

The 'Together Happy!' ('Samen Happie!') intervention to prevent obesity through parenting: A study among Dutch parents of toddlers

No registrations found.

Ethical review	Not applicable
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON22485

Source

NTR

Health condition

Childhood overweight and obesity (overgewicht en obesitas bij kinderen)

Sponsors and support

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Source(s) of monetary or material Support: Fonds NutsOhra

Intervention

Outcome measures

Primary outcome

1. Child antropometric characteristics (i.e., length and weight) measured via child health care centres (self-reported by parents used to calculate body mass index [BMI], measured in kg/m²)

Timepoints: baseline, 6 months, 9 months (and possibly additional timepoints up to 4 years, depending on the timing of the measurements at the health care centres)

Secondary outcome

2. Parental parenting practices with respect to child weight-related behaviours (eating, drinking, sleeping, physical activity/screen time)

Timepoints: baseline, 6 months, 9 months

3. Weight-related behaviours of the child (including healthy eating, drinking, sleeping, and exercise)

Timepoints: baseline, 6 months, 9 months

4. General parenting style

Timepoints: baseline, 6 months, 9 months

5. Parental wellbeing (e.g., including depression, self-reported health, happiness)

Timepoints: baseline, 6 months, 9 months

6. Parental cognitions (e.g., including parenting related self-efficacy and motivation)

Timepoints: baseline, 6 months, 9 months

7. Parental social support

Timepoints: baseline, 6 months, 9 months

8. Application user experience

Timepoints: 6 months, 9 months

Study description

Background summary

This study will be carried out in the Netherlands.

Study objective

Childhood obesity is a serious epidemic in western societies. Parents are considered as a key influence in children's weight-related behaviors. It is thus not surprising that recent interventions to prevent childhood obesity have increasingly focused on the role of parents. However, most interventions have three limitations. First, they do not focus on children in their first years of life, a sensitive period of life when behavior is highly malleable and unhealthy habits become established. Second, most interventions have been developed without active involvement of parents, resulting in low response rates, especially for parents with a low social economic status. Third, most recent interventions mainly focus on specific parenting practices or parental weight-related behaviors without taking the moderating effect of general parenting into account. Recent reviews suggest the importance of the general parenting context.

Hence, we developed the intervention 'Samen Happie!'. The intervention has been developed in co-creation with the target group according to a standardized procedure (i.e., intervention mapping). The intervention focusses on both healthy parenting practices (related to the main risk factors of energy intake and expenditure: eating, drinking, sleeping, and exercise versus sedentary behavior) and general parenting to prevent obesity in early childhood. The intervention consists of a mobile application and group meetings. Through the mobile application, parents can (1) learn about, and (2) actively practice with healthy parenting practices and -styles. In the group sessions parents receive information and practical advice about how to use parenting practices and - styles. In addition, the group sessions focus on the well-being of parents and create the possibility to discuss parenting questions together with other parents to foster their sense of social support.

The effectiveness of the intervention 'Together Happy!' ('Samen Happie!') will be examined

through a quasi-experimental design with three conditions: (1) an experimental group in which parents use the application, (2) an experimental group in which parents participate in the group sessions and use the application, and (3) a wait-list control group (these parents receive the mobile application after the study has ended).

We expect that parents who receive the application will exhibit more healthy parenting practices compared to parents in the waitlist control condition. Moreover, we expect that parents who, in addition to receiving the app, participate in the group sessions will also show more aspects of healthy general parenting, increase in well-being and experience more social support compared to parents who only use the application. In the long term, we also expect that children of parents in both intervention conditions will have a healthier weight status (BMI) than children of parents in the waitlist control group.

Study design

See above

Intervention

Participants in the app + group sessions experimental group will be recruited through child day care centres in Nijmegen, the Netherlands. Because the group sessions will take place at these day care centres, all participants that are recruited here will be automatically assigned to the app + group sessions experimental group. Parents in this group will participate in two 90-minute group sessions, with approximately three months in between. In these sessions, they will receive practical tips on how they can apply healthy parenting practices with regard to the most important weight-related parenting practices (sleeping, eating, drinking, and a healthy balance between screen time and physical activity). Parents also learn how they can deal with difficult situations, for example how and when to use a time-out for their child and how they can talk about food-rules with people that hinder their child's healthy upbringing by, for example, offering a lot of sweets (e.g., grandparents and neighbours). There will also be attention on how to practice a positive and authoritative parenting style. For this purpose, elements from the "healthy Triple P" intervention are used. In order to improve the well-being of the parents, they are offered exercises in mindfulness and during the session meetings. Finally, parents are encouraged to exchange (parenting) experiences and support each other with possible questions, e.g., through creating a WhatsApp group at the end of the meeting.

Parents for the second experimental group (app only) and the waitlist control group are recruited through different ways (e.g., online, face-to-face). After completing the baseline questionnaire, parents will be randomly assigned to either one of these groups. Parents in the app-only experimental group will receive a mobile application through which they can learn about specific healthy parenting practices and a general healthy authoritative parenting

style. The information will be presented through short and simple fact cards, practical tips, and quizzes. Moreover, in the app parents can actually practice healthy parenting practices and -styles through various challenges (e.g., based on implementation intentions). The information in the app is grouped into four important determinants for healthy development, namely eating, drinking, sleeping, and exercise, and adjusted to the age of the child. The textual information in the app is short, simply formulated, and visually supported. For the most important information a movie clip with a voice-over is available. Moreover, the app tries to target common barriers to healthy parenting for low-SES parents (e.g., stress and financial worries) by offering, for example, relaxation exercises and cheap, simple recipes. Parents in the control condition will receive the mobile application after the intervention period (waitlist-control condition).

NB. Two arms are randomized (the waitlist control group and experimental group that receives the app) and one arm is non-randomized (the experimental group that receives the app and group sessions) because of practical reasons (e.g., recruitment of parents and location of the group sessions).

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Eligibility criteria

Inclusion criteria

Parent-child dyads are eligible for participation when parents:

- have a child aged 2 to 4 years old at the time of the baseline measurement. We identified this age range as a critical period for intervention because the food neophobic phase starts around 2 years of age, in which parents can experience problems in the eating behaviour of their child. Moreover, toddlers around this age generally start to become more stubborn (“the terrible two’s”), which can complicate the application of positive, authoritative parenting.
- are able to read, write and speak the Dutch language.

In total, we strive to include 60% parents with lower (i.e., no education, primary school, or preparatory vocational education) or medium-level education (i.e., vocational education) and 40% parents with higher level education (i.e., pre-university or university education). We use educational attainment as a proxy for socio-economic status (SES).

Exclusion criteria

Parent-child dyads will be excluded from the study if the child has any diagnosed congenital anomalies or a chronic condition that is likely to influence normal development (including feeding behaviour).

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-08-2018

Enrollment: 180
Type: Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

NTR-new NL7371

NTR-old NTR7579

Other Ethical Committee Social Sciences, Radboud University, Nijmegen, the Netherlands : ECSW-2018-084

Study results

Summary results

Karssen, L. T., & Larsen, J. K. (2017). De rol van opvoeding in overgewicht bij kinderen uit lage sociaal-economische milieus: Tijdig ingrijpen met de Samen Happie! app. Vakblad Sociaal Werk, 18(6), 27-29.