

Correlation between Self Esteem and Coping Styles among Women with PCOD

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ABSTRACT

The study investigates the correlation between coping styles and self-esteem among women diagnosed with Polycystic Ovarian Disease (PCOD) and identifies effective coping strategies to improve mental health outcomes for this population. A sample of 100 women with PCOD completed the Brief COPE questionnaire and the Rosenberg Self-Esteem Scale. Correlation analysis was conducted to examine the relationship between coping styles and self-esteem. The results indicate a positive correlation between coping styles and self-esteem among women with PCOD. These findings highlight the significance of implementing effective coping strategies to enhance self-esteem and promote positive mental health outcomes for women with PCOD.

Keywords: *Polycystic Ovarian Disease (PCOD), Self-esteem, Coping styles*

PCOD (Polycystic Ovarian Disease) is a medical condition in women, where the ovaries produce multiple immature eggs which, over time, become cysts on the ovaries. In this condition, the hormones of a woman go out of balance which creates various symptoms, including the absence of ovulation, irregular menstrual cycle, difficulty conceiving, weight gain, acne, and hirsutism.

Self-esteem refers to an individual's overall evaluation and perception of their own worth and value. It involves how a person sees themselves, thinks about themselves, and feels about themselves. Self-esteem plays a fundamental role in shaping a person's thoughts, emotions, behaviors, and overall psychological well-being. Self-esteem is a multidimensional construct that encompasses various aspects. It involves both self-acceptance and self-respect, meaning accepting oneself as a worthwhile individual and respecting one's own thoughts, feelings, and needs. It also includes self-confidence, which relates to having belief and trust in one's abilities, skills, and potential for success.

Coping styles refer to the different approaches individuals use to deal with stress and challenging situations. They reflect how individuals manage and adapt to the demands and pressures they face. It is a broad and multidimensional construct that has been studied in various disciplines such as psychology, psychiatry, and medicine. Coping styles refer to the strategies individuals employ to manage and adapt to stress, challenges, and difficult

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Received: June 23, 2023; Revision Received: August 07, 2023; Accepted: August 11, 2023

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situations. There are two main types of coping styles: adaptive and maladaptive coping. Adaptive coping styles are considered healthy and effective ways of managing stress. They involve approaches that aim to address the root causes of stress and promote psychological wellbeing. The maladaptive coping styles are less effective in managing stress and can have negative consequences for psychological well-being. These styles often involve strategies that do not address the underlying issues or provide long-term relief.

Coping styles play a crucial role in determining how individuals respond to stress and adversity, and they can significantly impact psychological well-being. Research suggests that women with PCOD may exhibit specific coping styles in response to the challenges posed by the disorder. These coping styles can vary among individuals but provide insights into their psychological well-being and adaptive strategies. One possible coping style observed in women with PCOD is problem-focused coping. This coping style involves actively addressing the challenges associated with PCOD by seeking information, engaging in problem-solving, and taking action to manage the physical and emotional aspects of the condition. Women employing problem-focused coping strategies may be motivated to learn about PCOD, seek medical advice, and make lifestyle changes to better manage the symptoms and improve overall well-being.

Another coping style that may be prevalent in women with PCOD is emotion-focused coping. Given the emotional impact of PCOD, such as feelings of distress, body dissatisfaction, and fertility concerns, women may employ strategies aimed at managing and regulating their emotions. Emotion-focused coping strategies may include seeking social support, engaging in relaxation techniques, practicing self-care activities, and expressing emotions through outlets like therapy or creative outlets.

It is important to recognize that coping styles in women with PCOD can also include maladaptive strategies. For example, some individuals may resort to avoidance or denial as a coping mechanism, avoiding discussions or seeking medical attention for PCOD-related issues. Others may engage in self-destructive behaviors or exhibit disengagement and withdrawal as a means of coping with the challenges presented by PCOD.

Understanding the psychological prevalence of coping styles in women with PCOD can provide valuable insights for healthcare providers, psychologists, and support networks. By identifying prevalent coping styles, tailored interventions and support systems can be developed to enhance adaptive coping strategies and discourage maladaptive ones. Encouraging problem-focused coping, promoting emotional regulation techniques, providing education and support, and fostering a sense of empowerment can contribute to improved psychological well-being and resilience among women with PCOD.

One important psychological aspect of PCOD is its relationship with self-esteem. Women with PCOD often report lower levels of self-esteem compared to women without the condition. Understanding the relationship between self-esteem and PCOD is crucial for the effective management of the condition and the improvement of the quality of life of women with PCOD.

The psychological prevalence of self-esteem in women with Polycystic Ovary Disorder (PCOD) is an important area of research. PCOD, similar to PCOS, is a condition characterized by hormonal imbalances and reproductive difficulties that can impact both physical and psychological well-being. Self-esteem, which refers to an individual's evaluation of their self-

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worth and self-acceptance, plays a significant role in the psychological well-being of women with PCOD.

Studies indicate that women with PCOD often experience lower levels of self-esteem compared to women without the disorder. The physical manifestations of PCOD, such as weight gain, acne, and excessive hair growth, can influence body image and self-perception, contributing to negative evaluations of oneself. Additionally, the challenges related to fertility, irregular menstrual cycles, and potential difficulties in interpersonal relationships may further undermine self-esteem among women with PCOD.

The psychological impact of PCOD, including increased anxiety, depression, and body dissatisfaction, can also contribute to lower self-esteem. These psychological factors can create a cycle of negative thoughts, emotions, and behaviors, leading to decreased self-worth and reduced quality of life for affected women. Moreover, low self-esteem can impact coping styles, potentially influencing the use of maladaptive strategies or hindering effective stress management.

Recognizing the psychological prevalence of self-esteem issues in women with PCOD is crucial for healthcare providers, psychologists, and support groups. By understanding the impact of PCOD on self-esteem, appropriate interventions can be developed to address and improve self-esteem in affected women. These interventions may involve promoting body acceptance, providing education and support about PCOD, addressing mental health concerns, and fostering a positive self-image.

It is important to note that individual experiences with PCOD and self-esteem may vary. While not all women with PCOD experience low self-esteem, acknowledging the potential psychological impact can guide the development of targeted interventions and support systems. By enhancing self-esteem, overall psychological well-being can be improved, empowering women with PCOD to navigate the challenges associated with the disorder and lead fulfilling lives.

METHODOLOGY

The purpose of this study is to explore the relationship between self-esteem and coping styles in women with PCOD and how this affects their overall health and well-being. The study aims to contribute to the development of effective interventions and support strategies for this population. This section presents an overview of the Methodology used in the study including description of the same, data collection, procedure and description of tool.

Aim of the study

This study aims to explore this relationship between Coping styles and self-esteem among women with PCOD and identify effective coping strategies that can improve mental health outcomes for women with PCOD.

Objective of the study

The objective of the study is to examine the relationship between coping styles and self-esteem among women with PCOD and to determine effective coping strategies that can improve mental health outcomes for women with PCOD.

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Hypothesis of the study

There is a positive correlation between coping styles and self-esteem among women with PCOD and there are coping strategies and techniques, associated with better mental health outcomes and higher self-esteem among women with PCOD.

Sample Size

In this research study, the sample size consisted of 100 women who have been diagnosed with PCOD and were aged between 20-26 years.

Research Design

The research design for this study will be Correlation in nature, aiming to establish the relationship between self-esteem and coping styles in women with PCOD. Data will be collected using validated questionnaires, and statistical analysis techniques correlation will be used to analyze the data. The results will be presented using scatterplot graphs, which are useful for illustrating the strength and direction of the correlation between variables. Ethical considerations will be taken into account throughout the study to ensure the privacy and confidentiality of participants.

Description of the sample

The sample size for this study is estimated to be 100 participants. Participants for this study were selected using a convenience sampling technique. Participants were recruited from clinics and hospitals, as well as through social media platforms and online support groups for women with PCOD. To be eligible for the study, participants had to meet the following criteria: (1) be female, (2) aged between 20-26 years, (3) have been diagnosed with polycystic ovary disease (PCOD), and (4) have the ability to provide informed consent. Participants who met the eligibility criteria were provided with a detailed explanation of the study's purpose, procedures.

Procedure of the Data collection

Data collection for this study involved administering two validated questionnaires to participants, the Brief COPE and the Rosenberg Self Esteem Scale, both of which were self-reported measures. The Brief COPE questionnaire consists of 28 items assessing different coping strategies, including problem-focused coping, emotion-focused coping, and avoidance coping. Both questionnaires were administered in a private setting to ensure the confidentiality of participants. Participants were provided with a paper-based copy of the questionnaires and were instructed to complete the questionnaires independently. Participants were allowed as much time as they needed to complete the questionnaires. After completing the questionnaires, participants were asked to return the questionnaires in a sealed envelope to the researcher. The data from the questionnaires were then entered into the Statistical Package for the Social Sciences (SPSS) software for statistical analysis.

Description of the Tool

In this study, a correlational research design was used to examine the relationship between coping styles and self-esteem in women with PCOD. Correlation analysis was conducted using the data collected from the Brief Cope and Rosenberg Self Esteem Scale questionnaires. A scatterplot was used to visually represent the relationship between coping styles and self-esteem. This design allowed for the investigation of whether there was a significant relationship between these two variables and the direction of the relationship.

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Brief Cope: The Brief Cope is a self-report questionnaire that assesses different coping strategies that individuals use to manage stress and difficult situations. It was developed by Charles S. Carver and his colleagues in 1997 and is widely used in research and clinical settings. The Brief Cope consists of 28 items, each measuring a different coping strategy. The items are scored on a Likert scale ranging from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). The coping strategies assessed by the Brief Cope include problem-focused coping (such as active coping, planning, and seeking social support), emotion-focused coping (such as acceptance, humor, and positive reframing), and avoidance coping (such as self-distraction, denial, and substance use). **Rosenberg Self Esteem Scale:** The Rosenberg Self Esteem Scale is a self-report questionnaire that assesses an individual's self-esteem, which is defined as their overall evaluation of their self-worth and sense of value as a person. It was developed by Morris Rosenberg in 1965 and has since become one of the most widely used measures of self-esteem. The Rosenberg Self Esteem Scale consists of 10 items, each measuring a different aspect of self-esteem. The items are scored on a Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The items assess feelings of self-worth, self-acceptance, and self-confidence, as well as beliefs about one's own abilities and competence.

RESULT

The study has attempted to explore the relationship between two variables – Coping Styles and Self-Esteem amongst women who have PCOD. In the following table the mean and SD of these variables are reported.

Table – Descriptive Statistics of the data collected for the two variables Coping Styles and Self-Esteem.

Variable	N	Mean	SD
Coping Styles	100	69.09	8.96
Self-Esteem	100	23.75	4.30

The possible score range on this scale is 28 to 112, where higher scores indicate greater use of effective coping strategies. The mean score obtained in this study was 69.09, with a standard deviation of 8.96. This suggests that the participants, on average, used coping strategies at a moderate level.

The possible score range on this scale is 10-40, where higher scores indicate higher levels of self-esteem. The mean score obtained in this study was 23.75, with a standard deviation of 4.30. This suggests that, on average, the participants had moderate levels of self-esteem.

These findings are consistent with previous research that has shown a link between self-esteem and coping strategies, suggesting that individuals with higher levels of self-esteem may be more likely to use effective coping strategies. The moderate levels of self-esteem and coping styles observed in the current study suggest that there may be room for interventions to improve these areas in women with PCOD. By identifying effective coping strategies and improving self-esteem, mental health outcomes and overall quality of life in this population may be improved.

Table – Correlation between Coping Styles and Self-Esteem

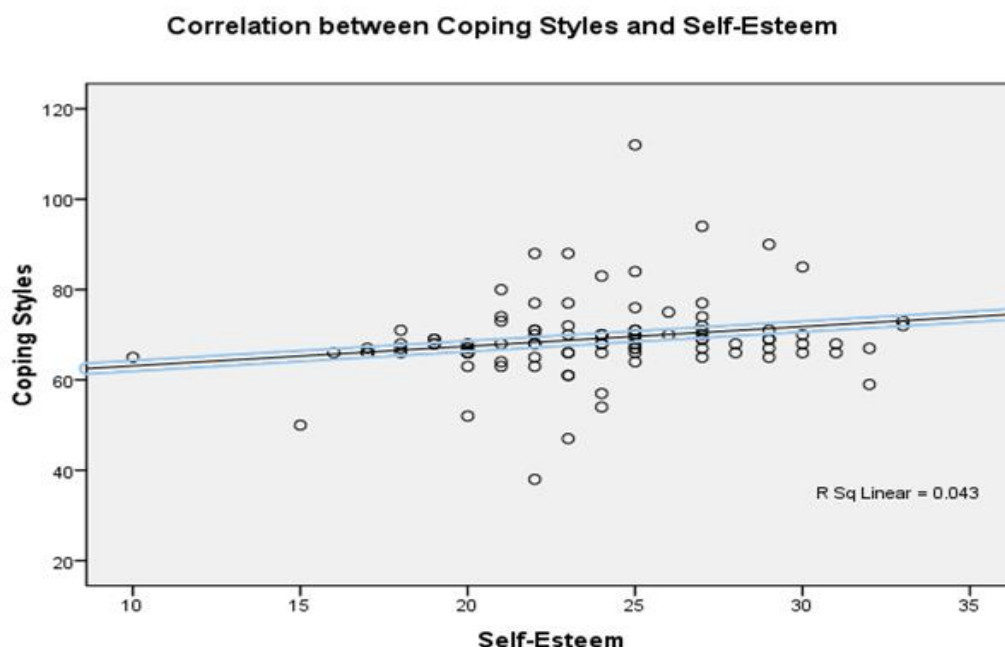
Variable	Coping Styles	Self-Esteem
Coping Styles	1	.208*
Self-Esteem	.208*	1

** < 0.01, * < 0.05

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The correlation coefficient (r) of .208 suggests that there is a positive correlation between Coping Styles and Self-Esteem. This means that as the level of Coping Styles increases, the level of Self-Esteem also tends to increase. The correlation coefficient value of .208 also indicates that this relationship is not very strong, but still statistically significant. The p -value of less than .05 (two-tailed) suggests that the relationship is not likely due to chance.

It is important to note that only 4% of the variation in Self-Esteem can be explained by Coping Styles, meaning that there are likely other factors that also contribute to the level of Self-Esteem in individuals with PCOD. Nevertheless, the positive correlation between Coping Styles and Self-Esteem highlights the potential importance of coping strategies for improving mental health outcomes for women with PCOD.



The scatter graph of the data points plotted along the regression line visually represents the correlation between Coping Styles and Self-Esteem. The reasonably distributed data points suggest that the correlation coefficient accurately represents the relationship between these two variables in the sample population.

DISCUSSION AND CONCLUSION

Polycystic ovarian disease (PCOD) is a common disorder that affects women of reproductive age. It is associated with a range of physical and psychological symptoms, including menstrual irregularities, acne, hirsutism, obesity, infertility, anxiety, and depression. Coping strategies and self-esteem are important factors that can influence mental health outcomes among women with PCOD.

The purpose of this study is to explore the relationship between coping styles and self-esteem among women with PCOD, and to identify effective coping strategies that can improve mental health outcomes in this population. In this study, the Brief COPE and Rosenberg Self Esteem Scale were used to measure coping styles and self-esteem, respectively. The findings of this study have several implications for the management and treatment of PCOD.

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Women with PCOD may experience a range of physical and emotional symptoms, including irregular periods, acne, weight gain, and depression. These symptoms can have a significant impact on their quality of life and mental health. The findings of this study are consistent with previous research that has identified a positive relationship between coping styles and self-esteem in other populations.

However, this study is unique in that it specifically focuses on women with PCOD, a population that has been found to experience unique challenges related to their physical and mental health. One possible explanation for the relationship observed in this study is that women with higher levels of self-esteem may be more likely to adopt adaptive coping strategies, such as seeking social support, engaging in problem-solving, and accepting their situation.

These coping strategies, in turn, may help to buffer the negative impact of stressors on mental health outcomes. In contrast, women with lower levels of self-esteem may be more likely to use maladaptive coping strategies, such as self-blame, denial, and substance use. These coping strategies may exacerbate the negative impact of stressors on mental health outcomes, leading to greater levels of anxiety, depression, and other mental health problems.

The findings of this study have important implications for the development of interventions aimed at improving mental health outcomes among women with PCOD. By identifying effective coping strategies that are associated with higher levels of self-esteem, healthcare providers can better support women with PCOD and help them to manage the physical and psychological symptoms of this condition.

One potential strategy for improving coping and mental health outcomes among women with PCOD is to focus on improving self-esteem. This could involve interventions such as cognitive behavioral therapy, mindfulness-based stress reduction, or other types of psychotherapy that are designed to improve self-esteem and promote adaptive coping strategies. Another strategy for improving coping and mental health outcomes among women with PCOD is to provide targeted support and resources to help women manage the physical and psychological symptoms of this condition. This could include education and counseling on nutrition, exercise, and weight management, as well as support groups or peer mentoring programs that provide social support and a sense of community.

Another potential strategy is mindfulness-based interventions such as Mindfulness-Based Stress Reduction, which was developed by Dr. Jon Kabat-Zinn in the late 1970s which have been shown to be effective in reducing stress and improving coping among individuals with a variety of chronic health conditions, including PCOD. Mindfulness-based interventions involve practices such as meditation, deep breathing, and body scans, which can help women with PCOD to become more aware of their thoughts and feelings and to develop greater acceptance and self-compassion.

This study has shown that there is a positive correlation between coping styles and self-esteem among women with PCOD. The findings suggest that adopting effective coping strategies can improve mental health outcomes and increase self-esteem for women with PCOD.

The study highlighted the importance of addressing coping styles and self-esteem in the management of PCOD. Healthcare professionals should consider incorporating interventions

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that target coping skills and self-esteem building as part of the holistic approach in the treatment of women with PCOD.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Sharma, C. (2023). Correlation between Self Esteem and Coping Styles among Women with PCOD. *International Journal of Indian Psychology*, 11(3), 1925-1932. DIP:18.01.179.20231103, DOI:10.25215/1103.179