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Lifestyle and gynecological health among women

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Abstract
Introduction: A descriptive study to assess the lifestyle and gynecological health among women in Pune city was undertaken by the researcher to assess and associate between lifestyle and gynecological health among women.

Materials & Methods: 300 women were selected through Non-probability purposive sampling technique from selected areas in Pune city. The data collection instrument used was structured questionnaire for assessing lifestyle and gynecological health.

Results: Maximum 64% reported average lifestyle and 36% had good lifestyle. Maximum 87.67% women had good gynecological health status, none of them have poor gynecological health and only 12.33% study participants reported average health. Statistically there is no significant association between life style score with gynecological health [$\chi 2$ DF (4) =2.49] p> 0.05.

Conclusions: The study concludes that there is no significant association between lifestyle and gynecological health. Women with good lifestyle have no any gynecological problems.

Keywords: Lifestyle, gynecological health, women

Introduction
Lifestyle is a combination of motivation and needs influenced by factors such as culture, family, peer groups and social class. Women have unique female anatomy as they are design for child bearing. Thus women are prone for certain diseases and health conditions. Many a time's women's suffer from gynecological health problems in the reproductive age groups. Negligence of their own health affects the hormones that plays vital role in women body. Disturbance in normal physiology of body that leads to many disorders like menstrual disorders, heavy bleeding, PCOD, genital tract infection, recto-vaginal fistula. Dietary habits are responsible for one's lifestyles and individual quality of life. The most common nutrition issues occurring among young women in Japan is poor consumption of energy and improper food selection. The reason behind these dietary limitations is for cosmetic reasons. It leads to bad intake of protein, carbohydrate and essential fatty acids, which leads to dietary psychological stress [4]. Women reproductive health is an interesting area for conducting a research. Many areas in gynecological areas like socio-economic, racial, ethnic disparities in reproductive health have been studied. Study in gynecological disorders will provide novel methods for prevention and treatment strategies. It will help in achieving the overall objective of improving the reproductive health and quality of life of women [2].

Material and Method
A Non-experimental descriptive research design was adopted to conduct the study. 300 women were recruited from selected areas of Pune city. A non-probability purposive sampling technique was employed. The inclusion criteria for the study were women from age group 18-45 years of age.

Description of Tool
It consist of three sections
Section I
- **Section 1A:** Demographic data such as age, Religion, Marital Status, Education, employment status, Income of family, Dietary pattern.
- **Section 1B:** Clinical profile such as weight, height, BMI, Age of menarche, Duration of menstrual cycle, Duration of menstrual period, number of pad change in a day, type of pad/tampon used, Contraceptives used, Obstetrical history.
- **Section II:** A Structured Questionnaire to assess the lifestyle.

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- **Section III:** A Structured Questionnaire to assess the gynecological health.
- **Section IV:** Association between lifestyle and gynecological health.

Results

Section IA: Analysis related to the demographic data of women in frequency and percentage distribution.

Table 1: Frequency Distribution of participants as per Demographic Variables. n = 300

Demographic Data			
Parameters		Frequency (f)	Percentage (%)
Age (Years)	18-23years	87	29%
	24-28years	66	22%
	29-33years	90	30%
	34-38years	27	9%
	39-45years	30	10%
Religion	Hindu	226	75.33%
	Muslim	29	9.67%
	Christian	41	13.68%
	Others	4	1.32%
Marital status	Married	191	63.67%
	Unmarried	104	34.67%
	Widow	4	1.33%
	Divorce	1	0.33%
Education	Primary	22	7.34%
	Secondary	61	20.33%
	Higher Secondary	84	28%
	Graduate	108	36%
	Post-graduate	25	8.33%
Working	Yes	71	23.67%
	NO	229	76.33%
Status	Upto 10,000	26	8.67%
Family	Rs.10001 to 20000	106	35.33%
Income per	Rs.20001 to 30000	109	36.33%
month	Rs.30001 & Above	59	19.67%
Dietary	Pure Vegetarian	79	26.33%
Pattern	Vegitarian	27	9%
	Mixed	194	64.67%

In table 1, Maximum women 30% and 29% were from the age group 29 to 33 and 18 to 23 years of age. Majority 75.33% of study sample were from Hindu religion and minimum 1.32% reported some other religion (Shikh). Marital status of study sample illustrates that 63.67% women are married and 0.33% reported herself as divorce. Most women 36% were Graduate and above, 28% women had completed higher secondary education, Remaining 36% women had completed primary, secondary and Post-graduate. Maximum women 76.33% were not working and remaining were working. Family income reported by 59 women out of 300 is above Rs.30001 and 26 women reported their family income is up to 10,000. Maximum 64.67% follows the mix diet. Pure Vegetarian are 26.33%, Vegetarians are 9%.

Section IB: Analysis related to the clinical profile of women in frequency and percentage distribution.

Table 2: Description of clinical profile of the women n = 300

Sr. No	Clinical Profile	Frequency (f)	Percentage (%)
1.	BMI		
	>18	17	5.7
	19 to 25	200	66.66
	26 to 30	82	27.33
	Above 30	1	0.33
2.	Age of menarche		
	<10years	0	0
	10 to 12 years	6	2
	13 to 14 years	154	51.33
	15 to 16 years	127	42.3
	Above 16 years	13	4.33
3.	Duration of menses		
	<3days	8	2.667
	3 to 5days	214	71.333
	6 to 7days	78	26
	Above 7days	13	4.33
4.	Duration of menstrual cycle		
	<28 days	44	14.667

	28 to 30 days	157	52.333
	31 to 33 days	83	27.667
	Above 33days	16	5.333
5.	**No. of Pad change in a day**		
	1	14	4.667
	2 to 3	162	54
	More than 3	124	41.333
6.	**Use of contraceptives**		
	Use	52	17.333
	Not use	248	82.667

Above table illustrated that 6(2%) women attended their menses before 12 years of age.127(42.3%) attended their menses in 15 to 16 years of age.154 (51.33%) had their menarche in the normal age of menarche that is in the 13 to 14 years of age. Menstrual flow was reported less than 3days by 8 (2.667%) of women, range of menstrual flow for 3to 5 days is reported by 214 (71.333%).78 (26%) women have menstrual flow for 6 to 7 days and none of them have menstrual flow for more than 7days. Duration of menstrual cycle <28 days was reported by 44(14.667%), 28 to 30 days were reported by 157(52.3%), duration of menstrual cycle for 31 to 33 said by 83(27.667%), and above 33days were reported by 16(5.333%). 162(54%) women said that they have change 2 to 3 pad in a day, 124(41.333%) women change their pad more than 3,14(4.667%) have change only one pad in a day. Majority 248(82.667%) women reported that they do not use any contraceptives and 52(17.333%) reported use of contraceptive like Condom, withdrawal method and Tubal ligation.

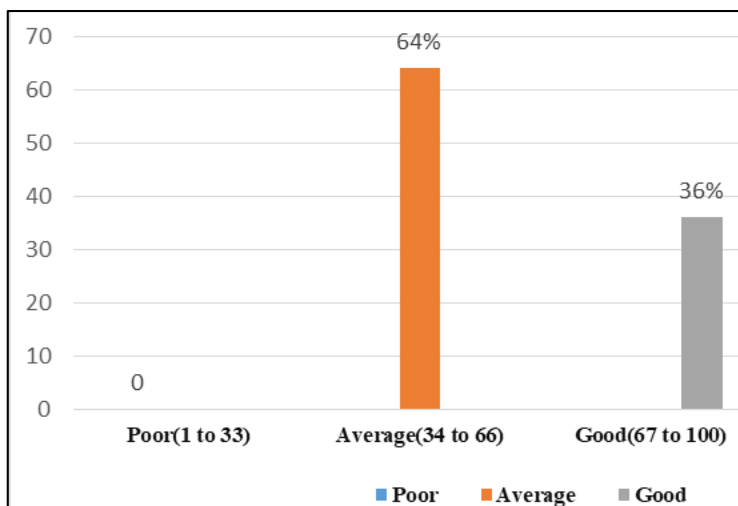**Section II:** Distribution of Subjects based on Lifestyle n=300

Fig 1: Lifestyle habits of study population

From the above Figure 1, none of the study participants have poor category of life styles. Maximum 192(64%) reported average category of life style and 108(36%) had good lifestyle.

Section III: Distribution of study population based on Gynaecological healthn=300
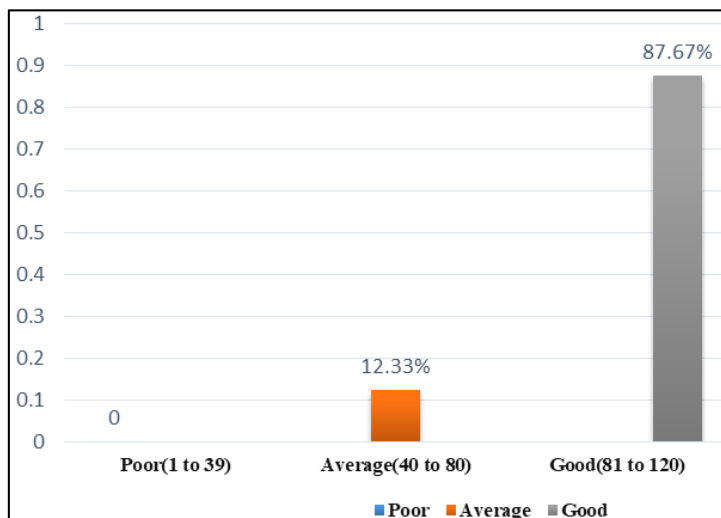

Fig 2: Gynaecological health status of study population

From the above Figure 2, maximum 263(87.67%) women had good gynaecological health status, none of them have poor gynaecological health and only 37(12.33%) study participants reported average health.

Section IV: Association between lifestyle and gynecological health

Table 3: Association between lifestyle and gynaecological health n=300

Variables	$\chi 2$	df	t-value	p-value
Lifestyle Habits	2.49	4	9.49	0.64
Gynaecological health				

Table above illustrate that there is no significant association among life style habits with gynecological health $p > 0.05$, hence the researcher rejects H and accept Ho.

Discussion
The Present study shows that majority 63.67% were married, 75.33% women from Hindu religion. Maximum 76.33% women were housewives. This findings were supported by a study conducted by Habibeh Ahmadipour and Golasa Kiarash in 2016. A population based study of 400 women on promoting lifestyles for women in Kerman, Iran shows that most participants 88.4% were married. Majority 75% were housewives [3]. In present study reveals that most of the women 30% were from age group 29 to 33 years of age. Majority 63.67% were married and have average gynecological health. 75.33% women were Hindus. This findings is supported by a study conducted by S. Poornima, S.M. Katti, M.D. Mallapur and M.Vinay in 2013 on gynaecological problems of married women in reproductive age group 20-34 years of age. Among 400 married women, 29.75% were in age group of 25-29 years. 86% women were Hindus. Menstrual problems 31% is the most common among women [4]. In present study shows that majority 51.33% of women have their age of menarche at 13-14years. Most of them 52.333% have their menstrual cycle at 28-30days. It shows that most of the women have normal menstruation and good gynecological health. This is supported by a study done by Geetha. P, Chenchuprasad C. on effectiveness of lifestyles and socio-economic conditions on characteristics of menstruation amongst rural women in Andhra Pradesh. The study shows that 58.2% women have age of menarche at 12-13 years. 88% have normal menstrual cycle 28-35 days [5].

Conclusion
This study is conducted to assess the lifestyle and gynecological health among women in Pune city. The study findings reveal that majority women have average lifestyle and maximum of them have good gynecological health. There is significant relationship between lifestyle and selected demographic data like marital status and dietary pattern. Gynecological health and marital status are significantly associated.

Acknowledgement

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