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Maternal knowledge on benefits of breastfeeding: A study from a District General Hospital, Sri LankaSenarathne UD¹, De Silva YBP¹, Anupama NJS¹, Athukorala CL¹, Makalandage KK¹, Goonetilaka MD¹¹Department of Biochemistry, Faculty of Medical Sciences, University of Sri Jayewardenepura

Objectives: The aim was to determine the level of knowledge on breastfeeding, factors that contribute to the knowledge and to identify any gaps in knowledge among antenatal mothers.

Methods: Following ethical approval, a descriptive study was carried out among mothers admitted for confinement in December 2015 to District General Hospital Negombo. Data was collected using an interviewer administered questionnaire and analysed using SPSS.

Results: Out of 227 mothers included in the analysis, 32% were primiparae. Majority were Sinhalese (85.5%) and 95% belonged to the age group of 20-39y. Monthly income of half the population (49%) was <Rs. 25000 while 68% of the mothers had studied up to G.C.E. Ordinary Level or above. More than half (58%) had participated in at least 2 'antenatal lactation sessions' while 82% mentioned television/ radio as their other sources of information. Seventy percent of the mothers agreed that breastfeeding on demand as the best method of infant feeding. When considering the knowledge score on benefits of breastfeeding, 77% scored >50% which was significantly associated with maternal education ($p=0.001$) and participation in antenatal lactation sessions ($p<0.000$). Although the majority (87%) agreed with exclusive breastfeeding for 6 months, only 50% were aware of the beneficial properties of colostrum while 23% stated that colostrum needed to be supplemented.

Conclusions: Maternal education contributes to a better level of knowledge on benefits of breastfeeding while antenatal sessions attribute to it. Since a significant percentage has gaps in the knowledge on benefits of colostrum, this needs to be addressed at the clinic or postnatal settings.

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Validation and cross cultural adaptation of the Sinhala Version of Quebec Back Pain Disability Scale (QBDS)Warnakulasuriya SSP¹, Peiris-John R², Sathiakumar N³, Wickremasinghe AR⁴¹Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura, ²Section of Epidemiology and Biostatistics, School of Population Health, Faculty of Medical and Health Sciences, University of Auckland, ³Department of Epidemiology, University of Alabama at Birmingham, USA, ⁴Faculty of Medicine, Department of Public Health, University of Kelaniya

Objectives: To translate Quebec Back Pain Disability Scale(QBDS) to Sinhala language, and to validate the Sinhala version of QBDS among Sinhala speaking people.

Methods: We translated QBDS in to Sinhala language then back translated it to English. All the steps of cross cultural adaptation process were followed and the translated pre-final Sinhala version was pre-tested among 20 participants to prepare the final Sinhala version. The final Sinhala version QBDS was tested among 138 patients with diagnosed back disorders at the time of the study and 124 people without back disorder (comparison group). Content validity was assured by a multidisciplinary team. In addition, correlation between Sinhala version of QBDS and Sinhala version of SF-36 was assessed by determining Pearson correlation coefficients. The Student's t-test and Cronbach alpha coefficient were used to check the score difference of both tools and internal consistency reliability of Sinhala version of QBDS.

Results: Final Sinhala version of QBDS significantly correlated with Sinhala version SF -36 quality of life questionnaire [$r=-0.75$ ($r^2=0.57$), $p<0.05$] indicating very good construct validity. Internal consistency reliability for the Sinhala version reached a Cronbach's alpha coefficient of 0.91 indicating very good internal consistency reliability.

Conclusions: The Sinhala translation of the QBDS provides an easy to understand; reliable and valid condition specific outcome measure of disability related to Low Back Pain among Sinhala speaking population and is recommended for use in Sri Lanka.