13TH INTERNATIONAL ACHARAKA CONGRESS ON MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES PROCEEDINGS BOOK

FEBRUARY 16-18, 2026
BAKU, AZERBAIJAN

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13. ULUSLARARASI ACHARAKA TIP, HEMŞİRELİK, EBELİK VE SAĞLIK BİLİMLERİ KONGRESİ

16-18 ŞUBAT 2026

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16-18 Şubat 2026 tarihlerinde ZOOM üzerinden çevrimiçi ve Azerbaycan'ın Bakü kentinde Azerbaycan Tıp Üniversitesi'nde yüz yüze olarak gerçekleştirilen 13. Uluslararası Acharaka Tıp, Hemşirelik, Ebelik ve Sağlık Bilimleri Kongresi **YÖK ÜAK kuralları ve üniversiteniz yönetmeliğiniz gereği akademik teşvik kriterlerini sağlamaktadır.** Toplam 443 adet bildirinin yer aldığı kongre üç gün boyunca çevrimiçi ve yüz yüze olarak gerçekleştirilmiştir.

Türkiye dışından toplam **7 farklı ülkeden açılış konuşmacısı; 22 farklı ülkeden katılım (detaylar kongre bildiri kitabında yer alan kongre programında yer almaktadır)** sağlanmış olup, 443 adet bildirinin 240 tanesi yabancı, 203 tanesi Türk katılımcı tarafından sunulmuştur. Kongrenin yabancı katılımcı oranı %55'dir.

Bu belge ilgili üniversitenin akademik teşvik komisyonuna takdim edilmesi üzerine verilmiş.

İlgili bilgilerin detayları kongre bildiri kitabının künye kısmında yer almaktadır.

Kongremize ilginiz için teşekkür ederiz.

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Bu belge 16-18 Şubat 2026 tarihleri arasında Azerbaycan Tıp Üniversitesi'nde verilmiştir.

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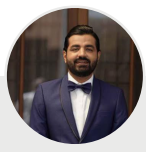
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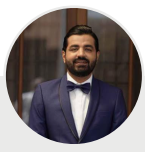
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	17.02.2026	Time: 12^{00}-14^{45} (Turkey Local time GMT+3) Time: 13^{00}-15^{45} (Azerbaijan Local time GMT+5)	MODERATOR(S) / SESSION CHAIR: *Serap İNCEDAL IRGAT* COORDINATOR: *Baha Ahmet YILMAZ*
	Authors	**Affiliation**	**Topic title**
12^{00}-12^{15}	Hakan TOĞUÇ Büşra HÖKELEK	*İnönü University, Türkiye*	ASTAXANTHIN AND BREAST CANCER
12^{15}-12^{30}	Büşra HÖKELEK Hakan TOĞUÇ	*İnönü University, Türkiye*	A FERMENTED BEVERAGE: KOMBUCHA
12^{30}-12^{45}	İlayda AKKAYA Şeyma SÜNBÜL Şükran PIRIL ÇOKKESER Gökçen ORAK Alev KESER	*Ankara University, Türkiye*	ASSESSMENT OF EATING ATTITUDES, ORTHOREXIA RISK, AND BODY ESTEEM IN ADOLESCENT FEMALE VOLLEYBALL PLAYERS
12^{45}-13^{00}	Şeyda GÖGEBAKAN Alev KESER	*Ankara University, Türkiye*	THE RELATIONSHIP BETWEEN PARENTS' FOOD NEOPHOBIA AND THEIR CHILDREN'S EATING BEHAVIOR AND EMOTIONAL STATES
13^{00}-13^{15}	Ceren ŞARAHMAN KAHRAMAN Cansu MEMİÇ İNAN	*Alanya Alaaddin Keykubat University, Türkiye* *Hitit University, Türkiye*	IS FOOD DISGUST AMONG UNIVERSITY STUDENTS AN OBSTACLE TO SUSTAINABLE NUTRITION
13^{15}-13^{30}	Hande BAKIRHAN Yunus Emre BAKIRHAN	*Kahramanmaraş Istiklal University, Türkiye* *Izmir Katip Celebi University, Türkiye*	THE COST OF THE INDUSTRIAL DIET: HEALTH CONSEQUENCES OF ULTRA- PROCESSED FOODS
13^{30}-13^{45}	Nigar GARAHMADOVA Fitnat Şule ŞAKAR	*Haliç University, Türkiye*	THE RELATIONSHIP BETWEEN ORTHOREXIC BEHAVIOR AND DIETARY SUPPLEMENT USE AMONG INDIVIDUALS WHO EXERCISE
13^{45}-14^{00}	Muhammed Yusuf ÇAĞLAR Dursun Alper YILMAZ Gökhan DEGE	*Ağrı İbrahim Çeçen University, Türkiye*	SLEEP QUALITY AND CHRONONUTRITION IN HOSPITAL SETTINGS: THE POTENTIAL OF TRYPTOPHAN AND MELATONIN-RICH FUNCTIONAL FOODS
14^{00}-14^{15}	Dursun Alper YILMAZ Muhammed Yusuf ÇAĞLAR Gökhan DEGE	*Ağrı İbrahim Çeçen University, Türkiye*	NUTRITIONAL ANALGESIA IN CHRONIC PAIN MANAGEMENT: FROM INFLAMMATION MODULATION TO NEUROPATHIC
14^{15}-14^{30}	Serap İNCEDAL IRGAT	*Karamanoğlu Mehmetbey University*	ULTRA-PROCESSED FOODS AND CARDIOVASCULAR DISEASES
14^{30}-14^{45}	Şura AYDIN Nildem KIZILASLAN	*Tokat Gaziosmanpaşa University*	EFFECT OF MICROBIOTA AWARENESS ON BODY COMPOSITION AND EATING BEHAVIORS IN ADULTS

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THE RELATIONSHIP BETWEEN PARENTS' FOOD NEOPHOBIA AND THEIR CHILDREN'S EATING BEHAVIOR AND EMOTIONAL STATUS

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ABSTRACT

Food neophobia is considered a potential factor that shapes eating behaviors, especially during early childhood. This study examined the relationship between parental food neophobia and the eating behaviors and emotional states of children aged three to six years. This cross-sectional, descriptive, quantitative study was conducted in two nursery schools and daycare centers in Ankara. A total of 108 volunteer parents (88.9% mothers and 11.1% fathers with a mean age of 35.25 ± 5.39 years) participated in the study. Data were collected using the Food Neophobia Scale (FNS), the Child Eating Behavior Questionnaire (CEBQ), and the Children's Emotional Manifestation Scale (CEMS). Analyses were performed using SPSS software. A p-value of less than 0.05 was considered statistically significant.

The mean FNS score for parents was 35.36 ± 10.23; 29.6% were classified as neophobic, 55.6% as neutral, and 14.8% as neophilic. No statistically significant association was found between parental food neophobia and children's eating behaviors (r= −0.066, p= 0.494) or emotional states (r= −0.082, p= 0.399). However, a weak, positive, and statistically significant relationship was observed between children's eating behaviors and emotional states (r= 0.209; p = 0.030). Additionally, a weak positive association was identified between parental education level and children's emotional state (r= 0.237; p= 0.014). An increase in the frequency of eating meals outside the home was associated with higher scores for children's eating behaviors (r= 0.318; p= 0.001).

In conclusion, parental food neophobia alone does not explain children's eating behaviors or emotional states. The findings suggest that children's eating behaviors and emotional states are influenced by various factors, particularly the feeding environment and parental education.

Anahtar Kelimeler: Food Neophobia, Eating Behavior, Emotional Status, Children, Parent Eating Behavior

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INTRODUCTION

Childhood eating habits lay the groundwork for an individual's dietary patterns throughout their lifetime and significantly impact long-term health outcomes (Hatipoğlu Ceylan, 2024). In this context, the foods people encounter, particularly during childhood, and their attitudes towards these foods are very important. Technological advancements in the food industry and the effects of globalisation have introduced a wide variety of new foods to the market. Consequently, people's knowledge of food and their level of selectivity have increased, and their food preferences have become more considered (Stoica & Alexe, 2016). However, the process of trying and incorporating a new food into daily life varies from person to person. While some individuals approach new foods positively, others may exhibit negative or even avoidant attitudes towards them. This negative approach is referred to as 'food neophobia' (Çıtak & Özaydın, 2024).

It is defined as the reluctance to try unfamiliar foods and the fear or hesitation associated with consuming them (Pelchat & Pliner, 1995). It may limit overall dietary variety and lead to prejudiced attitudes towards healthy foods. Not only does food neophobia affect the individual, but when observed in parents, it can also directly influence their children's eating habits (Hatipoğlu Ceylan, 2024). There are three main factors that contribute to reluctance or avoidance when trying new foods. The first is dislike, which is the rejection of a food due to its taste, smell or appearance. The second is perceived danger, which refers to the belief that the new food may be harmful or unsafe. The third factor is disgust, which is defined as a negative emotional reaction to the food (Dovey et al., 2008).

These behaviours are influenced by both individual and environmental factors. For instance, genetic predisposition and parental behaviours are key determinants of food neophobia in children. Parents' attitudes towards new foods can significantly influence their children's attitudes (Aydın, 2022). The feeding approach adopted by parents is a key factor in developing healthy eating habits in children, influencing their overall dietary pattern in the long term (Hatipoğlu Ceylan, 2024). When parental food neophobia is high, the child's feeding environment becomes more restricted and they are exposed to fewer new tastes and textures (Farrow & Coulthard, 2015). This situation may affect dietary variety and the child's emotional experience of the feding.

The emotional dimension of eating behaviour has attracted increasing research attention in recent years. In children, behaviours such as food refusal, selectivity or heightened sensitivity have been reported to be associated with anxiety and emotional dysregulation (Steinsbekk & Wichstrøm, 2015). Negative interactions between parents and children during mealtimes may undermine the child's emotional security, potentially leading to both disordered eating behaviours and difficulties in social and emotional development in the long term. In this context, parental food neophobia may indirectly influence the child's not only eating behaviour, but also emotional adjustment and self-regulation skills (Russell & Worsley, 2008).

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Children whose parents exhibit food neophobia may have less healthy food preferences, a more limited variety of foods in their diet, and higher levels of anxiety or concern (Hatipoğlu Ceylan, 2024). Children with neophobic tendencies are particularly reluctant to eat healthy foods such as fruit and vegetables. However, no direct association has been identified with snack or starchy food consumption. Nevertheless, food neophobia is generally associated with a preference for less healthy foods, which may negatively impact dietary diversity in children (Çoban, 2023).

While several studies have examined the relationship between parental food neophobia and children's eating behaviours, most have primarily focused on dietary outcomes and not sufficiently addressed the emotional status of the child. The present study therefore examined the relationship between parents' neophobic attitudes towards new and unfamiliar foods, and their children's food preferences, eating habits and emotional status.

MATERIALS AND METHODS

Population and Sample

This cross-sectional, descriptive and quantitative study was conducted between October and December 2025. It involved volunteer parents with children aged 3–6 years who attend two private nursery and daycare centres operating in Ankara. The study was approved by the Scientific Research and Publication Ethics Committee of Ankara University Faculty of Health Sciences (decision no. 16/02, dated 6 October 2025).

The required sample size was calculated using OpenEpi (Open Source Epidemiologic Statistics for Public Health). Based on a 95% confidence level and a 5% margin of error, the minimum sample size was determined to be 82 participants. A total of 112 parents voluntarily participated in the study. However, data from four parents were excluded because their children did not meet the age criteria, meaning the study was completed with 108 parents. Parents were included in the study if they had at least one child aged 3–6 years, lived in the same household as the child and were responsible for their daily care. They also had to possess sufficient cognitive and communicative ability to provide information regarding their child's eating habits, behaviours and emotional status. Parents were excluded if they had a psychiatric disorder (e.g. major depression or psychotic disorders), cognitive impairment that could prevent them from reliably reporting their own or their child's eating behaviours, or if their child had food allergies, metabolic diseases, autism spectrum disorder, cerebral palsy, or any other medical or developmental condition that could directly affect eating behaviour and/or emotional status. Parents were also excluded if they did not live in the same household as the child, were not actively involved in their daily care, or did not provide informed consent.

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Data Collection

Data were collected using an online questionnaire. Before completing the survey, participants were provided with an informed consent form which explained the purpose of the study, the principles of confidentiality, and that participation was voluntary.

Completion of the questionnaire took approximately 15 minutes. The data collection tool was developed in line with the relevant literature and structured using validated and reliable scales. The questionnaire consisted of six sections.

Data Collection Instruments

The first section of the questionnaire included questions about the participants' demographic characteristics and general health status. The second section consisted of questions about parents' dietary habits. The third section covered the child's general characteristics and eating habits. The fourth section used the Food Neophobia Scale (FNS) to evaluate parents' attitudes towards novel foods. The FNS was developed by Pliner and Hobden (1992) as a psychometric instrument for measuring food neophobia. Keser et al. (2020) conducted a Turkish validity and reliability study of the scale. The fifth section used the Child Eating Behaviour Questionnaire (CEBQ) to evaluate children's eating behaviours. The CEBQ was developed by Wardle et al. (2001) to assess eating behaviour in children, and its Turkish validity and reliability were established by Yılmaz et al. (2011). The sixth section involved administering the Children's Emotional Manifestation Scale (CEMS) to assess children's emotional expressions. The CEMS was developed by Li and López (2005) and its Turkish validity and reliability were established by Yanık et al. (2019). The questionnaire was designed to determine the relationship between parental food neophobia and their children's eating behaviours and emotional state.

Statistical Analysis

The data obtained from the questionnaires and scales were analysed using SPSS software. Descriptive statistical methods (mean, median, frequency and percentage) were employed. The normality of the quantitative data was assessed using the Shapiro–Wilk test. Parametric tests were applied to normally distributed data. The independent samples t-test was used for comparisons between two groups and the Kruskal–Wallis test for comparisons among three or more groups. Pearson's correlation analysis was used to examine linear relationships between quantitative variables and the Pearson chi-squared test was used to compare categorical variables. Pearson's correlation was used to determine relationships between parametric variables, whereas Spearman's correlation was used for non-parametric variables. A p-value of less than 0.05 was considered statistically significant.

RESULTS

The study involved 108 parents. Of these, 88.9% were mothers and the mean age was 35.3 years (±5.39). Half of the parents were aged between 33 and 40 (50.0%). The majority held an associate or bachelor's

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degree (68.5%). In terms of food neophobia, 55.6% of parents were categorised as neutral, 29.6% as neophobic and 14.8% as neophilic. The mean FNS score was 35.36 ± 0.23 (min-max: 10–69) (Table 1)

Table 1. Distribution of Parents According to Socio-Demographic Characteristics, Food Neophobia, and Health Status

	S	%
Parent		
Mother	96	88,9
Father	12	11,1
Age (years)		
25-32	36	33,3
33-40	54	50,0
41-49	18	16,7
Mean±SS (Min-Max)	35,3 ± 5,39 (20-52)	
Education Level		
Primary and Middle School	3	2,8
High School	12	11,1
Associate/Bachelor's Degree	74	68,5
Postgraduate Degree	19	17,6
Food Neophobia		
Neophilic	16	14,8
Nöeutral	60	55,6
Neopobic	32	29,6
FNS Score Mean±SD	35,4 ± 10,23	
(Median, Min–Max)	35,0, 10-69	

Most parents reported consuming more than three meals (52,8%). 51.9% of the parents decided whether they liked a food after a single trial. Meal preparation was mainly the responsibility of mothers (63.0%), and 54.6% reported mostly cooking at home (Table 2).

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Table 2 Distribution of Parents According to Their Dietary Habits

	S	%
Number of Meals Consumed per Day		
1	1	0,9
2	50	46,3
≥3	57	52,8
Number of Trials Before Deciding Whether a Food Is Liked		
Once	56	51,9
Twice	31	28,7
3-5 times	19	17,6
6 or more times	2	1,9
Who Prepares Meals at Home		
Mother	68	63,0
Father	1	0,9
Mother and Father Together	36	33,3
Grandmother	3	2,8
Frequency of Cooking at Home		
Mostly	59	54,6
Sometimes	40	37,1
Rarely	7	6,4
Never	2	1,9

Of the children included in the study, 56.5% were boys and 43.5% were girls. The age distribution revealed that most of the sample were aged 4 (30.6%) years old. Most children were born at term (88.9%). Regarding mode of delivery, caesarean section (75.0%) was more common than vaginal delivery (25.0%) (Table 3).

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Table 3. Distribution of Children's Sociodemographic Characteristics by Gender

	Boys (n:61)		Girls (n:47)		Total (n:108)	
	S	%	S	%	S	%
Year						
3	16	26,2	9	19,2	25	23,2
4	19	31,2	14	29,8	33	30,6
5	17	27,9	15	31,9	32	29,6
6	9	14,7	9	19,1	18	16,6
Born at Term						
Yes	56	91,8	40	85,1	96	88,9
No	5	8,2	7	14,9	12	11,1
Mode of Delivery						
Vaginal	13	21,3	14	29,8	27	25,0
Cesarean Section	48	78,7	33	70,2	81	75,0

A total of 58.3% of children were exclusively breastfed for fewer than six months. The mean total duration of breastfeeding was 16.32±1.29 months. Additionally, 46.3% of the children received formula alongside breast milk. The majority of participants (87.9%) transitioned to complementary feeding at or before six months of age. Appetite was most commonly reported as moderate (50.9%). The mean CEBQ score was 46.1±6.43, while the mean CEMS score was 16.2±3.65 (Table 4).

Table 4. Distribution of Children's Feeding Habits, Eating Behaviors, and Emotional Status by Gender

	Boys (n:61)		Girls (n:47)		Total (n:108)	
Exclusive Breastfeeding Duration (months)	S	%	S	%	%	S
<6	30	49,2	33	70,2	63	58,3
6-12	13	21,3	7	14,9	20	18,5
13-24	11	18,0	5	10,7	16	14,9
>2 years	7	11,5	2	4,2	9	8,3
Exclusive Breastfeeding Duration (months)						

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Mean ±SS	16,1 ± 1,31		16,6±1,27		16,3±1,29	
Median (Min-Max)	13 (0-48)		18 (1-36)		15 (0-48)	
Formula Use Alongside Breastfeeding	**S**	**%**	**S**	**%**	**S**	**%**
Yes	31	50,8	19	40,43	50	46,3
No	30	49,2	28	59,57	58	53,7
Age at Introduction of Complementary Feeding						
≤6 months	53	86,9	42	89,4	95	87,9
>6 months	8	13,1	5	10,6	13	12,1
Appetite Status						
Very good	10	16,4	2	4,3	12	11,1
Good	15	24,6	13	27,7	28	25,9
Moderate	28	45,9	27	57,5	55	50,9
Poor	6	9,8	4	8,4	10	9,3
Very poor	2	3,3	1	2,1	3	2,8
CEBQ Score	Mean±SS		46,1 ± 6,43			
	Median (min-max)		46 (28-61)			
CEMS Score	Mean±SS		16,2 ± 3,65			
	Median (min-max)		17 (8-24)			

No statistically significant association was found between parental food neophobia and age, educational attainment, or number of children (p >0.05) (Table 5).

Table 5. Distribution of Parental Food Neophobia Status by Sociodemographic Characteristics

	Neophobic (n: 32)		**p**	**Total (n: 108)**		**p**
Age (years)	**S**	**%**		**S**	**%**	
25-32	7	21,8	0,905	36	33,3	0,550
33-40	19	59,4		54	50,0	
41-49	6	18,8		18	16,7	
Education Level						
Primary and Middle School	2	6,3		3	2,8	
High School	1	3,1		12	11,1	

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Associate/Bachelor's Degree	24	75,0	0,579	74	68,5	0,663
Postgraduate Degree	5	15,6		19	17,6	
Number of Children						
1	15	46,9	0,771	56	51,9	0,962
2	14	43,8		44	40,7	
≥3	3	9,3		8	7,4	

According to the Pearson correlation analysis, no statistically significant association was found between parental food neophobia and either the child's eating behaviour (r= −0.066; p= 0.494) or emotional status (r = −0.082; p = 0.399) (Table 6). Similarly, no significant relationships were observed between parental age, and the child's eating behaviour or emotional status (p >0.05). However, a weak but statistically significant positive correlation was identified between parental education level and the child's emotional status (r= 0.237; p= 0.014). However, no significant association was found between education level and the child's eating behaviour. A weak, positive, statistically significant relationship was found between eating meals outside the home frequently and eating behaviour (r= 0.318; p= 0.001), whereas no significant association was observed between eating out frequently and emotional status. A weak but statistically significant positive correlation was found between the child's eating behavior and emotional status (r = 0.209; p = 0.030) (Table 6).

Table 6. Relationship Between Parental Characteristics, Food Neophobia, and Child Outcomes (CEBQ and CEMS)

		CEBQ		CEMS	
Parental Characteristics	**n**	**Pearson r**	**p**	**Pearson r**	**p**
Food Neophobia	108	-0,066	0,494	-0,082	0,399
Age	108	0,015	0,876	0,086	0,374
Education Level	108	-0,35	0,723	**0,237**	**0,014***
Number of Children	108	0,142	0,143	-0,067	0,494
Frequency of Eating Meals Outside the Home	108	**0,318**	**0,001***	-0,026	0,787
Child Eating Behavior (CEBQ)	108	-	-	0,209	**0,030***

DISCUSSION

This study examined the relationship between parental food neophobia and children's eating behaviours and emotional state. The findings revealed weak and statistically insignificant correlations between

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parental food neophobia and the child's eating behaviour and emotional state (see Table 6). These results suggest that parental food neophobia may not directly determine children's eating behaviours, but may instead influence them indirectly or through contextual mechanisms.

A weak, yet statistically significant, positive correlation was observed between children's eating behaviour and emotional status (Table 6). This finding supports the idea that eating behaviours in early childhood are not solely driven by physiological hunger and satiety cues, but are also closely linked to emotional processes. Previous studies have reported associations between emotional regulation difficulties, stress, and problematic eating patterns in children (Michels et al., 2012; Buja et al., 2022). Therefore, evaluating emotional functioning alongside eating behaviour is essential for a comprehensive understanding of childhood feeding patterns.

No significant associations were found between parental age, and the child's eating behaviour or emotional status (Table 6). These results imply that food neophobia and children's eating behaviour cannot be fully explained by sociodemographic factors alone, and that psychosocial and environmental influences may be more significant (Pliner & Hobden, 1992; Steinsbekk & Wichstrøm, 2015).

By contrast, a weak but significant positive correlation was identified between the level of parental education and the emotional state of the child (see Table 6). This suggests that parental education could play a supportive role in children's emotional development. Additionally, the positive association between eating meals outside the home frequently and the child's eating behaviour (Table 6) is consistent with previous research linking eating out to irregular meal patterns and less healthy dietary behaviours (Erinosho et al., 2012).

While parental food neophobia was not directly associated with children's eating behaviour in this study, prior research has demonstrated indirect pathways. For instance, parental modelling, feeding practices and the home food environment have been shown to mediate the relationship between parental neophobia and children's dietary variety (Marlow & Forestell, 2022; Xiang et al., 2023). Turkish studies have also emphasised the role of parental attitudes and feeding styles in shaping children's food acceptance (Poyraz, 2023; Hatipoğlu Ceylan, 2024). Taken together, these findings suggest that parental food neophobia exerts its influence primarily through behavioural and environmental mechanisms rather than through a direct effect.

In terms of dietary preferences among children, vegetables were the food group most frequently rejected (Table 4), which is consistent with previous findings indicating high levels of vegetable refusal among preschool-aged children (Dovey et al., 2008; Wardle et al., 2005). Studies have shown that repeated exposure and parental modelling can increase acceptance of initially rejected foods (Galloway et al., 2003; Howard et al., 2012), which highlights the importance of the feeding environment.

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Overall, the findings suggest that children's eating behaviours and emotional state are influenced by various interacting factors rather than a single parental trait. Parental education, the feeding environment and emotional processes appear to play a more substantial role than parental food neophobia alone.

CONCLUSION

This study examined the relationship between parental food neophobia and children's eating behaviours and emotional state. The findings showed that parental food neophobia was not directly, strongly or statistically significantly associated with children's eating behaviours or emotional state.

Similarly, sociodemographic variables did not significantly determine children's eating behaviours or emotional outcomes. However, the positive association between parental educational attainment and the child's emotional state suggests that parental education may play a supportive role in children's emotional development. Additionally, the significant relationship between eating meals outside the home frequently and children's eating behaviour highlights the importance of the feeding environment in shaping dietary patterns.

A weak but significant positive relationship was also identified between children's eating behaviour and emotional status, emphasising the interconnected nature of emotional processes and eating patterns in early childhood. Overall, children's eating behaviours and emotional characteristics appear to be shaped by the interaction of multiple environmental and behavioural factors rather than parental food neophobia alone. Future research should adopt a multidimensional framework that incorporates parenting style, mealtime interactions and the broader feeding environment in order to better understand the mechanisms underlying childhood eating behaviours.

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Certificate

OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

Alev KESER

has participated and presented in the 13TH INTERNATIONAL ACHARAKA CONGRESS ON MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES during February 16-18, 2026 at Azerbaijan Medical University (AMU) in Baku, Azerbaijan and orally presented the paper entitled

"THE RELATIONSHIP BETWEEN PARENTS' FOOD NEOPHOBIA AND THEIR CHILDREN'S EATING BEHAVIOR AND EMOTIONAL STATES"

Prof. Dr. Paul ZÖLLNER
Scientific Committee Member

Dr. Rina BERNARD
Scientific Committee Member

Given this on February 16-18, 2026 at Azerbaijan Medical University (AMU) in Baku, Azerbaijan