

**ASSESS THE KNOWLEDGE OF HYPOTHYROIDISM AMONG WOMEN
RESIDING IN SELECTED VILLAGES OF HARYANA**

**Mrs. Swapna. M K, Asst. Professor,
Amity College of Nursing, Amity University, Gurgaon.**

Abstract

Thyroid hormones, thyroxin (T4) and triiodothyronine (T3), are essential for the synthesis of growth hormones, cell differentiation, and metabolism, and they are crucial for the growth and development. Both iodine deficiency and iodine excess are known to interfere with thyroid hormone synthesis. While severe iodine deficiency has been eliminated, the number of countries with iodine excess has increased over the past decade. Abnormal thyroid hormone levels may lead to hypo-or hyperthyroid states. Hypothyroidism is a common disorder that is potentially serious and usually passes clinically unnoticed. However, it can readily diagnosed by laboratory testing of serum thyroid stimulating hormone (TSH) and T4. Its causes include autoimmune thyroiditis, dietary iodine deficiency, previous thyroid surgery or irradiation, intake of drugs such as lithium, and pituitary and hypothalamic disorders. The aim of the present study is to assess the knowledge of women regarding the hypothyroidism. Descriptive study was conducted among 100 women on regarding the knowledge of hypothyroidism. Knowledge were analysed by structured interview schedule which included questionnaire on knowledge regarding Hypothyroidism. The result shows that 42% of women were having inadequate knowledge regarding the hypothyroidism.

Key words: Knowledge, Hypothyroidism, Women, Villages.

Introduction

According to statistics, thyroid disorders are on the rise in India. Approximately 1 in 10 Indian adults suffer from hypothyroidism, a condition in which the thyroid gland does not produce enough thyroid hormones to meet the needs of the body. This condition is twice as prevalent in women as in men and is common among women of child-bearing age. A 2016 study conducted in nine Indian states, assessing prevalence of hypothyroidism in pregnancy with TSH found 13.13 per cent of pregnant women to be hypothyroid. Thyroid tends to impact women between the ages of 18-35, which is the most productive period of their life, as well as the prime reproductive period, because that is also the time they tend to suffer the most stress. Abnormal levels of thyroid hormones during pregnancy are associated with an increased risk of complications such as anemia, miscarriages, postpartum bleeding, preeclampsia and placental abruption. The thyroid hormone is critical for normal development of the fetal brain and nervous system and during the first trimester, the fetus depends on the mother's supply of thyroid hormone, which directly comes through the placenta. Therefore, treating thyroid disorders is important for both maternal and child health, as thyroid disorders significantly increase the risk of adverse birth outcomes such as preterm birth, low birth weight and fetal death.

Hypothyroidism is one of the most common forms of thyroid dysfunction. It is defined as failure of the thyroid gland to produce sufficient thyroid hormone to meet the metabolic demands of the body. It may be congenital or acquired, primary or secondary, chronic or transient. It refers to a state that results in a deficiency of thyroid hormones, including hypothalamic or pituitary disease and generalized tissue resistant to thyroid hormone, and disorders that affect the thyroid gland directly. Infants and children may present more often with lethargy and failure to thrive. Women who have hypothyroidism may present with menstrual irregularities and infertility. In older patients, cognitive decline may be the sole manifestation. Patients with severe hypothyroidism generally present with a group of signs and symptoms that may include lethargy, weight gain, hair loss, dry skin, forgetfulness, constipation and depression.

The American Thyroid Association recommends that adults must be screened for thyroid disorders by measuring serum thyrotropin concentration every 5 years after 30 years of age. Hypothyroidism is of two types; primary which occurs due to the abnormality in the

thyroid gland or it may be secondary which occurs due to the hypothalamic or pituitary diseases. Primary hypothyroidism is termed as subclinical hypothyroidism, in which there is an elevated thyroid-stimulating hormone (TSH) concentration in the presence of normal serum free thyroxine and triiodothyronine concentration.

A study suggests that the screening for thyroid disorders should be a part of routine health check in people after the age of 35 years, postmenopausal and premenopausal women, and pregnant women. The purpose of the present study is to analyze the knowledge of women regarding the nature of thyroid diseases- hypothyroidism, its effects, complications, and related risk factors.

Objectives

To assess the source of information regarding hypothyroidism among women.

To assess the Knowledge of hypothyroidism among women

Methodology

A descriptive study was carried out among women to assess the knowledge regarding the hypothyroidism. The purposive sampling technique was used to collect 100 samples from selected villages of Haryana. The tool was developed by the researcher with the guidance of experts. The questionnaire contained three sections,

I. Demographic Variables

II. Sources of information regarding hypothyroidism among women

III Knowledge regarding hypothyroidism among women

The pilot study was conducted before the main study and it elicited the study was feasible. The tool was found to be highly reliable and valid. During the data collection, the researcher introduced herself to each subject and they were informed about the purposes of the study.

Result

Table.No:1 Sources of information regarding hypothyroidism among women

Sources of Information	Frequency	Percentage
Health Workers	30	30%
Anganwadi	29	29%
Hospitals	23	23%
Media	10	10%
Others	8	8%

Figure .No.1 Sources of information regarding hypothyroidism among women

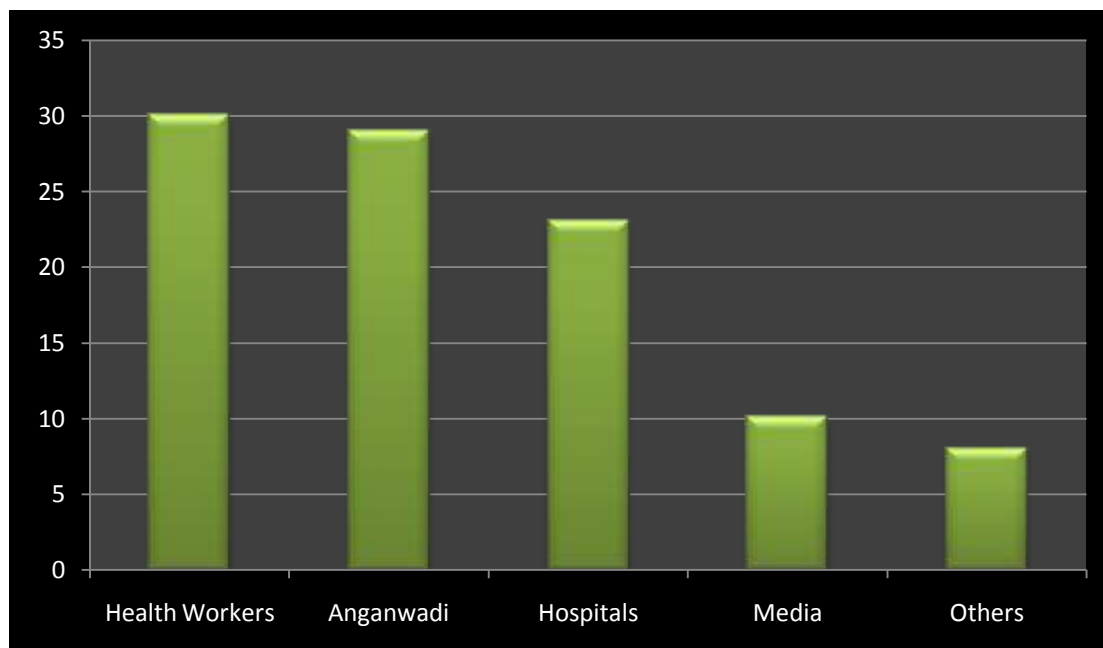
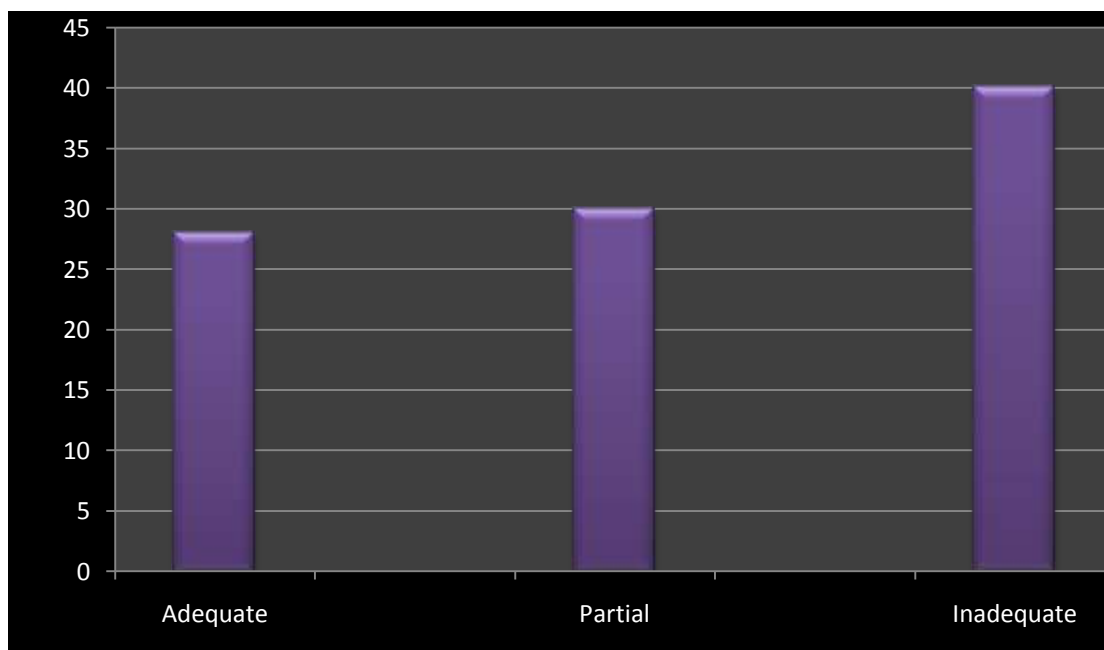


Table. No:2 Distribution of Knowledge Score regarding hypothyroidism among women

Knowledge Level	Percentage
Adequate	28%
Partial	30%
Inadequate	42%

Figure. No:2 Distribution of Knowledge Score regarding hypothyroidism among women



Discussion

The present study revealed that the main source of information to women regarding Hypothyroidism is from Health Workers. Out of 100 women only 28% have adequate knowledge and 42% have inadequate knowledge regarding the hypothyroidism' Understanding and early diagnosis reduce the morbidity of diseases. Better knowledge regarding the disease hypothyroid can significantly improve compliance of treatment and decrease the associated morbidity. In addition, this can further help people to spread correct facts and information regarding the disease.

Conclusion

This study shows decreased knowledge related to hypothyroidism among women residing in villages. A large number of educational studies were required to impart knowledge to the people. Public lacks knowledge related to thyroid hormones and also they have many misconceptions regarding the hypothyroidism. Good knowledge of women about thyroid disorders is expected to decrease the incidence of preventable disorders and increase the detection of thyroid disorders.

References

1. An interactive guide for people with thyroid disease. Available from <http://www.thyroidindia.com>
2. BaruahMP et al. Guwahati thyroid epidemiology study: high prevalence of primary hypothyroidism among the adult population of Guwahati city. J thyroid research & practice. 2019; 16(1):12-19.
3. RaiShailesh et al. Assessment of knowledge and awareness regarding thyroid disorders among women of a cosmopolitan city. Ntl J Community Med. 2016; 7(3):219-222.
4. Singh A et al. Knowledge, awareness and practices among patients with thyroid swelling attending cytology clinic in a medical college, Meerut. Indian Journal of clinical practice. 2014; 24(8): 753-755.
5. Kumar Pradeep et al. knowledge, awareness, practice, adherence to treatment of patients with primary hypothyroidism in Delhi. Indian J endocrinolmetab. 2017; 21(3): 429-433.
6. Baskaran P.M. Arulmozhi, Baby Prasanna. Assess the knowledge and attitude: maternal hypothyroidism among antenatal mothers with hypothyroidism. J Bio Innov. 2016
7. De Leo S, Lee SY and Braverman LE (2016):Hyperthyroidism. Lancet,388(10047):906-918.9. Bazarbashi S, Al Eid H and Minguet J (2017):Cancer incidence in Saudi Arabia: 2012 data from the saudi cancer registry. Asian Pac J Cancer Prev.,18(9):2437-2444
8. Kalra S, Unnikrishnan AG and Talwar V (2016):The rule of two-thirds in thyroid epidemiology. Indian J Endocrinol Metab.,20(6):744-745.
9. Lotufo PA (2016):Thyroid disorders in brazil: Time for action. Sao Paulo Med J.,134(4):277-279.