

Parental health literacy & nutrition literacy in relation to feeding practices

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Parental feeding practices (PFP) are specific behaviours or strategies that parents use to influence what, when and how much their children eat. There is evidence that PFP can affect children's eating behaviour and diet quality⁽¹⁾. Greek children seem to have poor diet quality and high rates of obesity. Recent evidence suggests that health literacy (HL) seems to be a stronger predictor of health than age, income, employment, education, and race⁽²⁾ and is directly link to premature death⁽³⁾. Moreover nutrition literacy (NL) seems to be positively correlated with a healthy and balance diet⁽⁴⁾. Poor HL and NL are associated with negative health outcomes and they comprise an emerging field for health policy, practice and research. The aim of the study was to investigate the relation between certain PFP and HL and NL levels in Greek parents.

This is a cross-sectional study that took place in the urban area of the Attica region, in Greece. The sample consisted of 402 parents (68.4% mothers). The recruitment of participants was done in a feasibility base and the participation rate was 85.4%. Parents completed the Greek version of Comprehensive Parental Feeding Questionnaire. HL and NL were assessed via the European Health Literacy Questionnaire (HLS_EU_Q47) and the Greek version of the Nutrition Literacy Scale (NLS-Gr), respectively. Sociodemographic characteristics were also assessed. For the statistical analysis non parametric tests Mann-Whitney U test and Kruskal-Wallis were used.

The mean score of HL was 34.69 (SD = 6.39) and of NL was 23.57 (SD = 4.12). Significant difference was observed in the “child control” practice were mothers used this practice more frequently than fathers ($p = 0.015$). Parental BMI also affected the PFP employed. Parents of normal weight used more the “healthy eating guidance” practice than overweight and obese ($p = 0.003$) parents and more the “monitoring” practice than overweight parents ($p = 0.001$). Parents with inadequate HL levels used less the “health eating guidance” and the “monitoring” practices than those with problematic and adequate HL levels ($p = 0.003$ and $p < 0.0001$ respectively). Also, parents with problematic HL, used less “monitoring” practice than those with excellent HL ($p < 0.0001$). Finally, parents with excellent HL used less the “child control” practice than those with inadequate HL levels ($p = 0.036$). With respect to NL, parents with inadequate NL levels use less the “health eating guidance” and “monitoring” practices than those with adequate NL levels ($p = 0.003$ and $p = 0.026$ respectively).

Higher parental levels of HL & NL are significantly positively associated with better parental feeding practices in Greece. Given the relatively limited evidence-based guidance available to parents, regarding optimal PFP practices to combat obesity, relevant health promotion projects should emphasize on the improvement of parental HL & NL levels.

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