



Polycystic Ovarian Syndrome (PCOS) and its Social Impact on Women

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Abstract

Polycystic ovary syndrome (PCOS) is a common metabolic-endocrine disorder in women and is associated with several metabolic morbidities. Despite the relatively high prevalence, the etiology and natural history of PCOS are not well understood. Current theories suggest that increased risk of PCOS may involve a combination of genetic susceptibility and a myriad of environmental factors, including diet, lifestyle, and social aspects. Often coined as a "lifestyle disease," PCOS is becoming a growing concern of physicians and women alike. Lifestyle, stigmas, taboos, PCOS's effect on identity, and quality of life are worthy of examination. In India, 20-25 percent of Indian women of fertile age are suffering from PCOS. It is crucial to understand how India's social and cultural climate affects the health-seeking, diagnosis, and treatment of women with PCOS and how these factors contribute to its increasing prevalence. Unhealthy lifestyle, diet, lack of exercise, stigmas, and low awareness impact the health outcomes of women who suffer from PCOS. Females are socialized in such a way that they abstain from talking about the biological changes of their bodies, even with their own mothers. Undoubtedly, health professionals and social workers must endeavor to end these fears and insecurities in women and eventually look forward to a more open and inclusive society that identifies and learns more about PCOS and its victims.

1. Introduction:

Socio-cultural determinants play a predominant role in women's health outcomes in general and the rising prevalence of PCOS in particular. Lack of preventive measures and low awareness about PCOS have given rise to the exponential increase in PCOS all over the world. An increase in PCOS's biological studies in the recent past has brought forth new insights that were hitherto not available. This has allowed doctors to treat PCOS better than ever before, yet a large piece of the puzzle is still missing. There are still gaps in the understanding of the socio-cultural perspective of a rampantly spreading illness. It is essential to understand

the socio-cultural components of the disease to ensure proper treatment and prevention. Awareness surrounding PCOS in India is alarmingly low even among educated women from a higher socioeconomic status.

Moreover, a primary symptom of PCOS is an imbalance in hormone levels, which is believed to be the root cause of irregular menstrual cycles. Over 80% of women who have excess androgen are also diagnosed with PCOS. These hormonal imbalances lead to the development of several small follicles that fail to release eggs regularly. PCOS is characterized by hyperandrogenism associated with chronic anovulation in women. Many women are often not immediately diagnosed with PCOS. Physicians need to look for PCOS hallmark signs, such as menstrual cycle irregularity, hirsutism, infertility, and family history. It is imperative to holistically treat these patients early to help them deal with the emotional stress often overlooked with polycystic ovary syndrome. Early diagnosis and long term management can help control polycystic ovary syndrome. Women can still live a healthy, active life and avoid long-term complications such as metabolic syndrome and cardiovascular diseases.

2. Causes of PCOD/PCOS:

People often get confused between Polycystic Ovarian Syndrome (PCOS) and Polycystic ovarian disease (PCOD). PCOS is an endocrine system disorder, while PCOD is a condition developed by the hormonal imbalance. In other words, the ovaries produce higher levels of androgen than expected, and this interferes with egg development and release. Some of the eggs develop into cysts, which are little sacs filled with liquid. Instead of releasing during ovulation, these cysts build up in the ovaries and may even get enlarged.

When PCOS happens, the ovaries do not get the full-sized eggs from the Follicles. Instead, tiny cysts form in the ovaries, and so they are named as Polycystic Ovaries. PCOS is heredity by nature, and the chances of the other women in the family getting affected by the same disorder are almost inevitable. In PCOD, the hormonal imbalance leads to the 'collection' of mature eggs in the ovaries that do not discharge. These also become cysts, and some of the cysts lead to more cysts, and this cycle goes on. Insulin diet, hormonal disturbances, or stress lead to PCOD.

According to WHO, PCOS affects 11 crore 16 lakh women worldwide. PCOS affects approximately 10 percent of women in the reproductive age group. Around 10.97% of the Indian female population suffers from PCOS compared to 6.3% in Sri Lanka and 2.4% in China. This considerable variation in the number of patients compared to other Asian Countries may be because India is the world capital of diabetes. PCOS and diabetes share a symbiotic relationship. According to a study conducted by Metropolis in India, 25.88% and 18.62% of women suffer from this disease in the eastern and northern parts of the country, respectively. According to AIIMS, 20-25 percent of Indian women of fertile age are suffering from PCOS. According to

NHBC, PCOS's pervasiveness is highly fluctuating, ranging from 2.2% to 26% globally. Such prevalence of PCOS owes its existence to the ignorance and lack of awareness among youngsters. In addition to genetic predisposition, environmental factors in the form of a sedentary lifestyle, socio-psychological stress, and excess consumption of fatty and junk food also contribute to this disease's onset.

3. Common Physiological symptoms of PCOD/PCOS

PCOD and PCOS include symptoms like irregular periods common to both, with PCOS leading to thinning of hair and PCOD, leading to the development of male hair patterns. However, PCOD is not as serious as the severe syndrome of PCOS. It is equally important to consider the syndrome's heterogeneity due to patients' age and to several hormonal, reproductive, and ethnic features. Overall, women with PCOS show an increased risk of obstetric, cardiovascular, metabolic, and psychological complications. There are many other health complications such as high blood pressure, sugar, sleep apnea, heart attack, breast cancer, and stress, which are more prevalent in women suffering from this disease.

4. Problems regarding Fertility:

PCOS is the most common endocrine disorder causing female infertility regardless of ethnicity. Approximately 20% of couples in western society experience infertility. All patients with PCOS suffer from ovulatory dysfunction, according to the NIH 1990 criteria. Of this, 75% of women with PCOS will experience infertility.

Socio-cultural and Psychological Repercussions -

For some women, having children is an integral part of the female identity. The repercussions of infertility on quality of life vary with socio-cultural factors, traditions, and religious beliefs. Infertility often leads to divorce, low social status and self-esteem, and altered self-perception. PCOS may also trigger infertility by causing stress and other psychosocial factors, including distress, depression, anxiety, sexual problems, marital, and social maladjustment. Body image dissatisfaction and depression levels are very high in childless women.

If aware of infertility at a young age, women with PCOS may be inhibited emotionally and physically in establishing a long term relationship. Bad habits like smoking and alcohol do decrease the Estrogens and increase the Androgens in a woman. The problem of PCOD rises with age in women, and nowadays, women marry late. Infertility is growing in them, and women who are unable to bear a child have to undergo physical, mental, and social harassment.

In Indian society, especially in semi-urban and rural areas, childbearing is a matter of social identity. The state of childlessness of a woman is constructed socially by the family, neighborhood, relatives, and community. The need for a child is associated with the social expectations that a woman is supposed to fulfill.

The inability to perform that expected role leads to harassment at the hands of the in-laws and society. In addition to bringing incompleteness in the life of a woman, this disease also causes social aloofness. Hence PCOS is a disease that holds its roots in medicine, but its impact is purely social, thereby rendering women incomplete, isolated, and psychologically frustrated.

Women with PCOS suffer from a low inferiority complex, lower self-esteem, and negativity. Depression sets in faster, and it turns physiological. Facial and bodily hair uncommon to women becomes visible, lowering their confidence. Mood swings are frequent, along with insulin resistance. They become emotional very quickly too.

5. Societal Restrictions and the Menstrual Taboo in India:

Restrictions imposed on menstruating women are due to sociogenic, and psychogenic approaches of the society, especially the males. They vary from curbing their entrance into religious places to keeping them away from pickle jars. Folk stories associated with menstruation speak of evil spirits residing in a menstruating woman's blood, making the blood dangerous and cursed. According to Ayurveda, PCOS is related to the presence of doshas (toxins) and impurities in Rakht (blood) and Rasa (lymph) Dhatu (elements) of the female body. It is also said that *Shukra Dhatu* has both androgen and Estrogens, and their imbalance in these leads to infertility. Menstruation is the only way of getting rid of these impurities during that time of the month. Hence only women are the blessed ones to purify their bodies once in a month. But while this goes on, the female body tends to become weak and lose energy. So imposing restrictions on women is a way of providing them with an opportunity to restore the energy they tend to lose during the process. However, the female body's social construction and perpetuation of patriarchal values stereotyped this biological process and stigmatized women who go through it every month.

This disease is 'Taboo' because of its direct association with menstruation. Women's bodies are alienated due to the indifferent behavior of women and society towards their illnesses. It has been found in a study of women in rural India, who also belonged to Economically Weaker Sections, that 92% of the women had one or more gynecological or sexual disorders, and only 8% of them had undergone medical examination and treatment in the past. Undernourishment of the mothers has adverse health effects for them and their children. For instance, women associate leucorrhoea with *Sharam* (embarrassment) and abstain from reporting it unless the situation becomes unbearable.

Louis Dumont categorized the concept of 'impure' into two categories, namely, temporary impurity and permanent impurity. Permanent impurity is related to the caste system, whereas temporary impurity is related mostly to the female gender. So a menstruating woman or a woman in her postpartum period is considered to be temporarily impure.

In a study conducted by Bhatt and Bhatt (2005), 44.8% of women in the study (most of them being housewives) preferred to have frequent periods. It provided them relief from the household and religious chores. Women belonging to lower social strata tend to hide everything related to their reproductive lives, even from their immediate kins.

Along with PCOS, hyperthyroidism is currently one of the most common endocrinal disorders in women, and may also cause polycystic ovaries. Women having endocrinal health issues can sometimes be seen as not as desirable on the marriage market. This undesirability makes women go as far as quitting their medication, sometimes by their own mothers' influence. At times, pills themselves are seen as evil or harmful due to poor education or traditional beliefs, common in lower socioeconomic households and communities. Once again, this demonstrates the essential need for more preventative education on PCOS to combat any taboos having to do with treatment.

6. Conclusion:

It is clear how the syndrome is a highly complex outcome of physiological and metabolic processes and dictated by socio-cultural and psychological factors. We have understood how its treatment involves the curing of individual health and lifestyle and reshaping societal norms of public health and practice, especially in large parts of India. Women should be treated at the appropriate time after seeing their symptoms. Removing shyness and hesitation, one should face the situation with full confidence. The society and the family should also provide emotional support to the woman. Physicians and health care providers must ensure that they assess emotional distress on an individual basis. Treating a PCOS patient should be multifaceted and should involve a team of multiple medical experts. A majority of experts acknowledge that the psychosocial burden in women with PCOS cannot be ignored and treated as a secondary symptom.

Women are not only victims of social incompleteness. Imprinting of defined norms of womanhood further accentuates the already established social image of a woman. No matter how progressive and modern society may become, an open discussion about the sexuality and reproduction process is still considered non-social. Females are socialized in such a way that they abstain from talking about the biological changes of their bodies, even with their own mothers. Health professionals and social workers must endeavor to end these fears and insecurities in women and eventually look forward to a more open and inclusive society that identifies and learns more about PCOS and its victims. With increased awareness, more studies, and preventative care, the prevalence of PCOS will decrease, representing a significant step in improving the health outcomes of Indian women suffering from PCOS.

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