seen as a private action, serving for God (through procreation), unspoken matter, element of honor and social reputation, and a practice acceptable under the conventional relationship (marriage). Religion was an important factor influencing sexuality understanding of these young women. Muslim and catholic women shared more negative beliefs about sexuality.

Conclusion: Recognition of women's self-understanding of sexuality will facilitate to determine the personal, interpersonal and socio-cultural challenges facing their sexual life, and will help to develop a conceptual framework for healthcare system and health providers in providing more culturally-based healthcare.

**Poster 28**

**Ethnic Difference in Vitamin D Status and Its Associated Factors Among Teachers in A Tropical Country, Malaysia**

Foong Ming Moya, Victor Hoe Chee Wai*a, Noran Naqiah Hairi*a, Shireene Ratna a/p DB Vethakanb, Awang Bulgiba Awang Mahmudc

*a Julia Centre University of Malaya, Department of Social & Preventive Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia

b Department of Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia
c Canseilory, University of Malaya, Kuala Lumpur, Malaysia

Background: Vitamin D level is associated with bone health, cardiovascular disease and certain types of cancers. The main source of vitamin D for the population in tropical countries is thought to be from sunlight exposure. However, evidences showed that population residing in the Tropics are also facing vitamin D insufficiency. Therefore, we aim to study the vitamin D status and its associated factors among multiethnic teachers within a state in Malaysia.

Method: This was an analytical cross sectional study. School teachers were sampled randomly and their vitamins D status (25-hydroxyvitamin D), fasting blood glucose, full lipid profile were assessed using venous blood. Systolic and diastolic blood pressure, weight, height and waist circumference were measured following standard protocols. Socio-demographic data, sun exposure and sun avoiding practices were collected. Vitamin D insufficiency was defined as 25-hydroxyvitamin D less than 20ng/dl.

Results: Out of 738 participants, 92% were females with Malays being the majority (76.2%), followed by Chinese (15.6%) and Indians (8.3%). Their mean age (SD) was 40.29 (7.79) years. Only 24.3% of Chinese had vitamin D insufficiency compared to Malays (76.5%) and Indians (86.3%) (p<0.001). Males (25.6±7.9ng/dl) also had significantly higher vitamin D levels (p<0.001) than females (17.1±6.8ng/dl). Ethnicity, sex, sun avoiding practices, age, BMI, waist circumference, calcium and para thyroid hormones were significantly associated with vitamin D levels univariately. However, in the multivariate logistic model, Malays (OR: 10.1; 95%CI: 5.3, 19.2) and Indians (13.6; 5.7, 32.5) had higher odds for vitamin D insufficiency compared to Chinese. Females had 6.6 (95% CI: 3.2, 13.6) times odds for vitamin D insufficiency, while increase of calcium level was protective of vitamin D insufficiency (OR: 0.03; 95%CI: 0.01, 0.23).

Conclusion: Our participants especially the Malays and Indians had poor vitamin D status. Ethnicity, sex and calcium level were the main factors associated with vitamin D insufficiency.