

Psychological Well-Being Among Women with Polycystic Ovary Syndrome: Insights from Buug, Zamboanga Sibugay, Philippine

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ABSTRACT

Background: Traditionally, Polycystic Ovary Syndrome (PCOS) has been classified primarily as an endocrine disorder. Contemporary research, however, has elucidated its multifaceted nature, encompassing metabolic, hormonal, and psychosocial dimensions that substantially influence patients' quality of life. Women with PCOS are often subjected to significant emotional distress due to the syndrome's physical manifestations, fertility issues, and body image challenges, which are frequently accompanied by elevated levels of anxiety, depression, and stress. This study aims to highlight the psychological ramifications of PCOS diagnosis and underscore the imperative of integrating psychological considerations into holistic patient care.

Subjects and Method: Utilizing a descriptive-correlational research design, this study assessed the perceived psychological impact of PCOS diagnosis among women in Buug, Zamboanga Sibugay. A sample of 81 randomly selected respondents completed a validated and reliability-tested questionnaire. The dependent variables comprised the perceived impact of PCOS diagnosis on the respondents' psychological health. The independent variables of the study were the respondents' perceptions of their PCOS diagnosis in terms of the duration, challenges, and lifestyle changes associated with the condition. Data were analyzed using Spearman's rho and Pearson correlation coefficients.

Results: The findings indicate that the duration of PCOS diagnosis, the associated challenges, and subsequent lifestyle modifications significantly affect participants' psychological well-being. Statistical analysis indicated significant correlations between psychological health and the duration of diagnosis ($p < 0.001$), diagnostic challenges ($p < 0.001$), and lifestyle changes ($p < 0.001$), highlighting their critical impact on psychological outcomes.

Conclusion: The study emphasizes the critical need to incorporate psychological aspects into the management of PCOS. Effective intervention that addresses both the physical and psychological dimensions of PCOS can substantially enhance patient care and improve overall quality of life for women affected by this syndrome.

Keywords: PCOS, psychological well-being, women, descriptive-correlation, Philippines.

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BACKGROUND

Polycystic Ovary Syndrome (PCOS) is a multifaceted endocrine disorder that significantly impacts various aspects of health, including mental well-being. While the exact cause of PCOS remains unclear, elevated androgen levels are a key contributing factor (Ndefo et al., 2013). Traditionally, PCOS has been primarily recognized for its physical manifestations, such as ovarian cysts, irregular menstrual cycles, and infertility (Hajam et al., 2024). Recent research, however, underscores that the syndrome also has profound psychological effects, significantly impacting emotional health and overall quality of life (Elsenbruch et al., 2003; Dewani et al., 2023). Women with PCOS often grapple with elevated levels of anxiety, depression, and stress due to the syndrome's physical symptoms and associated health challenges (Wang et al., 2023).

While global estimates suggest that up to 10% of women of reproductive age are affected by PCOS, local data, particularly in the Philippines, remain scarce. Some estimates suggest that approximately 4.5 million Filipinas may suffer from this condition (Piquero and Ablana, 2024), yet the true prevalence is difficult to ascertain due to the lack of comprehensive national studies or registries. This dearth of local research, coupled with inadequate information dissemination, has contributed to low awareness and recognition of PCOS within the country (Barlis et al., 2021). Nonetheless, a study focusing on Filipino women found that a significant proportion of those with PCOS experienced anxiety and depression, with prevalence rates of 46.25% and 9.09%,

respectively (Cupino-Arcinie and Banal-Silao, 2024). This study also revealed a strong association between depression and factors such as anxiety, hirsutism, and low parity, underscoring that Filipino women with PCOS are not only affected by its physical symptoms but are also particularly vulnerable to its psychological impacts.

The psychological challenges associated with PCOS are of critical importance. In fact, one study found a significantly higher rate of suicide attempts among women with PCOS compared to a control group, with 14% of these women reporting suicide attempts (Månssohn et al., 2008). This finding emphasizes the severe psychological distress that individuals with this condition endure. However, the lack of well-understood prevalence, particularly in rural areas, presents significant obstacles to fully grasping the extent of the issue. This gap in data hampers efforts to recognize the comprehensive impact of PCOS and limits the ability to accurately assess its implications for public health.

Given the substantial burden PCOS places on female infertility and its potential negative psychological impacts, understanding the psychological ramifications of the condition is crucial. This study seeks to explore the duration of PCOS diagnosis, the associated challenges, and the lifestyle changes experienced by women after diagnosis. By examining these factors and their correlations with psychological well-being, the study aims to provide insights that could inform advocacy efforts, raise awareness about PCOS as a critical health concern, and promote the importance of early diagnosis.

and comprehensive management to improve both physical and psychological outcomes for affected individuals.

SUBJECTS AND METHOD

1. Study Design

The study was carried out in Buug, Zamboanga Sibugay, Philippines using a descriptive-correlational research approach.

2. Population and Sample

The sampling was performed purposively; self-administered survey questionnaires were given to 81 PCOS-diagnosed respondents in all barangays in Buug, Zamboanga Sibugay. Inclusion criteria for women included those (1) between the ages of 16 and 48 years old, (2) permanent residents (at least 1 year) of any of the barangays in Buug, Zamboanga Sibugay, (3) must have been clinically diagnosed with PCOS for more than six (6) months, and (4) have no coexisting psychological and chronic diseases.

3. Study Variables

The study examined the respondents' perceptions of their PCOS diagnosis in terms of the duration, challenges, and lifestyle changes associated with the condition as independent variables. The dependent variables comprised the perceived impact of PCOS diagnosis on the respondents' psychological health.

4. Operational Definition of Variables

PCOS Diagnosis in Terms of Duration refers to the length of time between the first recognition of symptoms related to polycystic ovary syndrome (PCOS) and the formal diagnosis by a healthcare provider. The duration was measured in years or months based on participants' reported experiences, starting from the onset of symptoms until a confirmed diagnosis was made.

PCOS Diagnosis Challenges refers to the difficulties or barriers faced by individuals in receiving a diagnosis of polycystic ovary syndrome.

Lifestyle Changes Associated with PCOS refers to the modifications in an individual's daily habits, routines, and behaviors following a diagnosis of polycystic ovary syndrome. This includes changes in diet, physical activity, medication adherence, and mental health management. Lifestyle changes were measured through self-reported responses which examined the adjustments made by participants in response to their condition, focusing on areas such as exercise habits, dietary restrictions, and emotional coping strategies.

Perceived Impact of PCOS Diagnosis on the Respondents' Psychological Health refers to the degree to which individuals believe that their mental and emotional well-being has been influenced by the diagnosis of polycystic ovary syndrome (PCOS). This includes perceived changes in psychological states such as anxiety, depression, stress, and self-esteem following diagnosis.

5. Study Instrument

The primary data collection tool for this study was a researcher-developed questionnaire consisting of three sections and a total of 43 items. The questionnaire underwent a thorough validation process to ensure its relevance and effectiveness. Initially, content and face validity were established through revisions made by clinical educators and mentors, who evaluated the specificity and alignment of each item with the research objectives. Construct validity was further supported by expert reviews, validity testing, and an extensive literature review that informed the questionnaire's development. To enhance its validity, a Content Validity Ratio (CVR) analysis was performed, retaining items with scores between 0.7 and 0.9, revising those with scores between 0.6 and 0.5, and excluding items that scored between 0.4 and 0.1. The reliability of the instrument was assessed through pilot testing, with Cronbach's Alpha

calculated to evaluate internal consistency. The resulting Cronbach's Alpha value of 0.98 indicated a high level of internal consistency among the Likert-type responses, confirming the instrument's reliability.

6. Data Analysis

Data was collected after describing both written and verbal information about the study. After explaining, each participant signed the informed consent form and was then requested to complete the questionnaires. Face-to-face interviews were conducted by investigators with the subjects meeting the inclusion criteria. Descriptive statistics were then used to simplify and present data and are primarily concerned with measures of central tendency, variability, and distribution, as well as graphical representations of data. Statistical analysis was completed using Pearson Correlation which examines the relationship between two variables. The content of each scale was analyzed, categorized, and then coded by the researcher. Subjects' responses to each category were tabulated separately using Statistical Package JASP version 0.16.4. Statistical significance was considered at p -value $\leq .05$ with a critical value of 2.000.

7. Research Ethics

A comprehensive review and approval were

Table 1. Descriptive statistics of the frequency and percentage distribution of the sample according to their sociodemographic profile (n = 81)

Variables	Category	Frequency (n)	Percentage (%)
Age Group	16 to 17 years old	3	3.70
	18 to 20 years old	10	12.35
	21 to 30 years old	48	59.26
	31 to 40 years old	16	19.75
	41 years old and above	4	4.94
Civil Status	Single	43	53.09
	Married	38	46.91
Employment Status	Self-employed	8	9.88
	Unemployed	33	40.74
	Employed	40	49.38
Monthly Income	5,000 Php or below	1	1.23
	5,000 to 10,000 Php	28	34.57
	10,001 to 15,000 Php	4	4.934
	15,001 Php and above	48	59.26

obtained from the MSU Buug Nursing Department Ethics Committee, with ethical clearance (NDEC-2022-20) granted on July 25, 2022. Ethical issues, including informed consent, respecting the confidentiality of data, and reminding the participants of the right to withdraw from the study at any stage, were considered.

RESULTS

1. Sample Characteristic

Table 1 shows that the majority of participants were between 21 and 30 years old (59.26%), indicating that most women with PCOS in this study were in their reproductive years. In terms of civil status, more than half were single (53.09%), while the remaining were married (46.91%). Regarding employment status, nearly half of the respondents were employed (49.38%), followed by those who were unemployed (40.74%) and a smaller group who were self-employed (9.88%). For monthly income, most participants reported earning ₱15,001 and above (59.26%), while others had lower income levels between ₱5,000 and ₱10,000 (34.57%). Overall, the sociodemographic profile indicates that the participants were predominantly young, single, and employed women with moderate to high income levels.

Table 2 provides an overview of respondents' perceptions of their PCOS diagnosis, focusing on the condition's duration, associated challenges, and lifestyle changes. The grand means for all categories—duration (3.12), challenges (3.38), and lifestyle changes (3.30)—are positioned around the midpoint of the Likert scale, indicating a moderate level of agreement.

For the duration of the condition, respondents perceive a moderate impact on various aspects of their lives, such as fertility, decision-making, and emotional and physical health. This is reflected in a "sometimes" rating, suggesting intermittent

influence. Regarding challenges, a grand mean of 3.38 indicates a moderate agreement on issues such as menstrual irregularities, body hair growth, acne, and weight management. These challenges are experienced intermittently, highlighting the multi-faceted nature of PCOS. Finally, lifestyle changes associated with PCOS, with a grand mean of 3.30, reflect a moderate level of agreement on the necessity of adjustments like diet modifications and activity limitations. Respondents acknowledge these changes but experience them to varying degrees.

Table 2. Descriptive statistics of the respondents' perceptions of their PCOS diagnosis in terms of the duration, challenges, and lifestyle changes associated with the condition (n = 81)

Variables	Indicators	Grand Mean	Standard Deviation	Interpretation
Duration of the condition	Negative impact due to condition's duration; Condition's duration affects ability to conceive; Stress from thinking about condition's length; Long-term PCOS leads to poor decisions; Long-term PCOS resulted in insulin resistance and diabetes; PCOS impacted weight changes in long-term; Social isolation due to prolonged PCOS; and Experienced mood swings due to long-term PCOS.	3.12	1.18	Respondents report that the indicators are present approximately 50% of the time, aligning with a "sometimes" rating on the Likert scale.
Challenges associated with the condition	Problems with menstrual periods; Difficulty managing visible body hair growth; Struggling with acne; Bothered by skin discoloration; Trouble managing weight; Difficulty handling mood swings; Frequent back pain; and Easy fatigability.	3.38	1.22	Respondents report that the indicators are present approximately 50% of the time, aligning with a "sometimes" rating on the Likert scale.
Lifestyle changes associated with the condition	Trouble adjusting to diet; Always mindful of dietary intake; Trying to lose weight; Limited involvement in certain activities; Difficulties due to lifestyle changes; and Acceptance of changes required for condition.	3.30	1.12	Respondents report that the indicators are present approximately 50% of the time, aligning with a "sometimes" rating on the Likert scale.

Scaling: 4.21 – 5.00 (Always); 3.41 – 4.20 (Often); 2.61 – 3.40 (Sometimes); 1.81 – 2.60 (Seldom); 1 – 1.80 (Never).

Table 3 provides a comprehensive overview of the psychological impact of PCOS on respondents, revealing significant insights into their emotional and mental health. The data, with a grand mean of 2.81, indicates that respondents generally experience these psychological impacts

"sometimes," reflecting a moderate level of distress. Notably, the data illustrate that while PCOS imposes a moderate psychological burden, characterized by self-consciousness and emotional turmoil, these impacts are generally occasional.

Table 3. Descriptive statistics of the perceived impact of PCOS diagnosis on the respondents' psychological health (n = 81)

The perceived impact of PCOS diagnosis	Mean	Standard Deviation	Interpretation
I envy those women without PCOS.	2.64	1.35	Sometimes
I feel embarrassed about having PCOS.	2.31	1.17	Seldom
I feel like crying for no reason	3.01	1.35	Sometimes
I struggle to cope with my PCOS.	2.88	1.14	Sometimes
I lose my temper easily.	3.33	1.23	Sometimes
I feel that it is unfair that I have PCOS.	2.65	1.13	Sometimes
I am self-conscious all the time.	3.70	1.31	Often
I felt sad about how it has impacted my life.	2.95	1.22	Sometimes
I doubt my own ability.	2.78	1.28	Sometimes
I compare myself negatively with other people.	2.67	1.20	Sometimes
I worry about what others think of me.	2.70	1.26	Sometimes
I feel agitated whenever I am being asked about my condition.	2.54	1.18	Seldom
I am reluctant to try new things.	2.41	1.20	Seldom
I become sensitive to the opinions of others.	2.47	1.25	Seldom
My condition affects my sexual satisfaction	2.46	1.24	Seldom
I feel less functional on some days because I am feeling tired.	3.51	1.29	Often
Grand Mean	2.81	1.24	Sometimes

Scaling: 4.21 – 5.00 (Always); 3.41 – 4.20 (Often); 2.61 – 3.40 (Sometimes); 1.81 – 2.60 (Seldom); 1 – 1.80 (Never).

Table 4 illustrates significant correlations between respondents' perceptions of their PCOS diagnosis and its psychological impact. The Pearson correlation coefficients reveal strong positive associations: the duration of PCOS diagnosis ($r = 0.77$; $p < 0.001$), challenges associated with the diagnosis ($r = 0.80$; $p < 0.001$), and lifestyle changes resulting from the condition ($r = 0.76$; $p < 0.001$) all correlate strongly with

increased psychological distress. These findings indicate that prolonged exposure to PCOS, greater difficulty in managing associated challenges, and more extensive lifestyle adjustments are closely linked to heightened psychological strain. The results highlight the need for integrated support strategies that address both the physical and psychological dimensions of PCOS management.

Table 4. Relationship between the respondents' perception of their PCOS diagnosis and its impact on their psychological health (n = 81)

Variable	Duration of PCOS Diagnosis	Challenges of PCOS Diagnosis	Lifestyle Changes After PCOS Diagnosis
Impact on Psychological Health	Correlation Pearson (r) p-value	0.77 < 0.001	0.80 < 0.001

DISCUSSION

1. Sociodemographic Characteristics

The majority of respondents in this study are between the ages of 21 and 30 (59.26%). This age group represents the reproductive years, typically associated with women in their 20s and 30s. It is often within this timeframe that women become aware of PCOS particularly when they experience difficulties with fertility and seek medical consultation (Deswal et al., 2020). The rising prevalence of PCOS among young women may be linked, in part, to the evolving lifestyles of urban populations (Jabeen et al., 2022). Urbanization often leads to significant changes in daily routines, including increased stress levels, altered dietary patterns, and reduced physical activity, which can contribute to the development and exacerbation of PCOS (Parker et al., 2022).

Most participants in this study were single, followed by those who were married. This distribution reflects the reproductive age group most affected by PCOS, where many women remain unmarried or choose to delay marriage due to educational and career aspirations. The condition often extends beyond physical symptoms, influencing self-image, emotional health, and social relationships. Previous studies have noted that women with PCOS may experience reduced self-esteem, anxiety related to fertility, and strain in intimate relationships (Light et al., 2021). Married women, on the other hand, may face additional emotional stress related to conception challenges and pregnancy complications (Tabassum et al.,

2023; Pathak et al., 2025). These findings highlight the complex ways in which civil status can interact with the psychological and social experiences of women with PCOS.

In relation to employment and income, many participants were engaged in paid work, while others were unemployed or self-employed, reflecting diverse economic circumstances. Employment provides not only financial stability but also access to healthcare and opportunities for healthier lifestyles, which are essential for managing PCOS (Lim et al., 2019). Conversely, unemployment or limited income may restrict access to medical consultations, proper nutrition, and fitness resources, increasing the burden of the condition (Sydora et al., 2023). Economic security thus plays a crucial role in shaping women's capacity to manage PCOS effectively and maintain psychological well-being, emphasizing the need for inclusive health strategies that consider both employment and financial factors.

2. Perceptions of PCOS diagnosis in terms of the duration, challenges, and lifestyle changes associated with the condition

Consequently, the moderate impact of PCOS duration on fertility, decision-making, and emotional and physical health emphasizes the psychological burden that accumulates over time. For women in the reproductive age group, prolonged exposure to PCOS symptoms significantly exacerbates emotional distress (Dewani et al., 2023). Persistent symptoms and complications contribute to sustained emotional strain and physical

discomfort, impacting the overall quality of life (Simon et al., 2023). This is particularly relevant for the majority of respondents, who are in the reproductive age range. In essence, extended experience with PCOS can impact decision-making processes, possibly due to accumulated stress or health-related uncertainties. The prolonged nature of the condition may lead to more complex and difficult choices regarding treatment and lifestyle adjustments.

Similarly, the result of the study also shows moderate agreement among respondents about experiencing challenges and lifestyle changes related to PCOS. Some of these challenges stem from menstrual irregularities, body hair growth, acne, and weight management, among others. Menstrual irregularities are a hallmark of PCOS. Menstrual irregularities in PCOS, such as infrequent or absent periods, can lead to significant emotional distress (Attia et al., 2023). Women may experience feelings of frustration, anxiety, and sadness due to the unpredictability of their menstrual cycles. The uncertainty about when or if menstruation will occur can exacerbate stress and negatively impact overall emotional well-being (Yu et al., 2017). On the other hand, acne is also a common symptom of PCOS and can cause significant emotional distress. The presence of acne, particularly when it is severe or persistent, can lead to feelings of self-consciousness, embarrassment, and diminished self-esteem (Tayel et al., 2020). In the same light, weight management issues are a significant concern for many individuals with PCOS due to hormonal imbalances that often lead to weight gain or difficulty losing weight. This can have a profound effect on body image and self-esteem (Huangfu et al., 2024). Struggles with weight management can lead to negative self-perception, body dissatisfaction, and a decreased sense of self-worth

(Weinberger et al., 2017).

3. Perceived impact of PCOS diagnosis on the respondents' psychological health

Furthermore, the data also indicates a moderate but notable impact of PCOS on various dimensions of psychological health. The findings underscore the emotional and psychological challenges faced by individuals with PCOS, including self-consciousness, difficulties in coping with the condition, and impact on daily functioning. Firstly, PCOS is often accompanied by physical symptoms such as acne, hirsutism (excessive body hair), and weight gain, which can be prominently visible (Spritzer et al., 2022). These symptoms directly affect body image, leading individuals to feel self-conscious about their appearance. The constant visibility of these symptoms can exacerbate feelings of self-doubt and discomfort, leading to increased self-consciousness. Moreover, societal beauty standards and cultural expectations can amplify feelings of self-consciousness. Individuals with PCOS may feel that their appearance deviates from conventional standards, leading to greater self-scrutiny and anxiety (Moradi et al., 2020). This discrepancy between personal appearance and societal expectations can significantly impact self-esteem and self-worth.

Since PCOS is a chronic condition, it requires ongoing management, including lifestyle changes, medication, and regular monitoring (Jungari, Choudhary and Gill, 2023). The need for continuous adjustments and adherence to treatment plans can be burdensome, leading to difficulties in maintaining consistent coping strategies. Likewise, managing PCOS often requires significant lifestyle changes, including dietary modifications, increased physical activity, and weight management. Adapting to these changes can be challenging, especially when

the benefits are not immediately apparent. The ongoing effort required to maintain these adjustments can be exhausting and may contribute to difficulties in coping.

Additionally, the data also reveal significant positive correlations among the duration of PCOS diagnosis, challenges associated with the condition, lifestyle changes post-diagnosis, and various aspects of psychological health. The Pearson correlation coefficient between the duration of PCOS diagnosis and its impact on psychological health is 0.77 ($p < 0.001$), indicated a strong positive relationship. This suggests that a longer duration of PCOS is associated with greater psychological distress. Prolonged exposure to PCOS symptoms and their associated challenges can exacerbate feelings of frustration, helplessness, and emotional instability (Azizi and Elyasi, 2017). This dynamic is especially relevant in the Filipino cultural context, where women are often expected to primarily assume domestic roles, including home-building and childrearing, which are traditionally centered around the home (Modillas et al., 2024). The expectation of fulfilling these roles, while managing the physical and emotional toll of PCOS, can lead to significant stress. Over time, the prolonged duration of PCOS may not only strain physical health but also contribute to chronic stress and diminished coping capacity. This combination of factors can further exacerbate the psychological impacts of the condition, leading to more severe and enduring mental health consequences. Additionally, the social stigma often associated with the visible symptoms of PCOS, such as weight gain and hair growth, may also contribute to feelings of social isolation, lowering self-esteem, and deepening emotional distress (Cupino-Arcinie and Banal-Silao, 2024).

The correlation coefficient between PCOS challenges and psychological health is

0.80 ($p < 0.001$), indicating that greater challenges are linked to higher psychological distress, including anxiety, depression, and frustration. Difficulties such as menstrual irregularities, acne, and weight management significantly impact emotional well-being. Additionally, the correlation between lifestyle changes due to PCOS and psychological health is 0.764 ($p < 0.001$), suggesting that adapting to these changes is closely associated with mental health outcomes. Adjustments in diet, physical activity, and other lifestyle factors can affect psychological health (Begdache et al., 2021). Therefore, effective intervention strategies should integrate both medical and psychological aspects to enhance the quality of life for individuals with PCOS. With the right caring and coping interventions, individuals can often overcome crises and regain their previous levels of functioning (Gallego and Balabagno, 2024).

Hence, this study underscores the significant psychological impact of PCOS on individuals, highlighting how the duration of the condition, associated challenges, and lifestyle changes contribute to psychological distress. The findings reveal that prolonged exposure to PCOS symptoms and the need to manage related challenges are linked to increased levels of anxiety, depression, and emotional strain. These results emphasize the need for comprehensive care strategies that address both the physical and psychological aspects of PCOS to improve overall well-being. Integrating psychological support into PCOS management is crucial for enhancing the quality of life for those affected.

AUTHORS CONTRIBUTION

A. Calanda, H. S. Labrador, S. L. Paracale, and J. M. Tilid were responsible for conceptualizing the study and collecting the data. R. I. Gallego served as the study

supervisor and contributed to the data analysis and interpretation. T. Laranjo and H. L. Merasol assisted with data analysis and contributed to the finalization of the article draft.

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CONFLICT OF INTEREST

The authors affirm that they have no conflicts of interest related to this study.

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