Height, weight and waist circumference were measured following standard protocols. Body mass index (BMI) was calculated by dividing weight in kilograms by the square of height in meters. Body composition was assessed using the Bioelectric Impedance Analyser ('In Body 230'). Cut-offs defined by the World Health Organization were used to categorize the BMI and values of < 18.5 kg/m^2, 18.5 to 24.9 kg/m^2, 25 to 29.9 kg/m^2 and ≥30 kg/m^2 were defined as underweight, normal, overweight and obesity respectively. Waist circumference of ≥80 cm in females and ≥ 90 cm in males were defined as central obesity. Fat percentage of >35% in females and >25% and males was defined as high body fat. Binary logistic regression was done to identify the factors associated with high body fat percentage.

Results: Participants were 236 females and 149 males. Mean age was 23.2 (±2.1) years. Skipping a main meal was reported by 36% (n=138). Of them, 84% skipped their breakfast. Consumption of ≥2 snacks daily was reported by 49% (n=188). Majority of them (65%) consumed snacks because of hunger. Consuming fruits was reported by 25 % (n=96). More than 150 minutes of exercise per week was practiced by 16 % (n=63). Prevalence of overweight and obesity were 23.1% (n=89) and 3.1% (n=12) respectively. Prevalence of central obesity was 55% (n=129) in females and 27% (n=40) in males (p<0.001). High body fat percentage was found in 53.5% (n=206). The factors associated with increased fat percentage were; being a female (OR=4.7, CI, 2.7-8.1; p<0.001), staying with family (OR=2.1, CI, 1.1–3.9; p=0.02) and family income (OR=4.1, CI, 1.5–10.7; p=0.004).

Conclusion: High prevalence of central obesity and suboptimal body composition were found in this population. Llifestyle interventions are needed to improve the body composition of these future health professionals

Keywords: body composition, medical students, dietary practices

OP 3

Gender-based violence: A descriptive study on clients who sought help from the Gender-Based Violence Help Desk, Teaching Hospital, Jaffna

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Introduction: Gender-based violence (GBV) is a serious health and social problem globally. It has an enormous impact on individual's health.

Objective: This study describes the socio-demographic characteristics of clients and their perpetrators, types of violence, modes of referral and services provided by GBV Help Desk at Teaching Hospital, Jaffna (THJ).

Methods: Retrospective data were collected from records of all 883 clients who attended the GBV Help Desk of THJ during a 2-year period. Frequencies and percentages were used to describe the variables. Chi-square test was used to compare the categorical variables. Ethics approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Jaffna.

Results: Majority (91.3%; n=806) of the clients were female. Physical, economic, emotional and sexual violence were experienced by 68.5%, 48.2%, 40% and 29.4% of clients, respectively. In 87.9% (n=776) of cases the husband, lover or partner was the alleged perpetrator. Two third of alleged perpetrators (n=518) had a history of alcohol usage. Physical violence was more among married women (84%) compared to unmarried women (16%) (p<0.0001) whereas sexual violence was more among unmarried women (76.2%) compared to married women (23.8%) (p<0.0001). The majority (94.6%, n=835) of the clients were inward referrals. Suicidal tendency was reported by 7.3% (n=64). All the clients who attended the centre were befriended; counselling was arranged for 27.8% (n=245) of the clients. Around three-fourths (72.2%, n=638) of the clients were referred for outside

services such as social support services (25.7%), women development officers (21.7%) and legal support services (17.9%).

Conclusion: The GBV Help Desk provides services to all affected by GBV. Substance use was common among alleged perpetrators. GBV prevention programmes addressing the root causes of violence are urgently needed at the community level.