

Health Literacy: Child Health and Nutrition

Jon Ander Mendia *

Department of Nutrition, Missouri State University, Springfield, USA

DESCRIPTION

Infant-formula-feeding is inferior to breastfeeding because mother milk provides specific and non-specific factors that have long-term consequences for early metabolism and the development of disease. Neonatal immunologic development is boosted by mother milk, and host defenses against infectious and other foreign invaders are strengthened. The bioactive components of mother milk, such as hormones, growth factors, and colony stimulating factors, as well as particular nutrients, help to actively stimulate the infant's immune system when nursing. Due to the promotion of a survival benefit by mammalian evolution, mother milk may lower the prevalence of sickness in infancy. Additionally, milk contains elements that support gastrointestinal mucosal maturation, lower the risk of infection, change gut flora, and have anti-inflammatory and immunomodulatory properties.

Mother milk contains hormones, growth factors, and cytokines that may control the progression of disease. Furthermore, foreign food antigen exposure in breastfed infants is decreased. There is evidence of continued immunity maintenance after nursing ends because of protective immune-boosting effects mediated by mother milk. Infant formula is still being improved by the industry by adding ingredients such as fatty acids, oligosaccharides, nucleotides, and lactoferrin. However, mother milk has such profound impacts on a baby's immune system that its availability is crucial for optimum growth. In order to promote the health of their newborns, all mothers should be urged and assisted to breastfeed for at least six months.

Although health literacy focuses primarily on literacy in the context of health, there is a significant association between general literacy abilities and health literacy abilities. 66 percent of adults with inadequate health literacy have a high school or college education, but adults with less than a high school education, poverty-level income, limited English language proficiency, a learning disability, or a physical handicap are more likely to have this condition. Adults who struggle with literacy are also more prone to feeling guilt, having low self-esteem, and having little social supports.

Literacy may play a significant mediating role in the relationship between socioeconomic disparity and health disparities, according to a number of health care researchers. Adults with low health literacy are substantially more likely to be hospitalized, use urgent care services, and have poor control of chronic illnesses after accounting for educational achievement and income. The cost of medical care is much higher for Medicare and Medicaid beneficiaries with low literacy levels than for beneficiaries with appropriate literacy, especially for emergency services. According to estimates, gaps in health literacy cost the US health care system more than \$50 billion annually.

The moderating effects of caregiver literacy abilities may be particularly sensitive to child health inequities. A complicated collection of medical recommendations for the preventative care of newborns and young children, including genetic and neonatal screening results, immunization schedules, and nutritional requirements, are thrown at parents, grandparents, and other child caregivers. The ability of each caregiver to comprehend complex medical regimens, nutritional regimens, school-system resources, and other health information will determine the health results for kids with special healthcare requirements. Teenagers and young adults are also expected to comprehend complex health information in order to make their own decisions regarding their health, select the proper over-the-counter medications, and sign up for health insurance.

However, there is still debate on whether there is any connection between literacy and child health outcomes. Maternal literacy is a significant independent predictor of infant mortality in the developing world, but in the United States and other developed countries, little is known about the clinical significance of any associations between literacy in general or health literacy in particular and child health. The goal of this study is to evaluate the current status of the peer-reviewed literature on literacy as it relates to children's health in the United States and, using that information, to identify potential future directions for clinically significant study.

Correspondence to: Jon Ander Mendia, Department of Nutrition, Missouri State University, Springfield, USA, E-mail: hyamadda@yahoo.com

Received: 24-Feb-2022, Manuscript No. FMMSR-22-18146; **Editor assigned:** 28-Feb-2022, Pre QC No. FMMSR-22-18146 (PQ); **Reviewed:** 15-Mar-2022, QC No. FMMSR-22-18146; **Revised:** 18-Mar-2022, Manuscript No. FMMSR-22-18146 (R); **Published:** 25-Mar-2022, DOI: 10.37532/23274972.22.11.118

Citation: Mendia JA (2022) Health Literacy: Child Health and Nutrition. Fam Med Med Sci Res.11:118.

Copyright: © 2022 Mendia JA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.