

domestic falls. Wearing footwear inside the house (OR=4.24; 95%CI=2.28-7.90) had increased risk for domestic falls and it was statistically significant. Wearing spectacles (OR=0.44; 95%CI=0.25-0.78), cement floor (OR=0.76; 95%CI=0.43-1.32), dry floor (OR=0.29; 95%CI= 0.14-0.58) and concrete floor (OR=0.55; 95%CI 0.16' 1.95) were protective factors.

Conclusions: Medical co-morbid factors need to be advised on persons over 50 years in preventing domestic falls. To reduce the risk factors for domestic falls, a policy decision with the architecture in designing homes and proper care is helpful.

PP 13

Attitudes, willingness and factors associated with participation in Pap smear test among women in Ingiriya MOH area

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Objectives: To describe attitudes, willingness and factors associated with participation in Pap smear test (PST) among 35-60 year old married women in Ingiriya MOH area.

Methods: A cross-sectional descriptive survey was conducted to collect data using interviewer-administered questionnaire. Cluster sampling technique was used to select participants from the gramasewa divisions of the selected MOH area. Ethical approval from the ethical review committee of Faculty of Medical Sciences and informed consent from the participants were obtained. Frequency distribution with percentages and chi square statistics were calculated using SPSS version 21.

Results: Of the sample (n=456) only 41.3% has had a PST done at least once. Most (73.1%) of the participants believed that cervical cancer is preventable if it is detected early through a PST. Findings of the attitudinal dispositions for PST revealed that negligence (58.7%) shyness (63%) and fear (52.7%) were the obstacles for participating PST. More than 93% participants were willing to participate in a PST. Having at least one PST was significantly related to age, OR=1.7 (95% CI: 1.2-2.4); education level, OR=1.2 (95% CI: 1.0-1.4) and current employment status, OR=1.2 (95% CI: 1.0-1.4). Willingness to participate in a PST was associated with age, OR=5.9 (95% CI: 2.3-15.2); marital status, OR=4.6 (95% CI: 1.8-11.6) and level of education OR=2.1 (95% CI: 1.0-4.1).

Conclusions: Though most of the women were willing, negligence, shyness and fear were the main obstacles for participating in PST. Having at least one PST and willingness to participate in a screening program were significantly associated with age and education level of the participants.

PP 14

Impact of one time in service staff training on newborn care practices at a Teaching Hospital

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Objectives: To evaluate outcome and sustained improvement in labour room (LR) and breast feeding (BF) practices (over six months) after one Essential Newborn Care Workshop for staff

Methods: 60% of nurses and midwives involved in newborn care, were assessed on certain LR and BF practices, before, one and six months after the above workshop. Certain essential newborn care practices were assessed during the routine labour room shift. BF practices were assessed by observing BF mothers for correct positioning and attachment. Assessments were done by trained Senior House officers.

Results: LR practices which improved significantly were hand washing before delivery, delivering the baby onto the abdomen, changing gloves before cord care, skin to skin contact at birth, initiating breast feeding within one hour and cleaning around the bed after delivery. Counting the baby's respiration improved only after six months. Using APGAR scores, changing suction tubes after delivery were not done even after the workshop. In BF mothers, positioning was correct even before the workshop while attachment improved only at one month and deteriorated thereafter.