

respectively. The mean BMI was 26.15. More than half of mothers (59.5%) were overweight or obese. Most mothers (55.5%) had beyond high school diploma. Most mothers (45.4%) had two children. The average ages of first and last delivery were 24.22 and 30.86 years old. 58.7 percent of participants had a history of consumption of OCP. 11.9% of mothers had no breastfeeding to their children. The mean duration of breastfeeding was 25.5 months to all children and 11.75 months per child. There wasn't any significant association between duration of breastfeeding with age, height, educational level, work place, consumption of OCP, exercise and dominant mood ( $p>0.05$ ). Duration of breastfeeding is increased with rising of weight and BMI and decreasing of age at first birth.

**Conclusion:** The duration of breastfeeding is increased with rising of mother's BMI and its ascent to obesity.

**Keywords:** breastfeeding, educational staff, BMI

### Attitude and practice of mothers referring to a health and medical center toward their child common cold

*Nahid Khodil, Farhad Jafari2, Mahmood Samadpour*

*2Department of Social Medicine and Health. 1,2Faculty of Medicine, Shahed University*

**Background:** Common cold is the most common infectious disease. Despite it's simple and safe but can be problematic in various ways. The aim of this study was to evaluate mothers' attitude about this disease and their practice regarding the disease. **Methods:** This survey was a cross-sectional descriptive-analytical study. The under study population were married women with children referring to a health and medical center of north Tehran. Data gathering tool was an informative form that was completed by interview. Data was analyzed using SPSS software.

**Findings:** 43% of mothers initially referred to physicians at the time of children's common cold and 34% of them used drugs as the first step. The most common drug that was used to treat the disease was pediatric grip syrup (82.5%). 37% of mothers believed that the warming of child at the time of disease is a suitable way for prevention of disease.

**Conclusion:** It seems that under study mothers had optimal attitude and practice toward their children common cold.

**Keywords:** common cold, attitude, practice, mothers

### Growth retardation in children at the first 2 years of life and its related factors

*Mahmood Samadpour, Farhad Jafari1, Nahid Khodi 2*

*1Department of Social Medicine and Health. 1,2Faculty of Medicine, Shahed University*

**Background:** Growth impairment of children is one of the nutritional problems in Iran. The aim of this study was to determine frequency of growth retardation and its related factors in children at the first 2 years of life.

**Methods:** This cross-sectional descriptive analytical study was performed on 150 children referring to health and medical center of Torab. Growth retardation in children was defined as weight loss or stabilization of it rather than previous examination. Data was analyzed with statistical tests of Chi-square, Mann-Whitney, and logistic regression.

Included and excluded criteria were: punctually birth with weight more than 2500 gram, being a singleton, having age at least 2 years old, having no specific illness or hospitalization after birth and enough number of referrals to physician.

**Findings:** On the basis of results, there was growth retardation in 88.7% of children with the highest frequency in the sixteenth month of life. The most common causes of growth retardation were respiratory infection, diarrhea, teething, stopping breastfeeding and starting complementary feeding respectively. There was a relationship between the mother educational level and growth retardation ( $P=0.057$ ); so growth disorder in high school diploma group was more than associate degree group. There was a significant association between mothers and fathers occupation and growth disorder ( $p<0.05$ ). Children who were breastfed only with mother's milk in the first 6 months of their life, had less growth retardation ( $p<0.05$ ). Between age of onset of supplementary food and growth retardation  $p=0.056$  was obtained. There wasn't any significant association between growth retardation and breastfeeding, age of stopping of breastfeeding, age of onset of iron and multivitamin supplements, causes of growth disorder such as respiratory infection, diarrhea, teething, stopping breastfeeding and starting complementary feeding.

**Conclusion:** The results showed that impaired growth is one of the children's health problems and frequency of growth stopping is more than growth reduction. Since the educational level of mothers is inversely related to growth disorder, so increasing of maternal educational level could have a positive impact on limiting of growth failure in children.

**Keywords:** growth retardation, risk factors, causes of growth retardation, the first 2 years of children life

### Measurement difficulties in oral health-related quality of life in children

*Sara Ghadimi, Rahil Ahmadi*

*Pediatric dentistry department, Tehran university of medical sciences*

**Background:** Oral health is an integral component of children's health. Oral and dental complications can impair physical and social efficiency and self-confidence which can reduce Oral Health-Related Quality of Life (OHRQoL). For example Early Childhood Caries is the most common type of oral and dental diseases in children although that is not life-threatening, it can negatively effect on OHRQoL. Children's OHRQoL have different dimensions: child impact (Functional factors, Oral symptoms, psychological and social factors), and family impact. Traditional clinical methods of measuring dental health only give a superficial overview of oral and dental needs. The use of these measures alone has considerable limitations such as failing to capture the subjective experience of individuals and what people really feel. To overcome this shortcoming, over the past few years several questionnaires have been designed for assessing the impact of oral conditions on the quality of life in adults and children. Measurement difficulties in children mainly arise due to complex conceptual and methodological issues involved in the construction of self-report health status indicators for children. In addition age differences in the cognitive, emotional, functional, and behavioral characteristics must be accommodated within OHRQoL questionnaires. Several questionnaires have been