

Exploring Uncertainties Associated with Polycystic Ovarian Syndrome: A Qualitative Study

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ABSTRACT

About 3.7 – 22.5% of women in India are afflicted with polycystic ovarian syndrome. Owing to its idiosyncratic nature from its diagnostic features to treatment plans, it becomes vital to explore the uncertainties that women might come across in their journey. The current study aims to gain an in-depth understanding of the experiences of women with polycystic ovarian syndrome in the context of uncertainties associated with it. The sample size of the study was 7 participants (n=7). Through a latent approach to thematic analysis, this paper categorizes the qualitative data into three themes: Scientific Issues of Uncertainty, Practical Issues of Uncertainty, and Personal Issues of Uncertainty. Further, these issues are extensively discussed as potential variables in the intention-behavioural gap, one of the key problems in adherence to treatment plans. Validation strategies and Reliability were conducted to ensure the credibility of the research.

Keywords: *Polycystic Ovarian Syndrome, Uncertainty, Challenges, Healthcare*

Polycystic Ovarian Syndrome (PCOS) is a hormonal disorder that affects females during their reproductive years. It manifests through several key features including irregular menstrual cycles, characterized by infrequent or heavy periods, or even the absence of menstruation. Hyperandrogenism, the presence of elevated levels of male hormones, leads to symptoms such as acne, excessive hair growth, and male-pattern baldness. Additionally, PCOS is marked by the presence of multiple small cysts on the ovaries, detectable through ultrasound (Teede et al., 2018).

While the precise cause of PCOS remains elusive, it is believed to be influenced by a combination of genetic and environmental factors. Diagnosis hinges on the presence of at least two of the aforementioned features, after ruling out other potential causes. Regarding its pathophysiology, PCOS involves an overproduction of androgens from both the ovaries and adrenal glands, alongside intrinsic ovarian factors like altered steroidogenesis. External factors further contribute to this complex interplay, including genetic and epigenetic alterations, neuroendocrine shifts, and endocrine and metabolic influences like anti-Müllerian hormone, hyperinsulinemia, insulin resistance, adiposity, and adiponectin levels (Witchel, 2019)

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Further, recent genetic epidemiological insights affirm longstanding clinical findings, emphasizing the multifaceted nature of PCOS's origins. It is a genetically diverse syndrome, with contributions that are not yet fully elucidated.

In terms of treatment, initial approaches prioritize lifestyle modifications encompassing dietary adjustments, exercise, and weight management (Kaczmarek et al., 2016; Teede et al., 2018). Pharmacological interventions are reserved for specific metabolic irregularities like anovulation, hirsutism, and menstrual irregularities (Hoegar et al., 2008; Pasquali et al., 2013). These may involve medications such as metformin, combined oral contraceptive pills, spironolactone, and localized treatments for hirsutism and acne (Eichenfeld et al., 2013). Insulin sensitizers like metformin and thiazolidinediones have shown promise in addressing insulin resistance and hyperandrogenism in women with PCOS (Ladson et al., 2011). Typically, the primary medical intervention involves the use of an oral contraceptive to induce regular menstruation.

This research paper focuses on gaining an in-depth understanding of the experiences of women with PCOS specifically, the uncertainties associated with the disorder. Research suggests that there is a multiplicity of issues experienced by women in various domains of dealing with PCOS a qualitative study conducted by Tomlinson et al. (2017) suggests themes of delays and barriers to diagnosis, general lack of empathy by the medical profession, difficult in accessing specialist referral, lack of information from professionals, inconsistent and sometimes unsatisfactory experiences with medications, insufficient help and advice regarding fertility, relative lack of awareness or concern about longer-term risks and significant discrepancies between the beliefs of women with PCOS and how they experienced the attitudes of healthcare professionals. Even though these studies contribute to informing the professional recognition of these concerns and suggest changes to be made at the systemic level such as improved communication about polycystic ovarian syndrome and better access to support and specialist advice it does not inform the individual factors that might be at-play such as factors influencing compliance of an individual or the nature of the disorder that produces feelings of uncertainty.

In addition to that, there is limited information available on this disorder, such as the nature of the disorder, why it happened, what one can do to improve the symptoms, is there a way to avoid this. This may pose difficulties to health providers in conceptualizing the disorder and designing treatment plans as well as to the women experiencing the symptoms who are uninformed about what is happening to their bodies, why is happening and what can they do about it. To illustrate the same, consider this statement, not all women with polycystic ovaries have PCOS and not all women with PCOS have polycystic ovaries. This shows the idiosyncratic nature of PCOS moreover, a challenge in the diagnosis of PCOS. However, one of the widely accepted and internationally recognized criteria to diagnose adult women with PCOS is the Rotterdam Criteria. It postulates oligo-ovulation or anovulation, clinical or biochemical hyperandrogenism, and the identification of the radiographic characteristics of polycystic ovaries by ultrasonography as the basic requirements for the diagnosis (Teede et al., 2018).

Lack of information, ineffectiveness of treatments, and ambiguity of the nature of the disorder can lead to uncertainties regarding the disorder. Even though existing literature in the medicine has attempted to better understand this disorder and published articles on several topics of concern (such as pathophysiological features, treatment options, psychosocial factors, adherence or compliance issues), it does not communicate the issues or

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needs of women. For example, the treatment outcomes for a certain disorder depends on doctor-patient relationship, recognition of patient's knowledge, allocation of sufficient time for participation, and also factors related to patients such as having knowledge, physical and cognitive ability, and emotional connections, beliefs, values and their experiences in relation to health services (Vahdat et. al., 2014). Considering this, it makes sense to understand the underlying issues that may create a gap in utilizing the existing knowledge, or address the issues that are relevant to women and must be explored by the research community. This research serves as a pivotal step towards bridging the gap between medical knowledge and the subjective experiences of women with PCOS. By uncovering the complex web of uncertainties that shape their lives, both healthcare providers and patients can be empowered in their pursuit of holistic care. Through this investigation, a space for broader dialogue aimed at enhancing the understanding, management, and support provided to women navigating the challenges of PCOS is encouraged.

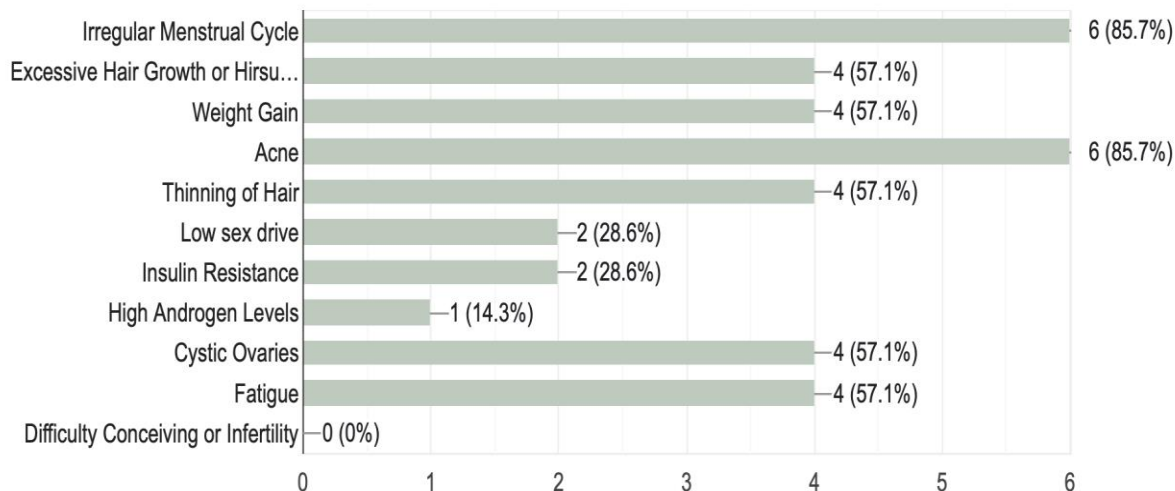
METHODS

Sample

The snowball sampling technique was used to recruit participants for the study. The participants were required to fill out a screening form via Google Forms which assessed if the participants met the inclusion criteria of the study. The inclusion criteria for the study was having a formal diagnosis for PCOS that meets two of the three criteria established by the European Society for Human Reproduction and Embryology/American Society for Reproductive Medicine (ESHRE/ASRM) international consensus working group (also known as the Rotterdam criteria). These criteria are hyperandrogenism (biochemical or clinical), irregular anovulatory cycles (>35 days or <21 days), and polycystic ovarian morphology.

Females were excluded from the study if they met either of the following conditions: (a) age of <15 years or >25 years, (b) no PCOS diagnosis by the consulting gynaecologist/physician and (c) the symptoms were attributable to other reproductive disorders, such as hyperprolactinemia. The number of participants selected for the interview process were 7 (n=7). After the selection of the participants' interviews were conducted until theoretical saturation was reached and no new emergent themes could be identified.

Figure 1 Symptomology details of the participants



Validity and Reliability

To ensure the validity and reliability of the research a reflexive journal was maintained throughout the research process, inter-rater reliability for the interview schedule and inter-coder reliability for individual factors on the qualitative data was performed obtaining the percentage value as 80% and 89.6%, respectively. In addition to that, as member checking, a form of response validation wherein participants are shown their data to check for its accuracy, was used to increase the study's trustworthiness. Further, the paper was peer-reviewed as a part of the validation strategy wherein an expert in the field analyses the research and provides feedback. Lastly, Ethical Considerations were followed to maintain the integrity of the research community. Ethical considerations were strictly followed throughout the process.

Procedure

For data collection, a Google form with a description of the study and informed consent was circulated on various social media platforms. Interviews were planned with the participants selected based on the predetermined criteria and conducted via telephone, Google Meet, or in-person, according to participant convenience. The nature of the interview was semi-structured and in-depth, comprising of open-ended questions carefully tailored to the needs and objectives of the study. Interviews were conducted via telephone, Google Meet, or in-person, according to participant convenience. Semi-structured in-depth interviews, comprising open-ended questions, were employed to explore participants' unique experiences. Non-leading questions were used to encourage candid responses and deeper insights.

Following data collection, interviews were transcribed for analysis. A thematic analysis approach, specifically Braun & Clarke's reflexive thematic analysis (2006), was employed to identify essential themes and patterns in the data. Relevant segments of the transcripts were selected, and an open coding process was initiated to identify emerging themes based on patterns and underlying meaning. A latent approach was adopted, delving into the subtext and assumptions within the data to gain a comprehensive understanding of participants' experiences. Thematic categories were formed, highlighting both similarities and differences across experiences. This analysis aimed to uncover mental health issues experienced by women with PCOS, explore specific aspects of uncertainty associated with the syndrome, and investigate factors contributing to non-adherence to PCOS treatment.

By employing these rigorous data collection and analysis methods, this research strives to provide valuable insights into the lived experiences of women with PCOS, paving the way for improved understanding, tailored treatments, and enhanced support for this population.

Ethical Considerations

Voluntary Participation and Informed Consent

It would be ensured that the participants are informed about the details of the study and that they can choose to withdraw at any time.

Anonymity & Confidentiality

The participants' identities would be kept anonymous, and confidentiality would be maintained.

Potential for Harm

The interviewees will be ensured protection from any kind of harm throughout the study.

Deception and Debriefing

The current study will not use any form of deception; hence, the participants will not have to be debriefed at any point in the research.

Communication of Results

The study results will be communicated to the participants should they choose to receive the same to benefit from the same.

Trustworthiness and Credibility

Validation strategies such as member checking, a form of response validation wherein participants are shown their data to check for its accuracy, can be used to increase the study's trustworthiness. Peer review can be another method to validate the research, wherein an expert in the field analyses the research and provides feedback.

RESULTS

Thematic analysis categorized uncertainty into three global themes: Scientific Issues, Practical Issues and Personal Issues. These global themes are derived from the conceptual taxonomy of uncertainty drafted by Han et. al (2011). Issues in this study refers to the obstacles ingrained within the healthcare system. In regards to uncertainty, it becomes the issues that potentially contribute to one's lack of knowledge or subjective awareness of one's lack of knowledge that is experienced by patients and health professionals in differing ways and degrees, motivates action, and elicits a variety of psychological responses.

Scientific Issues capture the gap in the knowledge base and tools, inventions, or resources that the discipline has accumulated with years of research, analysis, and experimentation. Such resources are essential to conduct the procedures and processes of healthcare for reducing illness and maintaining the well-being. The sub-themes are *Information* and *Tools and Treatment Options*. The sub-theme of Information refers to the accumulated knowledge base on the distinguishing features of PCOS, Causes of PCOS, and General myths of PCOS whereas the Tools and Treatment Options refers to the tangible measures of progress that allow the person to assess their standing in the severity of the disorder. These themes rendered people quite helpless and lost in their journey of the polycystic ovarian syndrome. Primarily, due to the lack of standard, effective, and viable treatment plans, no reliable cost-benefit analysis of different treatment options, and lack of standardized measures to track progress.

Few quotations from each of sub-themes :

"So I thought there was this, there's this thing, right? It's called there's another very common thing and.....Endometriosis.. Yeah, endometriosis. Right? Exactly. So I was worried it was that endometriosis can be pretty like, serious considering you know" – **Lack of distinguishing features of PCOS**

"Yeah. Unlike, and the fact that even when they blame, okay, even if they blame my lifestyle, that's not shown in the reports. Not my insulin, not my thyroid, not, not my BMI levels, nothing. Is this too out of place? It's all perfect. So, it's not shown in the scales. But they've made me not know what is wrong. So those kinds of things did have an impact. Probably." – **Unknown causal factors of PCOS**

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“Like, when I like I did take the pills for its course and how much ever she prescribed me. But again, like I said, you don't have observable changes in your body, right? So I don't know if I got better.” – Lack of measures to track progress

“I will eat that for two months and the prolactin will go down but in the next two months again it will come back to the same levels. I know, this has been happening since the starting, So, this is not effective” – Lack of Standardized, Effective, Viable treatment interventions

“As these pills impact you in a very wrong way and as a girl I am not married so these birth control pills, I have been eating this since, i was 17 years old. These pills are quite bad for general health and then, I have the tendency to overthink a lot so, I think what else is going wrong with my body - Cost-benefit analysis of treatments

Practical issues encapsulate the expected quality of care and procedures of the healthcare system ranging from the competence of the medical professionals themselves to the management of healthcare facility. Some of the issues were *system-oriented* such as continuity of care, and difficulty in obtaining referrals to gynaecologists whereas the others were *professional-oriented*; insufficient informational support by healthcare professionals, incompetence of healthcare professionals, ineffective doctor-patient relationship, and less time per patient. Participants expressed significant distress and discomfort regarding their doctors. Some of them reported that doctors do not take the time to explain what is happening to their body and what is the prognosis of the disorder. Rather, they would prescribe medications or certain treatment interventions and leave them on their own to figure it out.

Few quotations from each of sub-themes :

“ You know, so I went to a couple of Gynee (gynecologist), gynecologist over probably two years,” - Continuity of Care

“she actually referred me to one of these gynecologist and that's what happened twice. I think I was prescribed, like, different kinds of birth control pills. And really, like, they didn't tell me to go get an ultrasound, they didn't tell me to go get a blood profiling done” - Specialist Referrals by PCPs

“She just told me I needed to lose weight. And she told me that you have to take these some tablets, which she gave, I think, yeah, that's it.” – Insufficient Informational Support

“ I didn't, like, I wasn't overweight, which is a symptom of PCOS, the gynaecologist was like, Whoa, I had no idea because, like, if you were physically like not typical, not only you physically weren't doing like a typical symptom of PCOS.” – Competence of healthcare professionals

I wanted to ask more about how it would affect my future and such. But I was hesitant – Effectiveness of doctor-patient relationship

I told her about the problem, and she was just like them, go get this done, and then comes in, so that it was a brief like, four to five minute, you know, first sitting – Time per patient

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Lastly, Personal Issues focuses on the individual-level factors such as personal characteristics and resources which can help an individual deal with uncertainty. Emerging themes were *lack of affirmations or negative comments, lack of tangible support, lack of amenities, unavailability of food varieties, lack of personal initiative, less ability to experiment, low self-efficacy, and self-regulation*. Interestingly, body image issues acted as a motivator for bringing about and maintaining change.

Few quotations from each of sub-themes :

“And also the time constraints, the food is served timely so, if you are hungry later, as there is no kitchen in which you can go and cook yourself something healthy. so, you have to go out” – Provision of tangible support

“They always pointed out that you have gotten fat and so, suddenly gotten fat” – Affirmations or Comments

“So, it is maintained but will be medicines only. So, it is not curing. But I can't help it right now, as I am staying in Pune right and I am not even with my mom. So, the water and food is not suiting me probably right now” – Accessibility to food options

“And if you're also dedicated and proper gym exercise is available and there is another problem here that is, because of assignments and projects every day I do not get time to walk. That is also problem” – Availability of amenities

So most of the people have told that you have all you can do from your side is just maintain your diet and exercise regularly. But I've noticed that not many of us are able to, you know, adhere to those options – Personal Initiative

I was, like I said, the trial-and-error process took me a while, right. And I was quite stressed about not finding something that I could stick to regularly, it took me a while to like, understand what I could do every day and eat every day, without taking so much stress about doing something healthy all the time, - Ability to experiment

“This may include, for example, chocolates, dairy products on triggers, but I could never stay away from them. I think I've stayed away like one month and I just like, bounced around. So I was not very stable in following a strict regimen. – Willpower

“Yes, they have been because, because of my acne, I had a lot of self esteem issues which made me like withdraw from like family or friends. Which caused like a lot of anxiety in social situations”- Self-Esteem

Then, you will have weight gain, so you stopped eating many things. So I did that. I stopped eating outside food and I stopped eating chicken. Could you believe me for that? I didn't eat chicken for eight months. I have tried that too. So, no non-veg for eight months. So it is a very, very worse condition for the mindset then you think why is not curing and how much medicines I can eat. – Body Image

Figure 2. Themes of Uncertainty associated with PCOS

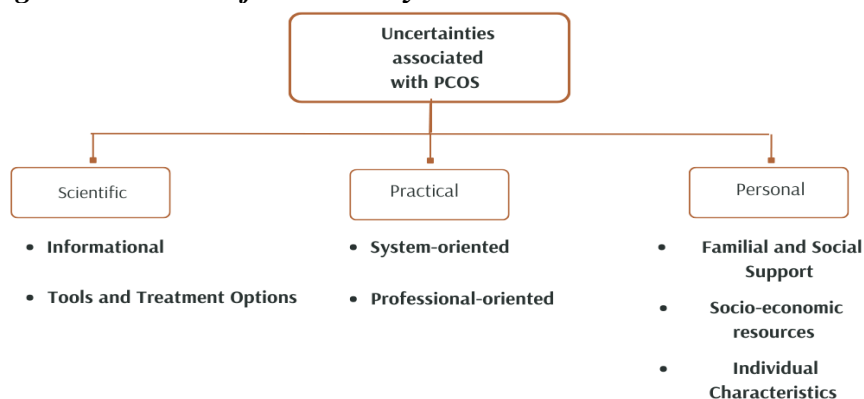


Table 1. Defining the themes of uncertainties associated with PCOS

Global themes	Sub-themes	Sub sub-themes	Definitions
Scientific	Informational	Lack of Distinguishing Features	It refers to the differences between the signs of pathological and normal menstruation cycles.
		Unknown causes of PCOS	It refers to the understanding of the causal mechanisms that are at play behind the development of pathological features of the disorder or links to genetic and environmental factors that contribute to PCOS
	Tools and Treatment Options	Lack of measures to track progress	Scales, Questionnaire, Devices or Technology that presents with an objective measure of progress is a relevant concern in understanding the trajectory of PCOS.
		Lack of Standard, Effective and Viable Treatment Interventions	It refers to the treatment interventions that are feasible, applicable to wide-range of individuals, addresses most of the symptoms and issues and shows the improvement in the initial conditions of the individual.
		Cost-benefit analysis of treatment interventions	It refers to the utilitarian argument of following a treatment plan. Looking at the improvements in the face of consequences and according to the ratio of cost-benefit taking the decisions.
	Practical	System-oriented	Continuity of Care
Specialist Referrals by PCP			It refers to the ease of getting referrals from the primary care physicians to the specialists for appropriate diagnosis and intervention strategies.
Professional-oriented		Insufficient informational support by healthcare professionals	This theme focuses on the valuable insights and advices that the healthcare professional has at their disposal from their years of experience and knowledge.
		Competence of healthcare professionals	Competence refers to resultant behaviour that reflects the accumulated knowledge, training and experience of the healthcare professionals in the context of this research. Unlike informational support which refers to providing the patient with the relevant information to understand the disorder this theme refers to the

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Global themes	Sub-themes	Sub sub-themes	Definitions
			professional's ability to appropriately diagnose, provide prognosis and recommend personalized interventions.
		Effectiveness of doctor-patient relationship	It refers to the level of care and understanding expressed by the healthcare professional towards the patients to enhance the functionality of the relationships and improve the health outcomes of the patients.
		Time spent per patient	It refers to the time spent by the professional with the patients in assessing and addressing their concerns.
Personal	Familial and Social Support	Affirmations or Comments	Affirmations refers to encouraging statements from family members, extended family and peers that boost the morale of the individuals. Additionally, comments encompass all other statements that individuals receive from their social circle that might have an impact on them.
		Provision of tangible support	Tangible support under familial and social arena refers to the provision of concrete and direct ways people (family members or friends) can assist the individual's needs and help in maintaining or treating the disorder.
	Socio-economic resources	Availability of amenities	It refers to the social, economic and other factors such as city-planning that are play in role in making the amenities such as gyms, walking areas, vegan restaurants, etc. at the disposal of the individual.
		Accessibility to food varieties	It refers to the affordability and access to the food groups that are nutritious and help in maintaining a healthy lifestyle.
	Individual Characteristics	Personal Initiative	It refers to the individual's goal-oriented actions that drives them to achieve their targets.
		Ability to Experiment	It refers to the individual's ability to switch among the different treatment interventions by the trial-and-error method to discover the treatment intervention that best addresses their unique set of symptoms.
		Will power	It refers to an individual's ability to resist the temptations of falling back into the patterns of unhelpful behaviours that can worsen their symptoms.
		Body Image and Self-Esteem	Body image refers to an individual's perception of their own body. Self-esteem refers to an individual belief in their abilities and competence, it is related to one's own self-worth.

DISCUSSION

This paper expanded upon the understanding the taxonomy of uncertainty in context of women with PCOS (Han et al., 2011). All of the participants reported issues with complying to the treatment plan among which the key feature was uncertainty in various domains.

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The findings of this study help in better conceptualization of the factors contributing to an aspect of uncertainty which can further, facilitate in bridging the intentional-behavioural gap. Issues of uncertainty in lifestyle disorders are usually spread across multiple levels of system. Most of the existing literature limits itself to either extremes of personal or practical issues without any coherence. Such as research conducted by Tomlinson et al. (2017) proposes the themes of loss of feminine identity and concern about the future and current health implications of PCOS. Noticeably, the perceived lack of empathy from doctors, difficulty in accessing specialist referrals, and limited information from professionals are common themes to be seen in the findings of this research as well. However, consideration of scientific issues such as lack of distinguishing features of the disorder, unanimity regarding the causes, and lack of cost-benefit analysis of treatment plans becomes important in order to formulate a larger understanding of the issue.

Further, the findings regarding the issues of uncertainty can be used to contribute to the dilemmas presented in other papers. One such dilemma is the temporal evolution of tolerance to uncertainty. A qualitative study conducted by Biesecker et al. (2021) on uncertainty tolerance noted that individuals living with uncertainty not only develop tolerance but also, coincide with the development of epistemic maturity, humility, flexibility, and openness. However, the participants of the study found it difficult to adapt to the conditions of uncertainty of the disorder (it was noticeable in the results that most of the individuals discontinued their prescribed treatments either by stopping their medications and revoking from the lifestyle interventions or by simply not going for follow-ups) which led to personal issues of uncertainty such as themes lack of personal initiative, ability to experiment, self-esteem, body-image and lack of will-power that weakened the practices of good health behaviours.

In addition to that, this study adds to the literature on the role of knowledge, which has the potential to resolve uncertainty and improve adherence. According to the study of Alm-Roijer et al. (2004) on better knowledge improves adherence to lifestyle changes found that there is a significant correlation between general knowledge about the risk factors of cardiovascular disease and compliance to certain lifestyle changes such as weight, physical activity, stress management, diet, attainment of lipid level goals and the likelihood of taking prescribed blood pressure-lowering drugs. In this study, it was evident that there is a scientific uncertainty among women with PCOS. This can be understood as a factor that keeps most of the participants in the dark about the long-term implications of the disorder additionally, under the practical issues even doctors fail to provide informational support to their patients which contributes to the knowledge gap and can be said to play a major role in their adherence to treatment.

A few other factors that play a role in adherence according to the literature discussed in this paper through qualitative exploration are attitude towards medication, illness representation, positive outcomes of the lifestyle interventions, ability to experiment, willpower, and motivation which define the route to adherence. Regarding attitudes toward medication, there is a study that showed a positive relationship between positive attitudes toward medication and adherence. However, the participants of this study had a negative attitude towards medication primarily because the medications help in maintaining the disorder rather than curing it which is the common expectation towards medications. Furthermore, the long-term impact of medication was known to be detrimental to the overall health of the participants. Both of these factors led to most of the participants discontinuing medication after the initial months of diagnosis. This can be one of issues that the medicine researchers

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and health professionals can better address and communicate. Further, these negative attitudes can be addressed by the professionals to the patients with a cost-benefit analysis that can additionally, inform the risk perception as well.

Further, illness representations which are the way individuals conceptualize their illness, have an impact on their coping behaviour that is, adherence to the treatment interventions in this context (Leventhal et al., 2008). The scales for illness representation take 8 dimensions into consideration that are, (1) consequences: perception of consequences in everyday life; (2) timeline: expectations about the duration of illness; (3) personal control: perception of the degree of personal control over illness; (4) treatment control: perception of the degree of control over illness due to received treatment; (5) identity: perceived symptoms of illness; (6) concern: concern over illness; (7) comprehension: understanding of illness; and (8) emotional burden: experiencing emotional burden due to illness (BIPQ; Broadbent et al., 2006). Most of the dimensions mentioned are discussed as sub-themes of uncertainty. It can be inferred that the illness representations of women with PCOS are tainted and flawed primarily due to uncertainty issues.

Next, contrary to the findings of several studies positive outcomes of the lifestyle interventions did not seem to play a major role in adherence when it comes to lifestyle interventions. Such as the Health Belief Model discusses the component of Perceived Benefits as playing an equal role in determining health behaviors or actions (HBM; Rosenstock, 1974). However, participants in this study reported awareness as well as significant improvement in health after consistently exercising however, factors such as daily hassles that involve, academic or professional commitments, etc. overpowered the motivation derived from the positive outcomes of lifestyle interventions. In addition to daily hassles, the long-term commitment to lifestyle changes was reported to be comprising the mental health of the participants such as limiting the options of socializing due to strict dieting plans. Even though, the health belief model proposes health barriers to be impacting health behaviour it does not show how some factors can overpower other factors and influence an individual's course of action.

Lastly, even though there is no existing literature on the relationship between the ability to experiment and adherence. However, participants who reported they have actively experimented with treatment options and through the method of trial and error have better knowledge of managing their PCOS and reported less mental health concerns such as fear or anxiety about their PCOS. One of the famous models suggested by Rosenstock, the Health Belief Model suggests the factors that contribute to an individual's motivation to perform health actions. Perceived susceptibility and perceived severity are present in the participant however, the importance of it is wilfully neglected in addition to that the barriers experienced outweigh the benefits of treatment which can explain the low motivation or inaction of the participants interviewed for the study. Further, studies have shown that patients who are motivated to perform self-care and consider the results of care to be important are more likely to adhere to a healthy lifestyle (Kähkönen et al., 2015). This can attest to the link between low motivation and non-adherence.

It is to be noted that the literature focuses on adherence whilst this paper does pose a contention or a probable hypothesis that uncertainty permeates and influences the above factors which then impacts the decision to either perform or abandon the intended behaviour.

CONCLUSION

This research explores the themes of uncertainties that women with PCOS might encounter in their journey with PCOS. The three global themes of uncertainty that emerged from the interviews were scientific issues, practical issues, and personal issues. Scientific and Practical issues discuss the prevalence of factors at the level of healthcare literature and the system that produced uncertainty in women. Additionally, the personal issues reflect on the individual characteristics that influence the individual's level of certainty they experience with treatment interventions. Further, this study navigates the barriers to adherence to treatment interventions and attempts to conceptualize the links between uncertainties and adherence issues.

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Conflict of Interest

Author has no conflict of interest to declare.

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