

## CHILDREN'S NUTRITIONAL HEALTH: CONTRIBUTIONS OF THE FAMILY NURSE IN THE PARENTS' PERSPECTIVE

Saúde alimentar das crianças: contributos do enfermeiro de família na voz dos pais

Salud alimentaria infantil: aportaciones del enfermero de familia desde la perspectiva de los padres

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## ABSTRACT

**Background:** acquiring healthy eating habits in preschool children is a significant challenge. Nutrition, as a fundamental determinant of health, requires choices appropriate to each stage of the life cycle. Considering the decisive influence of the family on eating behaviors, interventions and health education programs that integrate effective strategies to promote sustainable behavioral changes are necessary.

**Objective:** to identify, from the parents' perspective, the contributions of the Family Nurse to the nutritional health of children.

**Methodology:** a qualitative, exploratory-descriptive study. Data collection was carried out through semi-structured interviews with family members of school-aged children followed at a Family Health Unit. Data analysis followed the content analysis technique proposed by Bardin (2016). All ethical and moral procedures were respected. **Results:** parents recognize the role of the Family Nurse in health prevention and promotion, highlighting their intervention in improving food health literacy. The nurse's support and guidance reinforce parental knowledge and confidence to promote healthy eating habits in children, contributing to positive behavioral changes and gains in family and community health. **Conclusion:** promoting children's food health implies family changes with economic and social repercussions. In the parents' voices, the family health specialist nurse emerges as a central element of support and education, promoting food health literacy and encouraging healthy behaviors that improve quality of life and generate sustainable health gains.

**Keywords:** healthy diet; children; family; nursing

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## RESUMO

**Enquadramento:** adquirir hábitos alimentares saudáveis em crianças em idade pré-escolar constitui um desafio relevante. A alimentação, enquanto determinante fundamental da saúde, exige escolhas adequadas a cada fase do ciclo de vida. Considerando a influência decisiva da família nos comportamentos alimentares, tornam-se necessárias intervenções e programas de educação para a saúde que integrem estratégias eficazes na promoção de mudanças comportamentais sustentáveis.

**Objetivo:** identificar, na perspetiva dos pais, os contributos do Enfermeiro de Família para a saúde alimentar das crianças. **Metodologia:** estudo qualitativo, de natureza exploratório-descritiva. A recolha de dados foi realizada através de entrevistas semiestruturadas aplicadas a familiares de crianças em idade escolar acompanhadas numa Unidade de Saúde Familiar. A análise dos dados seguiu a técnica de análise de conteúdo proposta por Bardin (2016). Todos os procedimentos ético-morais foram respeitados. **Resultados:** os pais reconhecem o papel do Enfermeiro de Família na prevenção e promoção da saúde, destacando a sua intervenção na melhoria da literacia em saúde alimentar. O apoio e a orientação do enfermeiro reforçam os conhecimentos e a confiança parental para promover hábitos alimentares saudáveis nas crianças, contribuindo para mudanças comportamentais positivas e ganhos em saúde familiar e comunitária. **Conclusão:** a promoção da saúde alimentar infantil implica mudanças familiares com repercussões económicas e sociais. Na voz dos pais, o enfermeiro especialista em saúde familiar emerge como elemento central de apoio e educação, promovendo a literacia em saúde alimentar e incentivando comportamentos saudáveis que melhoram a qualidade de vida e geram ganhos sustentáveis em saúde.

**Palavras-chave:** dieta saudável; crianças; família; enfermagem

## RESUMEN

**Marco contextual:** adquirir hábitos alimentarios saludables en niños en edad preescolar constituye un desafío relevante. La alimentación, como determinante fundamental de la salud, requiere elecciones adecuadas en cada etapa del ciclo de vida. Considerando la influencia decisiva de la familia en los comportamientos alimentarios, se hacen necesarias intervenciones y programas de educación para la salud que promuevan cambios conductuales sostenibles. **Objetivo:** identificar, desde la perspectiva de los padres, las contribuciones del Enfermero de Familia a la salud alimentaria de los niños. **Metodología:** estudio cualitativo de naturaleza exploratorio-descriptiva. La recolección de datos se realizó mediante entrevistas semiestructuradas a familiares de niños en edad escolar atendidos en una Unidad de Salud Familiar. El análisis de los datos siguió la técnica de análisis de contenido de Bardin (2016), respetándose los procedimientos ético-morales. **Resultados:** los padres reconocen el papel del Enfermero de Familia en la prevención y promoción de la salud, destacando su contribución a la alfabetización en salud alimentaria. El apoyo e la orientación del enfermero refuerzan los conocimientos y la confianza parental para promover hábitos alimentarios saludables en los niños, contribuyendo a cambios conductuales positivos y beneficios en la salud familiar y comunitaria. **Conclusión:** la promoción de la salud alimentaria infantil implica cambios familiares con repercusiones económicas y sociales. Según la voz de los padres, el enfermero especialista en salud familiar emerge como un elemento central de apoyo y educación, promoviendo la alfabetización en salud alimentaria e incentivando comportamientos saludables que mejoran la calidad de vida y generan beneficios sostenibles en salud.

**Palabras clave:** alimentación saludable; niños; familia; enfermería

## INTRODUCTION

Family nurses play a central role in promoting the health and well-being of the population, particularly through the implementation of care strategies focused on health education, disease prevention, and family empowerment (Ordem dos Enfermeiros [OE], 2015; Direção-Geral da Saúde [DGS], 2022). Empowering families to make informed decisions and adopt healthy behaviors requires the active involvement of parents, promoting their (co-)responsibility in the development of healthy lifestyles.

Health education conducted by a family health specialist nurse should respect principles of clear and participatory communication, adapted to the needs and health literacy level of the parents. It is essential to provide a space for dialogue that allows the expression of doubts, fears, and expectations, strengthening the therapeutic relationship and parental involvement (Goes, 2021).

Early detection of health problems and the promotion of healthy lifestyles are key factors in disease prevention and improving the overall health of the community (International Council of Nurses [ICN], 2024; World Health Organization [WHO], 2020). In this context, the Family Nurse plays a strategic role in empowering families and promoting healthy eating habits, helping them develop skills to manage their health autonomously and sustainably (Smith, 2021; Resende & Figueiredo, 2019).

In the context of children, health education is geared towards the development of self-care in eating. The Family Nurse plays a fundamental role in reinforcing the importance of consistent rules in family meals and in valuing mealtimes as a space for conviviality, sharing and bonding among family members. These

interactions promote the learning of healthy eating behaviors from childhood.

Children's nutritional health plays a decisive role in their physical, cognitive, and emotional growth and development. A balanced diet from the earliest years helps prevent chronic diseases, such as obesity, diabetes, and cardiovascular diseases, which often manifest in adulthood, that is, in the phase in which the individual reaches full physical and psychosocial maturity, assuming autonomy over their habits and health choices (WHO, 2020; Valente et al., 2010). Thus, investing in healthy eating behaviors during childhood is an essential strategy to ensure a healthier and more productive adult life.

Therefore, this study aims to identify, in the parents' voices, the contributions of the Family Nurse in promoting children's nutritional health.

## BACKGROUND

Health policies for the 21st century present new challenges to nursing professionals, especially those working in Primary Health Care. Family nurses play a key role in promoting family health and supporting families within diverse physical, social, and cultural contexts. In Portugal, the reorganization of health services has provided an opportunity for these nurses to implement health promotion strategies directed at families as care units and integrated into the community.

WHO declarations – such as the Ottawa Charter (WHO et al., 1986), the Jakarta Declaration (WHO, 1997), and the Shanghai Declaration from the 9th Global Conference on Health Promotion (WHO, 2016) – define and legitimize health promotion as a process that empowers individuals and communities to exercise

greater control over their health and ensure healthier environments. The Ottawa Charter (WHO et al., 1986) identified “peace, shelter, education, food, economic resources, a stable ecosystem, sustainable resources, social justice and equity” as essential factors for improving population health.

With the Shanghai Declaration (WHO, 2016), for example, the urgency of integrating health promotion within the framework of the Sustainable Development Goals was reaffirmed, emphasizing pillars such as good governance, healthy cities, and health literacy (Saboga-Nunes et al., 2022).

In this way, family nursing assumes a strategic role: not only applying public health guidelines, but also adapting to family and community dynamics.

In the Portuguese context, the specialty of Family and Community Health Nursing has been regulated, assigning specific competencies to the specialist nurse who cares for the family as a care unit, throughout the life cycle and at multiple levels of prevention. For example, Regulation N.º 428/2018 (OE, 2018) defines that the nurse “cares for the family, as a care unit, and for each of its members, throughout the life cycle and at different levels of prevention” (p. 19355).

It is also essential to consider that the role of the nurse goes beyond the technical-scientific domain: as a health promoter, they act as a facilitator, advocate, and promoter, supporting the autonomy and responsibility of individuals and families in managing their health.

With regard to the family as a unit of care, recent literature emphasizes family assessment and intervention models (such as the dynamic family assessment and intervention model) that facilitate the identification of health needs and problems within

families, allowing for more assertive interventions (Assunção & Fernandes, 2022).

More specifically in the context of nutrition and childhood, promoting healthy eating habits from infancy is essential to ensure adequate physical, cognitive, and social development, as well as to prevent so-called “diseases of adulthood.” By “adulthood,” we mean the period in which the individual reaches physical, mental, and social maturity, assumes responsibilities and autonomous health choices, and in which the consequences of risk factors accumulated in childhood become more evident. Thus, early intervention in the childhood life cycle has an impact on future health and well-being throughout life.

At the intersection between family health promotion and child nutrition, the family nurse, when intervening with families, can:

- To support food health literacy,
- To create educational spaces for parents and caregivers,
- To mediate family contexts for the adoption of shared meals, routines and healthy eating habits,
- To coordinate community resources to prevent overweight/obesity and other nutritional complications.

Finally, more recent studies demonstrate the growing relevance of health literacy in the health promotion lifecycle, pointing to it as one of the contemporary pillars of health promotion (Saboga-Nunes et al., 2022). This evidence reinforces the need for the family nurse to position themselves as a facilitator of this process, particularly with children and their families.

## METHODOLOGY

This research is based on the qualitative paradigm, adopting an exploratory and descriptive approach. This approach was chosen because it allows for a deeper understanding of the parents' perspective regarding the Family Nurse's contributions to children's nutritional health, within a specific sociocultural context, valuing the subjective experiences and the meaning attributed by the participants themselves to the phenomenon under study. The qualitative method is suitable for investigating phenomena that are still little explored, allowing for the capture of the richness and complexity of human experiences (Fortin, 2009).

### *Study design*

This study is descriptive and exploratory in nature, as it aims to understand and interpret the contributions of the Family Nurse to children's nutritional health. This design makes it possible to identify patterns, meanings, and contextual factors related to children's nutritional health and the role of the family nurse in its promotion.

### *Participants and sampling*

The selection of participants followed a non-probabilistic convenience sampling, with intentional selection of subjects who present typical characteristics of the phenomenon investigated (Fortin, 2009).

The target population included parents of school-age children (6 to 12 years old) followed up in health surveillance consultations at a Family Health Unit (USF) in Northern Portugal.

#### Inclusion criteria

- Parents of school-aged children (6–12 years old) enrolled at the Family Health Unit;

- Voluntary acceptance to participate, through signing the Free and Informed Consent form.

#### Exclusion criteria

- Children not enrolled in the Family Health Unit (USF) under study;
- Institutionalized children or children with sporadic enrollment;
- Parents who did not speak Portuguese;
- Children with chronic illnesses;
- Parents who refused to participate.

The final sample consisted of 11 parents, a number determined by the theoretical saturation of the data, that is, when new interviews no longer added relevant information to the emerging categories (Bardin, 2016). The participants were all female, aged between 35 and 44 years; most had secondary or higher education and active employment. Regarding the family context, almost all were married, except for one participant in a common-law relationship. The children were between 8 and 11 years old, without a diagnosis of chronic disease.

This demographic profile provides a relevant contextual framework for interpreting parental perceptions about children's nutritional health.

### *Data collection instrument*

The semi-structured interview was the main data collection instrument, chosen for its flexibility and ability to encourage the free expression of participants, promoting open and in-depth communication (Fortin, 2009).

The interview guide was pre-tested to assess the clarity and relevance of the questions, and no changes were necessary. The guide contained two parts:

1. Sociodemographic characterization (10 closed-ended questions);

2. Open-ended questions about parents' perceptions of the family nurse's contribution to children's nutritional health.

The interviews took place between November and December 2023, in a private office at the Family Health Unit (USF), lasting an average of 15 to 20 minutes. All interviews were audio-recorded, with permission, and transcribed in full immediately afterward, including non-verbal elements (pauses, laughter, emotional expressions), in order to preserve the authenticity of the discourse.

### **Data analysis**

The analysis followed the content analysis technique proposed by Bardin (2016), developed in three stages:

1. Preliminary analysis – a cursory reading and organization of the material;
2. Exploration of the material – coding and thematic categorization;
3. Treatment and interpretation – inference and interpretative synthesis of meanings.

This analysis revealed thematic categories and subcategories related to parents' eating habits and the role of the family nurse in promoting healthy eating.

### **Methodological rigor**

To ensure internal validity (credibility and reliability):

- Data triangulation was used between verbal reports, interviewer observations, and field notes;
- Transparency was ensured in the description of the context and stages of the study;
- Data saturation was used as the criterion for ending data collection;
- Participant validation (member check) was performed, presenting the preliminary results

to some interviewees to confirm the consistency of the interpretations.

Regarding external validity (transferability):

- The context of the Family Health Unit (USF), its sociodemographic characteristics, and the data collection conditions were described in detail, allowing other researchers to assess the applicability of the results in similar contexts;
- The use of thick descriptions of experiences and the sociocultural environment facilitates the transfer of knowledge to other primary health care services.

This methodology, anchored in the qualitative paradigm, ensured scientific rigor, ethical coherence, and analytical consistency, guaranteeing the credibility of the results and the transferability of the conclusions.

The study thus contributes to a deeper understanding of the role of the family nurse as a promoter of healthy lifestyles.

### **Ethical procedures**

The investigation rigorously followed the ethical and deontological principles defined for studies involving human subjects (Fortin, 2009), namely:

- Non-maleficence, guaranteeing the absence of harm and the right to withdraw ;
- Autonomy, ensuring voluntary and informed participation;
- Beneficence and justice, guaranteeing confidentiality, anonymity, and dignified treatment of participants.

The study received a favorable opinion from the competent Ethics Committee (Opinion No. 88/2023 – CES). The interviews were coded (E1–E11) to ensure anonymity, and the data will be destroyed after the study is completed.

## RESULTS

The study explored parents' perceptions and practices regarding healthy eating for school-aged children and the role of the family nurse in promoting appropriate eating habits. The results show that parents recognize the importance of a balanced diet, food diversity, and adequate nutrient intake, as well as the need for continuous monitoring to implement healthy habits. During the analysis of the interviews, a central thematic area emerged, subdivided into three categories:

### 1. Help with knowing how to eat

Parents reported that the family nurse provides practical guidance on food choices, such as replacing sweets with nutritious meals and introducing foods essential for healthy growth. Some parents highlighted that the nurse warns about the risks of pre-made meals and fast food, promoting reflection on daily eating habits.

*Example of a report:* "The nurse showed me how to prepare healthy snacks and avoid the processed foods we used to give the children." (E3)

### 2. Increasing food literacy

The nurse's intervention contributed to clarifying doubts and increasing parents' knowledge about infant feeding, especially during critical phases such as lactation or situations of feeding difficulties. This category highlights that parents perceive the nurse as a reliable educational resource, capable of transmitting understandable and applicable information for everyday life.

### 3. It promotes the achievement of health gains.

Parents identified that the family nurse's role contributes to concrete improvements in children's health by promoting more balanced and sustainable eating habits. They reported that continuous monitoring allows them to track progress, reinforcing the adoption of healthy behaviors (Figure 1).

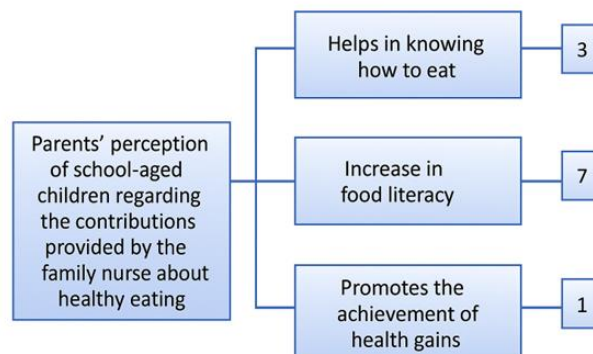


Figure 1

Parents' perception of the family nurse's contribution to nutritional health

In the category *Help with learning how to eat*, three mothers share their thoughts and opinions:

"the nurse makes meal plans, but he doesn't follow them, she always tries hard during the

appointments..., but in the end he doesn't care...he doesn't follow anything" (E1);

"the main contribution is to give us tips or guidance on healthy food choices, trying to replace sweets with healthy dishes. Look at an example... she even

taught me how to make pancakes with oats, banana and orange... I'll give you the recipe. And of course, to teach in the first year of life the introduction of foods so that they grow up healthy and in school age to maintain these guidelines given by the nurse" (E9);

"to alert parents to the risks of eating these pre-made and fast food meals" (E10);

*Increasing food literacy* was the category that received the most contributions, with seven families sharing their experiences. We highlight the following testimonials:

"from my experience with nurse Elisabete, she clarifies everything and is super accessible, I haven't had any difficulties, she explains everything that is needed" (E2);

"and it was talked about, it was talked about, and it's always good because it always clarifies things. Even though a person reads on the internet and buys books and everything else, it's always a reminder, a revival of the memory of what it is, therefore, not that it's given" (E3);

"always provided information and guidance on healthy food choices and the importance of a balanced diet" (E7);

There is a mother who highlights the category *Promotes health gains*, where she explains:

"the role of the family nurse in promoting healthy eating for school-age children and others... and in different care contexts is fundamental, offering contributions to achieving health gains. The contribution is indisputable" (E8);

The term "food literacy" is used to describe the practical aspects of daily life related to healthy eating (Gallegos & Vidgen, 2014).

The results indicate that parents perceive the family nurse as a key agent in promoting healthy eating, providing practical guidance, increasing food literacy, and ongoing support for achieving health gains. These perceptions are directly aligned with the study's objective, which was to understand parental practices and the nurse's contribution to promoting healthy eating habits in school-aged children.

## DISCUSSION

The results of this study show that parents of school-aged children recognize the role of the family nurse as essential in promoting children's nutritional health, perceiving multiple contributions that fall into three main categories: help with learning how to eat, increased nutritional literacy, and promotion of health gains.

Parents value the practical guidance offered by the nurse, which helps them understand appropriate dietary practices and replace less healthy eating habits with balanced choices. This perception is in line with Regulation N.º 428/2018, which establishes the specific competences of specialist nurses in community and public health, including the promotion of healthy lifestyles and the empowerment of families in managing their food health (OE, 2018).

Similarly, Lourenço (2015) highlights that the educational interaction between nurses and families constitutes a privileged opportunity to positively influence eating behavior, particularly in families with risk factors. The results of the present study corroborate this perspective, demonstrating that the nurse's actions translate into tangible behavioral changes, reinforcing parents' knowledge and awareness of healthy eating.

The increase in food literacy emerged as one of the most significant perceptions among the participants. This finding is consistent with Rodrigues (2018), who states that reduced levels of health literacy are associated with a higher prevalence of chronic diseases, such as childhood obesity. Thus, the intervention of the family nurse, by promoting food knowledge, indirectly contributes to the prevention of non-communicable diseases and to the reduction of public health costs.

Health education, central to nursing practice, is widely recognized as a tool for empowering and enabling families (Oliveira, 2014; Sebastian, 2011). The present study confirms this evidence by demonstrating that parents perceive the nurse as an accessible, trustworthy resource with educational competence, capable of fostering autonomy and responsibility in family food choices.

According to Marques (2019), user feedback is a fundamental element in the learning process of professionals, allowing for adjustments to educational practices. The results obtained align with this perspective, since the participating mothers considered the nurse's intervention effective and adapted to their needs.

Overall, the parents' perceptions reveal a social and functional recognition of the educational role of the family nurse, consistent with what the scientific literature describes as nursing focused on health promotion and family empowerment (Oliveira, 2014; Sebastian, 2011; Lourenço, 2015).

It became evident that it is important to strengthen health policies that systematically integrate nutritional counseling into family nursing consultations, favoring the promotion of healthy habits from childhood.

Despite the internal consistency of the results, limitations are recognized that should be considered in the interpretation of the findings:

- Small sample size (11 participants), which limits the transferability of the results to other populations or cultural contexts;
- The sample was composed exclusively of women, limiting the understanding of the paternal perspective on the topic;
- The study's localized nature (only one Family Health Unit in Northern Portugal), which may reflect regional specificities that cannot be generalized;
- Reliance on participants' self-reporting, which can introduce social desirability bias, leading parents to respond in a socially acceptable manner;
- Absence of methodological triangulation with direct observation or document analysis, which could reinforce internal validity.

However, internal validity was reinforced by procedures such as data saturation, full transcription of interviews, and respect for the authenticity of the narratives. External validity (transferability) was considered through the dense description of the context and participants, allowing other researchers to assess the applicability of the results to similar contexts.

In summary, the results of this study converge with the existing literature and add contextualized evidence on the educational and empowering role of the family nurse in promoting children's nutritional health. Parents recognize the nurse as an agent of change and mediator of knowledge, contributing to increasing nutritional literacy and generating effective health gains.



Despite the limitations, the study highlights the potential of health education as a sustainable family and community intervention tool.

## CONCLUSION

We can conclude that the family nurse plays a central role in promoting the nutritional health of school-aged children, being perceived by parents as an essential resource for guidance, clarification of doubts, and encouragement to adopt healthy eating habits. The study identified that the nurse's intervention contributes to increased parental nutritional literacy, continuous support in nutritional education, and consequently, to health gains in the child. The results show that parents' daily practices are influenced by nurse guidance, highlighting the importance of educational strategies adapted to the family context. Implications for practice include the need to systematically integrate nutritional education into family nursing consultations, promoting preventive and continuous interventions with children and caregivers. It is also recommended to replicate the research in different contexts and populations to explore variations in parental attitudes and practices. Among the limitations, it is noteworthy that the qualitative nature of the study prevents broad generalizations and that the sample, restricted to participants in routine consultations, may not be representative of the general population.

Future longitudinal studies would be valuable for understanding how daily parental practices impact children's nutritional health over time and for evaluating the effectiveness of nurse interventions in diverse contexts.

## CONFLICT OF INTEREST

The authors declare that, although there are no conflicts of interest, the article is the result of an adaptation and update of the first author's master's thesis.

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