

**Engaging disadvantaged mothers through mHealth to support
infant feeding behaviours that promote healthy weight gain**

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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This research is supported by an Australian Government Research Training Program Scholarship.

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Abstract

Eating behaviours are learned from the beginning of life and it is these habits that are carried throughout the life stages, affecting weight gain. Parental feeding behaviours including early cessation of breast feeding, formula feeding, early introduction to solids and introduction to non-core foods are considered to be correlates of excess weight gain. Further, there are socio-economic disparities which coexist, where families from a lower socio-economic status (SES) are more likely to practise unhealthy feeding behaviours. It is essential to understand how to effectively encourage these parents to make healthier infant feeding decisions.

One emerging approach is to deliver health interventions through digital technologies also known as mobile health (mHealth). Interventions delivered through an mHealth approach have been shown to influence positive behaviour change in the management and prevention of chronic diseases. Yet there are very few studies which have developed mHealth interventions to support infant feeding. The research in which this thesis is embedded was designed to develop and test an mHealth intervention (the Growing healthy program) that delivers expert advice to mothers of young infants about healthy infant feeding behaviours.

This thesis includes a number of studies that were conducted to guide the development of the Growing healthy program and to evaluate the outcomes regarding participant engagement with the program and the uptake of healthy infant feeding behaviours. The Growing healthy program was a non-randomised quasi-experimental study delivered via a smartphone app and website providing advice and suggestions to guide infant feeding decisions for mothers. Firstly, a systematic analysis was conducted to explore the quality of infant feeding websites and apps that were available in 2014. The findings of this study highlighted the overall quality was poor and that apps and websites did not adhere to guidelines. In order for parents to receive trustworthy information, it is important that website and app developers merge user requirements with evidence-based content. The findings from this review of apps highlighted the lack of evidence based mHealth resources for parents and informed the development of the Growing healthy program.

The next study reported in this thesis is a qualitative study that was conducted with socioeconomically disadvantaged mothers of young infants. The purpose of the study was to explore mothers' interest in an mHealth program and features that would engage them to use a program. In addition, determinants associated with mothers' decision on timing of solid food introduction were also explored. The majority of the mothers, particularly primiparous mothers, expressed their interest in an mHealth program to provide infant feeding information. In this study we found that mothers' decisions with regards to solid introduction were mainly driven by their perception of their infants' readiness cues and several reported that they were provided with inconsistent advice on the infant feeding recommendations by health practitioners and from online information. The results informed the delivery and the content of the Growing healthy mHealth intervention.

The third study reported in this thesis describes the participation and engagement of the 225 participants who joined the Growing healthy app program including an analysis of the impact of the intervention on key outcomes; in particular the age at which solids were introduced. Both the participants' engagement level and the intervention's impact on timing of solid introduction were assessed by an Engagement Index which was developed by the candidate to suit the Growing healthy program. Participant engagement was higher amongst those who were primiparous, recruited through a health practitioner and who used both the app and accessed the weekly email. Conversely, participants who joined the program closer to three months of the infants' age, which resulted in less intervention time, were likely to have a lower engagement score. There was no significant association between the participants' engagement and the age they decided to introduce solids to their infant. The majority of the participants introduced solids when their infant was between four to five months of age.

Finally, a qualitative study with a subsample of 18 participants from the Growing healthy app program was conducted to explore their experience and the influence the program had on their decisions about the age of solid introduction. The participants' personal characteristics, the mode of delivery and the quality of the program all contributed to their engagement level. Participants who utilised the push notifications were more likely to access the app frequently and to have a higher engagement level,

while those who experienced technological issues had poor engagement with the app. With regards to the mothers' decisions on solid introduction, consistency in the advice participants were exposed to was the main driver of their decision. This influenced participants regardless of their engagement level with the app.

This thesis provides a unique contribution to the existing literature by reporting the findings of a feasibility study to support mothers with healthy infant feeding behaviours through an mHealth program. As well as being the first infant feeding program delivered through mHealth, it is also the first study to utilise an Engagement Index to measure participant engagement in an mHealth intervention. This work therefore provides valuable information to inform future trials regarding intervention components that enhance engagement among this demographic. The Engagement Index provides an effective method to analyse engagement that can be implemented and adapted to suit any mHealth intervention.

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In Loving Memory

Jeddo Mahmoud Taki

Contents

| | |
|--|-----|
| CERTIFICATE OF AUTHORSHIP/ORIGINALITY | i |
| Abstract | ii |
| Acknowledgements | v |
| Contents | vii |
| List of Appendices | x |
| List of Tables | xii |
| List of Figures | xiv |
| List of Abbreviations | xv |
| Chapter 1: Introduction | 1 |
| 1.1 Introduction | 1 |
| 1.2 Candidate contribution | 1 |
| Chapter 2: Literature Review | 5 |
| 2.1 Introduction | 5 |
| 2.2 PART I - Obesity in young children | 5 |
| 2.3 PART II – Current infant feeding guidelines | 13 |
| 2.4 PART III – Interventions targeting infant feeding | 29 |
| 2.5 PART IV – mHealth interventions | 33 |
| 2.6 PART V – Strategies used to enhance participant engagement in mHealth interventions | 38 |
| 2.7 The conceptual framework of the study | 55 |
| 2.8 Summary and implications | 58 |
| 2.9 Research Questions | 58 |
| Chapter 3: Infant Feeding Websites and Apps: A Systematic Assessment of Quality and Content | 60 |
| 3.1 Introduction | 60 |
| 3.2 Aims | 63 |
| 3.3 Methods | 63 |
| 3.4 Results | 72 |
| 3.5 Discussion | 81 |
| 3.6 Conclusion | 87 |
| Chapter 4: Qualitative exploration of mothers’ interest in an mHealth program to support infant feeding and their beliefs and behaviours on the introduction of solids: determining the intervention mode for delivery and content | 89 |
| 4.1 Introduction | 89 |

| | |
|--|-----|
| | 90 |
| 4.2 Aims..... | 90 |
| 4.3. Methods..... | 90 |
| 4.4 Results..... | 94 |
| 4.5 Discussion..... | 107 |
| 4.6. Conclusion..... | 114 |
| Chapter 5: Overview of the Growing healthy program..... | 116 |
| 5.1 Introduction..... | 116 |
| 5.2 Chapter aims..... | 116 |
| 5.3 Aims of the Growing healthy study..... | 116 |
| 5.4 The Growing healthy program methods..... | 118 |
| 5.5 Measurements..... | 129 |
| 5.6 Data management and analysis..... | 132 |
| 5.7 Ethics approval..... | 132 |
| 5.8 Discussion..... | 133 |
| Chapter 6: Assessing participants' engagement with the Growing healthy app and the association with intervention outcomes..... | 134 |
| 6.1 Introduction..... | 134 |
| 6.2. Aims..... | 137 |
| 6.3. Methods..... | 137 |
| 6.4 Results..... | 152 |
| 6.5 Discussion..... | 173 |
| 6.6 Conclusion..... | 181 |
| Chapter 7: Qualitative exploration of factors influencing participants' engagement with the Growing healthy app and the age at which solids were introduced..... | 183 |
| 7.1 Introduction..... | 183 |
| 7.2 Aims..... | 185 |
| 7.3 Methods..... | 185 |
| 7.4 Results..... | 188 |
| 7.5 Discussion..... | 205 |
| 7.6 Conclusion..... | 216 |
| Chapter 8: Conclusions..... | 218 |
| 8.1 Overview of findings..... | 218 |
| 8.2 Strengths and limitations of this thesis, and implications for future research and practice..... | 221 |

| | |
|----------------------|-----|
| 8.3 Conclusion | 226 |
|----------------------|-----|

List of Appendices

- Appendix 2A** Abstract presented at Primary Health Care Research & Information Service July 2014. Parent and child effects on overweight and obesity in infants and young children from low socioeconomic and indigenous families: systematic review with narrative synthesis
- Appendix 2B** Abstract presented at 5th International Conference on Maternal and Infant Nutrition and Nurture: Relational, Bio-Cultural and Spatial Perspectives November 2014. Parent and child effects on overweight and obesity in infants and young children from low socioeconomic and indigenous families: systematic review with narrative synthesis
- Appendix 2C** Article published in BMC Public Health: 'Effects of parent and child behaviours on overweight and obesity in infants and young children from disadvantaged backgrounds: systematic review with narrative synthesis'
- Appendix 2D** Literature search strategies
- Appendix 2E** Resources part of the Behaviour Change Wheel Model
- Appendix 3A** Abstract presented at Australia New Zealand Obesity Society October 2014. Smartphone applications and websites on infant feeding: A systematic analysis of quality, suitability and comprehensibility
- Appendix 3B** Article published in Interactive journal of medical research: Infant Feeding Websites and Apps: A Systematic Assessment of Quality and Content'
- Appendix 3C** Quality Assessment Tool developed to measure the quality of smartphone apps
- Appendix 3D** Information guide sheet based on the Infant Feeding Guidelines to analyse infant feeding content on websites and apps
- Appendix 3E** List of websites and smartphone applications analysed in the study
- Appendix 4A** Article published in BMC Pediatrics: 'A qualitative study of the infant feeding beliefs and behaviours of mothers with low educational attainment'
- Appendix 4B** Banner advertised in Playgroups NSW e-newsletter for the qualitative study
- Appendix 4C** Plain language statement and consent form for the qualitative study
- Appendix 4D** Semi-Structured interview questions for the qualitative study
- Appendix 5A** Article published in BMJ open: 'Preventing obesity in infants: the Growing healthy feasibility trial protocol',
- Appendix 5B** Article published in Journal of Medical Internet Research: A comparison of recruitment methods for an mHealth intervention targeting mothers: Lessons from the Growing Healthy Program'

- Appendix 5C** Focus Group schedule, app screenshots and participant information sheet
- Appendix 5D** Growing healthy Baseline survey (T1)
- Appendix 5E** Growing healthy six month survey (T2)
- Appendix 5F** Growing healthy nine month survey (T3)
- Appendix 6A** Article published in Journal Medical Internet Research: Assessing user engagement of a mHealth intervention: development and implementation of the Growing healthy app Engagement Index'
- Appendix 6B** Abstract presented at Behaviour Change Conference: Digital Health and Wellbeing, February 2016. Parent and child effects on overweight. Exploration of mothers' engagement with the Growing Healthy program: a week-by-week app to promote healthy infant feeding practices
- Appendix 6C** Abstract presented at Behaviour Change Conference: Digital Health and Wellbeing, February 2016. The development and application of an engagement index on the participants' use of an infant feeding app: the Growing healthy program
- Appendix 7A** Plain language statement and consent form for the qualitative study
- Appendix 7B** Semi-structured interview questions for the post-intervention qualitative study

List of Tables

| | | |
|-----------|---|-----|
| Table 1.1 | Candidate contribution and role in Growing healthy study and the relationship with thesis content | 2 |
| Table 2.1 | Key characteristics of four reviews on association between timing of solid introduction and child weight | 222 |
| Table 2.2 | Update of the 2015 Daniels review – Six studies examining associations between timing of solid introduction and child weight | 254 |
| Table 2.3 | Summary of methods to consider during the development and evaluation of mHealth interventions | 50 |
| Table 2.4 | A summary of common activity metrics and elements defining the level of engagement | 54 |
| Table 3.1 | Summary of the scoring criteria for evaluation tools and items measured | 67 |
| Table 3.2 | Adequacy of infant feeding websites and apps in addressing the Suitability of Assessment Material Criteria | 79 |
| Table 3.3 | Readability scores of websites and apps using the Flesch-Kincaid and SMOG test | 80 |
| Table 4.1 | Qualitative questions developed to explore mothers’ beliefs and behaviours on the timing of introducing solids using the COM-B model | 93 |
| Table 4.2 | Demographic profile of participants and their infants’ eating behaviour | 95 |
| Table 4.3 | Mothers’ use of technological devices and interest in modes of delivering the mHealth program (n= 29) | 96 |
| Table 5.1 | Growing healthy studies mapped to the Behaviour Change Wheel model | 119 |
| Table 5.2 | Applying the COM-B system to encourage participants to ‘delay solid introduction to around 6 months and not before 4 months’ | 122 |
| Table 6.1 | Variables and categories used for analysis from each data source of the Growing healthy program | 137 |
| Table 6.2 | Definitions of the sub-indices in the Engagement Index designed for the Growing healthy program | 141 |
| Table 6.3 | Summary of development of the Engagement Index | 142 |
| Table 6.4 | Baseline demographic characteristics of thesis sample (n= 225) | 153 |
| Table 6.5 | Characteristics of Growing healthy participants by Engagement Index level (n= 225) | 155 |
| Table 6.6 | Linear regression to explore the predictors of Engagement Index scores | 157 |
| Table 6.7 | Participants’ reported satisfaction with aspects of the Growing healthy Program (F _i) (n= 154) | 160 |
| Table 6.8 | Participants’ characteristics and engagement level by timing of solid introduction (n= 174) | 163 |
| Table 6.9 | Association between participant factors and reason for introducing solid foods, proportion of sample (n= 174) who stated each reason by participant characteristics | 167 |

| | | |
|------------|--|-----|
| Table 6.10 | Association between infant factors and reason for introducing solid foods, proportion of sample (n= 174) who stated each reason by infant characteristics | 169 |
| Table 6.11 | Logistic regression analysis for predictors of reasons for introduction to solids and association with participant Engagement Index scores (controlling for significant variables) | 172 |
| Table 7.1 | Interview questions to explore how Capability, Opportunity and Motivation influenced the participants' Behaviour on the age at which they introduced solids to their infant | 187 |
| Table 7.2 | Characteristics of the qualitative interview participants (n= 18) | 190 |
| Table 7.3 | Themes and subthemes from interviews regarding the factors that influenced participants' engagement with the Growing healthy app program | 199 |
| Table 7.4 | Impact of intervention functions and Behaviour Change Techniques on the outcome (delaying solid introduction) | 201 |

List of Figures

| | | |
|------------|---|-----|
| Figure 2.1 | COM-B Model (Michie, van Stralen & West 2011) | 47 |
| Figure 2.2 | The conceptual framework utilised in this thesis | 57 |
| Figure 3.1 | The element explored in the conceptual framework addressed in this chapter is highlighted in red | 63 |
| Figure 3.2 | Inclusion and exclusion criteria for selection of website and smartphone apps | 65 |
| Figure 3.3 | Flow chart of the number of websites and apps which were identified, screened and evaluated | 73 |
| Figure 3.4 | Box and whisker diagram of the range of scores for the quality of the websites and apps analysed | 74 |
| Figure 3.5 | The breadth and coverage of topics from the Infant Feeding Guidelines provided websites and apps | 77 |
| Figure 4.1 | Relationships in the conceptual framework addressed in this chapter are highlighted in red | 90 |
| Figure 6.1 | Relationships in the conceptual model addressed in this chapter outlined in red | 136 |
| Figure 6.2 | Participant recruitment, enrolment and completion of baseline, six month and nine month surveys | 152 |
| Figure 6.3 | The distribution of Engagement Index scores | 154 |
| Figure 6.4 | Number of participants and total number of times participants visited each section of the Growing healthy app | 158 |
| Figure 6.5 | Mean scores for Ci, Li, Ii and Ri at each time point (Initial, interim and final) | 161 |
| Figure 6.6 | Survival curves for the age at which participants introduced solids and the Engagement Index levels | 164 |
| Figure 7.1 | Relationships in the conceptual framework addressed in this chapter are highlighted in red | 184 |

List of Abbreviations

| | |
|---------|---|
| AAP | American Academy Pediatrics |
| ABA | Australian Breastfeeding Association |
| ALLS | Adult and Life Skills Survey |
| Apps | Applications |
| BCT | Behaviour Change Technique |
| BCW | Behaviour Change Wheel |
| BMI | Body Mass Index |
| CDC | Centre for Disease Control & Prevention |
| C_i | Click-Depth Index |
| CI | Confidence Interval |
| cm | Centimetre |
| COM-B | Capability, Opportunity, Motivation-Behaviour |
| DEECD | Department of Education and Early Childhood Development |
| EI | Engagement Index |
| EPOCH | Early Prevention of Obesity in Children |
| FAB | Food, Activity and Breastfeeding |
| F_i | Feedback Index |
| F-K | Flesch-Kincaid |
| HBM | Health Belief Model |
| HONcode | Health On Net Code of conduct |
| HRWEF | Health-Related Website Evaluation Form |
| I_i | Interaction Index |
| InFANT | Infant Feeding Activity & Nutrition Trial |
| IQR | Interquartile Range |
| IT | Information Technology |
| IOTF | International Obesity Task Force |
| kg | Kilogram |
| L_i | Loyalty Index |
| MARS | Mobile Application Rating Scale |
| MCH | Maternal and Child Health |
| mHealth | Mobile Health |

| | |
|----------------|--|
| m ² | Metre square |
| MRC | Medical Research Council |
| NHMRC | National Health Medical Research Council |
| NSW | New South Wales |
| OR | Odds Ratio |
| PHC | Primary Health Care |
| PIFI | Parent Infant Feeding Initiative |
| PN | Practice Nurses |
| QCSS | Quality Component Scoring System |
| R _i | Recency Index |
| RWG | Rapid Weight Gain |
| SAM | Suitability of Assessment Material |
| SEIFA | Socio-Economic Indexes for Areas |
| SCT | Social Cognitive Theory |
| SES | Socioeconomic Status |
| SD | Standard Deviation |
| SMOG | Simple Measure of Gobbledygook |
| SMS | Short Message Services |
| SPSS | Statistical Package for Social Sciences |
| TAFE | Technical and Further Education |
| TDF | Theoretical Domain Framework |
| TPB | Theory of Planned Behaviour |
| WHO | World Health Organization |
| WIC | Women, Infants, and Children |