



# Prevalence of soothaganoigal (menstrual disorders) among fast food/junk food users in ladies hostel, GSMC, Palayamkottai in Tirunelveli [dt] on June -July 2018

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## Abstract:

In the present study we conducted a questionnaire survey to examine the relationship between fast food and menstrual disorders in young college girl. Subjects were recruited from government siddha medical college hostel, palayamkottai. Menstruation has been a common experience among women from the 19<sup>th</sup> century till now and has been counted as a new issues with increase consumption of junk food / fast food there is increase in the menstruation related problems in women i.e. early menarche, irregular menses, dysmenorrhea, excessive menses. Thus, it is an important issue to evaluate the present situation of eating habits in young women and estimate the influence of these habits on the quality of reproduction function. In this research findings were; highest age range of the samples was 17-19 years age. No. of period was in 12 months. Menarche was in 13-14 years age. Period of menses were 01-03 days. Menstrual problem was identified as dysmenorrhea. Interval between cycles was 28 days is highest. Eat fast food in a week 1-2 days. Most of the samples were visited to different fast food Restaurants. Typically eat fast food for dinner time. Favourite food was chocolate is high preferences.

**Key words:** Fast Food, Menstrual Disorders, College Girls

## INTRODUCTION:

Food plays a decisive role in development, sustenance, reproduction and termination of life. Through centuries, food has been recognized as an important factor for human beings, in health and diseased state. In today's life style, fast food/ junk food is very popular. High content of trans fat in such food items affect the health adversely. With increase in consumption of junk food / fast food there is increase in menstruation problem related problems in women i.e. early menarche, irregular menses, dysmenorrhea and excessive menses. Hence, it is the need of hour to evaluate the food habits, sedentary lifestyle and estimate their influence on menstrual disorders. With the changing life style, fast food and Junk food are becoming part of food habit. Such food is high in trans-fat and has comparatively less nutritive value, resulting in health issues like weight gain and obesity. Food Environmental factors like eating fast food regularly could increase the undesired risk of obesity. Fast food/ junk food have high fat, sodium and saturated fat content making it unsuitable for health. It also increases the menstruation related problems, such as early menarche, irregular menses, dysmenorrhea, excessive menses, etc.

Junk food is high in sugar, fat and calories, but low in nutrients. It causes stroke risk, obesity & Gastrointestinal problem. Fast food can be a good way to save time, but it is not the proper way for nutrition. Junk food causes deficiencies in vitamins and minerals. High-energy-dense foods often lack protein; calcium; iron; vitamins A, C, D and E; B vitamins; potassium; zinc; and monounsaturated fats. A deficiency in any of these nutrients compromises your immune system and puts you at risk for illness and infection, nutritional deficiency leads to feelings of anxiety, depression and irritability. Aerated drinks, Fried foods, Burgers, French fries, Pizzas, Micro waved and fried snacks, packaged chips, packaged candies and

chocolates, Cheese, Salty snacks, Packaged ice creams. Eggs that are in junk food are not actually real eggs but prepared from an egg blend that includes propylene glycol (found in petrol), tertiary butyl hydroquinone (found in nail polish) and calcium silicate. Chicken products are made up of chicken that is factory bred and fed with large quantities of antibiotics and chemicals to give the meat a plump appearance. Chips are coated with a chemical substance called Poly-dimethylsiloxane which is a silicone based plastic coating to help maintain its color and flavor. Results of the study showed that menarche varied between the age group of 10 and 16 years in schoolgoing girls. Age at menarche was less in girls who consumed fast food more frequently. In girls with higher intake of fast food, duration of menstrual flow for more than 7 days was observed in 19.23% girls, whereas it was 6.20% in those with lower intake of fast food. The length of menstrual cycle in girls with higher intake of fast food was also longer as compared with those with lower intake of fast food.

## OBJECTIVES:

### Primary:

To estimate the Prevalence of *soothaganoigal (menstrual disorder) among fast food / junk food users* in ladies hostel, GSMC, Palayamkottai in Tirunelveli [dt] on June -July 2018.

### Secondary:

- To determine the interrelation between the *soothaganoi* & fast food/junk food Users.
- To find out the frequency of intake of fast food & junk food form menstrual problem.
- To list out the preparations by young teenage girls which type of preparation on restaurants for junk food/fast food.

## MATERIALS AND METHODS:

### Study Population

This research work conducted in Ladies Hostel, GSMC, Palayamkottai Taluk area which has 350 populations itself in 2018.

### Study Design

**Cross sectional descriptive study;** Collect the primary data from direct interview among *soothaganoi* (menstrual disorder) persons in ladies hostel, GSMC, Palayamkottai with the permission of proper channel of hierarchy through our college principal.

### Operational definitions

In this research defined as key features of samples are **known menstrual disorder persons** such as; early menarche, irregular menses, dysmenorrhea, excessive menses, etc.

Fast food users defined as using of fast food minimum four times a month.

Fast food / junk food defined as; *Aerated drinks, Fried foods, Burgers, French fries, Pizzas, Micro waved and fried snacks, packaged chips, packaged candies and chocolates, Cheese, Salty snacks, Packaged ice creams and eggs.*

### Sample Size:

Use population survey or descriptive study using random (not cluster) sampling in epi.info. Confidence level-95%, Confidence limits-5%, Population size - 350, Sample size-50

### Data Collection

#### Information collected

The information will be collected from known menstrual disorder persons in ladies hostel, GSMC, Palayamkottai Taluk, Tirunelveli District.

### Data collection procedure

Main Investigator collects all data from college girls by questionnaire fill in survey method.

### Data Analysis

In research data analysis; including recording of key exposure/outcome variables, indicators to be calculated for the descriptive analysis [Eg, measure the *soothaganoi* (menstrual disorder) persons in fast food users (prevalence, incidence), measures of central tendency (mean, median)].

### Quality Assurance

Following procedures are conducted in-time with good planning by chief investigator whole research work herself with time frame schedule.

- Protocol development
- Field procedures
- Data collection
- Data analysis

### Bias and Limitations

Will be taken to minimize the impact of the bias / limitation on the quality of the study through primary data confirm by informed reality scores are *Good, Fair, Unreliability.*

### Practical Considerations

#### Logistics for data collection

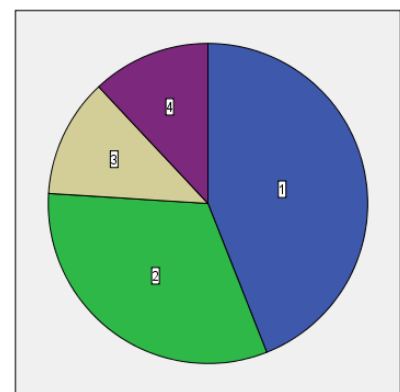
Chief investigator arrangements for the data collection time schedule as 3pm-6pm weekdays & particular time of week end.

**Ethical Issues:** The study is to be carried out in primary data collection through direct interview, therefore don't need of IEC approval. Selected samples informant concern should be from all participation of this research.

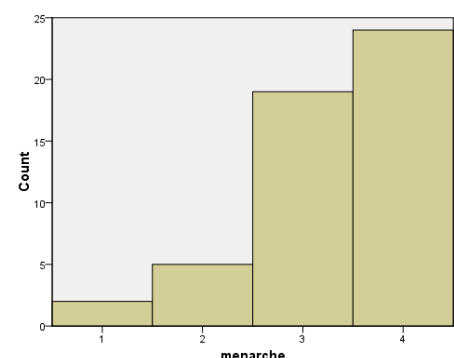
## RESULTS

AGE:

		age				
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	1	22	44.0	44.0	44.0	
	2	16	32.0	32.0	76.0	
	3	6	12.0	12.0	88.0	
	4	6	12.0	12.0	100.0	
Total		50	100.0	100.0		

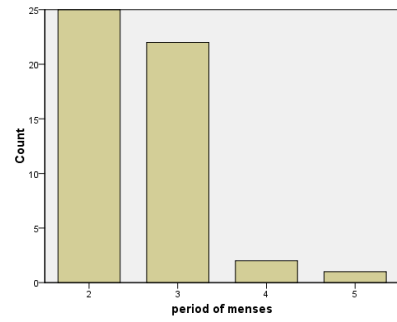


		menarche				
		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	1	2	4.0	4.0	4.0	
	2	5	10.0	10.0	14.0	
	3	19	38.0	38.0	52.0	
	4	24	48.0	48.0	100.0	
Total		50	100.0	100.0		



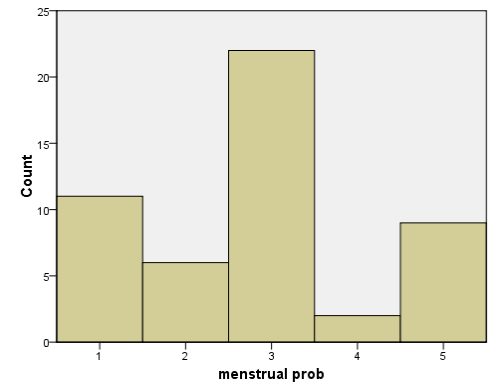
**period of menses**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	25	50.0	50.0	50.0
	3	22	44.0	44.0	94.0
	4	2	4.0	4.0	98.0
	5	1	2.0	2.0	100.0
Total		50	100.0	100.0	



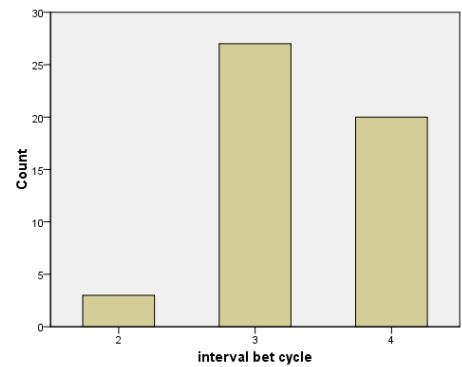
**menstrual problem**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	11	22.0	22.0	22.0
	2	6	12.0	12.0	34.0
	3	22	44.0	44.0	78.0
	4	2	4.0	4.0	82.0
	5	9	18.0	18.0	100.0
Total		50	100.0	100.0	



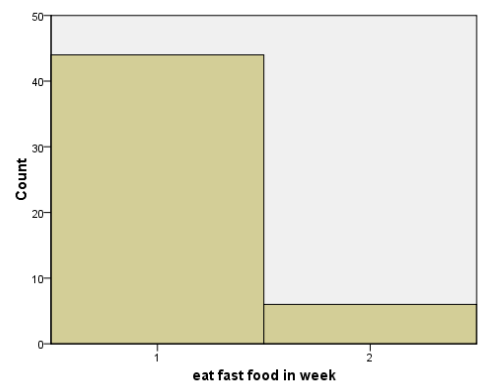
**interval bet cycle**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	6.0	6.0	6.0
	3	27	54.0	54.0	60.0
	4	20	40.0	40.0	100.0
Total		50	100.0	100.0	



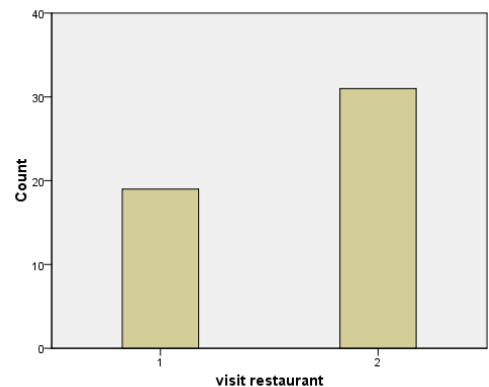
**eat fast food in week**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	44	88.0	88.0	88.0
	2	6	12.0	12.0	100.0
Total		50	100.0	100.0	



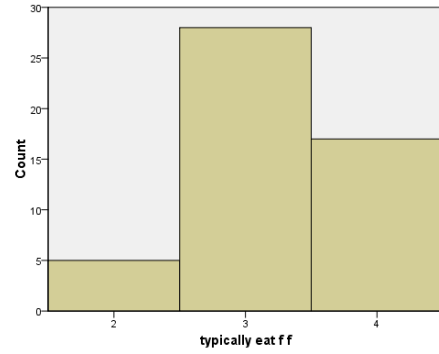
**visit restaurant**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	38.0	38.0	38.0
	2	31	62.0	62.0	100.0
Total		50	100.0	100.0	



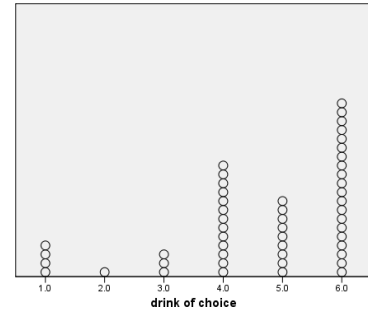
**typically eat f f**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	5	10.0	10.0	10.0
	3	28	56.0	56.0	66.0
	4	17	34.0	34.0	100.0
Total		50	100.0	100.0	

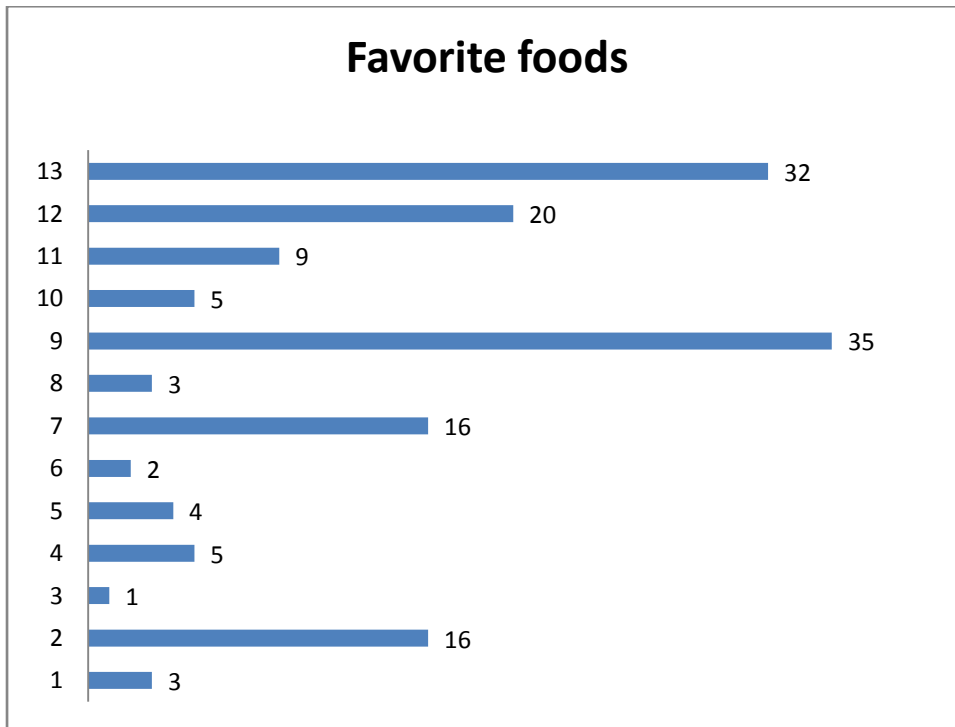


**drink of choice**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.0	4	8.0	8.0	8.0
	2.0	1	2.0	2.0	10.0
	3.0	3	6.0	6.0	16.0
	4.0	13	26.0	26.0	42.0
	5.0	9	18.0	18.0	60.0
	6.0	20	40.0	40.0	100.0
Total		50	100.0	100.0	



**Favorite foods**



<1-Aerated drinks, 2- fried food, 3- burgers, 4- French fries, 5- pizzas, 6- microwaved and fried snacks, 7- packaged chips, 8- packaged candies, 9- Chocolates, 10-cheese, 11- salty snacks, 12- packaged Ice creams, 13-eggs>

**DISCUSSION AND CONCLUSION**

In this research findings were; highest age range of the samples was 17-19 years age. No. of period was in 12 months. Menarche in 13-14 years age. Period of menses 01-03 days. Menstrual problem was identified as dysmenorrhea. Interval between cycle was 28 days is highest. Eat fast food in a week 1-2 days. Most of the samples were visited to different fast food

Restaurants. Typically eat fast food for dinner time. favourite food was chocolate is high preferences.

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