

Repositório ISCTE-IUL

Deposited in *Repositório ISCTE-IUL*: 2025-03-25

Deposited version: Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Rodrigues, S., Parisod, H., Rodrigues, R. B., Barros, L. & Salantera S. (2022). The state of empowerment counselling for healthy family lifestyles in well-child visits from the families' and nurses' perspectives: a cross sectional survey. In Tuba Avcilar (Ed.), Late-Breaking Abstracts for ECO2022. (pp. 262-262).: Karger.

Further information on publisher's website:

10.1159/000524649

Publisher's copyright statement:

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overweight and obesity. This study aims to evaluate both perceived and objectively measured weight gain in children in the Netherlands during the COVID-19 pandemic and the effect of prior lifestyle intervention.

Methods: 150 children of the Children, Obesity and Lifestyle during COVID-19 (COLC) study (cohort A) reported perceptions of weight change during the COVID-19 pandemic. Anthropometric data of 66 children with overweight and obesity was collected at the expertise Centre for Overweight Adolescent and Children's Healthcare in the same period (COACH; cohort B).

Results: In cohort A, 43% of children with overweight and obesity perceived weight gain during the pandemic, compared to 15% of lean children. In cohort B, BMI z-score increased significantly (+0.065 SD) within five months. Participation in a lifestyle intervention for >1 year and having parents with Dutch nationality was associated with less weight gain, specifically in children with obesity.

Conclusion: Children with overweight and obesity are particularly at risk for accelerated weight gain during the COVID-19 pandemic. Prior long-term participation in a lifestyle intervention protects against this weight gain, which emphasizes the importance of strong support for vulnerable populations during health crises and pleads for wide implementation of lifestyle interventions for children.

LBP3.09

The state of empowerment counselling for healthy family lifestyles in well-child visits from the families' and nurses' perspectives: a cross sectional survey

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Introduction: Primary care setting, namely the well-child visits, presents an obvious opportunity for promoting healthy family lifestyles and the prevention of childhood obesity. By their professional competence, nurses are in a good position to provide lifestyle counselling in the well-child visits. Such counselling should take the approach of empowerment, as advocated by the World Health Organization since the Ottawa Charter. However, the well-child visits' scope of practice is demanding, and no empirical research on the practice of empowerment counselling in this context has been performed in Portugal. The purpose of this study was to evaluate and compare the family and nurse perceived degree of empowerment counselling for healthy family lifestyles in Portuguese well-child visits and to explore the factors that may influence this practice.

Methods: A cross-sectional survey study based at 12 health centers across the metropolitan area of Lisbon and the Central Region of Portugal was conducted between January 2018-October 2019. The survey included 82 families attending a 5-year-old well-child visit and 25 nurses. Families and nurses assessed the same well-child visit counselling session using parallel statements of the Portuguese Empowering Speech Practice Scale, grouped in two subscales related to relational-empowerment practices and participatory-empowerment practices. The survey also included the Parent's Longitudinal Continuity in Primary Care scale, the Family Nutrition and Physical Activity tool, anthropometric and sociodemographic questions. Families' and nurses' responses were analyzed using descriptive statistics, paired sample t-test, analysis of variance, and regression analysis.

Results: Generally, nurses and families gave high scores to the empowerment counselling in the 5-year-old well-child visit. The families' evaluation scores were higher than the nurses' evaluation (e.g., giving individualized information and advice, disclosure, and asking questions). Nurses' training in empowerment education and obesity was associated with higher scores on the relational empowerment scale. The family's familiarity with the health system was associated with higher empowerment counselling scores. Families having children with overweight were associated with lower empowerment counselling scores.

Conclusion: Our findings can provide suggestions for improving empowerment health counselling in well-child visits. Nurses should apply empowerment counselling in regular well-child visits, outside a research context. The domain of participatory practices of empowerment counselling can be expanded. We recommend that primary health care managers in Portugal emphasize nurses rigorously training on empowerment counselling and childhood obesity. Based on these findings, a usual and continuous source of primary health care may have an important contribution to family empowerment. In the well-child visit, improvements should also be directed toward empowerment counselling for families at high risk for non-communicable diseases.

LBP3.10

Evaluation of *Sahtak bi Sahnak*, the first secondary school-based nutrition programme for Lebanese adolescents aged 15–18 years

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Introduction: According to the WHO, paediatric obesity is one of the most serious global health problems of the current century. It can lead to several physical and mental complications, sometimes lasting until adulthood. Lebanon, an Arab country in the Eastern Mediterranean region, is no exception, as the prevalence of paediatric obesity reached 13.9% in 2016. Previous studies have shown that food intake and dietary adherence to dietary guidelines are significantly influenced by dietary knowledge levels. The aim of the current study was to evaluate the effectiveness of *Sahtak bi Sahnak* (in English: Your Health on your Plate), the first secondary school-based nutrition programme, on improving dietary knowledge and dietary adherence levels of Lebanese adolescents.

Methods: Sahtak bi Sahnak is a nutrition intervention dedicated to increase the levels of both dietary knowledge and dietary adherence to guidelines among 15–18-year-old Lebanese adolescents, in order to prevent the development of obesity. The intervention was developed using the Intervention Mapping framework, making it a theory- and evidence-based health promotion programme. Sixteen public and private schools including 1572 adolescents were randomly assigned to intervention and control groups in a cluster randomised controlled trial. The schools were located in both urban and rural regions. Dietary knowledge and adherence levels were measured at baseline and post-intervention using validated questionnaires. Multivariate multilevel regression analyses were used to assess the intervention effects on the outcomes, adjusted for background characteristics such as demographics (e.g., age, gender, location, type of school, and grade), BMI z-score, and score at baseline.

Results: The intervention group showed significant improvements in the dietary knowledge level (B=12.74; p<0.001) and the intake of healthy items (B=1.89, p<0.001) compared to the control group. Additionally, the intake of unhealthy items decreased significantly (B=-1.43; p<0.001), compared to the control group. The programme succeeded in increasing dietary knowledge and adherence among participants from both genders (i.e., boys and girls), living in both urban and rural regions, enrolled in both private and public schools, and having different nutritional statuses. **Conclusion:** *Sahtak bi Sahnak* is the first nutrition intervention targeting secondary schools in Lebanon, and the first health promotion programme based on the IM framework in the Arab world. It was successful in improving both dietary knowledge and dietary adherence to dietary guidelines, and is hence a promising approach to prevent adolescent obesity in the region.