

## Socio-Psychological Challenges of Women Having Polycystic Ovary Syndrome (PCOS)



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**Abstract:** PCOS can have a substantial socio-psychological influence on women's lives, along with its clinical symptoms. This qualitative phenomenological investigation observed the emotions, body image, societal stigma, interactions, and coping techniques of women with PCOS. In-depth interviews with a varied group of women highlighted several major themes, including the difficult emotional journey, challenges with a perception of oneself and body image, loneliness or ostracism, and the value of support and connection networks. The study's findings have crucial consequences for healthcare practitioners, politicians, and people with PCOS. Understanding the particular issues that these women encounter allows healthcare practitioners to deliver more comprehensive and compassionate treatment. Policymakers may also create legislation to benefit women experiencing PCOS and decrease the prejudice associated with the disorder. Lastly, women with PCOS may utilize the study's findings in order to comprehend their own circumstances and develop solutions to manage the difficulties they confront.

**Key Words:** Polycystic Ovary Syndrome, Socio-psychological, Infertility, Body Image, Stigmatization

### Introduction

Polycystic ovarian syndrome (PCOS) refers to a complicated endocrine condition affecting millions of women worldwide. The study examines the experiences of a hormonal illness that affects women: polycystic ovarian syndrome (PCOS). PCOS is the most common endocrine disorder that affects women of reproductive age, with estimates of between 10 and 25 per cent of all women having it (Ali, 2019). The present study is based on subjective perceptions about the way chronic disease is perceived and subsequently handled in daily life. Individual narratives of health experience are, as research findings show, critical because they provide a voice that is both alternative and complementary to biological conceptions of health and sickness. This study also explores the Socio-Psychological challenges faced by women having PCOS. The word "psycho-social" refers to the interaction of social and psychological procedures that impact behaviour (Lovallo, 2005). In the biological and

psychological development and manifestation of health and disease, mental, emotional, and behavioural processes can interact (Lovallo, 2005).

The study examines the socio-psychological difficulties faced by women with polycystic ovary syndrome (PCOS), focusing on the complex web of influences that impact their lives. It aims to understand the specific problems these women face on their path to physical and emotional well-being, focusing on the relationship between social norms, self-perception, and mental health. Body image is a primary concern, with many women experiencing weight gain or difficulty decreasing weight, leading to feelings of dissatisfaction, self-consciousness, and poor self-image. Infertility or the inability to conceive can elicit a wide range of feelings, from loss and despair to feelings of incompetence and social isolation (Teede, et al., 2018). Teede et al. (2018) discovered that women with PCOS had more infertility-related sadness than women without PCOS, emphasizing the emotional

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toll reproductive issues may have on women with the illness. Reproductive concerns, such as infertility, can further complicate the mental well-being of women with PCOS. The invisibility of PCOS can lead to misunderstandings and judgment from society and healthcare professionals, exacerbate feelings of loneliness, and hinder the creation of meaningful social connections. The study aims to provide insight from medical specialists, personal anecdotes, and research findings to help women overcome these obstacles and achieve holistic wellness and health beyond PCOS constraints. The study aims to explore the lived experiences of females with PCOS, investigate the families, local perceptions, and social and cultural stigmas attached to PCOS, and explore the remedies and treatments, to opt to deal with PCOS.

### Literature Review

Although Stein and Leventhal have been credited as the first to investigate polycystic ovarian syndrome (PCOS), Vallisneri, an Italian doctor, reported a married, infertile lady with glossy ovaries with a white surface and a mass of pigeon eggs in 1721 (Szydłarska, Machaj, & Jakimiuk, 2017). Formal diagnostic criteria for PCOS were developed and widely used in the early nineties at a National Institutes of Health (NIH)-sponsored meeting. Many scientists attempted to clarify the pathophysiology of PCOS, and numerous investigations have been conducted. It is currently known that it is complex, with some genetic components; nonetheless, an array of candidate genes has been proposed (Szydłarska, Machaj, & Jakimiuk, 2017).

Other than psychology and biology, less work has been done in sociology and anthropology. 2-3 studies were done in sociology, mostly via Kitzinger & Willmott (2002); Snyder, (2006), and the only work done in anthropology was by Pathak (2015), who investigated the ethnographic consideration of PCOS in India. The researcher discovered a small number of studies done in Pakistan, which also has a sociology department, on teenagers with PCOS in Rawalpindi. There is a definite vacuum in the literature, and additional research on PCOS is required. To fill this gap, we intend to do research on PCOS using the qualitative technique in medical anthropology. Previous studies on polycystic ovarian syndrome were dominated by a medical viewpoint, and little is known about women's experiences and needs.

At the National Institute of Health, researchers and doctors acknowledge that both environmental

and genetic factors play a role in the formation of polycystic ovarian syndrome (PCOS), but they don't know what causes it (NHS, 2022). Because PCOS symptoms tend to be passed down in families, the condition is most likely caused in part by a mutation, or alteration, in a few genes. Recent animal model research reveals that in certain circumstances, PCOS might be a result of genetic or chemical abnormalities developing in the womb. PCOS is most likely caused by a mix of genetic and environmental factors (NHS, 2022). If we examine the ratio of PCOS in the literature, we see that globally, 1.55 million women of reproductive age experience PCOS, resulting in 0.43 million disability-adjusted life years. Although PCOS can occur at any age, it is mostly seen between 20-30 (Asghari, et al., 2022). According to the same report, the burden of PCOS in the Middle East and North Africa region is higher than the global average. The burden increases with the increase in sociodemographic development (ibid).

A life path viewpoint considers people's lives to be interrelated and linked by social networks and connections (Sanchez, 2014). This notion may be extended to the investigation of how roles and connections (for example, as mothers, daughters, companions, and partners) alter PCOS-related health and psychological well-being throughout the course of a person's life. In adolescence, for example, PCOS-related concerns such as acne might cause teenagers with PCOS to "hide at home," weight can limit participation in athletics as well as other activities, and feelings of attractiveness can influence dating and interactions with peers (Dowdy, 2010). Women with PCOS indicate that hirsutism has a detrimental impact on their beauty, sexual interactions, and capacity to develop social contacts (Sanchez, 2014). Women have trouble speaking about PCOS as wives and companions, particularly regarding "having too many masculine hormones" (Kitzinger & Willmott, 2002). Partners' lack of awareness of PCOS can have a long-term detrimental impact on relationships.

Because of its deceptive nomenclature, PCOS may be considered a woman's problem while, in fact, it affects everyone in the family (Sanchez, 2014). In addition to the hereditary component of PCOS, views and communication (or a lack of it) regarding PCOS can have an impact on family relationships (Sanchez, 2014). While certain members of the family, especially mothers, can be an important source of assistance for young women with PCOS, (Weiss & Bulmer, 2011), certain teenagers with the problem fail to get the

support they require, especially when the caretakers view them as having complete control of their appearances and get frustrated with their failure to lose weight (Dowdy, 2010). "It's really difficult dealing with parents about this. All the time, my family says, 'Don't you believe you should shed a few pounds?' " I'm having a hard time feeling good with myself and comfortable in my own skin. " (Weiss & Bulmer, 2011). Such beliefs and interactions might explain why adolescents with PCOS have a lack of confidence, and family activities, especially family cohesiveness, all of which impair health-related quality of life (Sanchez, 2014).

According to Inhorn (2008), while the Western biomedical models and public health have largely defined the women's reproductive health research agenda, anthropologists offer a lot to provide in terms of describing and comprehending women's health issues from the lens of women themselves. Anthropologists have evidenced women having health issues around the world using the in-depth qualitative cultural tradition of ethnography, resulting in an extensive and constantly expanding body of rich and controversial literature. When looking up treatment methods, either biomedical or alternative, the primary recommendation for PCOS treatment is lifestyle modification (Ismayilova & Yaya, 2023). A lot of people were frequently encouraged to reduce weight but voiced disappointment when their doctors provided little help or recommendations to dietitians or nutritionists (Ismayilova & Yaya, 2023).

Witchel, Oberfield, & Peña, (2019) elaborates that in bio-medical research, other than lifestyle modification, medication is equally important for the treatment of PCOS, such as Metformin, Glucophage, contraceptive pills, Cyproterone acetate, inositol, laser treatment, letrozole, and orlistat which are commonly known medicines recommended by doctors. Herbal medications are complex therapies with the potential for both synergistic and antagonistic chemical interactions (Williamson, 2001). Effects inside the body can also be complicated due to concurrent interactions with numerous physiological systems, particularly biochemically and via modifying organ function (Bones & Mills, 2002). In the general population, effective self-management strategies include individual monitoring of symptoms, the development of personalized action plans in reaction to worsening symptoms, awareness and implementation of psychological coping methods to better manage stress, and increasing self-responsibility

in daily lifestyle decisions and medication adherence (Dineen-Griffin, Garcia-Cardenas, Benrimoj, & Williams, 2019). Regrettably, the utilization of self-management methods and their influence on diet and physical activity in women with PCOS has yet to be studied (Ee, Pirootta, Mousa, Moran, & Lim, 2021).

Emily Martin's perspective on women in the body suggests that addressing PCOS seriously and promptly is like cutting a woman from the placenta (Buddhavarapu, 2019). Childlessness is a common issue in our culture, and women's experiences are often overlooked. Bourdieu's ideas on individual habits help understand the linkages between daily behaviours and one's physiologic experience with PCOS (Gillespie, 2019). PCOS is a lived experience embedded within a larger habitus that influences practices and attitudes. Foucault's Biopower concept suggests that the desire to achieve a perfect body image while suffering from PCOS is fuelled by societal pressures and psychological problems (Vleming, 2018). To control PCOS, lifestyle changes are required, including avoiding cultural expectations, negative body images, and psychological stress. This approach can lead to longer-lasting PCOS management.

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## Methodology

This study focuses on the socio-psychological challenges faced by women with PCOS in Chakwal, Pakistan. Researchers conducted participant observation within the local network, visiting two private reproductive health clinics and one government facility. Phenomenological investigations are qualitative studies that investigate the everyday lives of individuals, deferring previous beliefs about the phenomenon. Semi-structured interviews were conducted, and a sample size of 40 females was selected, out of which 20 were patients and others were from social groups and family circles. Focus group discussions were also organized with elderly women in the family in order to see the progression of the disease among women of various age groups. To conduct the phenomenological investigation, participant observation has been used. Throughout the investigation, the researcher adhered to the norms of phenomenological study conduct, deferring existing ideas concerning the phenomenon (PCOS in the current case) to prevent any bias in the findings. Thematic coding was used to analyze the subjective information collected via interviews and focus groups, allowing me to find recurring themes and patterns.

This analytical technique assisted in revealing the participants' collective experiences and patterns, offering insight into the socio-psychological issues faced by women with PCOS in the unique setting of Chakwal, Pakistan.

The researchers analyzed the collective experience trends and individual viewpoints to understand the issue under investigation. In conclusion, the phenomenological qualitative method was used in this study to investigate the complicated and distinctive features of the real-life experiences of women with PCOS, providing useful insights into the issues they encountered within their cultural and socioeconomic context.

## Results and Discussion

The anthropological study provides insight into socio-psychological challenges in which medical professionals and individuals were important sources of knowledge about PCOS. To investigate personal perceptions, some were familiar with this condition, while others were not and are now suffering professionally identified symptoms. To account for the potential that the PCOS diagnosis category is not well recognized, interviewees were asked about expanding "women's health problems" in general as well as specifically about PCOS. The researcher began with a broad query about women's health and progressed to the more specific topic of PCOS to determine if PCOS would come up "naturally" as a key worry from a woman's health perspective. Because of its emotional and physical effects on women, PCOS is frequently recognized as a disease in countries in the West.

In our culture, though, it can be viewed as a symbol of beauty or fecundity. Personal encounters and cultural context could impact how people see PCOS. Some women considered it a major burden, whereas others might not be troubled by symptoms. In our local terms, PCOS is known by different names, such as "Rasooli" or "Ghiltiya", which is a hard sac-like thing in the body causing illness. Understanding differing viewpoints on PCOS as a condition is critical for delivering the most effective care for women who have it. It has been observed that most patients are ignorant of the ailment, and raising awareness is one of their main concerns. Women with PCOS can face a variety of health problems, such as emotional struggles, body image concerns, fertility concerns, and other health issues, as the condition affects their reproductive health and hormones. According to one respondent,

*"I believe that the well-being of women should be prioritized, which it is not." In Pakistan, there aren't nearly enough ads addressing the ailments that plague the majority of women. I believe that most women were unaware of this disease in my environment, and that curriculum has to be revised. I think women's health is the first concern she ought to be given, as she is the sole individual who fulfils the duty of performing household chores."*

Iman, an unmarried teenager, added...

*"As I previously stated, I live in a joint family structure, and I see my mother & sister-in-law rising up each day to do a great deal of work, and if they are healthy, they will immediately generate a healthy family. Second, I didn't hear much about the condition until I went to it and had a poor encounter with it."*

## Causes and Symptoms of PCOS

PCOS symptoms may overlap because it is a condition and many people have various symptoms for different reasons. Findings show that, usually, participants were misguided by the practitioner and sometimes unaware of the actual problem. This results in the worst form of PCOS. From a medical standpoint, the actual cause of this syndrome is still unknown, and it's difficult to explain the disease to every single patient. The lack of interest was also seen among doctors. The common symptoms examined by the researcher include irregular periods, heavy bleeding, hair growth, infertility, darkening of the skin, and lack of sleep.

According to an unmarried MBBS student, *"I have hair growth in my face and the neck, irregular periods (which I have resolved to some extent with diet), fatigue, and restlessness; lack of energy, insufficient sleep, and brain fog"*.

Few respondents saw a lack of accountability on the part of practitioners. The physician did not directly name the condition but rather prescribed a treatment plan. Another patient said,

*"My first OB-Gyn advised me I had a simple hormonal problem, but PCOS wasn't mentioned, so she suggested I take any available pills for contraception on the market," Riza says. According to my first OB/GYN, one reason for this is stress, and certainly, I have an abundance of anxiety here."*

## The Lack of Awareness Surrounding PCOS

There are numerous explanations for why PCOS isn't widely understood. One explanation is that it is a complicated illness with several symptoms. This may

make it hard for women to recognize they have PCOS as well as for clinicians to diagnose the disorder. Another factor contributing to PCOS's lack of awareness is that it is frequently regarded as a "women's problem." There are some diseases that are called "Sanchari bemariya" (communicable disease) and others that are called "Ghair Moowsulati bemariya" (non-communicable disease). PCOS is one of the non-communicable diseases in Pakistan. This can result in a lack of PCOS research and funding, as well as a dearth of PCOS education.

Due to the lack of comprehensive education about PCOS, many people, including both patients and healthcare workers, do not know about it. As a result, it is often undiagnosed or misdiagnosed. Some people may consider her symptoms, such as irregular periods and mood swings, to be normal for a woman and not seek medical advice or consider them a potential health risk. Inadequate access to healthcare, particularly in rural and underserved areas, can limit the ability to diagnose PCOS and disseminate information about it appropriately. Different cultural beliefs and language barriers can also hinder effective communication about PCOS and make it difficult for affected individuals to access information and resources. The majority of sufferers are ignorant of the illness or even the label PCOS; most respondents learn about it when they are diagnosed with the disorder. One of the respondents shared,

*"I am the only girl in my house, and my mom is uneducated; when I was diagnosed with this disease, I became completely unaware of it, and my obesity was uncontrollable." It weighs close to 160 kg. Fortunately, I encountered someone at my university and informed her that I had such symptoms as unmanageable weight, a lot of hair on my face, acne, and irregular periods, she suggested that it may be PCOS, so I looked up my personal symptoms and discovered she was accurate."*

### Psychological Experiences of PCOS

Anthropologists have investigated the psychological conditions faced by PCOS women in many cultures. According to our findings, women experiencing PCOS experience psychological discomfort dependent on the degree of their symptoms; moderate symptoms, such as infertility and weight management, may not cause considerable distress, but severe symptoms, such as infertility and weight management, may lead to sadness, anxiety, and body image concerns. The majority of female participants (90%) attributed their loss of physical beauty to hirsutism, alopecia, and acne. They claimed that these signs were the root causes of

their worry, dissatisfaction, and low self-esteem. The following are the biological and socio-psychological implications of PCOS:

**Table I**

*Biological & Physiological Consequences of PCOS*

Biological/ physical Consequences	Social-psychological Consequences
Acne	Stigmatization and social criticism
Overweight	Social isolation
Infertility	Fear of husband's second marriage
Irregular periods	Fear of ill-health
Stress, anxiety, depression	Body image
Hirsutism	Fear of infertility
Enlarged ovaries with numerous small cysts	Fear of Getting married in adolescence
Pelvic pain	

The most common adverse effect of PCOS mentioned by participants is worry and despair as a result of missing or delayed periods. Female participants expressed dissatisfaction with their body image, with obesity becoming among their top concerns. They thought their current appearance had left them incredibly ugly and foolish. Their main reasons for these feelings were boredom with everyday activities, trouble participating in sports activities, incorrect looks, looking older than their true age, limitations in selecting appropriate apparel, and an absence of feminine delicacy. They felt ashamed, worthless, and disliked, among other things.

*"Whenever I went to buy clothes," Saira explained, "the seller presented me with a few choices, but none of them fit." "I'm very ashamed, and it makes me sad."*

Riza said, *"Yes, very much!" "I'm quite concerned, which is why I keep following it. I believe PCOS and anxiety are both linked. I mean, I have an anxiety issue as well."*

### From Struggle to Stride: Dietary Habits for PCOS

Despite the media's emphasis on dietary choices, junk food consumption, and sedentary lifestyles, lay respondents identified anxiety as the most critical problem. The majority identified poor dietary and exercise habits as a consequence of the pressures and time constraints of urban existence, with a focus on

meals not made at home. The proportion of unmarried girls with eating problems is the highest. Long-term adherence to eating habits orders is critical for losing weight, avoiding or postponing the onset of comorbidities, and improving overall prognosis in women with PCOS; thus, there is a pressing need for additional patient-centred trials measuring dietary intervention compliance in women with PCOS.

Lubna, a 26-year-old single female who teaches secondary school, stated,

*"I belong to a nuclear family, and I eat three times a day, mostly processed foods at one time, and sometimes I skip breakfast."*

The majority of Women who participated said that they did not want to eat vegetables and fruits because they did not taste good. They said they only ate fruits and vegetables because of family pressure. Mishal, a 22-year-old unmarried female, stated,

*"Sweetness, every kind of sweetness, is my favourite. I crave much for Metha." I ate three times a day, although I snacked late at night. "I awoke in the middle of the night to eat something. But when I was diagnosed with PCOS, I stopped and forced myself to change my diet plan completely."*

### Body Image and Lack of Physical Attractiveness in Oneself

Anthropology views body image as a complicated construct impacted by cultural norms, societal standards, and personal experiences. Women with PCOS encounter body image issues as a result of social stigma and prejudice. The focus on slimness and beauty in Pakistan can lead to self-consciousness and harsh comments, lowering self-esteem. Yet, findings show, that the perception of one's body is subjective, so there is no "right" way to dress. According to studies, women experiencing polycystic ovarian syndrome feel self-conscious about their appearance and have a low body image.

People's perceptions of their bodies are also influenced by their age. Women under the age of 25 have a harder problem accepting their physical looks. The widespread idolization of thinness contributes to negative body image in women of medium size (Moreira, Soares, Tomaz, Azevedo, & Maranhão, 2010). One of the primary physical symptoms of PCOS is weight increase, which may result in modifications to body shape and fat distribution, especially abdominal gain in weight and the formation

of an increased "apple-shaped" physique. These changes may not correspond to conventional beauty norms or personal aspirations, resulting in feelings of inadequacy, humiliation, and a poor body image. One of the most distressing factors among participants is a lack of information and awareness regarding PCOS, as well as a negative view of one's own family. As Nimra puts it:

*"My weight is close to 160 kb, and my parents believe I'm making excuses for not losing it; see how is that possible? " Why don't I want to gain the desired weight of 50kg? For that reason, I joined a gym, and now my body is bloated even more, my hair loss has increased, I have acne, and so many other negative things are occurring to my body. ``"*

### Stigmatization

Stigma has risen through the shadows, yet it's still a critically neglected issue in the global response to chronic illnesses such as polycystic ovarian syndrome (Kitzinger & Willmott, 2022). PCOS is a taboo ailment in Pakistani society because it is so closely linked to the menstrual cycle. Girls avoid discussing their menstrual problems with anyone besides their partners since they are the target of jokes about their periods. So, fundamentally, menstruating women are stigmatized, making the entire process and accompanying disorders taboo (Sharma & Mishra, 2018). A woman's being childless is socially generated by her extended family, neighbourhood, family members, and community. A child's needs are tied to the social standards that a woman is required to fulfil, and failing to do so results in criticism from her spouse's relatives and society.

Anthropologists have investigated different cultures' subjective perspectives on infertility. Infertility is viewed as an expression of divine retribution or ill luck in certain cultures. Other cultures regard it as a normal part of daily existence that must be embraced. Subjective perspectives on infertility might also differ based on the particular woman's experiences. When they hear they are infertile, some women may experience profound loss and sadness. Others are possibly able to embrace their inability to reproduce and find alternative ways to live their lives. In local terms, infertility is regarded as "Banjh Pan" (infertile), someone who is unable to conceive a baby. In our field, it has been observed that the ultimate purpose of getting married is to reproduce, and if someone is

unable to do this, it will be regarded as a great loss for that woman. According to one of the participants,

*"Infertility is regarded as a source of shame in my culture." "I feel like I've disappointed my family."*

It has been observed that Stigma and identification with black magic have a significant impact on the emotional and mental health of people with PCOS. They may internalize unfavourable views, feel anxiety or sadness, and develop low self-esteem. Furthermore, some women may conceal their illness out of fear of social judgment, resulting in a lack of interpersonal support and understanding. Respondents cited socio-religious reasons for not discussing such things. One of the respondents said:

*"We come from a middle-class family, but middle-class morality prevents us from raising such issues openly."*

Maria, who has been married for three years and has no children, stated,

*"My husband was typical in his reaction, but I endured a harsh response from her mother, as he's the sole son to run his father's generation. If I am unfit to conceive, he might leave me, so she put a lot of stress on my mind for failing to have a kid."*

### Apprehension About Marriage

Women with PCOS are not only terrified of the disease's clinical consequences and over time medical complications; their "womanhood" is additionally completely disrupted, along with feelings that they're unappealing physically and shame of a potential 'deviation' from appropriate femininity" because of being unable to bear children, leading to them feel abnormal (Amiri et al., 2014). It is vital to realize that views towards PCOS and the fear of marriage may vary according to cultural, religious, or social standards. As a consequence, it is crucial to investigate these issues in researching the cultural perspective on PCOS and marriage.

*"Yes, sometimes I get scared," Iman admits. "Once my sister-in-law spoke with another about how she experienced period issues and couldn't get pregnant." In reality, we inhabit a world where we look for weaknesses in others and attempt to manipulate them. So that is my family's tale. My mother even refuses to notify my sister-in-law because she fears it would cause difficulties in my so-called Rishta. That's why she advised me to keep this information from my sister-in-law."*

### Cysts and Struggles: Navigating the Familial Bond

The increased risk of PCOS and Pakistan's inflation rate reflects an increase in financial hardship and socio-psychological pressure among participants. The research expands on a recent study that found that identifying and treating common reproductive disorders such as PCOS will cost approximately \$3.7 billion annually by 2020 (Washington, 2021). Anthropologists have found that the lack of family support for women with PCOS affects their subjective view of the condition. In India, women with PCOS were found to experience depression and anxiety and struggle with weight management. However, it's crucial to remember that everyone's experience with PCOS is unique (Lewis, 1950).

For women suffering from PCOS, medical expenses and lifestyle adjustments are often a daunting task, increasing the financial burden and making the fight even more difficult. But even in this enigmatic landscape, the bright light of family resilience shines through. The power of family support acts as a bulwark against the stormy winds of misfortune and provides a haven of comfort and strength. Her PCOS with beads and cysts is more than just a story of adversity. It is a testament to the human spirit and unity. Women battling PCOS find solace in the unwavering support of their families, the pillars of their growth and journey together. Together, they banished the shadows and triumphed, proving that together, even the most difficult situations can be overcome.

A 26-year-old single teacher, stated, *"In terms of financial assistance, it was just me." It makes me even more worried, knowing they have no support from me."*

According to another participant, she got married at the age of 32. She said, *"Both my parents and I went to the clinic for different reasons, so it's almost normal to come back to the clinic again, but it was still difficult. My husband pays for my treatment, so we just want to be parents."*

### Treating PCOS with a Multi-Faceted Approach

Depending on their symptoms, women with PCOS are treated differently. Infertility induced by ovulatory collapse, menstrual issues, or androgen-related symptoms are examples (Badawy & Elnashar, 2011). The literature involving the psychological elements of

PCOS is minimal in comparison to the huge quantity of research on the medical and factual components of the disorder. Management of PCOS is costly because of biological procedures, but individuals are more inclined to lifestyle changes, such as improved nutritional planning, workouts, seed cycling, homoeopathic remedies, and religious practices.

Dr. Sobia Mumtaz, a gynaecologist, has listed various biological factors for PCOS as well as three approaches to diagnosing PCOS. *There are three key areas of attention for diagnoses: monthly abnormalities, hirsutism, and ultrasonography.* She further elaborates, *"Biomedical research is utilized to treat a wide range of disorders, including infertility, hirsutism, diabetes, insulin resistance, and permanent hair removal. Medication, which includes lezra or anti-estrogen clomofeensintate for infertility as anti-androgen, Glucophage, metformin for hirsutism, and laser therapy and waxing for permanent hair removal, is a second alternative."*

Acupuncture, Chinese herbal remedies, Tai Chi, yoga, and Qigong are examples of CAM (complementary and alternative medicine) that have been shown to effectively regulate PCOS with fewer side effects (Jia, et al., 2021). Yoga is a low-impact activity that can assist people in maintaining physical, psychological, emotional, mental, and spiritual balance. Yoga has been shown in studies to assist in controlling endocrine function and reducing PCOS symptoms (Jia, et al., 2021). Dr. Urooj Ahmed, a dietician, and gynaecologist, remarked during an interview that *"a good person is one who prefers less medicine over food."* She went on to say that *"majorly the issue of PCOS is due to a lack of physical activity and meditation, medication and exercising at the gym are not a way to treat it rather than a diet."*

## Conclusion

In conclusion, while exercise is essential for controlling PCOS, depending entirely on gym sessions may not be the most successful or appropriate treatment method for everyone. A comprehensive strategy that includes appropriate workouts, healthy eating, handling stress, and lifestyle adjustments is frequently more useful for controlling PCOS symptoms and increasing overall well-being. Consultation with a healthcare expert or a certified dietician can aid in the development of a personalized and thorough treatment plan that suits the particular needs of a PCOS patient. In the future, an anthropological study of the psychosocial aspects of polycystic ovary syndrome (PCOS) will provide deep insights into the lives of people with this complex endocrine disorder.

Anthropology can help us understand the diverse experiences and perceptions of PCOS, and how cultural paradigms, social norms, and personal meanings shape the social context of the condition. The phenomenological exploration has shed light on the social stigma and emotional distress experienced by PCOS patients. It has also highlighted the need to understand and challenge the cultural norms that further contribute to their marginalization. Despite the study's limitations, the findings provide valuable insights into the emotional challenges, body image concerns, social stigma, and coping mechanisms faced by women with PCOS. In summary, an anthropological perspective can enhance our understanding of the psychosocial dilemmas associated with PCOS by revealing the complex interplay between cultural, social, and personal experiences.

## References

- Ali, A. Z. (2019). (Re)Knowing polycystic ovary syndrome: From lived experience to mediatory practice. (Unpublished doctoral dissertation). University of Exeter, Department of Anthropology.
- Asghari, K. M., Nejadghaderi, S. A., Alizadeh, M., Sanaie, S., Sullman, M. J., Kolahi, A. A., . . . Safiri, S. (2022). Burden of polycystic ovary syndrome in the Middle East and North Africa region, 1990–2019. *Scientific Reports*, 12(1), 11080. <https://doi.org/10.1038/s41598-022-11006-0>
- Badawy, A., & Elnashar, A. (2011, February 8). Treatment options for polycystic ovary syndrome. *International Journal of Women's Health*, 3, 25-35. <https://doi.org/10.2147/IJWH.S11304>.
- Bones, K., & Mills, S. (2002). *Principal and practice of phytotherapy. Modern herbal medicine*. UK: Churchill Livingstone.
- Buddhavarapu, S. (2019). Bearding, Balding and Infertile: Polycystic Ovary Syndrome (PCOS) and Nationalist Discourse in India. *Journal of medical humanities*, 41(3), 411–427. <https://doi.org/10.1007/s10912-019-09567-9>
- Dineen-Griffin, S., Garcia-Cardenas, V., Benrimoj, S., & Williams, K. (2019). Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PLOS ONE*, 14(8). <https://doi.org/10.1371/journal.pone.0220116>
- Dokras, A., Sarwer, D. B., Allison, K. C., Milman, L., Kris-Etherton, P. M., Kunselman, A. R., Stetter, C. M., Williams, N. I., Gnatuk, C. L., Estes, S. J., Fleming, J., Coutifaris, C., & Legro, R. S. (2016). Weight Loss and Lowering Androgens Predict Improvements in Health-Related Quality of Life in Women With PCOS. *The Journal of Clinical Endocrinology & Metabolism*, 101(8), 2966–2974. <https://doi.org/10.1210/jc.2016-1896>
- Dowdy, D. (2010, October 25). Emotional needs of teens with polycystic ovary syndrome. *Pediatric Nursing*, 36(20), 55-64. <http://doi.org/10.1016/j.pedn.2010.08.001>
- Ee, C., Pirotta, S., Mousa, A., Moran, L., & Lim, S. (2021). Providing lifestyle advice to women with PCOS: an overview of practical issues affecting success. *BMC Endocrine Disorder*, 21(1), 2-12. <https://doi.org/10.1186/s12902-021-00890-8>.
- Fatemeh, N. A., Tehrani, F. R., Simbar, M., Thamtan, R. M., & Shiva, N. (2014). Female Gender Scheme is Disturbed by Polycystic Ovary Syndrome: A Qualitative Study From Iran. *Iranian Red Crescent Medical Journal*, 16(2), 1-6. <https://doi.org/10.5812/ircmj.12423>
- Gillespie, L. (2019, August 6). *Pierre Bourdieu: Habitus*. CLT. <https://criticallegalthinking.com/2019/08/06/pierre-bourdieu-habitus/>
- Inhorn, M. C. (2008). Defining Women's Health: A Dozen Messages from More than 150 Ethnographies. *Medical Anthropology Quarterly*, 22(4), 345-378. <https://doi.org/10.1525/maq.2006.20.3.345>
- Ismayilova, M., & Yaya, S. (2023). 'I'm usually being my own doctor': Women's experiences of managing polycystic ovary syndrome in Canada. *International Health*, 15(1), 56-66. <https://doi.org/10.1093/inthealth/iha028>
- Jia, L.-Y., Feng, J.-X., Li, J.-L., Liu, F., Xie, L.-z., Luo, S.-J., & Han, F.-J. (2021). The Complementary and Alternative Medicine for Polycystic Ovary Syndrome: A Review of Clinical Application and Mechanism. *Evidence-Based Complementary and Alternative Medicine (eCAM)*, 1-70. <https://doi.org/10.1155/2021/5555315>
- Kitzinger, C., & Willmott, J. (2002, feb). 'The thief of womanhood': Women's experience of polycystic ovarian syndrome. *Scientific Information Database*, 54(3), 349-61. [https://doi.org/10.1016/s0277-9536\(01\)00034-x](https://doi.org/10.1016/s0277-9536(01)00034-x)
- Lovallo, W. R. (2005). *Stress & Health: Biological and psychological interactions*, 2nd ed. Thousand Oaks, CA.
- Moreira, S., Soares, E., Tomaz, G., Azevedo, G., & Maranhao, T. (2010). [Polycystic ovary syndrome: a psychosocial approach]. *PubMed.gov*, 40(3), 237-242.
- NHS. (2022, September 29). *What causes PCOS?* National Institute of Health: <https://www.nichd.nih.gov/health/topics/pcos/conditioninfo/causes>
- Pathak, G., & Nichter, M. (2015). Polycystic ovary syndrome in globalizing India: An ecosocial perspective on an emerging lifestyle disease. *Social Science & Medicine*, 134, 21-28. <https://doi.org/10.1016/j.socscimed.2015.10.07>
- Principles and Practice of Phytotherapy*. (2013). Churchill Livingstone: Elsevier. <https://doi.org/10.1016/C2009-0-48725-7>

- Sanchez, N. (2014, Jan 22). A life course perspective on polycystic ovary syndrome. *PubMed Central*, 21(1), 115-122. <https://dx.doi.org/10.2147/IJWH.S55748>.
- Sharma, S., & Mishra, A. J. (2018). Tabooed disease in alienated bodies: A study of women suffering from Polycystic Ovary Syndrome (PCOS). *Clinical Epidemiology and Global Health*, 6(3), 130-136. <http://dx.doi.org/10.1016/j.cegh.2017.09.001>
- Szydlarska, D., Machaj, M., & Jakimiuk, A. (2017). History of discovery of polycystic ovary syndrome. *Archives of Medical Science*, 13(3), 555-558. <https://doi.org/10.17219/acem/61987>.
- Teede, H. J., Misso, M. L., Costello, M. F., Dokras, A., Laven, J., Moran, L., Piltonen, T., Norman, Robert, J., Andersen, M., Azziz, R., Balen, A., Baye, E., Boyle, J., Brennan, L., Broekmans, F., Dabadghao, P., Devoto, L., Dewailly, D., Downes, L., & Fauser, B. (2018). Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. *Fertility and Sterility*, 110(3), 364-379. doi: <http://doi:10.1016/j.fertnstert.2018.05.004>.
- Vleming, K. (2018). "You Think You're the Only One". *Canadian Anthropology Society*, 60(2), 507-522. <https://www.jstor.org/stable/10.2307/2679463>
- Washington, D. (2021). *Treating polycystic ovary syndrome costs \$8 billion a year in U.S. alone*. Washington, DC: Endocrine Society. <https://www.endocrine.org/news-and-advocacy/news-room/2021/treating-polycystic-ovary-syndrome-costs-8-billion-a-year-in-us-alone>
- Weiss, T. R., & Bulmer, S. M. (2011, Nov-Dec). Young women's experiences living with polycystic ovary syndrome. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 40(6), 709-18. <http://doi:10.1111/j.1552-6909.2011.01299.x>.
- Williamson, E. M. (2001). Synergy and other interactions in phytomedicines. *Phytomedicine*, 8(5), 401-9. <http://doi:10.1078/0944-7113-0006>
- Witchel, S., Oberfield, S. E., & Peña, A. S. (2019). Polycystic Ovary Syndrome: Pathophysiology, Presentation, and Treatment With Emphasis on Adolescent Girls. *Journal of Endocrine Society*, 3(8), 1545-1573. <https://doi.org/10.1210/je.2019-00078>