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Are we satisfied with what we know about Human Papilloma virus (HPV) and the HPV vaccine?

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Objectives: To investigate the knowledge regarding Human papilloma virus infections and HPV vaccine among patients attending the Gynecology clinic and the antenatal clinic at the Colombo South Teaching Hospital.

Methods: A cross-sectional survey of 400 women was conducted between September 2015 and December 2015. A pre tested self-administered questionnaire was used to collect data. Knowledge was assessed using 34 questions. An average score of ≥75% was considered good, 74%-50% as moderate and <50% poor.

Results: Out of 400 women who participated in this study, the percentage of respondents who had heard of HPV, cervical cancer and genital warts was 23%, 80% and 41% respectively. However only 16% knew that there is an association between HPV and CC. Although 48% believed that CC is common in Sri Lanka, only 6.8% considered themselves at risk. Overall knowledge of risk factors, symptoms, transmission and diagnosis was 44% (CC) and 14% (HPV infection) respectively. Only 14.3% were aware of the availability of HPV vaccine in Sri Lanka. In our study having multiple partners (43.8%), unprotected sexual practices (36%) were risk factors quoted by majority. Only 34.8% knew that HPV infection is curable if detected early and that screening is done using the Pap smear test (32.3%). TV and Radio programs were the most quoted sources of knowledge in this population.

Conclusions: The overall knowledge on HPV in this population was poor (29%). The overall knowledge on HPV vaccine was 10%. Substantial effort should be made to educate the society regarding HPV infection, complications and preventive measures.

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How season of birth affects Schizophrenia in Sri Lanka

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Objectives: To study any association between the development of schizophrenia and the season in which the birth took place.

Methods: A descriptive cross sectional study was done on a sample of 684 discharged patients from the National Institute of Mental Health, who were treated for schizophrenia. Socio-demographic factors and other details were extracted from records. Each patient was contacted over the telephone to obtain his/her date and place of birth. The date and place of birth were available for the study in only 393. The data was analysed by routine statistical methods and compared with that of the general population and the weather parameters, obtained from the Department of Meteorology.

Results: The distribution of births showed two peaks in March and August, where no such pattern was present in the general population. Considering the monthly rainfall, March and August are comparatively dry but the highest rainfall is observed in May and October. The rainfall peaks are exactly two months following birth peaks. The distribution of socio-demographic factors was a reflection of that of the general population, except for sex showing male:female ratio of 3:2 when the general population ratio is 1:1. 46.6% patients have abused substances and 42.3% had a positive family history of mental illness.

Conclusions: When compared to general population, the study sample showed a variation in the monthly birth pattern, with peaks in March and August and emphasized that seasonal changes following birth, is a possible risk to the later development of schizophrenia in Sri Lanka.