



Illness Perception And Coping Mechanism In Patients With Polycystic Ovarian Syndrome

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ABSTRACT

Background: The Polycystic Ovary Syndrome (PCOS) is a common endocrine disease that presents a significant burden on a significant percentage of women during their fertility and is also accompanied by significant emotional and psychological stress. Despite an increased awareness of its psychosocial effect, few studies have addressed how the perception of illness and coping mechanisms of individuals with PCOS affects psychological outcomes in comparison to minimal understanding of their behavioral changes.

Purpose: The current research aims at investigating gender perceptions of the PCOS illness and coping styles adopted by the females diagnosed with the disease, in addition to seeking the association between the illness perception and coping styles.

Methods: A study design of cross-sectional research was used with 140 women diagnosed with PCOS who were sampled using purposive sampling method. A socio-demographic questionnaire, the Brief Illness Perception Questionnaire (BIPQ), and the Brief-COPE scale were used as the methods of data collection. The data were evaluated with the help of descriptive statistics and Spearman correlation, which helped evaluate how the perception of illness and coping patterns are correlated.

Findings: The results suggest that the perceived duration of PCOS is moderately high and defined as a long-term and a long-lasting disease as the illness perception score is relatively large (Mean = 56.76 ± 4.28). Adaptive coping strategies like acceptance, active coping and seeking emotional support were also one of the strategies of coping that were reported. Meanwhile, maladaptive techniques, such as avoidance and self-blame, were present as well. An arbitrarily significant positive correlation was found between maladaptive coping and illness perceptions ($r_s = 0.3113$, $p < 0.001$), but not between adaptation and illness perceptions.

Conclusion: The paper underlines the significant aspect of illness perception in the development of coping behavior among the PCOS women. Cognitive restructuring interventions and encouragement of more healthful coping strategies can help enhance psychological well-being and general quality of life among this population.

Keywords: PCOS, Illness Perception, Coping Strategies, Psychological Health, Women.

INTRODUCTION

PCOS is gradually emerging as an important issue in the health of women of childbearing age all over the world [1]. It is typified by a set of clinical conditions that include irregular menstrual cycles, hyperandrogenism and the occurrence of polycystic ovaries that are commonly accompanied by metabolic disorders including insulin resistance and obesity [2]. The evolution of PCOS to increased prevalence in the Indian context underscores the need to conceptualize the condition under a multidimensional context.

In addition to its physical overtures, PCOS has become a form of condition with significant psychological as well as social consequences [3]. PCOS women often complain of increased anxiety and depression, body image dissatisfaction, and poor quality of life as compared to women who did not receive the diagnosis [4]. Symptoms, including weight gain, acne, excessive hair growth, and infertility, are known to not only penalize those in terms of emotional torment but also place them at risk of being socially stigmatized and worthless. This has led to the increasing interpreting of PCOS as a biopsychosocial disorder, instead of a strictly reproductive or metabolic disorder.

Nevertheless, it is not only the severity of the physical symptoms that defines all the psychological effects of PCOS. Recent studies indicate that gender variations in perception and meaning of illness in women are significant in influencing their behavioral and emotional reactions [5]. The conceptualization of the Common-Sense Model of self-regulation, illness perception, describes what individuals develop in regard to their illness (Bose), such as how they believe it developed, its effects, length, and whether they can control it. Such perceptions affect the way people construct their understanding of their condition and determine their coping responses and health-related behaviors [6].

Coping mechanisms, in their turn, are strategies that people use to cope with stress related to chronic illness. These can be either adaptive (problem-solving and active coping) or maladaptive (avoidance and denial) [7]. Psychological adjustment, adherence to treatment and well-being highly depend on the effectiveness of coping strategies. Coping is a key factor of long-term adaptation and quality of life in chronic diseases, such as PCOS, where the symptoms are chronic and sometimes unpredictable.

Although the conceptual value of illness perception and coping is crucial, little research has been conducted to measure how these two relate to each other in the face of PCOS, especially in the Indian population [8]. The cultural aspects of illness and coping styles of this population group may also be shaped by such issues as the expectations of the society, infertility stigma, and body image. Thus, to create effective psychological

interventions, it is important to learn how women with PCOS feel about their disease, and how these feelings impact coping strategies [9].

Thus, the current research helps to fill this gap by conducting a systematic analysis of perception of illness and coping styles in women with PCOS, as well as investigating the connection between these variables. This association is essential to know to develop certain psychological interventions that can change the well-being, coping, and holistic PCOS management [10].

METHODOLOGY

The current study examines how women with PCOS perceive their condition and how they cope with it using a systematic quantitative design.

Study Design

To investigate illness perception and coping strategies in women with PCOS, a cross-sectional type of research design was chosen.

Sample and Participants

The study included 140 women with PCOS. The selection of participants relied on purposive sampling technique depending on pre-determined inclusion and exclusion criteria.

Tools Used

1. **Socio-Demographic Data Sheet** - to gather information about the participants.
2. **BIPQ**- to assess both cognitive and emotional illness representations.
3. **Brief-COPE Scale** - to assess coping strategies.

Procedure

The purpose and objectives of the study were then communicated to the participants and then they gave their informed consent. A structured questionnaire was then used to collect the data, where it was performed face-to-face or online.

Statistical Analysis

Methods for data analysis included descriptive statistics and correlation studies. We computed percentages, averages, standard deviations, and frequencies. We used the correlation analysis to look at how people's views of their condition relate to the ways they deal with it.

Ethical Considerations

During the research, participants were informed about the research and their anonymity was guaranteed.

RESULTS

The results of the study are summarized below with interest in the socio-demographic profile, clinical features, illness-perception and coping styles and how they interrelate with one another among women with PCOS.

1. Socio-Demographic Characteristics

According to the socio-demographic due to the nature of the sample profile, majority of the women aged 26-35 which is the usual reproductive age were found to compose the sample profile. The sample seems to

be comparatively highly educated as well, with a high percentage of the respondents citing college or university level education. Only a little more than half of the surveyed respondents were single; the rest were in stable relationships. The findings indicate that women with PCOS have a wide demographic (Table 1).

Table 1: Socio-Demographic Profile

| Variable | Category | Frequency | Percentage (%) |
|----------------------------------|----------------------|-----------|----------------|
| Age Group | ≤20 years | 21 | 15.00 |
| | 21–25 years | 36 | 25.71 |
| | 26–30 years | 40 | 28.57 |
| | 31–35 years | 43 | 30.71 |
| | 36–40 years | 0 | 0 |
| | >40 years | 0 | 0 |
| Educational Qualification | SSLC | 36 | 25.71 |
| | Degree | 30 | 21.43 |
| | Primary Education | 28 | 20.00 |
| | PUC (Pre-University) | 25 | 17.86 |
| | Secondary | 21 | 15.00 |
| Marital Status | Unmarried | 75 | 53.57 |
| | Married | 65 | 46.43 |

2. Clinical Characteristics

Clinical picture of the participants indicated that typical symptoms relating to PCOS were highly widespread. Menstrual abnormalities and weight-related problems became the most common symptoms reported by patients, and these are the common features of the PCOS clinical picture. These results indicate the complexity of the condition with its impact on reproductive and metabolic health (Figure 1).

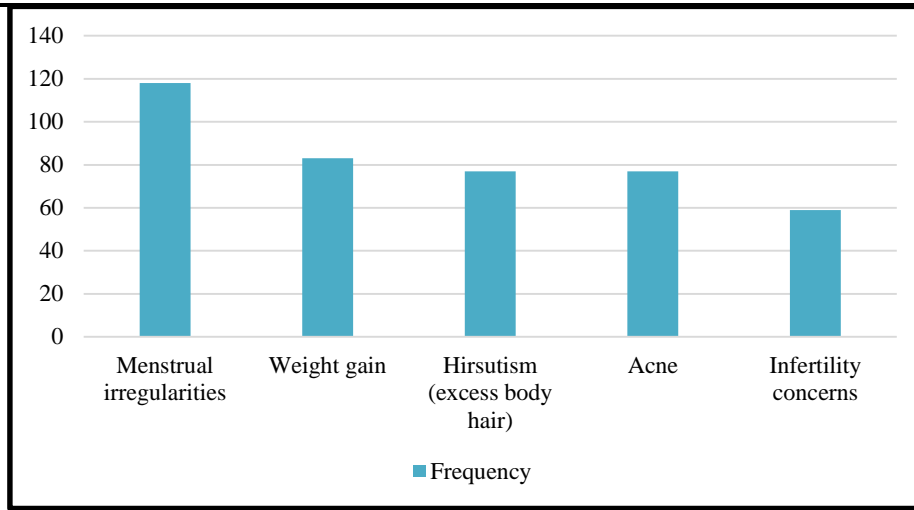


Figure 1: Prevalence of Major PCOS Symptoms

3. Illness Perception among PCOS Patients

The general illness perception scale of the participants was also moderately high, which in turn means that women perceive PCOS as a long-term and serious illness. This implies an increased awareness and concern about the implications and chronicity of the disorder (Table 2).

Table 2: Overall Illness Perception Score among PCOS Patients

| Variable | Mean | Standard Deviation |
|--------------------------------|-------|--------------------|
| Total Illness Perception Score | 56.76 | 4.28 |

The average illness perception score (56.76 ± 4.28) indicates an important cognitive and emotional depiction of PCOS in participants.

As Figure 2 shows, the participants had higher mean scores in emotional response, consequences, and timeline, which showed that PCOS is perceived as a serious and a chronic condition. The scores of personal and treatment controls are moderate, which indicates the lack of a strong sense of control, and the level of illness understanding is average. On the whole, the figure indicates a relatively high and negative illness perception of participants.

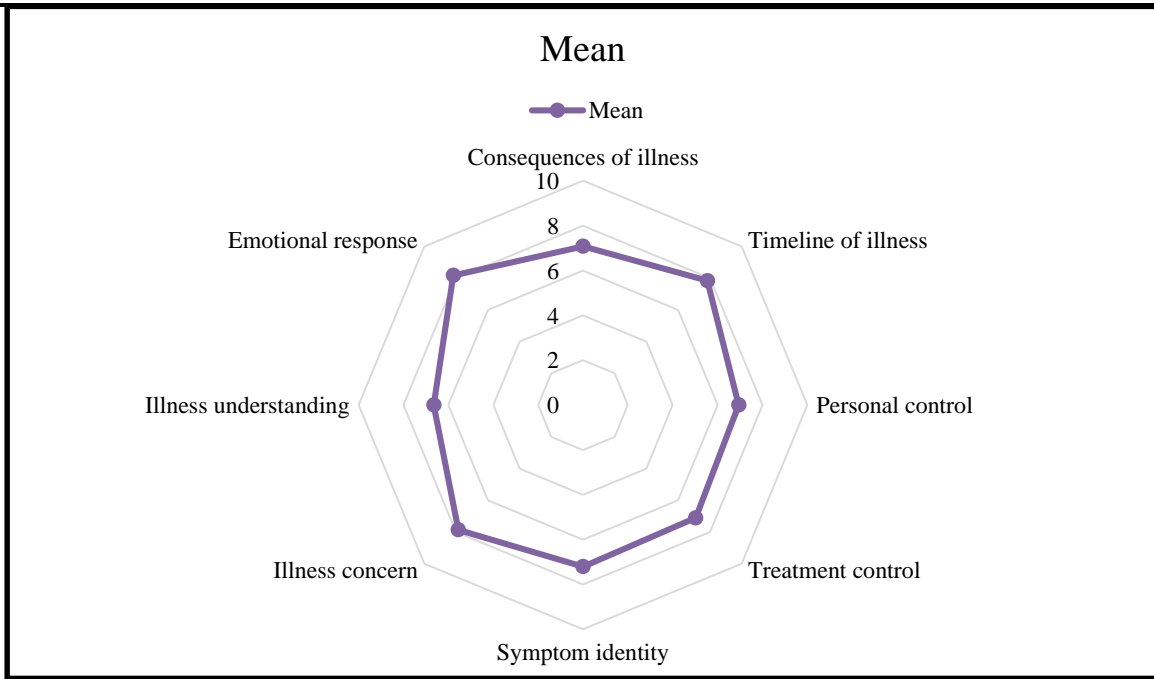


Figure 2: Illness Perception Dimensions

4. Coping Strategies

The results show that participants were median to highly using the coping strategies to cope with stressors related with PCOS. There were both adaptive and maladaptive coping and it was found that psychological reactions were varied with different people (Table 3).

Table 3: PCOS Patients' Total Coping Strategy Score

| Variable | Mean | Standard Deviation |
|-----------------------------|-------|--------------------|
| Total Coping Strategy Score | 71.84 | 8.52 |

The mean score of coping (71.84 ± 8.52) indicates that the participants were highly involved in coping strategies to cope with their situation.

Acceptance, active coping and emotional support are the most shared adaptive strategies as seen in Figure 3. There are also moderate planning and positive reframing and a relatively low instrumental support. This shows that the respondents use positive coping strategies to deal with stress due to PCOS to a great extent.

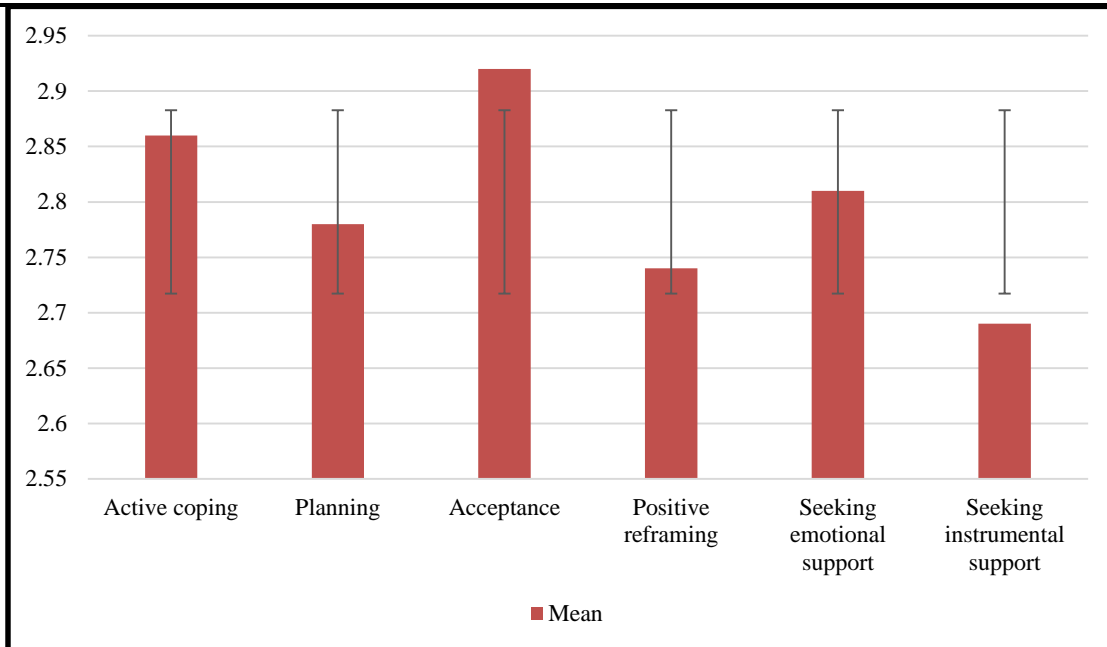


Figure 3: Adaptive Coping Strategies among PCOS Patients

The most common maladaptive strategies are avoidance/distraction and self-blame as shown in Figure 4. Denial and behavioural disengagement are moderate with minimal substance use. This implies that in spite of the existence of maladaptive coping, its general utilization is relatively less.

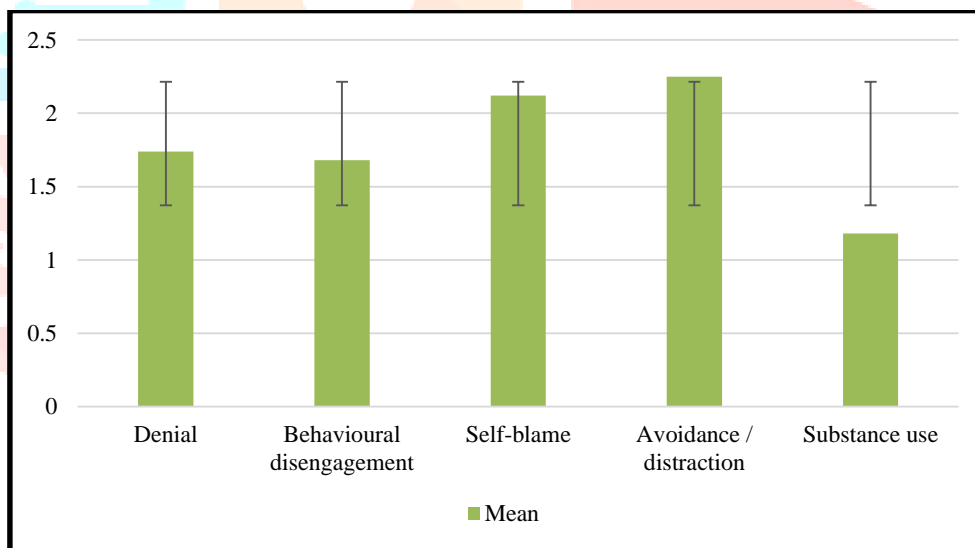


Figure 4: Maladaptive Coping Strategies among PCOS Patients

The coping domains were ranked by their mean scores in order to find out the most used coping strategies. The results showed acceptance, active coping and seeking emotional support were the most commonly used strategies. On the contrary, maladaptive methods, including substance use and behavioural disengagement were least frequent (Table 4).

Table 4: Ranking of Coping Strategies Used by Participants

| Rank | Coping Strategy | Mean Score |
|------|---------------------------|------------|
| 1 | Acceptance | 2.92 |
| 2 | Active coping | 2.86 |
| 3 | Seeking emotional support | 2.81 |
| 4 | Planning | 2.78 |
| 5 | Positive reframing | 2.74 |
| 6 | Instrumental support | 2.69 |
| 7 | Avoidance | 2.25 |
| 8 | Self-blame | 2.12 |
| 9 | Denial | 1.74 |
| 10 | Behavioural disengagement | 1.68 |
| 11 | Substance use | 1.18 |

5. Relationship Between Illness Perception and Coping

The review found a strong link between the sense of sickness and maladaptive coping mechanisms. Table 5 shows that negative illness perception was positively associated with maladaptive coping practices, although adaptive coping and negative illness perception did not have a significant association.

Table 5: Correlation Between Illness Perception and Coping Strategies

| Variables | Spearman Correlation (r_s) | p-value | Interpretation |
|--|--------------------------------|-----------------------|----------------------------------|
| Illness perception vs Adaptive coping | 0.0373 | 0.66 | Not significant |
| Illness perception vs Maladaptive coping | 0.3113 | 1.81×10^{-4} | Significant positive correlation |

6. Comparison with Previous Studies

The results of the current study are also in line with the earlier studies that show that coping and illness perception are important determinants of psychological outcomes in women with PCOS. The results showed similar patterns in both positive and negative coping mechanisms and the role of psychological factors is high in managing PCOS (Table 6).

Table 6: Comparison of Findings with Previous Studies

| Study | Sample Size | Key Findings | Comparison with Present Study |
|------------------------|---------------------|---|--|
| Kolahi et al. (2015) | 200 PCOS patients | Coping strategies significantly related to quality of life ($p < 0.05$) | Similar finding that coping mechanisms influence psychological outcomes |
| Morshedi et al. (2021) | 200 women with PCOS | Emotional and problem-solving coping strategies associated with quality of life | Consistent with current study showing frequent use of adaptive coping |
| Ain & Gul (2023) | 90 PCOS women | Perception of illness is substantially associated with coping mechanisms and psychological suffering. | Observation of a similar correlation between the sense of sickness and maladaptive coping strategies |
| Dybciak et al. (2022) | 230 PCOS women | Passive coping strategies associated with higher anxiety and depression | Supports current finding linking maladaptive coping with illness perception |
| Present Study | 140 PCOS patients | Positive correlation between illness perception and maladaptive coping | Consistent with previous psychological research in PCOS |

DISCUSSION

The current research investigated the perception and coping styles of women with PCOS, and their interdependence. The results showed Arshad, (2025) showed that the participants had a moderately high degree of illness perception, which shows that PCOS is perceived to a great extent as a chronic and an influential disorder [1]. Such dimensions like emotional response, perceived consequences, and illness timeline were significantly higher, which indicates that women have serious psychological concern and consider the condition to be a long-term one [2]. This is in line with the available literature, which has always found increased illness-related distress and negative illness beliefs in women with PCOS.

Regarding coping, the researchers observed that adaptive coping strategies that included acceptance, active coping, and seeking emotional support were mainly employed by the participants [3]. These are positive attempts to cope with the psychological and physical issues related to PCOS. Nevertheless, the existence of the maladaptive coping strategies especially the avoidance and self-blame suggests that some people might not effectively adjust psychologically. These results are aligned with the earlier studies, which have indicated that as much as adaptive coping facilitates a better adjustment, maladaptive coping is in most instances linked to heightened anxiety, depression and diminished quality of life among PCOS populations.

Researchers observed a strong positive association between pessimistic views of sickness and unhealthy coping mechanisms, but no such link between pessimistic views of illness and healthy coping mechanisms (Chaudhari, 2018). This fits well with the Common-Sense Model's theoretical framework, which states that people's coping reactions are determined by their cognitive and emotional representations of their condition [4]. The more women felt that PCOS was more serious, uncontrollable, and distressing, the more they were likely to use maladaptive coping behaviors. The findings indicate that the need to provide psychological interventions that transforms the perceptions of the illness and promote adaptive coping behaviors, which improves the quality of life and psychological well-being of women with PCOS.

CONCLUSION

The present study emphasizes the possible importance of the illness perception in coping in women with PCOS. The results show that the participants in general view PCOS as a chronic and a condition that impacts, which is accompanied by both adaptive and maladaptive coping strategies. Even though acceptance and active coping are positive strategies and used by most women, the presence of the maladaptive ones such as avoidance and self-blame is an indication of the psychological struggles. The positive correlation that is observed between negative illness perceptions and maladaptive coping highlights the need to deal with the cognitive and emotional rationalization of people towards illness. This underscores the fact that psychological interventions should be administered to enhance illness awareness and adoption of adaptive coping behaviors that can eventually lead to positive psychological and quality of life in women with PCOS.

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