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negative correlation was observed between BMI and aerobic endurance (ρ=-0.708, p<0.01).

Conclusion: Individualized programs, aimed at improving nutritional status and sports performance of athletes should be implemented with regular monitoring.

OP 4

WEALTH INEQUALITY OF THE HOUSEHOLDS: IS IT AN INFLUENTIAL FACTOR ON NUTRITIONAL STATUS OF CHILDREN IN JAFFNA DISTRICT.

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Background: Nutritional status of children in Sri Lanka is inequal and reported to be high. Even though several factors such as educational level of the parents, frequent infections and dietary patterns have been indicated as causes, the financial status could be one of the important reasons for malnutrition. The objective was to determine the effect of household wealth inequality on nutritional status of children aged1 to 5 years in Jaffna District.

Methods: The household wealth index (WI) was calculated from household ownership of durable assets and household characteristics to derive the social class of families into poorest, second, middle, forth and richest classes based on standard deviations. Height and weight were measured to derive age and sex specific Z-score values for wasting, stunting, underweight and overweight.Multivariate analysis was performed to determine the association between WI and nutritional status of the children.

Results & Discussion: A total of 846 households were visited and of the children between 1-5 years 414 were boys (48.9%). Number of children in the rural households were more [641 (75.8)]. Mean WI was 17.04 (±8.52) and it was significantly higher in urban families (29.52 ± 10.42) thanin rural families (13.05±6.57). *In this study, 5.2, 25.4, 57.7 and 11.7 % of the families were poor, second, middle and forth class while families of richest class were not found, and prevalence of undernutrition was 12.8, 42.4, 27.1 and 5.2% in the respective each group.*The prevalence of wasting, underweight and stunting of children in the households were 21.6, 33.1 and 26.4% respectively and significantly decreased with increasing WI (p<0.05).From poor class, 50 and 56.8% of the children were affected with anaemia and protein deficiency respectively whereas only 27.3 and 9.1% of children were affected from forth class. Risk for wasting [OR=14.4 (1.7-123.3)] and underweight [OR=7.6 (1.3-68.8)] were significantly higher in children from poor class than that from forth class.

Conclusion: More than half of the families in Jaffna District are middle class and nutritional status of the Jaffna children is influenced by wealth of the family.