

## P013 (continued)

together. This innovative youth program can be replicated by health and nutrition educators even after the pandemic subsidies.

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### P014 Nutrition Knowledge, Attitudes, Beliefs, and Practices among Adults in Urban and Rural Areas in the Free State, South Africa

Wasiuddin Najam, MS Student, Pharm.D., [wnajam@ttu.edu](mailto:wnajam@ttu.edu), Texas Tech University, 2408 Mac Davis Ln, Lubbock, TX, 79401; Corrina Walsh, PhD, Department of Nutrition and Dietetics, Faculty of Health Sciences, University of Free State; Wilna Oldewage-Theron, PhD, RD (SA), Department of Nutritional Sciences, College of Human Sciences, Texas Tech University

**Background:** Designing comprehensive nutrition education programs requires understanding nutrition-related knowledge, attitudes, beliefs, and practices (NKABP) of people. Globally, previous studies primarily focused on NKABP of children, adolescents, and adults. There are differences in living standards, dietary practices, and prevalence of diseases between rural and urban areas. Therefore, understanding the differences in NKABP between these communities is important.

**Objective:** To understand the differences and correlations between NKABP among adults in urban and rural settings.

**Study Design, Setting, Participants:** Assuring Health for All in the Free-State is a cross-sectional study to determine how living in urban and rural areas predisposes population to chronic diseases. It was approved by the Ethics Committee of the Faculty of Health Sciences, University of Free State. The rural and urban parts of the study were conducted in 2007 and 2009, respectively. Participants were adults aged 25-64 years.

**Measurable Outcome/Analysis:** The outcomes are NKABP, measured by a reliable questionnaire. Shapiro-Wilk test was used for normality testing. Due to non-normal distribution, Mann-Whitney tests were performed to compare continuous data. Spearman correlation analyzed the associations between NKABP domains.

**Results:** The sample included 363 (42.91%) urban and 483 (57.09%) rural adults, predominantly females (78.17%). The preliminary analysis shows adults in rural areas have significantly higher nutrition knowledge ( $9 \pm 2$  vs.  $8 \pm 2$ ,  $P < 0.001$ ), attitudes ( $7 \pm 1$  vs.  $5 \pm 1$ ,  $P < 0.001$ ), and beliefs ( $5 \pm 0$  vs.  $4 \pm 1$ ,  $P < 0.001$ ) compared to those in urban areas. There were significant positive correlations in both urban and rural areas between knowledge and attitudes [ $r = 0.11$  ( $P = 0.03$ );  $r = 0.272$  ( $P < 0.001$ )] knowledge and beliefs [ $r = 0.128$  ( $P = 0.01$ );  $r = 0.2$  ( $P < 0.001$ )], and attitudes and beliefs [ $r = 0.199$  ( $P < 0.001$ );  $r = 0.401$  ( $P < 0.001$ )]. However, associations between knowledge and practices [ $r = 0.122$  ( $P = 0.007$ )], and beliefs and practices [ $r = 0.113$

( $P = 0.01$ )] were significant in rural areas and association between attitudes and practices [ $r = 0.122$  ( $P = 0.02$ )] was significant in urban areas.

**Conclusions:** Adults in rural areas have better NKAB, and their knowledge and beliefs were correlated with practices. Future nutrition education interventions are required to increase NKAB and translating them into practices, especially among adults in urban areas in the Free State province.

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### P015 Nutrition Literacy Level Differentiates by Age, Gender, and Income in a Sample of Brazilian Adults

Camila dos Santos Chaves, MPH, Nutritionist, [milachaves19@gmail.com](mailto:milachaves19@gmail.com), University of Brasilia, Darcy Ribeiro University Campus, Brasília, Federal District, Brazil, 70910900; Juliana Teruel Camargo, PhD, MPH, University of Kansas Medical Center (USA); Eduardo Yoshio Nakano, PhD, University of Brasilia; Verônica Cortez Ginani, PhD, University of Brasilia

**Background:** Nutrition literacy (NL) is the capacity to obtain, process, and understand nutrition information and skills needed to make appropriate nutrition decisions. NL is associated with sociodemographic characteristics and predicted adherence to healthy or unhealthy diet patterns among adults with chronic diseases and pregnant women in the US. However, little is known about the association of NL with sociodemographic characteristics in developing countries.

**Objective:** To assess the NL level and its association with sociodemographic characteristics in bank employees.

**Study Design, Setting, Participants:** Non-probabilistic, quantitative and cross-sectional study carried out in 2020 in the Federal District (DF), Brazil with 1,174 workers aged  $\geq 18$  years old recruited from a financial institution.

**Measurable Outcome/Analysis:** NL was measured by the Nutrition Literacy Assessment Instrument for Brazilians (NLit-Br). We used the online version, validated with confirmed substantial reliability ( $ICC > 0.75$ ). Sociodemographic questions (age, biological sex, Monthly Household Income (MHI) and education level) preceded NLit-Br. Descriptive analyses were used for NL and sociodemographic characteristics. Student's t-test and Analysis of Variance (ANOVA) were used to measure associations between NL with sociodemographic characteristics.

**Results:** Most participants were male (61%), with a graduate degree (74%) and with a MHI higher 7 minimum wages (MW), US\$ 1515,31 (85%). The diagnosis of moderate NL level predominated among the population studied (62.3%). Participants who were females aged less than