

# A Study of Psychological Distress Among Women with Polycystic Ovarian Syndrome in Kashmir

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## ABSTRACT

**Background:** Polycystic Ovarian Syndrome, was previously thought to be an endocrine condition. Research has now demonstrated that polycystic ovarian syndrome affects a patient's quality of life and is a metabolic, hormonal and psychosocial condition. Women's joys are disrupted by PCOS because the stigma attached to hyperandrogenism is strongly felt and may harm women's psychological development.

**Methods:** The aim of the study was to comprehend the psychosocial problems experienced by women in Kashmir and to obtain a thorough understanding of the coping mechanisms employed by women with PCOS. The research design was both qualitative and quantitative in nature. Thematic analysis was used to derive themes from the data. Sampling was purposeful in nature.

**Results:** The study underscores that women with PCOS encounter numerous difficulties encompassing social and psychological aspects. Psychological issues like mood swings, stress, anxiety and sleeping disorders are prevalent among women with PCOS. Furthermore, the research has revealed that menstrual disorders significantly contribute to depression in women. The study also highlights a connection between infertility and psychological problems.

**Conclusion:** In conclusion, the research underscores the multifaceted challenges faced by individuals with PCOS. Therefore, understanding these issues is crucial for developing effective coping mechanisms and improving the quality of life for women dealing with PCOS.

**Key Words:** PCOS, Stress, Kashmiri Women, Coping Strategies

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## INTRODUCTION

The female body has the potential to give birth to a child and procreate a family. Childbirth usually requires various different body parts of women to function normally. However, due to certain factors, the ovaries may experience certain problems and may not perform the desired function. Such a problem associated with women has been called PCOS. 5 to 20 percent of women suffer from PCOS.<sup>1</sup> World Health Organization reveals that 116 million women globally suffer from PCOS.<sup>2</sup> The primary cause of anovulation-induced female infertility is PCOS. As per the Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group (2004)<sup>3</sup>, it is delineated by these criteria. Once other causes of cycle disorders or hyperandrogenism have been ruled out, the diagnosis is established when at least two of the following three criteria are met: polycystic ovary aspect on ultrasound, clinical and/or biological hyperandrogenism and cycle abnormalities.<sup>4</sup>

This research on mental distress among women with Polycystic Ovary Syndrome in Kashmir holds significant importance in understanding and addressing the unique challenges faced by this specific population. In the context of Kashmir, where cultural and social factors may influence health outcomes, this qualitative and quantitative inquiry sheds light on the lived experiences of women dealing with both PCOS and mental distress. The findings can provide valuable insights into the factors contributing to mental health challenges among these women, offering a culturally sensitive perspective.

The study was conducted to examine the psychological problems of women suffering from PCOS and to explore the coping strategies adopted by women with PCOS.

## METHODOLOGY

Gaining a comprehensive understanding of the psychological issues faced by women with PCOS was the aim of the study. The study was primarily qualitative in nature but in order to collect more information, the data was collected from 50 women. Furthermore, qualitative research was carried out with 15 participants in order to fully comprehend the research problem and to delve deeply into the unique experiences and feelings of 15 women affected by PCOS. By integrating the two methods, the research aimed to improve the knowledge of the psychological effects of PCOS. Structured questionnaire was used to collect quantitative data from the participants. Semi-structured questions were asked during in-depth individual interviews with 15 PCOS-afflicted women, aged 18 to 35. Further, Purposive sampling was used, and it persisted until data saturation was achieved. Thematic analysis was used to analyze the data. The research was conducted at the tertiary care hospital of Srinagar. The hospital is located in the Union Ter-

ritory of Jammu and Kashmir, India. Interviews were conducted in-depth with each individual, using semi-structured questions such as *"How far has this disorder affected your mental state?"* and *"What are your experiences with this disorder at this stage of life?"* as well as *"How are you dealing with this problem?"* In-depth data was also gathered from the participants using a tape recorder. The duration of each interview lasted 30 to 55 minutes. Interviews were recorded with prior permission from the participants. Data was collected by two female research assistants.

**Data Analysis:** In this study, thematic analysis was used. In qualitative studies, thematic analysis is a flexible and foundational method. At the initial stage, to immerse themselves in the data, the research team transcribed the recorded audio interviews and the members read the transcripts meticulously. In order to produce the initial codes, the research team members extracted the semantic units. After that, the codes were collated into possible themes. The whole research team reviewed the themes for generating a thematic map. Lastly, the themes were well defined and given names and the final report was prepared. The approaches used in this study to confirm the accuracy of the data included the selection of participants with a diversity of experiences, member checking, use of a coding outline, lengthy engagement with the data, and team consensus on themes. The data gathered was time and again cross-checked in order to minimize the errors in the data. The four standards put forward by Guba and Lincoln<sup>5</sup> were applied to guarantee the accuracy of the findings. Reliability, credibility, transferability, and confirmability were the requirements. To enhance credibility, a range of data gathering techniques, including focus group discussions (FGDs), field notes and participant selection based on the greatest diversity of demographic attributes, were employed in conjunction with in-depth interviews. Quantitative data was analyzed in a percentage manner.

## RESULTS

Table 1 stated highlights the socio-demographic profile of the participants and highlights the age, marital status, occupation and educational status of the participants.

**Psychological issues of the Participants:** The table 2 illustrates the variety of psychological problems that participants are facing. The fact that 8 percent of the participant's experience mood swings. Similarly, worry and stress are indicated by 6 percent and 14 percent of participants. 22 percent underscoring the detrimental effects on sleep patterns. 6 percent of participants are feeling irritated, 12 percent feel low in self-esteem and 4 percent are feeling frustrated. In addition, 6 percent of participant's feel overwhelmed. 8 percent of participants are feeling uninterested in life's pursuits. In addition, 14% of participant's express dissatisfaction with their bodies.

**Table 1: Socio-demographic Profile of the Participants (N =50)**

Variable	Participants (%)
<b>Age</b>	
18-20	13 (26)
21-30	23 (46)
31-35	14 (28)
<b>Family Type</b>	
Nuclear	37 (74)
Joint	13 (26)
<b>Educational Attainment</b>	
10th to 12th	11 (22)
Graduation	32 (64)
Masters and above	7 (14)
<b>Occupation Type</b>	
Employed	17 (34)
Unemployed	33 (66)
<b>Marital Status</b>	
Married	10 (20)
Unmarried	40 (80)

**Table 2: The effect Polycystic Ovary Syndrome on mental health of the participants.**

Effect of PCOS on Mental Health	Participants (%)
Mood swings	4 (8)
Worried	3 (6)
Stress	7 (14)
Sleep disturbances	11 (22)
Irritated	3 (6)
Low self esteem	6 (12)
Frustration	2 (4)
Overwhelmed	3 (6)
Lack of interest	4 (8)
Dissatisfaction with body image	7 (14)

Table 3 and figure 1 highlights codes, sub-themes and themes which were describe in detail below:

### **Theme 1. Disturbed Mental Health**

Anxiety, despair and negative body image are among the typical and severe mental health issues that women with PCOS commonly experience.

#### **Sub-theme 1.1: Impact of Stress on Mental Well-being**

**Table 3: Codes, Sub-themes and Themes**

Codes	Sub-themes	Themes
Constant overwhelms Persistent anxiety Lack of escape	Impact of chronic stress on mental well-being	Disturbed mental health
Inadequacy Comparison to ideal bodies Societal influence	Effects of societal influence on body image perception	Dissatisfied with body image
Avoidance of social events Embarrassment Skin and hair concerns	Social anxiety stemming from dermatological issues	Mental stress due to hair loss and acne
Immense pressure Mental health toll Reproductive struggles	Psychological consequences of reproductive challenges	Infertility and mental stress
Pushing negative thoughts out Spending time with friends Symptom management	Lifestyle modifications for managing PCOS symptoms	PCOS and coping strategies

The participants reported that due to menstrual disorders, they remain in a bad mood and feel very anxious because of menstrual disorders. This disorder reminds them that they are suffering from a health problem. They feel mentally stressed and irritated as well.

*"With each passing day, we feel that this problem will come to an end and we will start living a normal life again. To get rid of this problem, we are taking all medicines prescribed by the doctor on time. We are worried about our future. Negative thoughts disturb mind" (R, 1, 5 and 7).*

*"In order to ease our mental stress, we are taking antidepressants as well, that makes us feel comfortable for some time, but as medicine becomes less effective, we again start thinking about our problem. We want to forget this problem forever" (R, 6 and 8).*

### **Theme 2. Dissatisfied with Body Image**

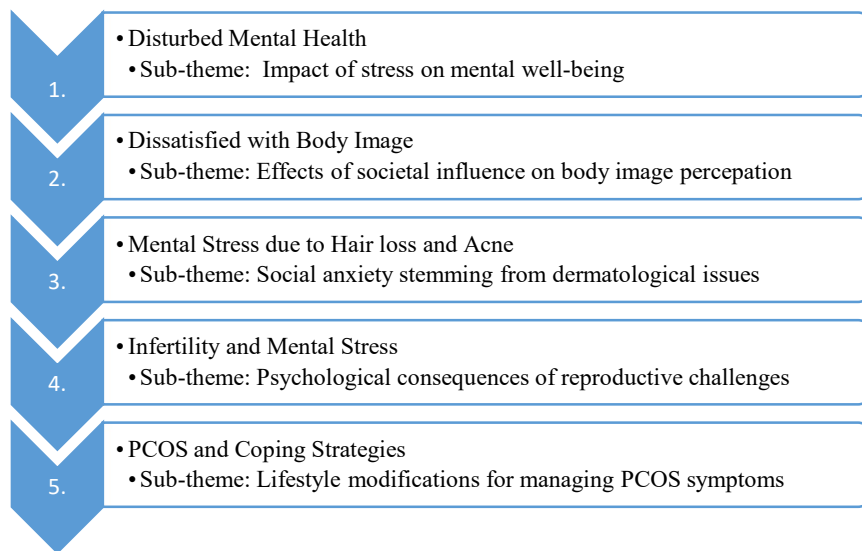
It is argued by many researchers that women with PCOS often report low satisfaction with their body image, as growth of hair and neck contribute to this dissatisfaction.

#### **Sub-theme 2.1: Effects of Societal Influence on Body Image Perception**

Because of obesity, participants are facing many social and psychological problems. Women with obesity are prone to many health problems like heart disease, diabetes, kidney disease, etc.

*"Participants stated that earlier, we used to wear medium-size clothes, but now, due to an increase in weight, we have to wear large-size clothes. We cannot wear the clothes we used to. This PCOS has increased our weight. Taking medicine is a hope that our problem will come to an end" (R, 2, 4 and 9).*

*"Because of PCOS, our obesity has increased so much that sometimes we prefer not to attend marriage ceremonies and other functions. It takes too much time to motivate ourselves to attend social gatherings" (R, 7, 13 and 14).*



**Figure 1: Themes and Sub-themes**

We are women and having hair on their faces is not pleasant for them. We want this problem should come to end.

*“The growth of hair on face, chest and around neck because of PCOS has made our lives stressful. The problem is more serious for women who are unmarried. We are not getting how to express our feelings” (R, 3, 8 and 14).*

### **Theme 3. Mental Stress due to Hair loss and Acne**

Polycystic ovary syndrome can cause hair loss in women. Inflammation, insulin resistance and hormonal imbalance are few of the factors that contribute to hair loss in PCOS.

#### **Sub-theme 3.1: Social Anxiety Stemming from Dermatological Issues**

Hair loss and acne are the main causes of people losing their physical attractiveness. As per the participants, these visible problems are the main causes of stress and even of low self-esteem as well.

*“We are feeling depressed because of acne and hair loss. We always pray that their problem should come to an end. Our faces do not look good because of acne and hair loss” (R, 12 and 14).*

*“The participants reported that sometimes they think it is a manageable problem and with the passage of time, their problem will come to an end. Their families are spending a lot of money on their treatment” (R, 4 and 8).*

### **Theme 4. Infertility and Mental Stress**

The most typical cause of infertility in women is PCOS. Infertile women experience internal as well external social pressures.

#### **Sub-theme 4.1: Psychological Consequences of Reproductive Challenges**

The participants reported that they have not received adequate information about PCOS. The participants revealed that the stigma attached to infertility is another stressful problem.

*“Some Participants were found married while differing in years of marriage mentioned that they are not able to conceive because of PCOS. They think that they have become infertile and cannot conceive now” (R, 6 and 11).*

*“We are taking medicine regularly, but still, nothing good is happening. We are feeling stressed all the time” (R, 03 and 15).*

### **Theme 5. PCOS and Coping Strategies**

Coping is essential for managing a variety of issues, such as PCOS, which has a significant impact on women's mental and physical health.

#### **Sub-theme 5.1: Lifestyle Modifications for Managing PCOS Symptoms**

Participants try to cope with this problem by not disclosing their problem to anyone, so as to reduce their psychological challenges.

*“The participants revealed that in order to cope with this problem, they always try to push the negative thoughts out of their minds” (R, 05 and 08).*

*“We are students and because of PCOS, we are not able to concentrate on our studies. In order to reduce the level of stress, we prefer to utilize most of our free time in watching comedy movies and serials” (R, 1, 9 and 11).*

We do not have time to think about this problem and keep ourselves busy with friends and family mem-

bers. If we keep on thinking about this problem, then we cannot do anything in our life.

*"I am not upset because doctor said that this problem is very common and could happen to anyone, and this problem is not so serious. This feeling reduces my mental stress" (R, 10).*

*"Participants narrated that though they are trying their level best to come out of this problem and are adopting various coping methods, but fear of this problem is not ready to leave us" (R, 2, 4, 6 and 15).*

## DISCUSSION

According to the national task force of the Indian Council of Medical Research (ICMR), over 30 percent of Kashmiri women meet the Rotterdam Criteria for PCOS prevalence, potentially representing the highest percentage globally (ICMR, 2023).<sup>6</sup> It is noteworthy that PCOS is not solely an endocrine disorder but a combination of metabolic and psychosocial challenges. Patients who are diagnosed with PCOS have been reported to experience severe psychological effects from a number of variables, including difficulties finding a PCOS specialist, a lack of knowledge at the time, delays and a diagnosis related to pathology.<sup>7</sup> Anxiety and depression disorders are much more common in PCOS patients.<sup>8</sup> In fact, compared to non-PCOS individuals, these patients have five times more anxiety problems and three times more depressive symptoms.<sup>9</sup> Emotional distress in women with PCOS may be pathophysiological, psychological or both.<sup>10</sup> Many women view physical characteristics like acne and hirsutism or prospective outcomes like obesity and infertility, as stigmatizing and potentially distressing.<sup>11</sup>

Case-control research by Sulaman<sup>12</sup> et al. has revealed that PCOS patients were far more likely to experience anxiety and anxiety disorders. As per the views of Glowinska, Duleba, Zielona-Jenek<sup>13</sup>, et al. (2020), PCOS patients also frequently exhibit negative body image dissatisfaction. Researchers like Deeks, Gibson-Helm, Paul<sup>14</sup>, et al. (2011) and Kitzinger, Willmott<sup>15</sup> (2002) have also narrated that individuals with PCOS may have negative body image due to feelings of dissatisfaction with their appearance.<sup>16</sup> The study underscores that women with PCOS encounter numerous difficulties encompassing social and psychological aspects. Psychological issues like mood swings, stress, anxiety, sleeping disorders and dissatisfaction with body image are prevalent among women with PCOS. Furthermore, the research has revealed that menstrual disorders significantly contribute to depression in women. The study also highlights a connection between infertility and psychological problems such as depression and anxiety in women with PCOS. Social stigma compounds their psychological challenges, particularly among unmarried participants who harbor fears of infertility due to this condition. There is a dire need of professional

psychological interventions to help them cope with and normalize their psychological distress.

The study has certain limitations. The sample size was relatively small, which may limit the generalizability of the findings to a larger population.

## CONCLUSION

The views shared by individuals grappling with Polycystic Ovary Syndrome reveal a profound impact on their physical and mental well-being. Many express the emotional toll of menstrual disorders, anxiety and the burden of PCOS, creating a persistent negative mind-set. The coping mechanisms employed by some, such as engaging in enjoyable activities and maintaining a busy lifestyle, reflect an attempt to navigate the challenges posed by PCOS. However, the pervasive nature of negative thoughts indicates the need for more comprehensive support and awareness.

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