

substantial NIH funding. The insights gained from this study provide a framework for future research and funding applications, emphasizing the importance of community involvement and culturally tailored solution.

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#### WHO MAKES THE DECISIONS ON VACCINES AND PREVENTIVE HEALTH: PARENTS OR TEENS?

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**Purpose:** Studies have shown that teens and parents of teens express notably similar attitudes regarding vaccines recommended for adolescents and overall vaccination behaviors. Less is known about their perceptions and practices with respect to decision-making about teens' healthy living choices, seeking and choosing vaccination, and other preventive health strategies. Unity explored these topics in a follow-up to three surveys of parents and teens conducted during the COVID-19 pandemic.

**Methods:** A nationally representative survey to assess knowledge, attitudes and beliefs about vaccines and preventive health among U.S. teens ages 13-18 years (n=512) and parents of teens ages 13-18 years (n=507) was conducted via email in October 2023. Respondent groups were not from the same household. Survey topics for this study included rating the importance of preventive health behaviors, use of and trust in vaccine information sources, and decision-making about health behaviors. Analyses included frequencies and analysis of variance (ANOVA); t-test or z-test was used for appropriate individual comparisons. Significant differences are reported at p-value  $\leq 0.05$ .

**Results:** Parent and teen groups agreed in similar proportions that recommended vaccines are important for a healthy future (72% and 71%, respectively). However, teen agreement with statements on health-related decision-making exceeded that of parent respondents for the following dimensions: (1) allowed to determine healthy behaviors (i.e., diet, exercise, sleep habits; 82% v. 42%,  $p \leq 0.05$ ); (2) choosing how teen participates in healthcare (i.e., independent discussions with a healthcare provider (HCP), selecting an HCP; 55% v. 22%,  $p \leq 0.05$ ); and (3) allowed to make healthcare decisions (i.e., getting a check-up or recommended vaccination; 55% v. 22%,  $p \leq 0.05$ ). Variances by demographic characteristics were not observed. Similar proportions of teens (44%) and parents (39%) indicated they would jointly make a decision about a newly-recommended vaccine for adolescents.

The degree of trust in vaccine information sources showed a higher proportion of teens trusting their HCP (73% v. 65%,  $p \leq 0.05$ ) and family members (53% v. 42%,  $p \leq 0.05$ ) relative to parent respondents. Only one-third of teens signaled peer influence by agreeing "If my friends get vaccinated, I think I would get vaccinated, too." A higher proportion of parents trusted public health and government sources (50% v. 39%,  $p \leq 0.05$ ) and adult friends/peers compared to teens (37% v. 21%,  $p \leq 0.05$ ). Three-quarters of parents and teens agreed that vaccine misinformation is widespread on

social media. Only approximately 50% of parents and ever fewer teens indicated that vaccine information is easy to find (52% v. 45%,  $p \leq 0.05$ ) and understand (49% v. 37%  $p \leq 0.05$ ).

**Conclusions:** Teens perceive significant autonomy in making decisions regarding health behaviors. These data support the need for readily available and easy-to-understand vaccine education resources for parents and teens. HCPs and parents should consider approaches to actively involve teens in vaccine-related decisions and promote teen agency in preventive healthcare measures, including vaccines.

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#### IMPACT OF THE COVID-19 PANDEMIC ON NUTRITIONAL STATUS OF GRADUATE AND POSTGRADUATE STUDENTS IN BAGMATI PROVINCE OF NEPAL

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**Purpose:** The primary objective of this study was to evaluate the nutritional status of university students during the COVID-19 pandemic using the Mini Nutritional Assessment (MNA) tool. Specifically, the study aimed to: Assess Nutritional Risk: Determine the proportion of students at risk of malnutrition and identify those who are malnourished. Evaluate Nutritional Components: Examine key factors such as Body Mass Index (BMI), general health indicators including signs of depression, and dietary intake patterns. Provide Dietary Recommendations: Based on the findings, offer appropriate dietary advice to address identified nutritional deficiencies and improve overall nutritional status.

**Methods:** Study Subjects:

Population: The study included 73 university students from the Bagmati region.

Demographics: The sample consisted of 47 female and 26 male students, with a mean age of 19 years.

Analytical Methods:

Nutritional Assessment: The Mini Nutritional Assessment (MNA) tool was employed to evaluate the nutritional status. The MNA tool assesses:

Anthropometric Measures: Body Mass Index (BMI) was used to gauge overall body fat and nutritional status.

General Assessment: Signs of depression and overall health were evaluated to understand the broader impact of mental well-being on nutrition.

Dietary Assessment: Information on meal frequency, food variety, and fluid intake was collected to assess dietary habits.

Data Analysis:

Software: Data were analyzed using SPSS (Version 22).

Statistical Methods: Frequencies and percentages were computed for categorical variables. Chi-square tests were conducted to examine associations between BMI and MNA scores, identifying significant relationships between variables.

**Results:** Prevalence of Nutritional Risk: Out of 73 university students, 42 (57.5%) were identified as being at risk of malnutrition based on the Mini Nutritional Assessment (MNA) tool.

Malnutrition Cases: 3 students (4.1%) were classified as malnourished.