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**'Healthy Kiwi Programme': The outcomes and experiences of a brief parental education programme on the introduction of complementary foods to infants and infant feeding cues in New Zealand**

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**Deirdre Anne Murray**

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## **Abstract**

New Zealand infants are being started on complementary foods earlier than is currently recommended by the World Health Organisation (WHO) (Royal New Zealand Plunket Society, 2017; Simons, 1999, World Health Organisation, 2003). The untimely introduction of complementary foods to infants has been associated with a number of possibly preventable health issues (Dell and To, 2001; Gdalevich, Minoumi & Minoumi, 2000; Kemp and Kakakios 2004; Forsyth, Ogsion, Clark, Florey & Howie, 1993; Popkin, Adair, Akin, Black, Briscoe & Flieger, 1990). Parental infant feeding decisions, such as when to introduce complementary foods are complex and influenced by multiple personal, social, environmental and behavioural factors. Many developing and developed countries have found parental education interventions on the introduction of complementary foods to infants beneficial for increasing parental knowledge and adherence to the current WHO recommendations. In New Zealand the no such study or implementation of a similar parental education intervention has been completed.

This study utilised a case study design to explore the perceptions, outcomes and experiences of four first-time parents from New Zealand who participated in a parental education intervention on the introduction of complementary foods to infants. This programme was called the 'Healthy Kiwi Programme' (HKP). The study gathered both qualitative and quantitative data to enable a more holistic and comprehensive exploration of parental perceptions, outcomes and experiences.

The mothers perceived that they were exposed to mixed messages regarding infant feeding from a range of sources and that the current infant feeding supports in New Zealand are inadequate. Three out of the four mothers who participated in this study showed positive outcomes in terms of their knowledge on infant feeding following their participation in the parental education programme. Another key outcome from this study was that all four mothers identified the education they received on identifying and interpreting infant feeding cues as the most valuable thing they learnt. The mothers identified several of aspects of the HKP which facilitated their participation in the programme such as the programme being home-based, the inclusion of practical activities and them developing an effective working relationship with the interventionist. These findings indicate that the current public service being provided to parents to support them with infant feeding is insufficient and further exploration of parental education interventions on this topic in New Zealand is recommended.

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# TABLE OF CONTENTS

<b>ABSTRACT .....</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>ii</b>
<b>TABLE OF CONTENTS.....</b>	<b>iii</b>
<b>LIST OF FIGURES.....</b>	<b>vii</b>
<b>LIST OF TABLES.....</b>	<b>vii</b>
<b>CHAPTER ONE- INTRODUCTION.....</b>	<b>8</b>
1.1. What is complementary feeding?.....	8
1.2. World Health Organisation Recommendations.....	8
1.3. Risks associated with the untimely introduction of complementary feeding.....	9
1.4. Current parental practices.....	9
1.5. Parental education.....	10
1.6. Speech Language Therapist role in infant feeding .....	10
1.7. Current study .....	11
1.8. Thesis overview.....	12
<b>CHAPTER TWO- LITERATURE REVIEW.....</b>	<b>13</b>
2.1. Introduction.....	13
2.2. Rationale for Global infant feeding recommendations.....	13
2.3. Current infant feeding practices.....	14
2.3.1. Factors influencing infant feeding practice.....	15
2.4. Infant support services.....	17
2.4.1. Speech-Language Therapy role in infant feeding.....	17
2.4.2. Evidence-based practice.....	18
2.4.3. Parental support.....	18
2.5. Parental education programmes.....	19
2.5.1. Adult learning principles.....	19
2.5.2. Connections with previous knowledge.....	21
2.6. Engaging parents.....	21
2.7. Overview of parent education intervention research.....	22

2.8. Infant feeding parent education research.....	24
2.9. Selection of a parental education programme.....	25
2.10. The Healthy Baby Curriculum.....	27
2.11. Theoretical frameworks for interventions.....	30
2.11.1. Theory of planned behaviour.....	30
2.11.2. Social Cognitive Theory.....	31
2.11.3. Personal factors.....	33
2.11.4. Socio-environmental factors.....	37
2.11.5. Parental behavioural factors.....	37
2.12. Summary of applicability of SCT.....	38
2.13. New Zealand parent infant feeding research.....	38
<b>CHAPTER THREE- METHODOLOGY.....</b>	<b>41</b>
3.1. Research questions.....	41
3.2. Study design.....	41
3.3. Participants.....	44
3.4. Inclusionary criteria.....	44
3.5. Exclusionary criteria.....	45
3.6. Participant recruitment.....	45
3.7. Participant characteristics.....	46
3.8. Researcher.....	46
3.9. The intervention programme.....	47
3.9.1. Underlying principles.....	47
3.9.2. Adaptations for the New Zealand context.....	47
3.10. Data collection.....	50
3.10.1. Data collection procedures .....	50
3.11. Measures.....	52
3.11.1. Infant feeding style questionnaire.....	52
3.11.2. Maternal knowledge scale .....	53
3.11.3. Responsiveness to infant feeding cue – video observations.....	53
3.11.4. Field notes.....	54
3.11.5. Semi-structure interview.....	54
3.12. Data Analysis.....	56
3.12.1.1. Quantitative analysis.....	56
3.12.1.2. Qualitative analysis.....	57
3.13. The coding process.....	60
3.14. Ethical considerations.....	61

3.15. Summary.....	62
<b>CHAPTER FOUR- RESULTS.....</b>	<b>63</b>
<b>4.1. Context.....</b>	<b>63</b>
4.1.1. Infant feeding style questionnaire .....	64
4.1.2. Maternal knowledge scale.....	64
4.1.3. Responsiveness to infant feeding cue – video observations.....	64
4.1.4. Semi-structure interviews.....	65
<b>4.2. Case Study 1.....</b>	<b>68</b>
4.2.1. Case description.....	68
4.2.2. Infant feeding style questionnaire.....	69
4.2.3. Maternal knowledge scale.....	70
4.2.4. Responsiveness to infant feeding cues scale.....	71
4.2.5. Semi-structure interviews.....	72
4.2.6. Summary.....	72
<b>4.3. Case Study 2.....</b>	<b>73</b>
4.3.1. Case description.....	73
4.3.2. Infant feeding style questionnaire.....	74
4.3.3. Maternal knowledge scale.....	74
4.3.4. Responsiveness to infant feeding cues scale.....	75
4.3.5. Semi-structure interviews.....	78
4.3.6. Summary.....	79
<b>4.4. Case Study 3.....</b>	<b>79</b>
4.4.1. Case description.....	80
4.4.2. Infant feeding style questionnaire.....	80
4.4.3. Maternal knowledge scale.....	81
4.4.4. Responsiveness to infant feeding cues scale.....	82
4.4.5. Semi-structure interviews.....	82
4.4.6. Summary.....	83
<b>4.5. Case Study 4.....</b>	<b>84</b>
4.5.1. Case description.....	84
4.5.2. Infant feeding style questionnaire.....	85
4.5.3. Maternal knowledge scale.....	86
4.5.4. Responsiveness to infant feeding cues scale.....	86
4.5.5. Semi-structure interviews.....	87
4.5.6. Summary.....	88
<b>4.6. Across case Summary.....</b>	<b>89</b>
4.6.1. Personal Factors.....	89
4.6.2. Behavioural factors.....	89
4.6.3. Social Factors.....	91
4.6.4. Environmental factors.....	92
<b>4.7. Chapter summary.....</b>	<b>93</b>
<b>CHAPTER FIVE- DISCUSSION AND CONCLUSIONS.....</b>	<b>94</b>
<b>5.1. Parental perceptions and experiences of their participation in the ‘Healthy Kiwi Programme’.....</b>	<b>94</b>

5.1.1. Sources of information.....	94
5.1.2. Current infant feeding supports.....	94
<b>5.2. Parental outcomes from participating in the 'Healthy Kiwi Programme'.....</b>	<b>95</b>
5.2.1. Awareness of infant feeding cues.....	95
5.2.2. Maternal knowledge.....	95
<b>5.3. The influence of parental perceptions and experiences on parental engagement in the 'Healthy Kiwi Programme' .....</b>	<b>96</b>
5.3.1. Practical Activities.....	96
5.3.2. Home-based intervention.....	96
5.3.3. Effective working relationships.....	97
5.3.4. Length of intervention.....	98
5.3.5. Ongoing supports.....	99
<b>5.4. Significance of the study.....</b>	<b>100</b>
<b>5.5. Strengths of the study .....</b>	<b>103</b>
<b>5.6. Limitations of the study.....</b>	<b>105</b>
<b>5.7. Implications for Practice .....</b>	<b>105</b>
<b>5.8. Directions for future research .....</b>	<b>106</b>
<b>5.9. Final thoughts.....</b>	<b>107</b>
<b>REFERENCES.....</b>	<b>108</b>
<b>APPENDICES.....</b>	<b>126</b>

## List of Figures

Figure 1: Potential behavioural, personal and socio-environmental factors that could affect a parents infant feeding decisions and behaviours.....	33
Figure 2: Timeline showing the procedures for this study.....	50
Figure 3: Graph showing the total scores of the case study’s pre-test and post-test responses for the Maternal Knowledge Scale questionnaire.....	70

## List of Tables

Table 1: The content covered in the sessions of the Infant Feeding Series and Health Babies Curriculum (Horodynski et al., 2011; Horodynski et al., 2013).....	29
Table 2: Characteristics of the participants.....	46
Table 3: Healthy Kiwi’s programme lesson overview.....	48
Table 4: Showing the type of data collection measures utilized.....	51
Table 5: Examples of the coding themes developed from semi-structured interview data .....	59
Table 6: The core codes developed from the SCT theory.....	60
Table 7: Coding matrix developed from the semi-structured interview transcripts.....	66
Table 8: Graph showing the total scores of the case study’s pre-test and post-test responses for the Infant Feeding Style Questionnaire.....	69