

significantly lower in children with CP (median 62.15, IQR (36.74–78.49)) compared with controls ( $Z = -10.243$ ,  $p < 0.0001$ ). All QoL domains: daily activities, movement and balance, pain/hurt, fatigue, eating and communication were poorer in CP group ( $p < 0.0001$ ). Underweight (51.4% vs. 12.9%), Stunting (64.3% vs. 15.7%), thinness (48.6% vs. 18.6%) were more prevalent among CP compared to controls. Within the CP subgroup, QoL was significantly lowest in children with functional limitation in mobility, manual handling, communication and feeding ( $p < 0.0001$ ). Children with greater motor impairments (GMFCS III-V) and assisted feeders (EDACS III-V) had significantly higher rates of stunting ( $p < 0.0001$ ,  $p = 0.018$ ), as well as underweight (EDACS,  $p = 0.013$ ) and thinness (EDACS,  $p = 0.050$ ), compared to independent counterparts.

**Conclusion:** Children with CP experience significantly poorer QoL and nutritional status, particularly those with severe functional limitations. These findings call for integrating rehabilitation and nutritional support in to CP care and greater policy attention to reduce disparities.

Note: Part of the data presented at Annual Scientific Congress of the Sri Lanka College of Paediatricians (SLCP) in June 2025.

## OP 8

**Exploring the caregiver's knowledge, attitude, practice and predictors of adherence towards iron supplementation in paediatric patients with iron deficiency anemia.**

Yadhury S, Vijitha M, Kinthuja N, Sathiadass M G

Department of Paediatrics, Faculty of Medicine, University of Jaffna, Sri Lanka.

**Introduction:** Iron deficiency anemia remains a significant paediatric public health concern globally. Understanding caregiver factors influencing treatment adherence is

crucial for optimizing therapeutic outcomes in paediatric iron deficiency anemia management.

**Objectives:** To evaluate caregiver knowledge, attitudes, practices and predictors of adherence towards iron supplementation in paediatric iron deficiency anemia.

**Methods:** A cross sectional study was conducted among 114 caregivers of children with iron deficiency anemia and attending paediatric clinics TH Jaffna. Data were collected using a face-validated pretested, interview administered questionnaire. It included patient and caregiver demographic details, knowledge (6) and practices (9) questions on iron supplementation, 8-Likert scale attitude statements and the adherence were assessed using MARS-5 scale. Chi squared test, T test, Mann Whitney U tests assessed the association between Knowledge, attitude, practice and adherence. Regression analysis identified the adherence predictors. Ethical clearance (Reference No: J/ ERC/25/168/NDR/0337) was obtained from ERC, Faculty of Medicine, Jaffna.

**Results:** The mean age of the paediatric patients was  $46.5 \pm 36.7$  months. All caregivers were mothers, with 77.2% educated above O/L. Most (70.2%) obtained iron supplements from private pharmacies due to limited hospital supply. While 46.5% were aware of anemia, only 35.4% recognized symptoms beyond tiredness. Although 70.2% understood the purpose of iron treatment. Only 65.5% correctly demonstrated the administration using the appropriate measuring device. 60.5% gave tea/ coffee along with iron supplements. Concerns included side effects (70%) and cost (60%). Missed doses were mainly due to forgetfulness (35.7%) and child refusal (20.2%). According to MARS-5 scale adherence was observed in 52.6%. The mean Hb at diagnosis was  $9.02 \pm 1.58$  g/dL with a mean increase of  $2.1 \pm 0.8$  g/dL among adherent patients. Adherence was significantly associated with Child's age ( $p=0.048$ ,  $\beta=0.163$ ,  $R=0.358$ ,  $R^2=0.128$ ), caregiver's attitude score ( $p=0.001$ ,  $f=0.228$ ,  $df=112$ ). Limitations include recall bias and inability causal inference.

**Conclusion:** Knowledge of symptom recognition and treatment purpose, attitudes toward side effect management, and administration practices need improvement,

while adherence to iron supplementation was suboptimal, with attitude being the strongest predictor.

## **OP 9**

### **The Role of parenting style and child feeding practices in predicting the nutritional status of children (5- 14 years) admitted to Paediatric wards, Teaching Hospital, Jaffna.**

Kinthuja N, Yadhury S, Vijitha M, Sathiadas M G

Department of Paediatrics, Faculty of Medicine, University of Jaffna, Sri Lanka.

**Introduction:** Nutrition-related health problems among children are on the rise worldwide; the majority of them can be prevented. We believe that parents play a key role in determining children's nutritional status through their feeding practices.

**Objectives:** To determine the role of parenting styles, feeding practices, and their relationship to the nutritional status of the children (5-14 years).

**Design, Setting and Method:** A hospital-based descriptive cross-sectional study was conducted in all Paediatric wards, Teaching Hospital, Jaffna, among 431 children aged 5–14 years admitted for minor ailments and their parents. Data was collected using two self-administered questionnaires: The Parenting Style Questionnaire and the Child Feeding Questionnaire. Ethical approval was obtained from the University of Jaffna Ethical Review Committee (Ref: J/ERC/24/161/NDR/0324). Anthropometric measurements were taken, and WHO Anthro Plus Survey Analyzer was used to determine the nutritional status. Data was analyzed using SPSS 25.0, and path analysis was conducted using SPSS AMOS 26.0.

**Results:** Among 431 participants, mean age was  $8.86 \pm 2.65$  years, and 53.8% were males and 46.2% were females. The majority of parents (87.9%) practiced authoritative parenting. The structural equation model showed  $\chi^2(180) = 308.6$ ,  $p$

< 0.001; Comparative Fit Index > 0.95 (good fit); Tucker-Lewis Index > 0.9 (acceptable fit); Root Mean Square of Approximation < 0.05 (good fit). Authoritative parenting showed significant positive correlation ( $p < 0.001$ ) with Child feeding factors, including perceived responsibility, concern about child weight, pressure to eat, and monitoring. It showed positive association with child nutritional status ( $r = 0.091$ ,  $p = 0.06$ ). The children were categorized into four groups: normal, underweight, overweight, obese and stunting, with percentages of 57.5%, 18.5%, 13.7%, and 10.2% and 15.8% respectively

**Conclusions:** The study highlights that authoritative parenting is associated with better nutritional outcomes in children. Appropriate feeding practices also positively influence growth and development. These findings emphasize the importance of promoting positive parenting approaches and educating caregivers on healthy feeding behaviors to maintain child nutrition.

## OP 10

### **Prevalence of Nomophobia and its associated factors among Grade 10-13 students in Jaffna district**

Sathiadas M G, Vyesnave K, Vijayaradnam D

Department of Paediatrics, Faculty of Medicine, University of Jaffna.

**Introduction:** Nomophobia is being anxious of not having access to a mobile phone or to mobile phone services. With increasing smartphone use among adolescents, nomophobia is becoming more common, potentially affecting behavior, mental health, and quality of life.

**Objectives:** This study aimed to determine the prevalence and severity of nomophobia and to identify associated sociodemographic and behavioral factors among Grade 10–13 students in Jaffna.