

Impact of Premenstrual Syndrome on Quality of Life among Reproductive Age of Women (15-49) and their Food Habits in Aluva, Ernakulam, Kerala

Simmya Ansari^{1*} and Liyana Sabu²

¹Department of Home Science, St. Joseph's College for Women, Alappuzha, Kerala-688001, India.

E-mail: simmyaansari14@gmail.com

²Department of Home Science, St. Joseph's College for Women, Alappuzha, Kerala-688001, India.

E-mail: elizabethliyana95@gmail.com

ABSTRACT **Aim:** The present study was conducted in 100 women samples between the age group of 15 to 49 years to find out the impact of Premenstrual Syndrome on quality of life and their food habits. **Materials and Methods:** Details regarding the gynaecological status, quality of life, somatic, psychological and dietary patterns were collected using PSSST tool, ACOG questionnaire, QOLS tools and FFQ question. Analysis and interpretation of data was done using SPSS and excel. **Results:** It was found that majority of the samples have the frequency of monthly cycle as 27 to 29 days and most of them have Premenstrual Syndrome. Psychological mood swings, feeling angry and consumption of normal quantities of staple food items were noted. **Conclusion:** The study concluded that Premenstrual Syndrome has an effect on the quality of life of women both socially and economically, and less impact on food intake.

Keywords: Premenstrual syndrome, Quality of life, Food habits

Address for correspondence: Simmya Ansari, Department of Home Science, St. Joseph's College for women, Alappuzha, Kerala, India. E-mail: simmyaansari14@gmail.com

Submitted: 07-Dec-2021

Accepted: 14-Mar-2022

Published: 10-Apr-2022

INTRODUCTION

The slogan, "Healthy Women, Healthy World" embodies the truth that as custodians of family health, ladies play an important role in keeping the health and wellbeing of their communities.

Menstruation is typically a usual event occurs during a woman's reproductive life, and up to 90% suffer one or more symptoms during the days before menstruation, and nearly all components of normal functioning of women can be affected by the changes associated with phase of the menstrual cycle in either a negative or a positive way. Headache, backache, dysmenorrhea, irregular periods, premenstrual syndrome are some common problem associated with PMS. Premenstrual syndrome (PMS) refers to a bunch of emotional, physical and psychological symptoms occurring throughout the phase (7 to fourteen days before menstruation) of menstrual cycle and mitigated by the onset of period. The complaints embrace

emotional instability, depression, anxiety, irritability and impulsivity, sense of bloating, breast tenderness, fatigue and changes in appetite².

The indexed affective signs of PMS are depression, irritated outbursts, irritability, anxiety, confusion, social withdrawal and the somatic signs encompass breast tenderness, belly bloating, headache, swelling of extremities. These signs are relieved within first 4 days. The diagnostic definition for PMS set up through the American College of Obstetricians and Gynaecologists (ACOG, 2000) define that signs have to be present 5 days earlier than a woman's period for at the least 3 menstrual cycles in a row and end within 4 days after her periods starts. Symptoms can also additionally intrude with regular life 4 activities cause impairments in work performance,

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Website: www.ijfans.org

DOI: 10.54876/ijfans_68-21

How to cite this article: Simmya Ansari and Liyana Sabu. Impact of Premenstrual Syndrome on Quality of Life among Reproductive Age of Women (15-49) and their Food Habits in Aluva, Ernakulam, Kerala. Int J Food Nutr Sci 2022; 11(2): 50-52.

own circle of relatives and social activities and sexual relationships³.

PMS symptoms are a mixture of two sorts of symptoms, i.e., somatic and psycho-emotional symptoms. Some somatic symptoms are breast tenderness, headache, back pain, weight gain and bloating, etc., some psycho-emotional and behavioural symptoms are depression, anger, confusion, restlessness, anxiety and loneliness⁴.

The exact reason of PMS has no longer been identified⁵. There is a role in changes in brain hormonal level but this statement also has not proven. PMS is caused by the fluctuation in the circulating sex hormones, such as estrogen and progesterone levels during menstrual cycle². The role of sex steroids in PMS is supported by observations that symptoms often improve with treatments, leading to ovulation suppression. Another statement on the aetiology of PMS proposes that emotional and physical signs may result from hormonal changes during the menstruation that alter brain neurotransmitter or neuropeptide function. Premenstrual syndrome is estimated up to 90% of girls of childbearing age. A small subset meets criteria for PMS and much less than 10% are recognized as having premenstrual dysphoric disorder (PMDD). It's been calculated from retrospective community surveys that nearly 90% of girls have experienced as a minimum one premenstrual syndrome. Epidemiological surveys have anticipated that as many as 75% of reproductive age women experienced a few signs and symptoms attributed to the premenstrual segment of menstrual cycle. PMS is related to the reduction in health-quality of life and ladies with PMS have greater work productivity impairment than women without PMS. It commonly encountered compliant among women and may affect their quality of life and reduction in their occupational output⁶.

As per astudy conducted, women believed that their personal relation suffered the most as a result of the emotional changes of PMS⁸. The survey showed that 72% of girls felt that PMS negatively affected their relationship with their husband/significant others and 62% of them felt it

negatively affected their relationship with their children. Dalton states that 46% of all admission in the psychiatry ward and 53% of committed suicides were during menstruation or PMS .There is a relation between psychiatric illness especially depression and severity of PMS were confirmed study of prison inmates, it had been that, out of a gaggle of 42 women who had attempt to crimes of violence, the crime of 25 (62%) women had taken place in PMS and one at the end of the menstruating phase⁷. The study was conducted keeping in mind towards the attainment of the following objectives:

- To determine the knowledge and attitude of women towards PMS.
- To analyse the effect of PMS on quality of life of women.

MATERIALS AND METHODS

Selection of Samples: Aluva region of Ernakulam district of Kerala was selected as the area of conduct of the study. A total of 100 samples between the age group of 15 to 49 years of age and with regular menstrual cycle were selected by purposive sampling method.

Selection of Tools and Data Collection: A pre structured Google form questionnaire including Food Frequency Questionnaire (FFQ), Quality of Life Scale (QOLS) was used to collect data from the samples. Details regarding food habits, 24 hour dietary recall, psychosomatic conditions were collected.

Statistical Analysis: The data collected was statistically analysed and interpreted using Statistical Package for Social Sciences (SPSS) and Excel.

RESULTS AND DISCUSSION

Socio Demographic Profile

Majority (91%) of the subjects were under the age group of 48 years, most of them (65%) were married. Most of them (56%) were house wives.

Table 1: Quality of Life of the Respondents

Age Group	Quality of Life		Total	Pearson Chi-Square	P value
	Yes	No			
15-23	27 (90.0%)	3 (10.0%)	30	13.473	0.004
24-32	33 (91.7%)	3 (8.3%)	36		
33-41	4 (44.4%)	5 (55.6%)	9		
42-49	21 (84.0%)	4 (16.0%)	25		
Total	85	15	100		

Dietary Approach	Mean	Std. Deviation
Vegetables	3.87	0.393
Cereals / whole grains	3.72	0.587
Milk / Other dairy products	3.57	0.714
Pulses & Legumes	3.56	0.671
sugary products	3.2	1.073
Fruits	2.56	0.914
Leafy vegetables	2.5	0.859
Fish	2.45	0.833
Egg	2.4	0.696
Meat	2.04	0.828
Caffeinated beverages	1.81	0.992
Junk foods / Fried foods	1.72	0.877

Food Frequency Questionnaire

From the response, it is clear that majority of 89% of samples daily consumed vegetables, and 79% of people consume cereals and whole grains daily, then 68% of people consume milk and dairy products daily, 64% daily consume pulses and legumes.

The responses clearly show that consumption of meat, junk foods, caffeinated beverages are very low because the majority of the samples are middle aged women and house wives.

QOLS

The QOLS has been used in studies of healthy people and also patients with diseases. The QOLS was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfilment, and recreation. The QOLS is a valid instrument for measuring quality of life of people. The response from the participants clearly shows that PMS symptoms are affecting their quality of life more. But statistical chi square test comparison done between age group and quality of life shows that women from all age group has good quality of life.

CONCLUSION

The study points out that the premenstrual syndrome affects their quality of life rather than their food habits. Food frequency was affected partially as most of the samples opt for normal staple foods.

REFERENCES

- Chandana, E. (2017). Comparison of premenstrual syndrome and coping strategies among athletes and non-athletes (Bangalore) In *University*. <http://hdl.handle.net/10603/254063>
- Aruna, D. S. (2014). Effectiveness of Cognitive Behavioral Nursing Strategies on premenstrual syndrome among adolescent girls. *2nd Annual Worldwide Nursing Conference (WNC 2014)*, 148-157. https://doi.org/10.5176/2315-4330_WNC14.37
- Abbas, K., Usman, G., Ahmed, M., Qazi, R., Asghar, A., Masood Shah, A., Rizvi, A., Abid, K., Haq, K. U., Tahir, A., & Usama, S. M. (2020). Physical and Psychological Symptoms Associated with Premenstrual Syndrome and Their Impact on the Daily Routine of Women in a Low Socioeconomic Status Locality. *Cureus*, 12(10). <https://doi.org/10.7759/cureus.10821>
- Lata, P. (2019). Effects of yoga and aerobic training on premenstrual syndrome amongst college girls. *INFLIBNET*. <http://hdl.handle.net/10603/277242>
- Yonkers, K. A., O'Brien, P. S., & Eriksson, E. (2008a). Premenstrual syndrome. In *The Lancet* (Vol. 371, Issue 9619, pp. 1200-1210). NIH Public Access. [https://doi.org/10.1016/S0140-6736\(08\)60527-9](https://doi.org/10.1016/S0140-6736(08)60527-9)
- P, S. (2018). A comparative analysis of level of physical activity premenstrual syndrome health status and physical activity intervention among college women students. *University*. <http://hdl.handle.net/10603/309329>
- Sharma, P., Malhotra, C., Taneja, D. K., & Saha, R. (2008). Problems related to menstruation amongst adolescent girls. *The Indian Journal of Pediatrics*, 75(2), 125-129.