I'm not a worried mom. I'm not too concerned with what everyone else thinks about things, because I see my children putting on weight and growing and having a good time. And I think that then we are probably doing it right.*
I haven't asked much at the health center either. I´ve listened and done what I think is sensible."

Susanne spoke mainly of her second child but explained that with her first-born child she tried to make homemade baby food, but that her child refused to eat it. At that time, she said she was more on the lookout for inspiration on what food she could introduce to her infant. A combination of the time pressure of having two children and the fact that her baby likes the industrialized dinner, is described by her as factors contributing to why she chose to give her baby industrialized food. Another parent, Lindsay, described the same individualistic trait of her baby, but with the opposite result. She intended to make some homemade food for her baby,

but to also give industrialized food when she needed to. Her baby did not like the industrialized food, which she said resulted in her making more baby food than she might have planned to.

Lindsay: "*I've had a bit of a bad feeling with those dinner jars. But I´ve given it to my baby and if she had eaten it, I would probably have continued to give it to her. But she doesn't want it, so really, it's just fine. (Laughing). Because I think it's a bit gross. Also, I don't think it's any stress to make it myself. (…) And I think they smell gross, and I don´t really want to taste them. I think it's a bit disgusting, and when she didn't want it, I just thought "oh well". But since she won't eat that much solid food, I would probably have given it to her if she wanted it, and though "well, she´ll get fish and maybe she´ll sleep all night", and then we would sleep too. (Laughing). So, it´s not a very conscious choice, because I´ve bought other things from the store, like smoothies* [squeeze bags] *and porridge".*

Moreover, regarding making own decisions based on individualistic preferences, the parents were divided between parents who preferred "rules", as some parents spoke of the recommendations, and if this was something that they felt was important to them in order to do what they defined as "the right thing". Others felt the opposite, whereas Michelle perceived nutrition as a topic to be too complex to fit into concrete advice, that could be perceived as rules. Three parents, Lindsay, Gina and Sarah, emphasized chemistry between them and the health nurse as important, which points out that even though health nurses are professionals they are also individuals with individual perceptions on guidance and nutrition.

The family diet and food tradition

Some informants from both groups, health nurses and parents, emphasized the importance of the family diet, what dietary habits the parents grew up with and what they eat in everyday life.

If they were used to prepare food from scratch, they might be more prone to prepare such meals for their infants as this was perceived as less stressful and complicated than parents who might lack this knowledge or skills. In the latter situations, health nurses Daisy, Rose and Lily and parent Gina said that in these cases, industrialized food might in fact be a better option than badly prepared meals.

Daisy: *"It´s not easy-peasy making homemade apricot and prune mash".*
Rose: *"And it takes some time, so it's sort of what people want"* .
Lily: *"Yes, or they don't really care. If they are very concerned about diet then they read about it, and they read carefully and they are, as Daisy says, one of those "flink pike", conscientious people, so then they have familiarized themselves with this too. Other parents have little concern about it and are hard to turn. And it's not certain that I want them to cook prunes themselves either because I'm not sure if they can do it. It sounds so awful. But it is true."*

When discussing why some heath nurses did not try to push people to make homemade baby food, parent Gina reflected upon the same challenges as the health nurses, as the industrialized product sometimes might be better than the family diet.

Gina: *"I think maybe some* [parents]*, those who might not be able to do it, those who might be bad at cooking in the first place, so that they shouldn't feel bad about buying dinner jars for their children. Because that is much better than not eating any okay food at all. So that is much better than eating wiener sausages four out of seven days a week. That's how* [health nurses] *have to find that balance as a healthcare professional and how to talk about both the homemade and the industrialized product. (...) I´m a member of a group on Facebook, where there are some people who write that they only give industrialized food because they have such a poor*

diet themselves. And then I think that it is better than giving the child a poor diet. And the food in the jars are approved as baby food, so they are not dangerous for the baby, but there are better options. But if the alternative is that or bad food then the choice is easy, I think."

Gina's thoughts also include why she thinks the information from the health nurse does not focus more on information of homemade baby food, a perception she had herself.

4.2.2 Adjusted guidance for each family

In general, most health nurses felt that there was not much discussion around the topic of infant nutrition, and that most parents seemed to agree with the general recommendations that they gave, but at the same time, they described these individual traits that they have to take into considerations when guiding the parents. Sometimes, the health nurses have a challenging job when navigating the different individual needs of each family. Since they follow the national recommendations of infant nutrition given by The Directorate of health, the recommendations they mainly give are general suggestions of healthy foods.

Some health nurses were concerned with giving the families advice that would fit their total life situation and adjusted the amount of information to each family. They did an evaluation of how they perceived the family, how stressed they were with others demands in life and aimed to support them in the choices they wanted to take for their infants. If the parents seemed interested in homemade baby food, they would give more guidance on this than to those who seemed to have enough of other thing going on in their lives, or that just did not ask for any additional guidance.

Daisy: *"There are many [parents] that ask about it, in relation to what they should do. "Can we buy food or should we make it ourselves"."*

Lily: *"And then I say, we are lucky in Norway. And now we can talk about processed foods, as it´s coming more and more [research], that if they have the time and energy, you could eventually take something [from their own food]. They rarely serve dinner jars to the whole family!"*

Daisy: *"I usually say, do what fits best for you, right, but what I would have done, was to maybe prepare a bit, I don´t know about the porridge, as everything is added [in the porridge], so instead try to have focus on preparing the other food. It is many who starts out preparing everything, but then realize that they don´t have the capacity, right. And then it is very open to the fact that what you can buy is also good enough.*"

When discussing how the guidance was communicated earlier compared to now, some health nurses felt that the guidance was more categoric earlier, with industrialized porridge being more prominent, whereas today, the recommendations and followed guidance was more open as towards trying different flavors to develop a range of preferred tastes for the infants.

Some health nurses discussed their role as a job to help the parents make informed choices. Support, information and mastery was pointed out as important factors to achieve this goal. This was done by not only giving information on what to give and not to give, but to provide them with additional information on how to solve their challenge in practice. An example of this was that instead of just saying that the parent should not give juice to their infant if they were doing so, but instead to guide them in how they could do this gradually.

Charlotte: *"I talk about this, that water is a good thirst quencher for big and small."*

Olivia: *"Then I sort of give tips on how to.. because he doesn´t like this water, so how to phase it out, right, and then to make the juice thinner and thinner to learn [the baby] that. That you just don´t say "Don´t give juice on the bottle". Like, give options, if they can manage it differently."*

The health nurses aimed to give the parents freedom to make decisions on their own, but they were more concrete when they advised on the squeeze bags. They felt strongly negative towards the squeeze bags for various reasons, and they discouraged the use of them, but doing this was also sometimes challenging, even if it meant much to the health nurses, they did not want to point fingers and act judgmental towards the parents. Some parents found it comforting when their health nurse was positive towards industrialized food. This was seen as being open to their family situation and took some of the pressure of them in a stressful everyday life. Those health nurses were not seen as judgmental.

4.2.3 Parents prefer open communication

Most health nurses perceived the parents trust towards them as good. This was based on experiences of few discussions about infant nutrition, and that the parents asked questions and seemed to agree with what they were advising.

It was important to the health nurses that many choices which the parents had to make, including dietary choices made for their babies, were individualistic choices that needed to be done by the parents. They were concerned with every parent choosing what was best for their family situation. And with regards to buying industrialized baby food or serving homemade baby food, that needed to be a choice the family made for themselves. And as one health nurse pointed out, they have no sanction possibilities in this area, they were there to give advice to help the parents

make informed choices, and that the parents did as they wanted. They described how they had to be cautious when interfering with bad dietary habits, such as unhealthy foods and squeeze bags, but that this was mainly a challenge with the older children.

Laura: "*We can adjust the information, we usually do so. That applies to all information. That we give a little more to some and a little less to others. But we will still notice that some people do not accept it and are defensive, perhaps."*

A god relationship between the health nurse and the parent was emphasized by health nurse Noelle as an important factor when giving guidance on infant nutrition. Many of them were concerned with being judgmental towards the parents and worked to avoid this. Not being judgmental was also mentioned by some parents when they described how they experienced a good relationship with their health nurse. Most parents described their communication with their health nurse as a positive meeting, where there was much space left within the recommendations to make choices on their own. Those parents also described their level of trust towards their health nurse as good, which resulted in them being more open to asking questions, not only about nutrition, but in other fields as well.

Sarah: *"I like it very much the way it is now because I don't feel that there is a pressure. As I mentioned earlier that she [her health nurse] has mentioned to avoid salt and milk, "be careful with it until [the baby is] one year, we recommend that". She has not been nagging about it, she has mentioned it. So, I feel it is very suitable, I don't feel that you are judged in any way. Because say if I had been "but I give my kid salt and this and that" then.. she gives her advice, but I don't feel that she is judgmental."*

However, not all parents felt the same way, Susanne felt that she did not have a good chemistry with the health nurse and spoke of a feeling of having to follow a required standard. She perceived the goals as being too high, whether it was about brushing teeth or eating vegetables, and that there were too many of these standards to follow in society, and that were communicated through the public health center. This lack of freedom to make own choices left her feeling worse after leaving the public health center after follow up controls. She recalled this feeling first appearing when she was not able to breastfeed her first child, and that they gave up on her when she was not able to fit into the desired standard.

Another parent, Gina, who had experienced both good and bad chemistry with two different health nurses with her first and second child, described the same communicating forms, as the one she had bad chemistry with she described as more "old fashioned" and that the perceived requirement to follow a standard form was more evidently than with the health nurse she had better chemistry with.

4.2.4 Perception of industrialized food

Most health nurses and parents expressed trust towards the Norwegian regulations on infant nutrition, the food industry, and the industrialized baby food. Many felt secure that these products were not directly harmful to the baby's health. Still, some of them preferred homemade foods as they viewed them as more nutritious than the industrialized products. Even though most parents also expressed this trust, they had some personal opinions on the way the baby food is separated from other foods in society. Michelle had a strong opinion on this and the food industry in general:

Michelle: *"A part of the food industry and the health industry is that.. it´s a bit like letting the fox watch the hen house. After all, many health centers are partially sponsored by food manufacturers in relation to promote their products, you may see a lot of that. (...) The food industry exclusively fronts the preprepared and quick, where you mix in water and you're done, or just heat a jar. They pretend that it is enriched with vitamin-C and all kinds of vitamins and iron, and to an ordinary Norwegian, that sounds very lucrative and very good. Then you buy it and think that ´Now I am doing the best for my child´. You also have to think back in time when these producers didn't actually exist, how did children grow up then? Well, they ate food."*

Some of the parents were very much interested and invested in preparing homemade meals, and upon asked about her decision to make homemade baby food, Gina made the same point in her perception of the division of baby food and adult food in the stores and replied:

Gina: *"Before I got pregnant, I remember that I didn't want to give the typical ready-to-eat food in jars that you get in the stores. I wanted to try to make something from scratch. I thought it would be best to familiarize myself with it before I suddenly stood there scratching my head and wondering what to do. I don't really know, maybe I think so because I think it's so strange that children have to get those typical dinner jars at the store and... they manage to eat other foods just fine."*

The health nurses had the impression that some parents chose industrialized porridge and dinner jars both because it was easy and because they felt secure that their babies got the required nutrition they needed, especially since the industrialized porridge contained added iron. The industrialized dinners were also divided into suitable age groups, which they thought may add to a feeling of control and security for the parents. Since the health nurses expressed some trust

towards the products themselves, they reported that they often also recommend this to the parents, especially the industrialized porridge. The impression was that the porridge was almost embedded in the culture, and they therefore more often encouraged the parents to focus on homemade dinners instead of homemade porridge. A point was made that the babies only consumed this porridge for a short period of time in life.

Lily: *Speaking of porridge, it is the industrialized porridge that has been most used, hence you know you have enough added [nutrients], and for some it requires a bit more effort and work to make it from scratch.*
Rose: *They have enough, in a way.*
Lily: *And then maybe it won´t be done, and then I think it´s more important that they get industrialized porridge, and it's such a short period in a child's, a human's life, that I don't think that's where the battle is in relation to ready-made food and not, although it is important in the first months. I think so, but emphasis on "think". It´s not written anywhere.*

However, the health nurses did not feel the same way about the industrialized squeeze bags. This topic was brough up in all three focus groups, with the discussion being about the amount of sugar, the degree of processing as well as oral motor skills and dental care:

Noelle: *"There is also quite a bit of sugar in it, so if they give some and then wait and give some more, the teeth are also exposed to acid attack over time. So, maybe it's good to be a little careful when you get the impression that there are a lot of squeeze bags. That you advise them that from a practical point of view, once in a while is fine, but that you shouldn´t use it all the time."*

The perception of time pressure was described in different ways, and even though parents had a busy schedule earlier as well, some health nurse perceived that the society seemed to move faster today, and that many parents had a busy schedule.

Daisy: *There are a lot of those mums here and... they're going to baby singing, they're going to baby swimming, they're going to.. there's a lot you're going to do. Because it is expected that you will participate in all these things.*

(...)

Lily: *"They [the parents], participated in activities before as well. But the time may have... things went a little slower before, maybe. (Chuckles). Several people worked part-time... but you had one year leave in the old days too."*

The availability of industrialized food, particularly squeeze bags, was assumed by most health nurses as reasons to why the parents give the infants these products instead of giving homemade baby food. The parents who used them listed the same reason but specified that they only used then "on-the-go". The health nurses advised the parents according to the recommendations from The Directorate of health to try to limit the use of squeeze bags in particular, to when they were "on-the-go". However, as illustrated by Daisy and Lily in the previous citations these occasions might be more frequently today than they used to be. The health nurses discussed this change and challenge in society, and also raised the question as to why we need to eat while moving. The also reported on a tendency of infants being given industrialized baby snacks and squeeze bags in order to calm down, and to keep themselves preoccupied, giving the parents a break. This break could perhaps be much needed, as having a baby partly is, as parent Lindsay describes it: *"I'm in favor of it being easy. And that having children is really exhausting".*

In summary, some parents perceived making homemade baby food as not stressful and felt pride in preparing this. Others felt that preparing homemade baby food was both time-consuming and challenging. It was important to some of the health nurses to not cause the parents additional stress by focusing on homemade baby food. Since some of the health nurses perceived the industrialized baby food as equally nutritious, they told the parents that this way fine to give to their infant if they did not have the time to make homemade food. Homemade porridge was seen by some as more time consuming than homemade dinners, and therefore this was often recommended to the parents.

Chapter 5 – Discussion

5.0 Outline

This study examines both experiences of communicating infant nutrition at the public health center and external factors contributing to parents' choices regarding homemade or industrialized baby food. This chapter will discuss the findings in context to previous research and knowledge of the communication between parents and health nurses. As the literature review show, different theoretical concepts and models are used in trying to study which one has the most effective way of explaining parents' dietary changes for their infants. The concept of empowerment and the framework of Dahlgren and Whitehead are used in this chapter to conceptualize the findings of this study. Finally, implications for public health and limitations of this study are discussed.

5.1 The importance of Internet in this information era

The main aim of this study has been to examine how the experiences of communication between health nurses and parents when discussing infant nutrition impact the dietary choices parents make for their infants. As noted initially and in the literature review, studies have described parents' perceptions and experiences with advice on infant nutrition from the public health centers as being inconsistent, leading them to seek advice from other sources (Holmberg Fagerlund et al., 2017). Interestingly, the health nurses follow national guidelines when giving advice to parents on infant nutrition, suggesting there should be no inconsistency in the given advise. Moreover, the participating parents' focus was not with inconsistency either, rather than on the scarcity of given information on nutrition, a finding that was also found in a Master thesis from 2016 (Vea, 2016). The perception of most participating parents was mainly that the information provided to them was too general, resulting in a perception of the role of the health nurse in dietary choices for their infants as not impacting their dietary choices to an extended degree. However, even though the findings were not matching with previous literature of experienced inconsistency, the behavior of parents sourcing information on infant nutrition outside the public health center and governmental recommendations, were still prevalent, perceived both by participating parents and participating health nurses.

As for family and friends, a few parents sought information from their mothers and their maternity group, but most participating parents experienced lack of chemistry with their assigned maternity group, and the information given by their mothers were sometimes perceived as "old fashioned". Use of internet stood out as the main external information source, outside of the public health center. Findings show that most participating parents who used general internet sites, Instagram accounts and Facebook-groups to source information, were

mainly interested in inspiration as to what types of food they could give their infants and how this could be prepared.

5.1.1 Positive effects of Internet

Both previous studies opting to change dietary habits through practical interventions and finding of this study, with parents sourcing the Internet for inspiration on what types of food to provide for their infant and how to prepare this, indicates that observational learning has a positive effect on changing dietary habits (Helle et al., 2019; Øverby et al., 2017).

Findings in this study show that social media inspired some parents to change their dietary habits, as they felt motivated watching images and videos of baby food. Findings also report on some parents and health nurses not knowing how to make homemade porridge, whereas Øverby et al. (2017) found learning this skill improved the use of homemade porridge which had a positive effect on HDL cholesterol. Following Kabeer (1999), the way the parents inform themselves using the Internet, can be seen as empowering, in the sense that the parent themselves are involved, participating in sourcing information and therefore gaining resources to make informed choices, a process that can be viewed as the agency, the process of decision making. The achievements depend on whether the outcomes involved a positive change in the infant's diet, as was shown in Øverby et al.´s (2017) findings. Adding one of Mosedale´s (2005) aspects of empowerment, that the process cannot be carried out by a third party, but it can facilitate the process, Internet can be argued to be empowering. The Internet "it self" is not carrying out the change, but it facilitates the parents to use the information online to empower themselves. It can therefore be argued that Internet in some cases is empowering to parents in making infant nutrition decisions.

However, even though some parents changed their dietary habits from searching the Internet, the health nurses also contributed to the process of empowerment. Sara said that her health nurse encouraged her into believing that she could make more homemade dinners. This process of communication between them could be argued to empower Sara through resources, agency, and achievement. Agency was achieved as the health nurse involved Sara in the process of choosing whether to feed her infant homemade or industrialized food. As for resources, Sara was provided with information and knowledge on how to proceed, and where to find reliable sources. The good feeling of control over the food she prepared herself aligns with achievements in the process of empowerment.

It needs to be restated that parents that attend studies where participating is voluntary tend to be more informed and well-educated (Helle et al., 2019), and that can be a reason as to why the participating parents do not experience a need to ask their health nurse, and feel comfortable to source this information themselves, as they appear critical in evaluating the information sources.

5.1.2 Negative effects of Internet

Health nurses follow national guidelines in their guidance, but findings indicate it often involved being personally invested in keeping up to date on the topic, as they had to attend webinars on their own initiative. This finding is corresponding with findings of Toomey et al. (2021), where health nurses reported time and personal interest as contributing to how they guide the parents on the topic of infant nutrition (Toomey et al., 2021).

The health nurses in this study explained that they tried to see the family as a whole and adjust the advice accordingly. Findings show that they adjust the advice they give to fit the family to

some extent, mainly revolving those parents who ask for additional information themselves, or by gently discouraging the use of industrialized squeeze bags. They explained that some parents only needed some knowledge of what a healthy diet is, but the majority of those who asked questions regarding infant nutrition were parents who had already read of this on the Internet and other external sources. From these findings it can be argued that the attitude and expectations of both parents and health nurses that those who are interested in infant nutrition source additional information, leaving those who are not personally invested in this specific topic more prone to providing an unhealthier diet to their infant. Leaving the responsibility to source information on infant nutrition to each parent might lead to increase the social gradient in health, as it is an individualistic approach to increase health.

At the same time, it can also be argued that adjusted guidance is in fact empowering the parents, as the health nurses are empowering the parents with the skills they have or the skills that are able to obtain. Contradictory to treating all parents equally and expecting them to perform on skills they do not possess, would be to disempower the parents. As Kabeer (1999) describes the term of power in a positive meaning to be *"*having a say in relation to the resource in question*"* (Kabeer, 1999, p. 444), providing all parents with the same advice and information might be disempowering those parents who are not able to follow the perceived golden standard, a point that was also made by the participating parents who felt that they were not able the meet this standard.

Some health nurses in this study also reported on challenges when the recommendations were not corresponding with new research on the topic, and even though some parents wanted to discuss these findings with their health nurse, the health nurses felt obligated to only recommend what was stated in the guidelines. Internet can, as mentioned, be empowering to

the parents as a community, as they seek advice and inspiration themselves. Some reported on reading journal articles and evaluating new research that had not yet been implemented to the national guidelines. Isabella said she read new studies on allergies, where one study stated that when some allergens are introduced earlier than recommended, it could prevent allergy. Some health nurses reported on reading the same research, and although agreeing with the results, they experienced that they could not recommend this to the parents. Sometimes, they would discuss this with parents who brought in up. However, they perceived these parents as knowing what to do, and that they were very much updated. It can be argued that the use of additional information sources, such as the internet, disempowers health nurses as they can be portrayed as not updated or "old fashioned".

5.2 Challenging to guide the "flink pike"

The health nurses described a group of parents who is fitting the "flink pike"-term, which was perceived as more challenging to guide. This finding is corresponding with previous research, where Bramhagen et. al (2006) also found that mothers who health nurses perceived as more controlling were less satisfied with the received guidance from their health nurse. Some health nurses in this study stated that this group of parents never seemed to be satisfied with their guidance, and often had additional questions. When the health nurses gave specific advice, the parents still were not satisfied, as they wanted even more specific answers. Several health nurses from different focus groups used an example of these parents wanting to know exactly how many teaspoons of food they should give. The sample of participating parents did not include anyone who categorized themselves as "flink pike", and the way most of the parents talked about trusting their own gut-feeling, they do not seem fitting with the term "flink pike" as it was described by participating health nurses. From perceptions and descriptions by participating health nurses it can be suggested that this group of parents would benefit, or at

least prefer, the type of communicating form described by Andrews (1999), where more concrete advice was preferred since empowerment in some cases was seen as conflicting with the parents view of the health nurse as an expert. It can also be argued that the "flink pike"-parents whom the health nurses spoke of, were not disempowered in the first place, as they had access to several choices based on information as they had done extensive research. Kabeer (1999) emphasizes the fact that in order to be empowered, one needs to be disempowered to begin with (Kabeer, 1999).

However, the way the health nurses reassured the parents in their communication and guidance can be seen as a way of increasing responsive feeding, which is shown to reduce obesity (Helle et al., 2019; Redsell et al., 2016). Guiding the "flink pike"-parents away from their perceived ideal, which may not always be fitting with their infant individual needs, can increase their recognition of the infants cues of hunger (Helle et al., 2019; Hurley et al., 2011). Therefore, reassuring parents that industrialized baby food can be given occasionally, might not impact on reducing the use of industrialized baby food, but the health nurses highly impact another important factor of preventing obesity, namely responsive feeding. Further, it can be argued that the health nurses empower parents through responsive feeding. Following the concept on empowerment, trough resources, agency and achievements, the health nurses give the parents resources to sort the information they source, where the process (agency) is meant to decrease stress regarding decision making, whereas the outcome (achievement) is a perceived security in themselves. Some parents spoke of a perceived security within themselves, but at the same time they spoke highly of their health nurses who contributed to the feeling of security. As stated by Mosedale (2005) empowerment is an ongoing process, and learning how to sort information, can help the parents going forward in life of parenthood and future decisions.

Moreover, in suggestions for policies to improve health in early life, Marmot and Wilkinson (2003) lists good nutrition and health education among aims for such policies (Wilkinson & Marmot, 2003, p. 15), and further emphasizing the importance of policies facilitating parent-child relations (Wilkinson & Marmot, 2003). As illustrated in this thesis by explaining how health nurses empower parents at an individual level as they draw on the parents' personal skills and work with responsive feeding, and responsiveness in general, may have potential to improve diets in infancy and improve health in early life.

5.3 Autonomy in open communication

As illustrated in the empirical chapters, some parents experienced insufficient guidance when the perception of the expected behavior at the public health center was perceived as closed and too strict. Adding that most of the parents wanted a non-judgmental communication around infant nutrition, the findings of this study also emphasize the fact that parents and infants act as individuals.

To summarize and restate findings, parents that experienced high levels of trust towards their health nurse argued that openness regarding their total life situation was a contributing factor to their high levels of trust. Despite the wish of doing everything right for their babies, they experienced that it was difficult to cope with time and lack of energy, and to been seen in this situation and not feel judged for their decisions to give their infant industrialized product was described as important to them. Parallels can be drawn to findings of Hoddinott et al. (2012) where family happiness as an ideal was a realistic family perspective as opposed to the idealistic breastfeeding recommendation, which was only perceived as a contributing factor to family happiness (Hoddinott et al., 2012). Strict rules of what foods to give, that did not fit the parents' total life situation was seen as a negative contributor to a good communication between

participating parents and their health nurse, as the parents did not want to follow a concrete recipe.

The parents who expressed bad experiences with guidance with introducing solid foods, also experienced insufficient guidance with breastfeeding. They explained that they had a feeling of not fitting into the box that the health nurse expected, and this left them feeling bad about themselves, leading them to restrain from asking questions. Hoddinot et. al (2012), which also examined experiences with the transitioning from breastfeeding to solid foods, found that parents who were not able to follow the ideal standard of breastfeeding often admitted to not discussing this with the health professionals as they felt "guilty". The parents in this thesis emphasized bad chemistry and these idealistic boxes as reasons to why they did not feel that they could discuss the topic of infant nutrition with their health nurses, corresponding with findings of Toomey et. al (2021) which lists communication and level of trust as barriers affecting promotion of a healthy diet for infants. Based on result of Hoddinott et al. (2012), Toomey et al. (2021) and findings of participants in this study it can be argued that ensuring that the communication is more open towards different solutions and respecting the parents' autonomy can lead to better trust placed by the parents. However, this finding is not corresponding with the findings of Andrews (1999), who found that the enabling role of a health nurse could lead to some dilemmas as the parents perceived the advice as too indefinite. These diverged perceptions can be explained by again emphasizing that individuals have individualistic preferences, which also is present in the findings of this study.

However, findings indicate that autonomy in decisions regarding infant nutrition is highly valued and contributes to an openness in communication, again providing a culture for asking their health nurse for guidance, which allows for the health nurses to give more concrete and

specific advice. Seeing that the parents who experienced a more open guidance experienced higher levels of trust, it implies that this is a beneficial form of communication. In terms of empowerment, the focus is not with everyone making the same choice, but to deal with the inequalities in choices available (Kabeer, 1999). It can be argued that the open communication between parents and health nurses are empowering the parents with an increased autonomy in the decision making, making autonomy a part of the parents' resources and through agency and with the possibility of feeling of control as an achievement.

Chemistry was noted by parents as a factor of good communication and level of trust, and this was also perceived as an important contributor by the participating health nurses. Their main concern in the communication was to not be perceived as judgmental. Their general perception of communication infant nutrition was that the guidance was more rigid before, as compared to a more open guidance now. This is fitting with the findings of the participating parents who perceived those health nurses who gave them rigid guidance to be "old fashioned" and a study describing previous guidance with the health nurses acting as experts providing information (Andrews, 1999). The health nurses perceived most parents to agree with the general recommendations they gave, based on that they did not ask questions on the topic. A limitation of this study is the lack of more detailed questions as to what the health nurses perceive as factors contributing to high levels of trust, not only how they perceive the trust between them.

As for consumption of industrialized products, many parents reported positive experiences when the health nurse advised them to give such products to reduce stress in everyday life as it was comforting to not be judged by their decisions. This implies that an open communication together with openness towards giving industrialized baby food of both parents and health nurses, can in fact increase the use of industrialized baby food. The complexity of this issue of

course needs to be discussed parallel with parental stress and overwhelming feelings in the postpartum period which can be unhealthy for the infant's well-being (Eronen et al., 2007). Therefore, it could be argued that reducing these stressors in some cases can be more important for the infant's health than a solely nutritional focus.

5.4 Attitudes towards industrialized product

In addition to sourcing information on infant nutrition outside of the public health center, the findings indicate that societal factors also affect the decision to give the infant homemade or industrialized baby food. Following the framework of determinants of health by Dahlgren and Whitehead (Dahlgren & Whitehead, 1991), it is important and highly relevant to examine the wider determinants of health. Family, friends, and internet communities are viewed as social and community networks, whereas the communication during appointments at the public health center are placed as living and working condition such as health care services *(see Figure 1)*. As illustrated with the framework of Dahlgren and Whitehead, a large responsibility rests on the general socioeconomic, cultural factors and environmental conditions. This is also reported by the Consumer Council, which states that even though parents have the fundamental responsibility, their choice is also affected by factors such as marketing, availability and price, when making dietary decisions for their infants (Forbrukerrådet, 2020).

The introduction of the squeeze bag was described by one health nurse as *"the biggest change in infant nutrition"* in her long carrier as a health nurse. These products are as mentioned, discouraged by the Directorate of Health, and to some extent also by the participating health nurses, and concerns of both degree of processing and amount of sugar is expressed by the Consumer Council (Forbrukerrådet, 2020; Helsedirektoratet, 2018). Still, the use of them is quite high (Myhre et al., 2020), and it could indicate that this information does not reach the

parents. The national guidelines on infant nutrition recommends a low intake of salt as this can reduce risk of high blood pressure and an acquired taste of salty food (Helsedirektoratet, 2021a). This is in line with the concept of the window of opportunity, which was also mentioned by some of the health nurses in this study. The parents in the study are also aware of the importance of reducing salt given to their infants. However, reducing sugar in line with the window of opportunity to reduce obesity seems to be done in a more cautions manner, where the health nurses experience this as a sensitive topic. It can be questioned whether the stigma of overweigh and obesity impacts the message of reducing sugar consumption to infants, but this calls for further research. Restating that an aspect of empowerment is that the base for decision-making has to be of importance to the group (Mosedale, 2005), it is again important to remember the individual aspect, as some parents might not be interested in the topic of infant nutrition, or perhaps even health itself.

The amount of sugar was noted as a concern by the health nurses, but mainly their concern was on oral motor skills and dental health. Most parents also reported on using these products, even the parents who made homemade dinners. Another interestingly point made by several health nurse was the way the squeeze bags and other baby snacks were used; as their perception was that this was used to preoccupy the infants in order to give the parents a break, or to silent the infants. This question for the need of eating "on-the-go" and emotional eating as a cultural phenomenon may opt for a more sociologically oriented analysis and will not be further discussed in this thesis.

As stated initially, the Spedkost 3-report showed a high consumption of especially industrialized porridge for infants aged 6 months (Myhre et al., 2020), and The Directorate of health indicate that this is often recommended on the basis of the industrialized porridge

containing added iron (Helsedirektoratet, 2021a). This is fitting with the findings of described attitudes of most participating health nurses. The health nurses often advised the industrialized porridge as it was perceived as more advanced to make homemade porridge than homemade dinners. The health nurses explained that they focused more on homemade dinners in their guidance. The perception of most health nurses is that this product is good enough, leaving the parents who trust their health nurse to also trust this food. One participating parent, Sara, was very comforted by this message from her health nurse. It can be argued that this positive attitude towards industrialized foods can lead to an increased consumption of industrialized products.

In explaining false and authentic consciousness in women's empowerment, Kabeer (1999) uses Bourdieu's doxa to illustrate how "common sense" propositions must be challenged to disclose false consciousness (Kabeer, 1999, p. 441). In sociological terms the findings in this study can be understood by the same use of "doxa" as one participating health nurse spoke of the industrialized porridge almost being embedded in culture, and many perceiving it as complicated to prepare homemade porridge. As for empowerment, the understanding of power in agency can in its negative meaning refer to among others, deception, with is also how the Consumer Council describes the use of misleading marketing of some industrialized baby food products (Forbrukerrådet, 2020; Kabeer, 1999).

The Consumer Council opts for governmental involvement in the baby food industry, and states that processed fruit purées should be limited, and that the recommended age of the products should be raised (Forbrukerrådet, 2020). The challenge of aggressive marketing has been seen previously, with marketing formula milk (Tanrikulu et al., 2020; World Health Organization, 1981). This form of marketing is illegal in Norway (Forskrift om morsmelkerstatning, 2008, §18). Findings of parents preferred communication with infant nutrition indicates a need for

autonomy, but it could be argued that the marketing of these products affect their perceived autonomy, as the marketing of the product are as previously noted, described as misleading (Forbrukerrådet, 2020).

Except some participants from both groups interviewed, most participants showed some positive attitudes towards industrialized baby food, describing it as easy, timesaving, and safe. Since most health nurses also showed trust towards some of the industrialized products, not including squeeze bags, but more towards Norwegian regulations of baby food, it can explain why they do not highly discourage the use of these products. Findings indicate that influence and change in the outer layers of the Dahlgren and Whitehead framework, such as misleading marketing and availability, can affect the parents' dietary decisions for their infants (Dahlgren & Whitehead, 1991; Forbrukerrådet, 2020).

5.6 Limitations of this study

Being a novice researcher conducting focus group discussions with health nurses with the desire of simulating the natural flow of a professional discussion was challenging. It could also be argued that their professionality stood in the way them of sharing more personal perspectives of their experiences in communication infant nutrition. Individual interviews with this group of informants might have contributed to more rich data for the analysis. Hence the importance of examining both sides of the communication at the public health center in order to discover possible factors to optimize communication, it also proved to provide an extensive amount of data and focusing on one group of informants may have been beneficial in this study. Still, some perceptions varied between to two groups, indicating that the method was useful in trying to explain challenges in their communication.

This study did not manage to recruit fathers, nor was their involvement discussed with the mothers in a considerable manner, an aspect that would be interesting in further research, especially in the light of the perceived maternal stress.

As emphasized previously, most participating parents had personal interest in nutrition, and some were educated in the field. In order to examine factors contributing to reducing the social gradient in health, further research with different recruitment strategies aiming to engage parents from all socioeconomic groups can contribute to this challenge.

However, based on the findings of this study, more specific information provided to all parents at the public health centers is suggested. It is important that this type of information is presented in a way that is receivable for all parents, not depending on educational level and social background. Helle et al. (2019) found no significant difference with educational background as to who saw all films in their intervention program (Helle et al., 2019). It can be argued that this type of intervention can contribute to decreasing social inequality caused by available information on infant nutrition, by ensuring that the information is received by all socioeconomic groups. Seeing this is also a preferred method of participating parents when sourcing information, this form of communication could prove to be efficient. Films on infant nutrition already exist on the governmental site helsenorge.no, and parents could perhaps be more encouraged by their health nurses to explore this information.

Chapter 6 - The complexity of nutrition and the need for intersectoral collaboration

Finally, as this thesis' focus has been on the communication between parents and health nurses, the overarching determinants impacting on dietary choices illustrated through the adapted framework of Dahlgren and Whitehead *(Figure 1)* have not been directly examined. However, findings of this study reveal the complexity of both developing nutritional guidelines and communicating the recommendations, therefore some of the determinants will be discussed briefly in this chapter.

The extensive and time-consuming process of developing nutritional guidelines can be argued to disempower the health nurses, as they interact with parents who access new research, while the health nurses still have to follow the guidelines. Further, with regards to the recommendations itself, other aspects than solely nutrients may be considered. National Council for Nutrition, which provides knowledge-based advice to strengthen the authorities in the development, consists of members from several sectors, among others Department of Health and Society, Department for Agricultural Technology and System Analysis and the Norwegian Institute of Public Health, with the areas of infection control, environment and health (Helsedirektoratet, 2021b). Adding that marketing towards children is self-regulated by the food industry through Food Industry's Professional Committee and concerns are made by the Consumer Council (Forbrukerrådet, 2020; Matbransjens Faglige Utvalg, u.å.), shows that this is an intersectoral challenge, and the issues of infant's dietary habits cannot be resolved by optimal communication alone, but by also examining the structural factors of food environments that impacts on dietary choices (Swinburn et al., 2013).

However, as health promotion aims to enable people to take control and responsibility for their health, through communication, community development and organizational change, as well as involvement of health professionals, health promotion aims for public participation (World Health Organization, 1984, p. 4, 1986). Public participation comprises of decision-making life skills (World Health Organization, 1984). This participation is illustrated in this thesis by explaining empowerment's effect on the inner layers of Dahlgren and Whiteheads framework. The health nurses work from the living and working conditions, to empower parents at an individual level, as they draw on the parents' personal skills, which may have potential to improve diets in infancy.

Chapter 7 - Conclusion

The aim of this study has been to examine experiences in communication infant nutrition, mainly at the public health center, but also trough external sources used by the parents, and to examine how these experiences impact on the use of industrialized baby food. Empowerment as a strategy for communicating with parents at the public health center seems to be the preferred form of communication to ensure the parents desired sense of autonomy in decision making.

As stated initially, and as an initiative for this research, better dietary choices can reduce risk of overweigh and obesity for future generations. Through a communication between parents and health nurses that empower the parents in these choices, better dietary choices can be achieved by focusing on the parents' abilities to fit the recommendations while still ensuring their autonomy, by enabling them to sort information they find externally, and to be mindful of misleading marketing.

However, although findings indicate that this may in some cases in fact increase use of industrialized foods as this is recommended to ease the stress in everyday life, findings also show that this communication form develops a trusting relationship based on understanding of the family situation, which again opts for the possibility of recommending to prepare more homemade meals to the infants. Building a trusting relationship between health nurses and the parents seems to be a key factor in being able to deliver a message of what is a healthy diet. It is important today and might become more important in the future as Internet seem to have no intention to stop evolving.

As health nurses found it challenging to discourage use of industrialized products, and squeeze bags in particular, in fear of being seen as judgmental towards parents, these finding could be used in developing clearer guidelines for infant nutrition. Furthermore, even though this thesis examines factors affecting parents' dietary choices for their infant, the findings may also translate to what factors affect adult dietary choices, as well as communication with similar relationships.

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Appendix 1 – Recruitment flyer parents

HAR DU BARN MELLOM 6 OG 12 MÅNEDER?

Delta i et anonymt intervju!

Jeg ønsker å høre dine opplevelser knyttet til informasjon om mat til spedbarn. Intervjuet gjennomføres i januar, når og hvor det passer for deg!

Kontaktinformasjon
Karen Ingelsrud
kareningelsrud@gmail.com

Studiet er en del av en mastergradoppgave ved Høgskolen i Innlandet

Appendix 2 – Interview guide parents

Jeg informerer om formålet til studien, og minner deltageren på at hen ikke kan nevne spesifikke navn til helsepersonell eller bekjente.

Oppvarmingsspørsmål:
Deltagers alder?
Barnets alder?
Antall barn?

Andre informasjonskilder

1) Kan du fortelle litt om hvor du har hentet/fått informasjon om spedbarnsernæring fra?
   - Helsestasjonen?
   - Sosiale medier?
   - Venner?
   - Familie?
   - Barselgruppe?

Generell informasjon

2) Kan du fortelle om hvordan du fikk informasjon om mat til barnet ditt ved kontroll på helsestasjonen?
   - Når? (barnets alder)
   - Hvem tok det opp?
   - Mottok du informasjon før fødsel?
   - Har du fått brosjyre?

Opplevelse med kommunikasjon

3) Hvordan opplevde du at informasjon ble kommunisert til deg?
   - Ble du gitt konkrete råd?
   - Hjalp helsesykepleieren deg til å finne egne løsninger?
   - Hva følte du da du fikk anbefalingene?
   - Tillitt?

Personlig interesse i ernæring

4) Hvordan er en normal matsituasjon hjemme hos dere?
   - Hvem har ansvaret for matlagingen hjemme?

5) Kan du fortelle om dine tanker rundt industrimat og hjemmelaget babymat?

Grad av tillitt

6) Hvordan tror du at kommunikasjonen med helsesykepleieren har påvirket de matvalgene du har tatt for barnet ditt?
   - Tillitt til helsesykepleier?
   - Føler du at alle sier det samme/gir like råd?

Er det noe du vil legge til?

Appendix 3 - Interview guide health nurses

Jeg informerer om formålet til studien, og minner alle på at de ikke kan nevne spesifikke pasienter eller kollegaer som ikke er til stede i intervjuet.

Oppvarmingsspørsmål:
Hvor lenge har dere jobbet som helsesykepleiere?
Har noen av dere barn selv?
Ettersom som helsesykepleier er en spesialisering, så kanskje dere brenne ekstra for jobbene deres? Hva tenker dere om det? Hva liker dere best med jobben deres?

Generell informasjon

1) Kan dere si litt om hvordan dere diskuterer spedbarnsernæring med foreldrene?
   - Når? (barnets alder)
   - Hvilke anbefalinger gir dere?
   - Hvilke retningslinjer følger dere når du gir anbefalinger? Andre kilder?

Personlig interesse i ernæring

2) Hva er deres tanker om industrimat og hjemmelaget babymat?
   - Hva tenker dere om at norske spedbarn har en relativt høyt forbruk av industrigrøt, industrimiddager og klemmeposer?

Opplevelse med kommunikasjon

3) Kan dere fortelle litt om hvordan dere opplever å diskutere ernæring med foreldre?
   - Kan dere fortelle litt om hvordan det er å forholde dere til kostholdsrådene når dere gir anbefalinger til foreldrene?
   - Utfordringer med spesielle grupper eller personlighetstrekk?
   - Er foreldrene enig/uenig i det dere anbefaler?

Opplevelse med kommunikasjon

4) På hvilken måte føler dere at dere har mulighet til å tilpasse anbefalingene til å passe den enkelte familie?

Grad av tillitt

5) Kan dere si litt om hvordan dere opplever at tillitten er mellom dere og foreldrene når dere diskuterer spedbarnsernæring?
   - Virker det som at foreldrene er interessert i temaet?

Opplevelse med kommunikasjon/ Andre informasjonskilder

6) Opplever dere at diskusjonen med foreldrene om spedbarnsernæring har endret seg i løpet av den tiden du har arbeidet?
   - Sosiale medier
   - Mestringsfølelse eller konkrete råd til foreldrene?

Er det noe dere vil legge til?

Appendix 4 – Process of analysis

Examples of collected data to codes - Process of analysis

Transcribed data	Code	Sub-theme	Theme
"I have read lots of books also, in addition, that I have been familiarized with through social media, basically. That they exist. So, I absolutely get most from there and not the health center".	Source inspiration from the Internet	Internet as a source of information	Influences of today´s information society
"I think that it´s more difficult, exactly this, with them being up to date on things, and hear things, but it´s probably something with me as well, because some does understand that we are not able to follow (be updated) on everything, right. But there are some, who expect us to answer everything".	Challenging that parents are so updated	Internet as a source of information	Influences of today´s information society
"Absolutely, they are more well read as you say (referring to another health nurse). And very much well read, but it eh, it needs to be in a way, they don´t trust, I experience that they don´t trust their own, that they don´t quite trust their own ability to think "this is good enough". (…) And then it becomes our job to "but who is this little child, right, what does it need?"".	Must reassure parents	Health nurses reassures the "flink pike"	Influences of today´s information society
"When we were at checkups with her, we just pretended to agree, because if we did anything that didn´t fit her box, it was wrong for her".	Bad experience with health nurse	Parents prefer open communication	Freedom to make choices
"I like I very much the way it is now, because I don´t feel that it is a pressure, as I said earlier that she has mentioned to avoid salt and milk, be careful with it until one year, we recommend that. She has not nagged about it. She has	Perceive communication as open	Parents prefer open communication	Freedom to make choices

mentioned it. So, I feel that it´s very okay, I don´t feel that you get judged in any way".			
"It is also very nice to be able to give ready-to-go food. Then I'm not talking about McDonald´s, but jars and porridge in a bag when we are out, without having a bad feeling of being a bad mother for giving ready-to-go food".	Positive towards industrialized food	Perceptions of industrialized food	Freedom to make choices

Appendix 5 – Consent form

Vil du delta i forskningsprosjektet

Kommunikasjon om spedbarnsernæring?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke opplevelser knyttet til informasjon om mat til spedbarn. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål
Dette er en masteroppgave, hvor formålet er å undersøke hvordan kommunikasjonen om spedbarnsernæring oppleves av foreldre og helsesykepleiere. Studien undersøker hva slags anbefalinger som blir gitt til foreldrene, og hvordan disse påvirker matvalgene foreldre gjør.

Hvem er ansvarlig for forskningsprosjektet?
Victor Chimhutu er ansvarlig for prosjektet. Karen Ingelsrud er student i masterprogrammet Folkehelsevitenskap ved Høgskolen i Innlandet, og vil gjennomføre studien i samarbeid med Victor Chimhutu.

Hvorfor får du spørsmål om å delta?
Du får spørsmål om å delta da du er ansatt ved eller du og barnet ditt følges opp ved helsestasjonen i ..... Dersom du er forelder, er barnet ditt mellom 6 og 12 måneder.

Hva innebærer det for deg å delta?
Hvis du velger å delta, innebærer det at du gjennomfører et intervju. Intervjuet består av 5-6 spørsmål om hvordan du opplever kommunikasjon om spedbarnsernæring og hvilke tanker du har om industrimat/ferdigmat. Jeg tar lydopptak og notater fra intervjuet. Informasjonen blir anonymisert og lagret elektronisk til studien er gjennomført.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg. Informasjonen vil bli anonymisert, og det vil ikke påvirke ditt forhold til arbeidsplassen (for helsesykepleiere) eller behandling (for foreldre).

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Veileder Victor Chimhutu og student Karen Ingelsrud vil ha tilgang til informasjonen som blir gitt under intervjuene.
- Navnet og kontaktopplysningene dine vil jeg erstatte med en kode som lagres på egen navneliste adskilt fra øvrige data. Datamaterialet lagres på en sikker forskningsserver, EduCloud.

Deltagerne vil ikke kunne gjenkjennes i den ferdige masteroppgaven. Eventuelle sitater vil bli anonymisert.

Hva skjer med personopplysningene dine når forskningsprosjektet avsluttes?
Prosjektet vil etter planen avsluttes juni 2023. Datamaterialet med dine personopplysninger lagres frem til sensur på masteroppgaven, og slettes innen 1. august 2023.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Høgskolen i Innlandet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter
Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:

- Høgskolen i Innlandet ved Victor Chimhutu, epost: victor.chimhutu@inn.no
- Vårt personvernombud: Usman Asghar, epost: (Myhre et al., 2020), tlf: 61 28 74 83.

Hvis du har spørsmål knyttet til Personverntjenester (NSD) sin vurdering av prosjektet, kan du ta kontakt med:

- Personverntjenester på epost (personverntjenester@sikt.no)
  eller på telefon: 53 21 15 00.

Med vennlig hilsen

Victor Chimhutu	Karen Ingelsrud
(Forsker/veileder)	(Masterstudent)

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet *Kommunikasjon om spedbarnsernæring* og har fått anledning til å stille spørsmål. Jeg samtykker til:

- ☐ å delta i intervju
- ☐ å delta i fokusgruppeintervju

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

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(Signert av deltaker, dato)

Appendix 6 - Approval from NSD

Sikt

Meldeskjema / Kommunikasjon om spedbarnsernæring / Vurdering

Vurdering av behandling av personopplysninger

Referansenummer	Vurderingstype	Dato
381375	Standard	15.12.2022

Prosjekttittel
Kommunikasjon om spedbarnsernæring

Behandlingsansvarlig institusjon
Høgskolen i Innlandet / Fakultet for helse- og sosialvitenskap / Institutt for folkehelse og idrettsvitenskap

Prosjektansvarlig
Victor Chimhutu

Student
Karen Johanne Ingelsrud

Prosjektperiode
01.12.2022 - 19.06.2023

Kategorier personopplysninger
Alminnelige
Særlige

Lovlig grunnlag
Samtykke (Personvernforordningen art. 6 nr. 1 bokstav a)
Uttrykkelig samtykke (Personvernforordningen art. 9 nr. 2 bokstav a)

Behandlingen av personopplysningene er lovlig så fremt den gjennomføres som oppgitt i meldeskjemaet. Det lovlige grunnlaget gjelder til 01.08.2023.

Meldeskjema

Kommentar
OM VURDERINGEN
Personverntjenester har en avtale med institusjonen du forsker eller studerer ved. Denne avtalen innebærer at vi skal gi deg råd slik at behandlingen av personopplysninger i prosjektet ditt er lovlig etter personvernregelverket.

Personverntjenester har nå vurdert den planlagte behandlingen av personopplysninger. Vår vurdering er at behandlingen er lovlig, hvis den gjennomføres slik den er beskrevet i meldeskjemaet med dialog og vedlegg.

VIKTIG INFORMASJON TIL DEG
Du må lagre, sende og sikre dataene i tråd med retningslinjene til din institusjon. Dette betyr at du må bruke leverandører for spørreskjema, skylagring, videosamtale o.l. som institusjonen din har avtale med. Vi gir generelle råd rundt dette, men det er institusjonens egne retningslinjer for informasjonssikkerhet som gjelder.

TYPE OPPLYSNINGER OG VARIGHET
Prosjektet vil behandle alminnelige personopplysninger og særlige kategorier av personopplysninger om helse frem til 01.08.2023.

LOVLIG GRUNNLAG
Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 nr. 11 og 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse, som kan dokumenteres, og som den registrerte kan trekke tilbake.

For alminnelige personopplysninger vil lovlig grunnlag for behandlingen være den registrertes samtykke, jf. personvernforordningen art. 6 nr. 1 a.

Behandlingen av særlige kategorier av personopplysninger er basert på uttrykkelig samtykke fra den registrerte, jf. personvernforordningen art. 6 nr. 1 a og art. 9 nr. 2 a.