

## Awareness of the Female Athlete Triad in Female Athletes

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### Abstract

**Aim:** Female athlete triad is characterized by prevalence of 3 components - low energy availability with or without an eating disorder, menstrual dysfunction and low bone mineral density in physically active females. **Method:** A survey-based cross-sectional study was conducted on 101 female athletes from Mumbai. A self-designed questionnaire aimed at getting information regarding the awareness of triad along with their demographic details. **Results:** The study reveals 49.5% were unaware of the Female Athlete Triad, 15.84% were unsure about it and only 34.65% were known to the term. Only 24.75% were able to identify all the three components of the triad. **Conclusion:** Awareness about the female athlete triad is low amongst women. Thus a need for awareness generation programs to educate female athletes about the triad is necessary for prevention and early diagnosis.

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### Introduction

Athletics has become a very popular activity and more and more females are participating in athletics over the past four decades as a result of Title IX, the federal law enacted in 1972, that eliminates discrimination based on sex with regard to participation in educational activities (including sports) that receive federal financial support (US Department of Labor, 1972). Along with many benefits of this act, it may cause some female athletes to develop lifelong health problems. Three of the common health problems related to increased physical activity in females include disordered eating, amenorrhea, and osteoporosis (Thein et al., 2011 ; Otis et al., 1997). The American College of Sports Medicine (ACSM) has termed these three disorders as the female athlete triad (Thein et al., 2011). The female athlete triad is a syndrome in which the female athletes present with three interrelated components: disordered eating, amenorrhea, and osteoporosis (Thein et al., 2011 ; Otis et al., 1997). This condition is now considered to be a spectrum disorder, characterized by a dysfunction in energy availability (with or without disordered eating), menstrual function, and bone mineral density (BMD). Low energy stores, increases the risk for an athlete to develop the remaining components of the triad (Barrack et al., 2014 ; Nattiv et al., 2007).