Archivos Latinoamericanos de Nutrición
Sociedad Latinoamericana de Nutrición
Volumen 73, Suplemento 1, Octubre 2023
https://doi.org/10.37527/2023.73.S1

O46 GRAPHIC REPRESENTATION OF THE FRONT OF PACKAGE LABEL AVAILABLE RESEARCH: AN EVIDENCE GAPS MAP APPROACH

Dr. Deborah Navarro Rosenblatt[1], Lucy Kuhn-Barrientos[1], Carolina Castillo-Ibarra[1], **Dra. Camila Corvalán Aguilar**[2]
[1]Consultora independiente, Santiago, Chile, [2]Instituto de Nutricion y Tecnologia de los Alimentos, Universidad de Chile, Santiago, Chile.

Background: There is vast evidence and research related to the development and impact of the different Front of Package Labelling (FoPL) strategies. However, there is yet no systematization of the FoPL literature gaps. Objective: This work objective to describe the categorization of the FoPL peer-reviewed literature into a user-friendly and interactive evidence map. Methods: Six databases were searched until 30th September 2021 for descriptive, analytical, or qualitative studies reporting information on FoPL. The selected articles were characterized and mapped onto an Evidence and Gap Map, using the Eppi-Reviewer and Eppi-Mapper software. The studies were categorized by study design, population age, location, study outcome (consumer, producer, and policy formulation), and by FoPL type (Warning Labels, Traffic Lights, Healthy Star Rating, Nutri-Score and Healthy Choices). Results: Out of 1720 records, 379 articles were mapped. Most of the studies used a randomized control study design (38%) and were published in Europe (35%). The FoPL type with more publications was the Traffic light or colour-coding food labels (48%) and most of the studies (58%) were performed in adults. Consumer outcomes were the most frequent (705) and half of them (50%) were related to knowledge attitudes and understanding of nutrition, health, and package nutritional information. The second most frequent outcome was the use of nutritional information or changes on food purchases (40%), while reports of nutritional status or health outcomes was infrequent (3%). There were articles also addressing producer outcomes (9%) and policy formulation (29%). Conclusion: This map visualises the extent, nature and knowledge gaps of the literature related to FoPL. Further studies should focus where there are more evidence breaches. Funding: This research was funded by the International Development Research Centre (IDCR), Canada and supported by the Latin American and Caribbean Nutrition and Health Community of Practice (COLANSA) and the Nutrition and Food Technology Institute (INTA), University of Chile.

Keywods: the front of package label, graphic representation, evidence gaps map approach.

O47 THE IMPACT OF HEALTH POLICIES AND COVID-19 ON EXCLUSIVE BREASTFEEDING: A NATIONWIDE AND BY SOCIOECONOMIC STATUS INTERRUPTED TIME SERIES ANALYSIS

Dr. Deborah Navarro Rosenblatt[1], Dr. Tarik Benmarhnia[2], Dr. Paula Bedregal[3], Dr. Sandra Lopez-Arana[4], Dra. Lorena Rodríguez-Osiac[5], **Dra. María Luisa Garmendia Miguel**[6]
[1]Ministry Of Health, Chile, Santiago, Chile, [2]Department of Family Medicine and Public Health, University of California at San Diego, California, # 9500 Gilman Drive, La Jolla, CA 92093, San Diego, USA, [3]School of Public Health, Pontifical Catholic University of Chile, Av. Libertador Bernardo O'Higgins 340, Santiago, Santiago, Chile, [4]Department of Nutrition, Faculty of Medicine, University of Chile, Av. Independencia 1027, Independencia, Santiago, Chile, [5]School of Public Health, University of Chile, Av. Independencia 939, Independencia, Santiago, Chile, [6]Institute of Nutrition and Food Technology, University of Chile. Av. El Libano 5524, Macul, Santiago, Chile.

Background: Chile implemented two policies aiming to support exclusive breastfeeding (EBF): twelve extra weeks of maternity leave (ML), in 2011; and pay for performance (P4P) primary health care strategy for EBF promotion at six months, in 2015. On the other hand, evidence shows that COVID-19 might have affected EBF prevalence. This study aims to examine the impact of these two policies and COVID-19 in EBF prevalence, at three and six months, by national level, urban and rural settings, geographical zones and EBF inequalities by socio-economic status (SES). Methods: Aggregated national EBF data by month and municipality were collected from January 2009 to November 2020. Interrupted time series analyses (ITSA) were performed to quantify the changes in EBF attributable to the two policies and COVID-19. Stratified analyses were made by urban and rural setting, geographical zones. The impact of the three events in EBF inequalities was measured with two procedures: 1. ITSA stratified by municipal SES quintiles; 2. Calculating the EBF slope index of inequality (SII).Results: EBF prevalence at six months increased from 49.2% to 51.5% after the extended ML, from 50.5% to 63.1% after the P4P, and from 62.9% to 64.8% after COVID-19. The EBF prevalence was higher in lower SES municipalities before and after the three time-events. We found no effect of ML on EBF; the P4P increased EBF at three months by 3.1% and 5.7% at six months. COVID-19 reduced EBF at three months in -4.5%. Heterogeneity by urban and rural settings and by geographic zones were identified in the impact of the two policies and COVID-19 in EBF. No impact in EBF inequalities were observed after the extended ML. The P4P increased EBF at six months in all SES quintiles, but in a higher level in poorer municipalities (SII: -0.36% and -1.05%). During COVID-19, wealthier municipalities showed a higher EBF prevalence at six months (SII: 1.44%). Discussion: The null effect of ML on EBF could be explained by a low access among affiliated to the public health system to ML (20%) and by an insufficient ML duration (five and a half months). The negative impact of COVID-19 on EBF should alert on the effect that crisis might have on health promotion activities. The P4P strategy includes multiple interventions that seemed effective in increasing EBF across the country, but further in lower SES quintiles. The restrictions in healthcare access in poorer municipalities could explain EBF inequalities during COVID-19.

Keywords: health policies, COVID-19, exclusive breastfeeding, socioeconomic status, time series.