

ROLE OF DIET AND PHYSICAL ACTIVITY ON MENSTRUAL HEALTH

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ABSTRACT

Aim: The objective of the study was to determine the menstrual irregularities among adolescents, and their relationship to dietary and physical activity patterns.

Material and method: The cross-sectional survey was carried out in various college students. The questionnaires were designed based on socio-economic characteristics, diet and physical activity, and menstrual abnormalities.

Result: Prevalence of dysmenorrhea, and PMS were among adolescent Eating junk food and lack of physical activity was linked to dysmenorrhea (38.5 %) and PMS(45.4%)

Conclusion: Health education programs should focus on lifestyle changes such as physical activity, reducing junk food intake and encouraging healthy eating habits to promote menstrual health.

Early onset of puberty(Eckert-Lind, C., et al 2020) and the age of menarche(Nasiri S et al 2020) are affected by a variety of factors, including genetics (AH Duittoz et al 2023)(Wang, S et al 2023), ethnic origin, height and weight, BMI, and socio-economic background.(Gohlke B, Woelfle J (2009)) According to several studies, Early menarche (Shim, J.Y., Laufer, M.R. 2020) may be, the prevalence of obesity increases with the median age of women at menarche. (Kaplowitz PB (2008)) Secular patterns in puberty timing seem to persist, although malnutrition is no longer a factor in delaying puberty. Obesity and other environmental factors are now thought to be at play, with endocrine-disrupting chemicals (EDCs) also being mentioned. (Toppari, J., & Juul, A. (2010)). Adolescent girls are particularly prone to moderate levels of eating disorders due to their heightened sensitivity to body weight or excessive pursuit of thinness. (H. N. Madanat, R 2011) As a result of globalization, Indians are changing their diet and lifestyle. Many adolescent girls are changing their normal eating habits and adopting unhealthy eating habits. (S. K. Mishra and S. Mukhopadhyay). The eating habits of Greek adolescents are characterized by a tendency to skip meals, snack, consume food away from home, consume fast food, and adhere to alternative dietary habits.(T. A. Nicklas, 1998) They become focused on and sensitive to changes in their body shape, size, and appearance. This heightened awareness has caused many to make dietary changes that could pose serious risks to psychosocial growth, nutrition, and the development of eating disorders. Factors such as the family environment. (D. Neumark-Sztainer et al 2007). The prevalence of menstrual disorders was high, with adverse consequences on their health and class attendance. (Odongo, E.,et al 2023) Dietary fiber intake was negatively related to menstrual pain among young Japanese women(. Nagata C et al 2005). The prevalence of dysmenorrhoea symptoms among young women who do not consume breakfast is significantly higher than that of those who had (Smith S, Schiff I) Menstrual discomfort was linked to eating less than 2 servings of fruit daily. High and low adherence to the Mediterranean diet and reduced alcohol consumption were associated with shorter menstrual cycles. (. Onieva-Zafra, M.D., et al 2020)

Material and method:

This study population comprised of 655 healthy unmarried adolescent girls aged 18-28 years who had experienced menstruation but had not given birth. Data collection was conducted through surveys employing. A questionnaire that captured sociodemographic and menstruation-related variables. The questionnaire encompassed the subsequent information: Description of pain and symptoms linked to dysmenorrhea and premenstrual symptoms; Utilized medications for managing dysmenorrhea; Correlation between the severity of pain, such as menarche, and duration of the menstrual period; Severity of

pain, attributes of Menstrual flow and pain severity. Adolescents were asked about experiencing symptoms commonly associated with dysmenorrhea. Dysmenorrhea was characterized as 'experiencing painful menstruation in the last three months .Premenstrual symptom characterized as experiencing pain , depression , mood swing before periods.

depression, mood swing before periods.

Statistical Analysis: 255 adolescents data were complete. Incomplete data were eliminated. Data were collected and descriptive analysis and percentages were calculated by using SPSS 25.

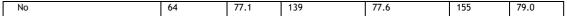
Table 1: Socio-demographic characteristics of participants

Variable	Frequency	Percentage(%)		
Age	RESPONDENT	PERCENTAGE		
17-20	162	63.5		
21-24	55	21.5		
25-28	38	14.9		
Residence				
Urban	196	76.8		
Semi-Urban	23	9.01		
Rural	36	14.0		

Table.2 Menstrual pattern and syr	nptom	percentage 83.5 16.4 67.5 32.5		
Variable	frequency	percentage		
Menarche				
9 - 12	213	83.5		
13-16	42			
	42	10.4		
Normal cycle Yes	172	47 F		
No	83			
- 1-	83	32.5		
Menstrual cycle length	42	4.07		
<20	12	4.07		
21-30	176	69.01		
>30	71	27.84		
Duration of the menstrual cycle		2.05		
< 3	9	3.05		
3-6	173	67.8		
7 and above	73	28.6		
Dysmenorrhea				
Yes	179	70.9		
No	86	33.7		
PMS				
Yes	196	76.8		
No	59	23.1		
Healthy eating				
Yes	89	34.9		
No	166	65.9		
Fast food eating				
Yes	76	29.8		
No	179	70.1		
Dieting (skipping food)				
Yes	98	38.4		
No	157	61.5		
Exercise	-			
Yes	65	25.4		
No	190	74.5		
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Table 3 lifestyle and menstrual pattern

Lifestyle pattern Junk food	Irregular	Irregular cycle (83)		Dysmenorrheal (179)		Premenstrual symptom (196)	
	(N)	(%)	(N)	(%)	(N)	(%)	
Yes	33	39.7	110	61.4	150	76.5	
No	50	60.2	69	38.5	46	23.4	
Dieting(skipping food)							
Yes	65	78.3	69	38.5	89	45.4	
No	23	27.7	110	61.4	107	54.5	
Exercise							
Yes	29	34.9	40	22.3	44	22.4	



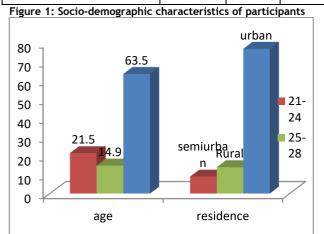


Figure 2: lifestyle and menstrual pattern



RESULTS AND DISCUSSION

In this study 76.8% of the participants were urban residents. In Nigeria (Ovuakporaye, S. I., et al 2023), India there were no variation in AAM (Khatoon, T et al 2011) Urban residents attained menarche earlier than rural residents. Studies were documented that sociodemographic condition, dietary pattern has a vital role, (K. Vlismas et al 2009), AAM is a indicator of socio economic changes (A. Papadimitriou 2016).(Table 2) Menarche age 83.5% of girls attainted between (9-12years), similar studies also documented earlier in Thailand (P.Noipayak.P et al 2017), (O.Park et al 2021), India (Omidvar S et al 2018) (M. Żegleń et al 2020) ,Russia (Ponomarenko, E et a 2019), Italy (G.N. Piras et al 2020) Norway (M.S. Gottschalk et al 16.2% of the participants attained menarche between 13-16 years, Previously research studies also China ,(W. Liu et al 2021) UK (M. Krzyżanowska et al 2016). And 67.5% of the respondent had normal menstrual cycle(Rathod, H., et al 2023) 32.5% of them had irregular cycle. Normal length cycle was about 69.01%, and 27.84 % respondent had abnormal length. 28.6% of the respondent had more than 7 days menstrual cycle. 70.9 % of the respondent have dysmenorrhea. (Rathod et al 2023) 29.8 % of the respondent have fast food eating, it affects our metabolism as well as mental health (Ertz and Le Bouhart, 2022). 61.5 % of the respondent were skipping their food. Most of the adolescence were not doing any kind of exercise, 74.5 % of the students were not doing exercise.76.8%

of the students had PMS . Those who were eating junk food they mostly had premenstrual symptom(76.5 %) and dysmenorrhea (61.4%) India(Negi P et al 2018) studies shows that lifestyle pattern, such as physical activity and eating pattern impede menstrual cycle. In previous studies, there were no connection eating junk food and menstrual disorders. (Sreelakshmi et al 2021) And the respondent who were in dieting or skipping food, they had irregular menstrual cycle(78.9%), (A. Monzani et al 2019). Most of the adolescent were not doing any exercise, they also had irregular period(77.1%) ,dysmenorrheal(77.6%) (Wang L et al 2022) in kuwait(86%) (Al-Matoug S et al 2019) in Egypt 76% and PMS (79 %). In previous studies in Iran (Taheri, R., et al 2023)prevalence of PMS among adolescent.. The causes of menstrual dysfunction are complex and involve a variety of factors, such as weight loss, body fat reduction, poor eating habits, physical activity, and stress. (Vyver, E., et al). In another study, it is evident that there is a profound connection between dietary intake and the menstrual cycle(Dars et al 2014.,)(Sasikala A et al.,2021) (Ravi et al 2016) Consumption of fast food were associated with menstrual abnormalities (Fitrianingsih ADR). Early menarche was correlated with diabetes, heart disease.(Bubach, S. et al 2021). There is need of education about menstrual health(A. Randhawa, et al 2021) similar studies was conducted in UK.

CONCLUSION

This study shows more prevalence of PMS and dysmenorrheal among adolescents. These menstrual irregularity are correlated with dietary pattern and physical activity. Adolescents have to avoid eating junk food and sedentary lifestyle. Eating fibrous food, fruit and vegetable may help their menstrual health. Acknowledgement:

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