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# Exploring the Lived Experiences and Coping Mechanisms of Unmarried Women with Polycystic Ovary Syndrome (PCOS) in Pakistan

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## Abstract

The current research aimed to demonstrate the lived experiences and coping mechanisms of unmarried women suffering from Polycystic Ovary Syndrome (PCOS) in Pakistan, given that it is the most prevalent endocrine disorder. Furthermore, the study also focused on how these women cope with PCOS, based on a phenomenological qualitative research design. The study utilized a qualitative research design comprising in-depth interviews analyzed through thematic analysis to understand the lived experiences of women with PCOS. Moreover, the perceptions regarding the cultural norms, societal expectations, as well as health information sources were also examined. The results revealed a multifaceted web of stigma, misinformation, and desire to be perceived positively by family and community. Additionally, the study outlined the strategies employed by these women to cope with excessive hair growth anxiety, ranging from medications, diet, and exercises, to using natural remedies. It also underscored the importance of familial support including the access to authentic information as it is helpful for these women to optimally self-manage their emotional well-being. The current study provided a better understanding pertaining to specific healthcare issues faced by unmarried women with PCOS in Pakistan. Moreover, it also enhanced the advocacy for the culturally appropriate and societal stigma targeted interventions to encourage the provision of relevant healthcare services. Furthermore, this study may contribute to new policy adjustments and improvements of healthcare services to enhance the PCOS vulnerable members' conditions through raising awareness.

**Keywords:** anxiety, emotional well-being, excessive hair growth, self-image, social stigma

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## Introduction

Polycystic Ovary Syndrome (PCOS) is ranked among the most common endocrine/metabolic disorders in women worldwide, with an estimated prevalence of 9-18%. It is identified through three key features, that is, irregular periods, ovulatory dysfunction which may cause infertility, and adrenal gland issues leading towards excessive facial hair growth, weight gain, and hair fall among many others. The effects of PCOS increase when intersecting with cultural norms pertaining to health seeking behaviors, especially in Pakistan where the prevalence and effect is higher amongst unmarried women. This group not only experiences the physical challenges of syndrome, however, it also confronts additional pressurized societal behaviors due to their marital statuses and health conditions, which other populations generally avoid socially.

The population of unmarried women with PCOS in Pakistan, represents a research gap which has not been investigated extensively. Understanding the daily experiences of these women is crucial as it uncovers their struggles and coping mechanisms with the sociocultural setting of Pakistan. Thus, the current study aimed to explore the lives of unmarried women with PCOS to understand the role of societal factors in shaping their health and quality of life.

In a Pakistani culture, marriage is viewed as a major transition, socially and culturally. The key findings indicate that women diagnosed with PCOS, prior to marriage, may face social pressure and specific challenges to obtain marital engagements due to misconceptions pertaining to fertility and health risks. These dynamics highlight the relationship between health, gender, and cultural values in the perception and management of PCOS among unmarried women of Pakistan. Research indicates that women diagnosed with PCOS, particularly before marriage, may experience heightened social pressure and challenges in securing marital engagements due to prevalent misconceptions surrounding fertility and associated health risks (Aslam et al., [2022](#)). These findings echo broader studies on the interplay between health, gender, and cultural values, illustrating how reproductive health conditions like PCOS are perceived and managed within the cultural framework of Pakistan (Aslam et al., [2022](#)). This reflects the complex gendered expectations placed on women, where reproductive health significantly influences their social standing and marital prospects.

The strategies employed by women with PCOS may be explained through the concepts of resilience and adaptation driven by individual effort and social support. It is crucial to modify the patient's diet in order to alleviate the PCOS symptoms. However, an important part of the treatment is a social support system which includes family members, friends, and healthcare personnel to manage the psychological and social issues associated with the syndrome. Apart from enriching the clinical management of the condition, such knowledge also enhances culturally appropriate treatment methods that support the overall health of affected persons.

The treatment for PCOS comprises changes in lifestyle, medications, such as Metformin and anti-androgens and for acne and hirsutism as well. Weight loss is another possibility for couples who are fertile, however, are not yet trying to conceive. Weight loss is often recommended for women with PCOS, particularly those who are fertile but not yet trying to conceive, as it can improve metabolic and reproductive outcomes (Kerchner et al., 2009). On the other hand, "clomiphene" is a medication that may be administered to the women. The current international recommendations focus on a change of lifestyle, however, the data supporting the use of these changes is scarce. There must be optimized psychological management since dysphoria of the body image along with eating disorders frequently affect women with PCOS. Additionally, psychological management must be optimized, as women with PCOS frequently struggle with body image dysphoria and are at an increased risk of developing eating disorders (Kerchner et al., 2009).

The use of OCs is a first-line therapy that controls menstrual cycles and alleviates the symptoms of hyperandrogenism, in addition to providing birth control. Moreover, its prolonged use may lead towards the formation of venous thrombosis. Generally, OCs treatment is considered to out-weigh the risks.

The analysis of narrative descriptions extends the understanding of the study's theoretical importance to healthcare provision and policymaking in Pakistan. The current study aimed to enhance the perspectives of unmarried women with PCOS as patient partners, bridging gaps between patients and medical personnel to improve compassionate and patient-centered healthcare practices. Moreover, it also highlighted the need for specific health promotion efforts to demystify myths, remove prejudices, and

provide women with appropriate knowledge on PCOS. This qualitative study aimed to explore the experiences of unmarried Pakistani women with PCOS, focusing on their coping strategies and the sociocultural factors that affect their approach to seeking health care. The goal was to understand how these women handle the physical, emotional, and social challenges associated with PCOS and to examine the various strategies they use to manage their condition. The study practiced the magnification of their voice, which may help to add to general discourse on women's health in Pakistan and thus call for inclusive strategies which would address the outcomes of health-related problems. Moreover, they would also ensure the sociocultural well-being of women in Pakistan.

### Literature Review

Polycystic Ovary Syndrome (PCOS) is an unmodified health concern for unmarried women in Pakistan. This is because it deters their physiological and mental wellness as well as jeopardizes their interpersonal relationships. Azziz et al. (2021) made a similar assertion with equal certainty, stating that the current researches reveal that PCOS impacts approximately 10-15% of all the women in the entire world with the frequency range across the globe. Considering the current cultural norms in Pakistan, other challenges faced by unmarried women with PCOS may still be even more complex. Pal et al. (2024) pointed out that the conditions endured by these women are quite horrific. The symptoms of PCOS include abnormal menstrual pattern, excessive hair growth, and sudden changes in weight. PCOS is socially undesirable in countries, such as Pakistan and thus any unmarried woman with PCOS is completely shunned which, in essence, impacts their quality of life, emotionally. The current study revealed that unmarried women with PCOS share a wide array of resources and challenges which exist in the lives of PCOS victims. The qualitative studies conducted by Khan et al. (2021) confirm that the women with PCOS largely depend on their families and peers to cope with the challenges of living with this condition. However, negative aspects also exist within these communities including misconceptions as well as some obvious facts pertaining to the causes of PCOS. According to Rahman et al. (2024), it is the responsibility of healthcare providers to enhance the education of patients and their families concerning the management of such stigmatized diseases, eradicating myths.

The current study revealed that the prospects of getting access to healthcare is a challenge encountered by unmarried women with PCOS in

Pakistan. Lack of money and cultural practices hamper them to go for early diagnosis and treatment (Basirat et al., [2020](#)). These discrepancies call for policies and practices seeking to deal with PCOS in as many related aspects as possible both in the medical and sociocultural realms. Hoeger et al. ([2021](#)) proposed the concept of integrated care models where healthcare is provided in a more complex manner, where psychological needs and lifestyle changes are included in the management of unmarried women with PCOS, in addition to the pharmacological interventions.

Studies show that women with PCOS are at a higher risk of depression and anxiety. They are 4 times more likely to suffer from depression as compared to women who do not have this syndrome. Hormonal abnormalities, insulin resistance, and increased BMI have corresponding relations with depression in women with PCOS. The holistic care of PCOS involves a dual model which recognizes both the physical and psychological manifestation of the condition to enhance the quality of life of the afflicted patient. Healthcare providers need to understand diverse cultural realities and should approach the issue of PCOS with certain cultural sensitivity (Huang et al., [2020](#)). Therefore, it is evident that psychosocial effects of PCOS on unmarried women of Pakistan make it obligatory to involve multidisciplinary approach covering medical as well as psychosocial aspect in their management and support.

Knowledge transfer, funding, and accessibility are some of the barriers that prevent mass treatment. Unfortunately, due to the lack of known cure, management of PCOS at the moment includes modifications to lifestyles. The current pathophysiology of diabetes, constrain-related side effects, and new approaches involve adequate genetic probabilities and personal health conditions, such as obesity and insulin refusal (Duncan, [2014](#)).

Pathak's approach of medical individualisms focuses on the interconnection between genes and choices/decisions an individual makes, which sometimes may result in stigmatization as depicted by Smith-Tran's ([2018](#)) encounter with a doctor.

The current management of PCOS shows that the patients are advised to change their lifestyles, especially their diet and exercise regimes. These changes might be helpful in making the body more sensitive to insulin, regularize menstruation cycles, improve infertility, and may also help in reducing the risk of diabetes as well as cardiovascular problems (Moran et



al., [2013](#)). It can be said that no diet plan has been specifically described for PCOS, while the potential plans tend to be low glycemic index and low fat diet with lean proteins and vegetables (Douglas et al., [2006](#)). Lifestyle intervention trials show that weight loss and improved compliance with dietary guidelines lessen the manifestations of PCOS, although the matter requires further study (Herriot et al., [2008](#)).

PCOS calls for lifestyle changes in terms of diet and exercise as well as other medical and cosmetic treatments (Ekbäck et al., [2009](#)). The usage of humor and the power of positive thinking is also viable (Pfister & Rømer, 2017). Thus, while literature on PCOS often highlights ‘lifestyle’ changes needed, a call for more qualitative, patient-orientated work on the day-to-day self-management practices similar to diabetes is also required (Ahmad, [2021](#)).

All dietary measures are based on calorie control to manage PCOS symptoms. Research has shown reductions in weight, enhanced metabolic profiles of individuals (Scalzo & McKittrick, [2000](#)). Further studies need to be conducted based on the dietary strategies for PCOS to understand the suitable strategies in the management of PCOS (Garad et al., [2011](#)). Lifestyle changes have positive impacts on the psychological health of unmarried women with PCOS, lessen the depression and anxiety while boosting self-esteem and psychosocial well-being (Thomson et al., [2011](#)).

The current study proposed the use of feminist perspective, intersectionality perspective, as well as stress and coping perspective as the theoretical framework on unmarried Pakistani women with PCOS. Feminist theory well explains the gender and power relationships affecting women’s health in regard to reproductive health complications. Intersectionality theory adds to the framework by expounding ways in which structural characteristics, such as socioeconomic status, educational level, and culture affects health and healthcare. Additionally, stress and coping theory helps to understand the psychological and emotional states of women experiencing the longevity of PCOS and social expectations. Further qualitative studies need to be conducted so that culturally appropriate strategies may be designed which are promising to these identified populations.

## Methodology

The current qualitative study was conducted to explore the experiences of unmarried women with PCOS in Pakistan. A qualitative study investigates intricate phenomena and interprets the meanings that people attach to their experiences. The current study adopted a phenomenological approach to underline the core of women's experiences and elicit strategies they use in coping with PCOS-related problems.

Phenomenology focuses on subjective experiences and endeavors to uncover a phenomenon's core essence as perceived by those living it. This approach is ideal to explain PCOS in unmarried women within the Pakistani context. This is because it provides space for a deep description of personal narratives, emotional responses, and coping mechanisms. The themes to be elicited are related to physical, emotional, and social effects of PCOS, as well as the measures adopted by women to manage the condition.

Since the study focused on unmarried women aged 18-30 years facing problems due to PCOS, phenomenology was suitable for the research. Participants were selected through purposive sampling from maternity clinics in Lahore. The selection was made according to the criteria, that is, unmarried, between the ages 18-30 years and showing a diagnosed case of PCOS. The recruitment was arranged in cooperation with health professionals dealing with PCOS cases, specifically gynecologists and endocrinologists working in reputed hospitals, such as Jinnah and Services Hospital. Demographic characteristics of the participants included information pertaining to their educational background, occupation, urban dwelling conditions, and ages at which PCOS diagnosis was made, as shown in Table 1.

**Table 1**  
*Participant Demographics*

Demographics	Variables	Frequency ( $N = 15$ )
Educational Background	Undergraduate Studies	9
	Postgraduate Studies	6
Occupational	Student	11
	Employed	4
Urban dwelling conditions	Urban Area	15





Demographics	Variables	Frequency ( <i>N</i> = 15)
Age of PCOS Diagnosis	13–16 years	12
	18 years and older	3

Data was collected through interviews in private settings to allow the participants respond freely. Semi-structured interview guides, culturally adapted to Pakistani society, encompassed a broad variety of aspects pertaining to the experiences of women related to PCOS, its symptoms, diagnosis, treatment, coping strategies and societal attitudes. All interviews ranged from 45-60 minutes and were conducted face-to-face or virtually with participants' permission to record the sessions in addition to taking comprehensive notes to not lose subtleties.

The data analysis followed thematic analysis of interview transcripts using Braun and Clarke's approach to identify the coherent recurring themes and various viewpoints regarding the participants' experiences and ways of managing the difficulties they encountered. The study adhered to high ethical standards by obtaining informed consent from the participants, ensuring confidentiality by not revealing or using any identifiable information, and showing respect for the Pakistani culture. Participants' identities were anonymized and ethical oversight ensured that there would be no consequences in case of withdrawal at any time. Furthermore, to increase the credibility and validity, rigorous methods, such as prolonged interaction, peer review, and cross-checking of data sources went into preparatory work.

## Findings

The current study employed Interpretative Phenomenological Analysis (IPA), that is, a qualitative method drawn from phenomenology and hermeneutics. IPA differs from other phenomenological approaches based on the analysis of textual data specifically identifying the participants' meanings and experiences sourced from in-depth interviews. To achieve these objectives, IPA seeks to establish Gadamerian hermeneutics of subjective interpretations to identify latent patterns and themes in order to gain improved and strategic perceptions of participants' individual human narratives.

IPA involves the detailed written account of the interviews conducted, followed by an extensive research to identify themes and subthemes. In IPA,

participants are asked to explain their experiences and another layer of hermeneutics is performed by the researchers to better understand the participants' perspectives. It provides precise and credible portrayals of the identified themes in the analysis of participants' accounts.

The current study determined six major themes related to PCOS. Women's understanding and awareness of PCOS, personal experiences of self-concept of women with PCOS, the effects of PCOS on the psychological aspect of an individual, the challenges and stereotypes that society puts on women with PCOS, perceived social factor impact as seen by the participants in the management of PCOS, emerging PCOS treatment approaches and emerging concepts of healthcare. Table 2 shows these themes as follows:

**Table 2**  
*Themes and Sub-themes*

Themes	Sub-themes
Women's understanding and awareness of PCOS	Understanding the symptoms and criteria of diagnosing PCOS Difficulties encountered in the communication of ideas, across different demographical strata
Personal experiences of the self-concept of women with PCOS	The stress coping management styles and methods of controlling disease symptoms Emotional journey: patients may deal with diagnosis and come to terms with it. Effect of PCOS on the psychological health
The effect of PCOS on the psychological aspect of an individual	Psychological effects: the conditions, such as anxiety, depression, and mood swings Relationship dynamics: interaction and family care while in the management of PCOS
The challenges and stereotypes that a society put on women with PCOS	



Themes	Sub-themes
Perceived social factor impact as seen by the participants in the management of PCOS	The concepts of a focus on body image and societal norms of women Role: The relationship of family factors and coping resources within the management of the described treatment
Emerging PCOS Treatment Approaches and Emerging Concepts of Healthcare	

### **Women's Understanding of PCOS**

This theme, which is further divided into two subthemes, focuses on the participants' interactions with PCOS symptoms, diagnosis, and ways of raising awareness across various populations with the aim of reducing the situation's severity.

#### ***Understanding the Symptoms and Criteria of Diagnosing PCOS***

Participants' knowledge about PCOS included symptoms and characteristics, such as irregular menstrual cycles, cysts, hormonal problems, and changes in weight among many others. The respondents, especially the younger ones, were initially not aware about the severity of this disorder, which they later realized and changed their lifestyles (P7). Participant 10 shared her experience of late diagnosis resulting from doctors' disrespect towards the signs (P10). Findings from previous researches showed that women lack basic knowledge of PCOS in South Pakistan (Nidhi et al., [2011](#); Pitchai et al., [2016](#)).

#### ***Difficulties Encountered in the Communication of Ideas across various Demographical Strata***

Due to the accessibility of treatment, cultural system, and perceptions about the disorder, it is relatively difficult to raise awareness among different groups (Participant 4; Participant 9). These problems are aggravated in poor communities due to difficulties in communication and limited resources. This may range from distributing culturally appropriate literature and holding health promotion activities in culturally acceptable settings (Harris-Glocker et al., [2013](#)).

## **Personal Experiences of Self-concept of Women with PCOS**

Participants discussed their views towards the causes of PCOS, ways of dealing with it, and emotions experienced during the diagnosis, the process of embracing the condition, and the ways PCOS affected participants' body images, self-esteems, and/or identities.

### ***Stress Coping Management Styles and Methods of Controlling Disease Symptoms***

The continuity of mediations was seen and acknowledged together with exercising and change of diet, which plays a key role in the management of PCOS symptoms (P6, P14). It was stressed that effective treatment requires individual approaches and the support of families and friends, which contributes to improve the quality of life.

### ***Emotional Journey of Patients***

Different feelings, such as confusion, fear, and acceptance were experienced by patients upon the diagnosis of PCOS (P12, P7, P8). Other strategies included informants gaining support from networks and education to overcome the emotional strains and to build robustness.

## **Effect of PCOS on Psychological Health**

Participants reported that PCOS effect their self-image due to symptoms like weight gain and acne. Additionally, they noted experiencing feelings of inadequacy and societal pressure, which further contribute to their challenges. (P13, P9, P5). Research accentuates these difficulties and calls for precautionous acts and optimistic body image programs (Saleem & Sultana, [2023](#))

Depression, anxiety, and poor body image are among the severe mental disorders which may affect women with PCOS. To cope with such feelings, women seek help from their friends or families as well as they express it which is one of the aspects mentioned in the study referred to as 'emotional outlet'.

### ***Psychological Effects***

Women with PCOS demonstrate certain issues concerning their ability to regulate emotions which means that they experience various problems with it. Majority of the unmarried women with PCOS experience stress,



have a low spirit or even depression in some cases of low self-esteem which may lead them to question their abilities.

Similarly, Participant 4 stated that she was worried about health after being diagnosed with PCOS, specifically matters related to fertility. She also stated that symptoms, such as changes in weight and skin outbreaks resulting from depression also impacted her social life as well as her self-esteem. Participant 15 also disclosed her struggle with depression and mood swings arising from the issues related to overweight and infertility.

Studies indicate that the prevalence of anxiety and depression is higher among women with PCOS than the general community. Existing findings promote the effects of HPA alterations and bodily signs on psychological dysfunction in terms of QoL, SE, and BI (Dokras et al., [2022](#)).

### ***Relationship Dynamics: Interaction and Family Care in the Management of PCOS***

The care offered by families plays a vital role in shaping the psychological health of unmarried female PCOS patients. It is important to state that verbal support from parents or other family members eliminates psychological pressure, while criticism may cause increased pressure and stress.

Participant 2 talked about her initial difficulties in having to share her PCOS diagnosis with her family due to cultural taboo. However, she also observed that educating her family about her condition made them more understanding. Like other participants, Participant 8 also felt that there was better family communication and support when they had better information about PCOS (Saleem & Sultana, [2023](#)).

### **Challenges and Stereotypes faced by Unmarried Women with PCOS**

The unmarried women with PCOS are suppressed mainly due to social issues, which may traumatize them physically as well as mentally. These symptoms include weight gain, irregularities in women's menstrual cycle, and many others. Moreover, diet and exercises are turned into judgments and misconceptions by the society.

Participant 11 expressed that the society judged her for being the patient of PCOS which hampered her self-esteem and social functioning. Participant 6 also reported some negative experiences which made her against the supposed culture of feminine and maternal responsibility.

The current study highlighted how women with PCOS feel about themselves and the way it affects their lives socially, based on previous studies concerning the stigma and cultural standards that play an important role universally, especially in areas regarding fertility and gender roles (Saleem & Sultana, [2023](#))

### **Concepts on Body Image and Societal Norms**

Unmarried women with PCOS fail to meet social ideals of beauty. This is because they experience symptoms, such as overweight and acne. Both, Participant 1 and Participant 3, were exposed to overwhelming thoughts, such as inadequacy and judgment based on appearance, which conflicts with one's worth and identity.

The psychological aspect of concerns regarding the body image and cultural norms were underlined in studies conducted on women with PCOS where appearance and reproductive roles are valued and expected (Saleem & Sultana, [2023](#))

### ***Perceived Impact of Social Factor***

Personal culture and the surrounding community strongly impacts the patients' compliance with their treatment for PCOS. The overall social norms and attitudes regarding the marriage roles and fertility significantly shape women's experiences with their condition and in perusing medical treatment.

Specifically, Participant described cultural norms in her family to hide PCOS as the extended family does not get married to women with PCOS. Participant 11 talked about how family factors play a major role in treatment regime, asserting that a good family should not pry but must realize that their beloved is undergoing a certain treatment.

Research has highlighted the necessity of culturally informed approaches to PCOS, especially concerns regarding the family influence on disorder, stressing the need for appropriate education and encouragement (Sharma & Mishra, [2017](#)).

### ***Relationship of Family Factors and Coping Resources***

Family structure influences the treatment compliance of unmarried women with PCOS. Familial support may help women to manage this



disorder appropriately, whereas, social prejudice and misconceptions limit the women's access to healthcare.

Participant 11's experience mirrors the effectiveness of familial support in enhancing the treatment compliance and health status. IR interventions must acknowledge the cultural beliefs and issues related to infertility since cultures inform the percentage and manner of family support.

### **Emerging PCOS Treatment Approaches**

Women's experiences of PCOS concerns multiple healthcare interactions and use of medications. Some of the perceived feelings towards healthcare providers included: some physicians understood and accepted the women's conditions, some physicians dismissed the women or lacked adequate awareness about the condition.

Participant 9 shared issues in approaching the professionals to get education about the disorder. Participant 6 discussed self-advocacy as a key point to search for proper treatment of PCOS or at least manage its symptoms.

The experiences and attitudes of unmarried women with hypo gonadal PCOS towards medications are mostly bisected, with surveyed health and social benefits including the abatement of unpleasant symptoms and management of menstrual irregularity (Taber et al., [2015](#)).

### **Discussion**

PCOS is one of the increasingly common hormonal disorders which is linked to irregular periods, ovarian cysts, and reduced fertility. A considerable number of women across the globe are effected by PCOS. In a Pakistani culture, marital and child-raising values are firmly embedded into the society. Thus, the constrained options of unmarried women with PCOS pose issues relevant to their physical and psychological well-being. These researchers claim that the prevalence of PCOS in Pakistan is as high as 20-30% of the female population of childbearing age.

At the intersection of many different challenges, PCOS poses a variety of predicaments for unmarried women in Pakistan. This is because social perceptions mentioned in the study above connect a woman's marriageability and social acceptance directly with her health. The psychological burden of PCOS goes through many further enhancements. Mistrust and prejudice towards women including fertility and feministic

aspects are worsened by these feelings of ineffectiveness and rejection from society. The distress of sharing one's condition due to the fear of rejection or diminished marriageability also prevents them to seek appropriate medical attention and care (Thomson, [2011](#)). Due to psychic variability and considerable dispersion among unmarried women with PCOS in Pakistan, the coping mechanism assessed is both personal endurance and social environment that they have received. The majority of women turn to self-management strategies, such as dietary changes and physical activities against the exaggerated symptoms related to weight gain and amenorrhea. However, such measures are poorly potent unless associated with an access to comprehensive health services attuned to women's needs. Their support networks, consisting mainly of family and peers, play an important role in coping mechanisms. This is because they can provide emotional support and even sometimes a modicum of understanding amidst the cultural taboos of the condition. Such informal networks cannot always be depended upon ignorance or even misinformation pertaining to the topic of PCOS.

This situation presents enormous challenges for unmarried women affected by PCOS in Pakistan. The awareness, financial means, and cultural setting in a society may limit their access to specialized medical care and gynecological services, where married women have priority over singles pertaining to health needs. Most of the unmarried women with PCOS are usually diagnosed in their later stages and are given poor treatment, sustaining their physiological and psychological suffering. Moreover, the cultural taboos about reproductive health make PCOS almost a taboo to be discussed openly, thus further marginalizing the unmarried women in search of support and validation (Duncan, [2014](#)).

Furthermore, recent research has focused on the provision of culturally sensitive healthcare that respects the unique sociocultural environment in which Pakistani women live. When certain elements of indigenous healing are integrated with the modern practice of empirical research-oriented medicine, there would be better compliance to treatment regimens and health amongst the unmarried women with PCOS.

## **Recommendations**

Public health campaigns are required to raise awareness about PCOS, associated myths, and the reduction of stigma so that early diagnosis may take place. Its incorporation into the school curriculum and healthcare





training programs would mean a more informed management of PCOS at all levels among healthcare providers and general public.

The above discussion clarifies that to address these challenges effectively, medical intervention, provision of social support as well as policy review are some of the most probable solutions. Married women using contraceptives for controlling PCOS or women who are unmarried could feel that they still have the ability to fully live their lives through their most intimate health issues with pride and, hence enhance the quality of life and the overall welfare in the Pakistani society.

## Conclusion

The Pakistan-based first phase qualitative study on life experiences and coping mechanisms of unmarried women with PCOS paints a vivid picture of the challenges, strength, and coping mechanisms of respondents. The current study explored the interface between reproductive health and social dynamics within the given cultural context of Pakistan. Moreover, this study evidently showed that it would be incorrect to attribute the problem of PCOS solely to the pathophysiological effects of the disorder. This is because it is a combination of physiological disorders with psychological consequences. Similarly, the unmarried women with PCOS expounded on the challenges that they were going through with an irregularity of menstrual cycles, weight changes, and emotional turbulence which mainly affected their daily routines and future aspirations.

The current study also showed that there were varied coping mechanisms followed by participants. Some turned to herbal medicinal plants, others turned to religious practices, while many found themselves trolling through the maze of contemporary healthcare delivery systems. The women must be strong and brave to overcome this stigma in order to take control of their own health. Additionally, the importance of familial and social support systems is significant. Participants highlighted that understanding and empathetic relationships can alleviate some of the psychological distress associated with PCOS. However, family support was described as a double-edged sword; while it was generally supportive, it also perpetuated myths and misconceptions about PCOS, affecting decisions around seeking treatment.

The study's findings have substantial policy implications. There is a need for targeted health interventions that incorporate culturally sensitive

PCOS management strategies. This includes public awareness campaigns through advertisements, magazines, and newspapers aimed at debunking myths, promoting early diagnosis, and creating environments where women are empowered to make informed decisions. Special attention should be given to the unique challenges faced by unmarried women with PCOS, enabling healthcare providers to offer tailored diagnostic and treatment approaches.

In Pakistan, cultural norms, practices of marriage, and gender roles are highly valued which forms the additional obstacles for unmarried women with PCOS. However, unmarried women with PCOS learn to build numerous coping mechanisms to deal with the situation. Most commonly applied coping mechanisms are endocrinal therapies, respectively, as well as hormonal treatments and medications that help subdue the signs. The second most reported ways of coping include changes in the customer's lifestyle, for instance good diet and exercise.

### **Limitations**

Investigating the breadth of experiences as well as coping strategies of unmarried women with PCOS in Pakistan is challenging, since there are several limitations of the study. One major limitation is that unmarried women are culturally very sensitive pertaining to reproductive health issues.

Another critical limitation is related to accessibility and availability in Pakistan when talking about healthcare resources specifically fashioned for unmarried women with PCOS. Large health inequities, mostly in rural areas, may present a challenge wherein most of the women do not have an easy access to health services. This limitation does not only affect the health outcomes of the participants, however, it also limits the scope of inquiry for the researcher concerning broadly-based coping mechanisms and support systems used by these women.

There are issues of methodological biases that come with the use of self-reported data and the qualitative methods. In this regard, self-reporting may be again plagued with recall bias or social desirability bias whereby the subjects would manipulate the response in a way that conforms to society's expectations or the researcher's beliefs. Even though, qualitative methods do have the advantage of eliciting equally nuanced subjective experiences, generalizability is usually reduced since these in-depth qualitative studies normally have small sample sizes.



Moreover, the stigma associated with PCOS and unmarried women's health issues in Pakistan may further affect the participants' willingness to share sensitive information.

### Conflict of Interest

The authors of the manuscript have no financial or non-financial conflict of interest in the subject matter or materials discussed in this manuscript.

### Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

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