

## Impact of Socioeconomic Profile and lifestyle on incidence of Thyroid Problem among Women

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### Introduction:

The Thyroid is our body's metabolic engine controlling use of energy and foods. Thyroid is a butterfly shaped gland located in the base of the neck is responsible for secreting two hormones T<sub>3</sub> and T<sub>4</sub>. The proper balance T<sub>3</sub> and T<sub>4</sub> is essential for energy production at the cellular level including, the transport of oxygen into the cells where energy is made. Due to this immense responsibility the thyroid gland acts as a control key for nearly every chemical reaction that occurs in the body so we can say that T<sub>3</sub> and T<sub>4</sub> are that fuel metabolism and help our bodied properly use energy and calories (Chatterjee, 2001)

An overactive Thyroid is called hyperthyroidism and underactive Thyroid is called hypothyroidism. Other malfunctions of this gland include goiter, the presence of nodules etc. However the hyperthyroid and hypothyroid are the most prevalent situation.

Common symptoms seen among individuals with altered thyroid function is unexpected weight gain and difficulty losing weight despite calorie reduction and increased expenditure through physical activity. Studies have shown that there is a link between an underactive thyroid gland and insulin function (Park & Park, 2002)

Smoking can damage the thyroid and actually worsens some existing Thyroid conditions. Stress also increases the chances of thyroid problem. So reducing stress using effective techniques such as aerobic exercise (Shomon, 21 June, 2008)

With undiagnosed thyroid disease may be 10 percent a level that is double current estimates and may represent as many as 13 million Americans currently underdiagnosed. For women the risk is even higher. A woman faces high as a one in five chance of developing thyroid problems during her lifetime. This risk increases with age and for those with a family history of thyroid problems. Hypothyroidism is the most commonly thyroid problem of woman. Symptoms (Shomon, 24 Feb 2008) are depression, forgetfulness, fatigue, weight gain, hoarse voice, high cholesterol level, intolerance to cold, coarse hair, hair loss, dry skin, tingling hands feet, heavy and irregular periods, and infertility of recurrent miscarriage.

### Review of Literature:

**Hershman (1999)** among Americans Hypothyroidism occurs in about 5 % of adults of all ages with a prevalence of 10% - 15% of the elderly (Park & Park, 2002)

**Singh (2002) in Los Angeles California:** - Hypothyroidism can be described as a state of thyroid hormones deficiency that resulting in slowing metabolism. It occurs female to male ratio is 3 or 4

to 1. In population bases studies it affected 5-10 % of men and 5-17 % of women over age 60. Hypothyroid develops about 5% of this subgroup per year (Swaminathan, 2001)

**Douglas S Ross Baston (2005)** the symptoms of Hypothyroid include weight loss, increased appetite, heat intolerance fatigue, dyspnoea on exertion muscle weakness. More than 18,000 new cases of thyroid problems are identified in each year (Dutta, 2000)

**Aims & Objectives-** Mainly to assess the incidence of the thyroid disorders in relation to various risk factors with reference to dietetic factors start due to modern life style.

**Hypothesis-** Incidence to thyroid disorder is higher in women with occupation involving mental stress, habituated of taking untimely irregular meals, lack of physical exercise and persons with high income group. Genetic factors are age also influence thyroid disease.

**Limitation-** the study was limited to the 100 cases of women of thyroid disorder all aged above 25 years.

**Materials and Methods-** The Materials consisted of 200 established cases of thyroid in women methods to collect relevant data involves, sampling, interview, questionnaire, schedule, case study, data analysis.

### Observation and Results-

Age when Thyroid first detected

**Table- 1**

| Age Group      | No of Cases | Percentage |
|----------------|-------------|------------|
| Below 25 Years | 20          | 10         |
| 25-35 Years    | 42          | 21         |
| 36-45 Years    | 60          | 30         |
| 46-55 Years    | 44          | 22         |
| 56- 65 Years   | 22          | 11         |
| Above 65       | 12          | 6          |

**Table- 2**

| Religion  | No of Cases | Percentage |
|-----------|-------------|------------|
| Hindu     | 12          | 60         |
| Muslim    | 24          | 12         |
| Christian | 20          | 10         |
| Sikh      | 36          | 18         |

**Table- 3**

| Community | No of Cases | Percentage |
|-----------|-------------|------------|
| Rural     | 42          | 21         |
| Urban     | 158         | 79         |

**Table- 4**

| Education   | No of Cases | Percentage |
|-------------|-------------|------------|
| Uneducated  | 8           | 04         |
| Non- Matric | 12          | 06         |
| Matric      | 22          | 11         |

|               |    |    |
|---------------|----|----|
| Intermediate  | 56 | 28 |
| Graduate      | 50 | 25 |
| Post Graduate | 52 | 26 |

**Table- 5**

| <b>Profession</b>     | <b>No of Cases</b> | <b>Percentage</b> |
|-----------------------|--------------------|-------------------|
| Business              | 40                 | 20                |
| Service               | 80                 | 40                |
| House Wife            | 56                 | 28                |
| Unemployed/ Dependent | 24                 | 12                |

**Table- 6**

| <b>Predominate types of work</b> | <b>No of Cases</b> | <b>Percentage</b> |
|----------------------------------|--------------------|-------------------|
| Physical                         | 36                 | 18                |
| Mental                           | 128                | 64                |
| Both                             | 36                 | 18                |

**Table-7**

| <b>Family Type</b> | <b>No of Cases</b> | <b>Percentage</b> |
|--------------------|--------------------|-------------------|
| Nuclear            | 152                | 76                |
| Joint              | 48                 | 24                |

Incidence of thyroid disorder was extremely high in women of 36 to 45 years. Women belonging to different religions suffer from thyroid problem. The distribution of cases according to religion in the present series simply indicates the proportionate population according to religion in the area surveyed. The maximum patients (79%) were urban dwellers. Graduate and post graduate suffered more as compared to those less educated or illiterate higher education involves raising the standard of living person involved predominantly in mental type of work suffered more. Persons with high income states determine the purchasing power, raising standard of living specially belonging to nuclear families suffered from more stress and hypertension among females were more affected.

**Conclusion-** It can be safely concluded that a part has the general advantages of vegetarian diet and physical exercise with less stress has some specific advantage in lowering the incidence of thyroid disorder and aiding their cure. Reducing calorie, goitrogens foods, saturated fat also help in minimize the problem.

**Suggestion-** Practice of consuming nutritious pure vegetarian diet is acceptable to all classes of people and it is stressed that it must be started and practice from the early childhood. Control diet and physical work is the most safe, economic, easy to follow, acceptable and affordable and reliable solution in the prevention as well as management of thyroid disorder and their complications.

## References -

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