

Research Paper

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

Mahika Ajaideep^{1*}

ABSTRACT

Polycystic Ovary Syndrome/Disease (PCOS/PCOD) is an endocrinal lifestyle disorder impacting the life of a lot of women across the world. It not only causes physical distress but also creates psychological, and social distress. The medical symptoms of PCOS/PCOD, including irregular menstruation, hormonal disorders, and infertility, are well-reported. But its impact on quality of life, body image and self-concept are not studied in detail. This research investigates the correlation between health-related quality of life (HRQoL), body image, and self-concept in women with PCOD/PCOS. The sample consisted of a total of 60 women diagnosed with PCOD/PCOS between the age of 18-35 years. The sample was taken from Sunder Lal Hospital, IMS, BHU, Varanasi, Uttar Pradesh. The experimental database included the PGI Health Questionnaire (PGI-HQ) as a tool to measure the severity of distress in women, Body Image Concern Inventory (BICI), and Self-Concept Rating Scale (SCRS). The results indicate that HRQoL and self-concept are significantly correlated, which indicates that PCOD/PCOS causes psychological as well as social distress in women. The Women complained of difficulty matching their self-image to the societal standards of beauty because of such symptoms as weight gain, hirsutism and acne that lead to increased body dissatisfaction and reduced self-esteem. The paper also highlights the contribution of physical and psychological distress to the development of body image issues and dimensions of self-concept including the perceived self, ideal self, and social self.

Keywords: *Polycystic Ovary Syndrome, Polycystic Ovarian Disease, Health related Quality of life, Body Image, Self-Concept, Psychological Distress*

Polycystic Ovary Syndrome/Disease (PCOD/PCOS) is a complex disease that affects millions of women all over the world, but its serious consequences on the personal and emotional state are not openly discussed. Being a woman with PCOD/PCOS, I have had to go through a struggle that is not just limited to the clinical manifestation, but has extended into the very fabric of my self-identity, interpersonal and personal life.

Being a PCOD/PCOS client has involved managing a tangled mess of physical and emotional issues, including the feeling of stigmatized due to gain of weight and fertility issues exacerbated by family pressures, and the daily stress of living with hirsutism, hormonal mood vagaries, and the necessity to follow rigid regimens after simply to control

¹Uttaranchal University

*Corresponding Author

Received: March 19, 2026; Revision Received: March 22, 2026; Accepted: March 25, 2026

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

her menstrual cycles. These have been highly influential on my self-perception, relations, and identity and they have all been generated long beyond the clinical symptoms. It has been a difficult and a growing experience that has led me to more insight into the ways this condition intersects with psychological health.

BACKGROUND

Polycystic Ovary Syndrome (PCOD/PCOS) is a relatively common lifestyle disorder with a range of endocrinal imbalances, ovarian cysts, irregular menstrual cycles, and an increased amount of androgen affecting 3.7% to 22.5% of the population (Dumesic, D. A., Oberfield, et al., 2019). Physical symptoms of the disorder have been well-researched (hirsutism, acne, weight gain, infertility, etc.), yet the psychosocial impact of the condition on the population has not been studied in detail.

Health-Related Quality of Life (HRQoL) is a multidimensional concept that entails physical, psychological, and social well-being, which are affected by health conditions. Lower HRQoL is always reported in women with PCOD/PCOS compared to the general population, due to physical symptoms, psychological burden (anxiety and depression), and stigma in the society (Hahn et al., 2005; Kaur et al., 2023). The body image is perceived as we view ourselves, think, and feel about our bodies, which is greatly disturbed in PCOD/PCOS. Women are in a dilemma with the standards of beauty presented by classifying such symptoms as weight gain, hirsutism, and acne (Bazarganipour et al., 2013; Alur-Gupta et al., 2019). The total complex of beliefs a person has about themselves in the perceived, ideal, and social levels also suffers negatively; fertility problems, permanent physical alterations, and social pressures all contribute to the disruption of self-esteem and identity (Dar et al., 2021; Pallasigui and Dominguez, 2024).

The relationship between body image and self-concept in PCOD/PCOS is reciprocal: negative body image supports the development of feelings of inadequacy and undermines self-concept, whereas a weak self-concept increases the risk of being affected by societal pressure and dissatisfaction with the body. Despite some studies having investigated the effect of PCOD/PCOS on depression and quality of life (Agrawal et al., 2023; Soni and Laddad, 2024; Keeratibharat et al., 2024), there is a lack of research on the relationship between HRQoL and body image and self-concept among customers especially in the Indian context. This gap is filled by the current study that focuses on the relationship of these three constructs combined in a sample of women with PCOD/PCOS in Varanasi, Uttar Pradesh.

METHODOLOGY

Rationale of the study

Polycystic Ovarian Disease or Syndrome (PCOD/PCOS) is a multifaceted condition that impacts various aspects of a woman's physical, emotional, and social well-being. While the medical aspects of PCOD/PCOS such as irregular menstruation, hormonal imbalances, and infertility have been extensively studied, the psychosocial dimensions remain underexplored. Body image and self-concept are critical yet often neglected components of the lived experience of PCOD/PCOS. The condition's visible symptoms, such as weight gain, acne, and excessive hair growth, often conflict with societal beauty standards, leading to body dissatisfaction and lower self-esteem. Additionally, the long-term implications of PCOD/PCOS, including fertility challenges and chronic health risks, can deeply influence a woman's sense of identity and worth.

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

There are a number of researches which examine the impact of PCOD/PCOS on mental health, depression and quality of life but there are very few researches which talk about the impact caused on self-concept of an individual and their body image because of the issues caused by PCOD/PCOS. Here in this research we talk about how PCOD/PCOS alters the body and body perceptions, interfere their self-image and cause problems in forming their self-concept.

As we grew towards a modern technologically advanced and competitive world, the lifestyle of people also changed. We grew towards women advancing more in every stream of occupations, and increase in desk jobs as well as increase in stress. There are also a lot of changes in the food we intake and an increased culture of fast food. Also due to the convenience of life caused due to technology there is a decrease in physical activity and less routine physical activities. Due to all these reasons there has been a significant increment in the diagnosis of PCOD/PCOS among women. PCOD/PCOS is a condition characterized by the presence of multiple cysts in the ovaries. These cysts are actually immature or partially mature eggs that have failed to be released during ovulation. The condition leads to various symptoms due to hormonal imbalances and can affect a woman's menstrual cycle, fertility, and overall health.

PCOD/PCOS also impacts the physical characters of a woman. As there is an increase of androgens in women with PCOD/PCOS which causes excess growth of hair on unwanted parts of the body. Also, there is a fluctuation in hormones which causes weight gain, acne, pigmentation etc which causes body image issues in a lot of women. The Internet also being handy to everyone has created a kind of set standard (called perfectionism) body discrepancy from these standards causes dissonance amongst women. Due to these negative self-image women generally get low self-esteem and have issues even in their romantic relationships. They have difficulty in opening up in society and due to low self-esteem also have difficulty in approaching people for romantic relationships. It can also be seen that women with PCOD/PCOS have difficulty in sexual relationships due to their self-body perceptions and low confidence. Infertility is also one of the symptoms of PCOD/PCOS, the fear of which and the struggles in life of women of PCOD/PCOS who are willing to conceive is beyond imagination. These women not only struggle with the distress of not being able to conceive but also there is a lot of societal pressure and meeting the demands of family which causes a lot of psychological distress. These body image issues cause a lot of insecurities which in turn impact their formation of self-concept. The gap between their ideal self and the perceived self might create a lot of anxiety.

This study is driven by the need to bridge the gap in understanding how PCOD/PCOS affects women beyond its physical manifestations. Body image and self-concept are interconnected with mental health and quality of life, yet they receive limited attention in both research and clinical practice. Exploring these dimensions is critical for developing holistic care approaches that address the physical and emotional needs of women with PCOD/PCOS. By examining how PCOD/PCOS influences body image and self-concept, this research seeks to provide insights that can inform interventions, promote awareness, and challenge the stigma surrounding the condition.

Objectives

1. To assess the health-related quality of life (HRQoL) in women diagnosed with Polycystic Ovarian Disease (PCOD/PCOS).

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

2. To examine the body image concerns in women with PCOD/PCOS.
3. To evaluate the self-concept of women with PCOD/PCOS.
4. To analyze the correlation between PGI HQ and body image in women with PCOD/PCOS.
5. To analyze the correlation between PGI HQ and self-concept in women with PCOD/PCOS.

Hypotheses

1. There will be a significant relationship between health-related quality of life and body image among women with PCOD/PCOS.
2. There will be a significant relationship between health-related quality of life and self-concept among women with PCOD/PCOS.
3. Health-related quality of life significantly predicts body image among women with PCOD/PCOS.
4. Health-related quality of life significantly predicts self-concept among women with PCOD/PCOS.

Research Design

This study is a quantitative correlational research design. The study explores the relationships between Body image, Self-concept and Health related Quality of Life among women diagnosed with Polycystic Ovarian Disease/Syndrome (PCOD/PCOD). The study aims to find the positive and negative correlations between the different dimensions and explore whether the physical and psychological distress due to PCOD/PCOS can be a predictor of body image and self-concept concerns in women.

Sample and Sampling Method

The study uses a purposive sampling technique to selectively choose those participants who meet specific inclusion criteria, ensuring relevance to the research objectives. The sample comprises 60 Hindi speaking women diagnosed with PCOD/PCOS, recruited from Prasuti Evam Stri Rog Vibhag of Sunder Lal Hospital (Banaras Hindu University) Varanasi, Uttar Pradesh. The department specializes in the treatment and management of this condition. Purposive sampling allowed us the selection of participants who are directly affected by PCOD/PCOS, ensuring that the data collected is specific to the population under investigation.

Inclusion Criteria: Women who were medically diagnosed with PCOD/PCOS by a healthcare professional were taken and the age of the women should be from 18 to 35 years, so that the women come under a reproductive age to see PCOS/PCOD's impact on their ability to conceive and their self-concept.

Exclusion Criteria: Women who had other chronic conditions or psychological disorders were exempted and women who had gone through any kind of plastic surgery were also exempted as their Body Image and Self Concept might be significantly different than other women.

Tools and method-

1. **Demographic Information and Consent Form:** The demographic form aimed to ask the age, marital status, educational qualification, occupation, age, their residence, have they had any surgery and when their PCOD/PCOS diagnosis was made.

2. **PGI Health Questionnaire N-1 (PGI HQ N-1):** PGI HQ N-1 is based on CMI Health Questionnaire and consists of the characteristics as envisaged by Cattell. The scale was adapted in Hindi by Verma, Wig and Pershad 1974. It consists of 38 items divided into A - physical distress (item number 1 to 16) and B - psychological distress (item number 17 to 38) sections with 16 and 22 items respectively. The reliability of the test was examined using 'test- retest' and 'split half' methods and was found to be significantly high - 0.88 and 0.86 respectively. The validity of PGI HQ N-1 was established by using other tests such as Cornell Medical Index Health Questionnaire and other similar tests and it was highly correlated with similar scales.
3. **Hindi Adaptation of Body Image Concern Inventory (BICI):** Body Image Concern Inventory (BICI) was originally developed by Littleton, Axson, and Pure in 2005. The translation and adaptation of this scale in Hindi has been done by Kanchan Verma and Saroj Verma. The Hindi version of the scale consists of two dimensions. The first dimension consists of 12 items (item number- 16,10,7,6,15,2,18,11,13,17,4,19) that are labelled as "symptom interference" and the second dimension consists of 7 items (item number- 1,8,3,12,5,14,9) labelled as "dysmorphic symptoms." The reliability of the subscales as well as the full scale was found satisfactory (for symptom interference, $r = .828$; for dysmorphic symptoms, $r = .789$; for the full scale, $r = .871$). The scale's concurrent validity ranged from .38 to .42.
4. **Self-Concept Rating Scale (SCRS):** The self-concept rating is based on the self-reporting technique. Initially the self-concept rating scale was adapted from Sarbin's Self Concept Rating Scale however it was not appropriate for the Indian population, therefore it was revised. The checklist consists of 90 adjectives which cover almost all the important aspects of personality. This is a self-rating scale which has a 5-point scale; the five points being, very much like this, much like this, uncertain, not much like this and not at all like this. The 90 words in the checklist also are divided in the positive and negative and neutral classes as well as in the dimensions of Intellectual, Emotions, Character, Social and Aesthetic Characteristics. The rating scale can measure all the four aspects of the self - concept, the perceived, ideal, real and social on all the dimensions for both positive and negative classes. Reliability was estimated by the test retest method. Which came out to be 0.89. The consistency correlations range from .84 to .98. This proves that the self-concept rating scale gives a stable and reliable measure of self-concept. The convergent and discriminant validity was found over for this Self Concept Rating Scale besides establishing the content validity, which came out to be significant.

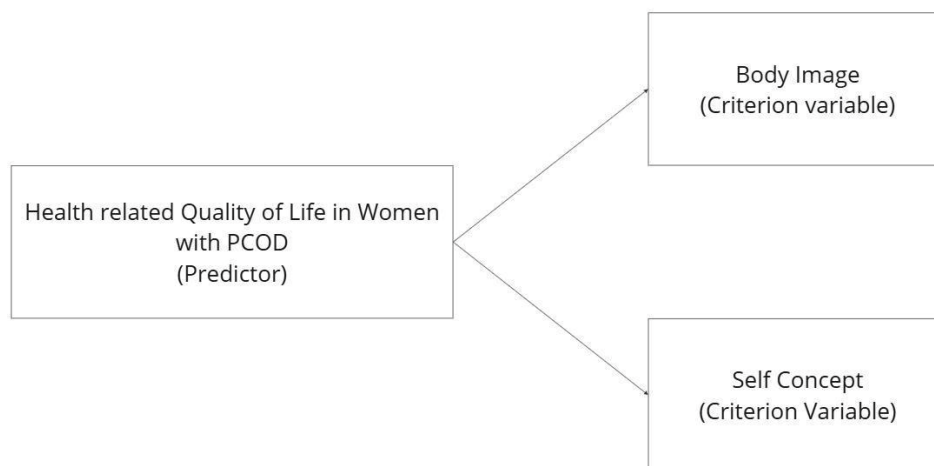
Statistical Analysis

The data collected from the PGI Health Questionnaire N-1, Body Image Concern Inventory (BICI), and Self-Concept Rating Scale (SCRS) were reviewed for completeness and accuracy by 5 experts, before being entered into the Statistical Package for the Social Sciences (SPSS), version 23, for analysis. Descriptive statistics, including measures of central tendency (mean) and variability (standard deviation), were computed to summarize the sample's overall characteristics, along with frequencies and percentages for demographic variables. Pearson's correlation coefficient (r) was used to examine the relationships between health-related quality of life (HRQoL), body image, and self-concept, providing insights into the strength and direction of these associations. Additionally, regression analyses were conducted to explore the predictive role of HRQoL on body image and self-

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

concept, with coefficients indicating the strength of the relationships and the variance explained in the dependent variables. All statistical tests were conducted at a 5% significance level ($p < 0.05$).

Figure 1.1: Framework of the research representing Health Related Quality of Life, Body Image and Self Concept



Procedure

The study was initiated after obtaining ethical clearance from the review board of *Prasuti Evam Stri Rog Vibhag* at Sunder Lal Hospital, located in Banaras Hindu University (BHU), Varanasi, Uttar Pradesh. Participants were fully informed about the purpose and scope of the research, as well as the confidentiality of their responses. Written informed consent was secured from all participants before their inclusion in the study.

Women diagnosed with Polycystic Ovarian Disease (PCOD) by qualified medical professionals at the hospital were approached and invited to participate in the study. Purposive sampling technique was used to ensure that all participants met the inclusion criteria: (1) a confirmed diagnosis of PCOD, (2) the ability to comprehend and respond to the questionnaires, and (3) willingness to participate in the study. A total of 60 women diagnosed with PCOD/PCOS participated in the study.

Data collection was done after recruitment by administering three standardized questionnaires. These were the PGI Health Questionnaire N-1, which had an assessment of the health-related quality of life (HRQoL) of the participants, the Body Image Concern Inventory (BICI) which measured the body image-related concerns and dissatisfaction, and the Self-Concept Rating Scale (SCRS) which measured the self-concept of the participants. The questionnaires were also given personally or directly distributed in accordance with the convenience of the participants. Detailed guidelines were included so that the participants would get to know how to fill the instruments correctly. Participants were provided with assistance where necessary and care was taken to ensure that they were not influenced to give specific answers.

Once all responses were collected, the data were reviewed for completeness and accuracy by 5 reviewers. Each questionnaire was scored according to its respective scoring guidelines. The compiled data were then systematically entered into the Statistical Package for the Social Sciences (SPSS) version 23 for analysis. Statistical methods included correlation

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

analysis to explore the relationships between HRQoL, body image, and self-concept, and regression analysis to determine the predictive role of HRQoL on body image and self-concept. The systematic and rigorous approach ensured the reliability and validity of the findings.

RESULTS

Analysis of Results

In the study, the total number of participants were 60 females clinically diagnosed with PCOD/PCOS recruited from Prasuti Stri Rog Vibhag of Sunder Lal Hospital, BHU. The age of the participants was between 18 to 35 years. The demographic details of the participants are given in Table 2.1.

Table 2.1: Summary of the demographic details of the participants (N=60; Gender=female)

Sociodemographic		Frequency (n)	Percentage (%)
Age (Years)	18-25	50	83.33
	26-30	5	8.33
	31-35	5	8.33
Education level	Undergraduate	20	33.33
	Postgraduate	34	56.67
	Others	6	10
Occupation	Student	42	70
	Homemaker	7	11.67
	Professional/ Working	9	15
	Unemployed	2	3.33
Marital Status	Unmarried	53	88.33
	Married	5	8.33
	Divorced	2	3.33
Region	Uttar Pradesh	32	53.33
	Delhi (NCR)	8	13.33
	Uttarakhand	6	10
	Other states	14	23.33

As seen from Table 2.1 most women were the age from 18-25 (83.33%), most were educated under graduation or post-graduation (90%), most were students (70%), most were unmarried (88.33%) and most were from Uttar Pradesh (53.33%).

To test the hypothesis formulated for the present study, in the first step of the analysis correlation has been computed to determine the relationship between predictors and criterion variable to predict the value of the criterion variable based on the value of predictor variables.

Table 2.2 shows the result of correlation analysis of PGI HQ and its dimensions (Physical distress and psychological distress) along with BICI and its dimensions (Dysmorphic Symptoms and Symptom Interference).

Table 2.2: Summary of Correlation Coefficient between PGI HQ and its Dimensions and BICI and its dimensions (N=60)

Predictors/Criterion Variables	Dysmorphic Symptoms	Symptom Interference	BICI Total
Physical Distress	.229	.202	.223
Psychological Distress	.248	.222	.244
PGI HQ Total	.243	.216	.238

It is evident from Table 2.2 that there was no significant correlation between PGI HQ and its dimensions and BICI and its dimensions.

Table 2.3: Summary of Correlation Coefficient between PGI HG and its Dimensions and SCRS and its sub dimensions (N=60).

Predictors/Criterion Variables	Intellectual	Aesthetic	Emotional	Social	Character
Physical Distress	-.091	-.228	-.202	-.285*	-.249
Psychological Distress	-.073	-.213	-.227	-.285*	-.265*
PGI HQ Total	-.081	-.222	-.219	-.288*	-.261*

* Correlation is significant at the 0.05 level (2-tailed)

Result Table 2.3 depicts that Physical Distress was significantly negatively correlated with Social Dimension of the SCRS ($p < 0.05$). Psychological Distress was significantly negatively correlated with social and character dimensions of SCRS ($p < 0.05$). The overall PGI HQ Total was significantly negatively correlated with Social and Character Dimensions of SCRS ($p < 0.05$).

Table 2.4: Summary of Correlation Coefficient between PGI HQ and its dimensions and SCRS and its dimensions (N=60).

Predictors/Criterion Variables	Perceived Self	Ideal Self	Social Self	SCRS Total
Physical Distress	-.155	-.249	-.299*	-.268*
Psychological Distress	-.137	-.265*	-.318*	-.279*
PGI HQ Total	-.146	-.261*	-.314*	-.277*

* Correlation is significant at the 0.05 level (2-tailed)

Result Table 2.4 depicts that Physical Distress was significantly negatively correlated with Social Self and the SCRS Total ($p < 0.05$). Psychological Distress was significantly negatively correlated with Ideal Self, Social Self and the overall SCRS Total ($p < 0.05$). The overall PGI HQ Total was also significantly negatively correlated with Ideal Self, Social Self and SCRS Total ($p < 0.05$).

Table 2.5: Summary of the Multiple Regression Analysis (step-wise) for PGI HQ and its dimensions as predictors and social self-dimension of SCRS as criterion variable.

Model	Variable	R	R2	R2 Change	F Change	Sig.
1	Psychological Distress	.318	.101	.101	6.525	.013

Predictors: (Constant), Psychological Distress

Dependent Variable: Social Self

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

The result of stepwise regression analysis shows that the Psychological distress dimension of PGI HQ explains 10.10% of total variance in the Social Self dimension of SCRS.

Table 2.6: Summary for Unstandardized Beta value of the Multiple Regression Analysis (step-wise) for PGI HQ and its dimensions as predictor and Social Self dimension of SCRS as criterion variable.

Model	Variable	Beta	SE	B	p
1	Psychological Distress	-.548	.215	-.318	.013

Predictor: (constant), Psychological Distress

Dependent Variable: Social Self

The result of Unstandardized beta value of stepwise regression analysis shows that 1% variation of Psychological Distress explains 54.80% variation in Social Self ($b = -.548$, $p < 0.05$). Thus, Psychological distress plays a significant role in shaping our Social self. This model is adequately fit ($F = 6.525$, $p < 0.05$).

DISCUSSION

The present study examined the relationship between health-related quality of life (HRQoL), body image, and self-concept in 60 women diagnosed with PCOS/PCOD. Data was analysed using Pearson's correlation and stepwise multiple regression.

Table 2.2 shows no statistically significant correlation between PGI HQ dimensions and the Body Image Concern Inventory (BICI) or its sub-dimensions. This finding is consistent with Aba and Aytok Sik (2022), who found no significant difference in body image scores between women with PCOD/PCOS and healthy controls, and with Joshi, Sawant and Maydeo (2021), who reported that body image disturbances were present in only 11.43% of their PCOD/PCOS sample. Kriti, Kumari and Joshi (2023) note that although body image perception is a concern in PCOD/PCOS, its significance remains underexplored in India, and socio-cultural factors may buffer its direct impact on HRQoL.

Thus, the first hypothesis that HRQoL significantly relates to body image in women with PCOD/PCOS is rejected. Similarly, HRQoL did not significantly predict body image, and the third hypothesis is also rejected.

In contrast, significant negative correlations were found between HRQoL dimensions and self-concept. Table 2.3 shows that physical distress was significantly negatively correlated with the social dimension of SCRS ($p < 0.05$), while psychological distress was significantly negatively correlated with both the social and character sub-dimensions. Table 2.4 further reveals that physical distress significantly correlated with social self and overall SCRS total, while psychological distress correlated with ideal self, social self, and SCRS total. The overall PGI HQ total correlated significantly with ideal self, social self, and total self-concept. These findings suggest that the greater the physical and psychological burden of PCOD/PCOS, the more adversely affected are the social and character dimensions of self-concept.

These results align with existing literature. Taghavi, Bazarganipour, Hugh-Jones et al. (2015) found that women with PCOD/PCOS actively avoided social situations due to physical changes, while Hahn et al. (2005) identified a loss of "feminine identity" linked to PCOD/PCOS-related physical symptoms such as hirsutism, obesity, and acne.

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

Bazarganipour et al. (2013) similarly found lower self-esteem in women with PCOD/PCOS compared to controls. Dar, Iqbal, Rafiq et al. (2021) concluded that negative self-concept is positively associated with psychological distress in PCOD/PCOS. Keeratibharat et al. (2024) identified poor mental well-being as a key factor associated with both depression and anxiety in PCOD/PCOS. The impact on ideal self is also notable: women with higher psychological distress reported lower ideal self-scores, possibly reflecting reduced motivation, learned helplessness, and eroded aspirations — consistent with findings by Soni and Laddad (2024), Kansal and Khanam (2024), and Pal and Mahapatra (2024), all of whom reported lower self-esteem in women with PCOD/PCOS. Pallasigui and Dominguez (2024) also found negative affective self-concept in adolescents with PCOD/PCOS prior to intervention.

The social self was particularly affected. In the Indian context, PCOD/PCOS carries reproductive stigma fears around menstrual irregularity, infertility, and failing to meet societal expectations of womanhood weigh heavily on patients. Mishra and Sharma (2022) found that it is primarily the social consequences of PCOD/PCOS that drive health-seeking behaviour in Indian women. Kamathenu, Velayudhan, Krishna et al. (2021) found significantly higher social anxiety and poorer interpersonal relationships in women with PCOD/PCOS compared to healthy controls. Prathap, Subhalakshmi and Varghese (2018) reported that depression and anxiety in PCOD/PCOS patients had a maximum negative impact on the social relationship domain of quality of life. These findings collectively indicate that for Indian women with PCOD/PCOS, the psychosocial impact particularly on social functioning is more pronounced than body image disturbance per se.

Thus, the second hypothesis that HRQoL significantly relates to self-concept in women with PCOD/PCOS is accepted. Stepwise regression analysis (Tables 2.5 and 2.6) further confirmed that psychological distress is a significant predictor of social self, explaining 10.1% of its variance ($\beta = -.548, p < 0.05$). The fourth hypothesis that HRQoL significantly predicts self-concept is therefore also accepted.

The weak magnitude of the correlations may be attributed to several factors: a small sample size (N=60), data collection in a busy hospital OPD setting with limited privacy, and the relatively high educational level of participants (90% undergraduate or postgraduate), which may reflect greater PCOD/PCOS awareness and better coping strategies (Kesari, Swati and Sonam, 2024).

Limitations

The sample used in the study (smaller in size, located in one region, mainly in Uttar Pradesh) is not generalizable. The cross-sectional design only takes the experiences at one point in time and does not allow the study of the self-concept and body image change throughout the course of the condition. Depending on self-reported measures creates the risk of social desirability bias. Women with comorbid conditions or those who have undergone previous plastic surgery should not be excluded, which is needed to ensure the internal validity of the study, but this limits the generalizability of the results. The study did not involve any intervention component which restricted its practical utility.

Future Implications

The longitudinal designs used in future studies must have more and culturally diverse samples to determine changes in self-concept and body image across time. Studies on

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

interventions to test the effectiveness of CBT, mindfulness-based stress reduction (MBSR), and body positivity programmes are required to produce action-oriented strategies to be adopted by clinicians. The changes at the policy level should support holistic care of PCOD/PCOS, which incorporates psychological support, in addition to medical management, whereas psychoeducation of the patients and their families can help eliminate stigma and increase the social support levels.

CONCLUSION

The current research, which is entitled Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self-Concept will seek to establish the interaction between Quality of life, Body Image and Self-Concept among women with PCOD/PCOS. The results provide evidence that even though such dimensions of HRQoL as physical and psychological distress have a significant impact on the aspects of self-concept they have a low correlation with the body image concerns. This implies that the psychosocial aspects of PCOD/PCOS especially on social and character self-concepts might be more effective than physical self-perceptions in the population under study.

The research points out that women who have PCOD/PCOS are experiencing significant difficulties in their social and psychological lives, which results in their loss of self-esteem and the inability to sustain relationships with others. These challenges are further enhanced by societal pressures and stigmas especially in culturally sensitive environment such as India where matters of reproduction health and body image are considered taboo. The small sample, hospital-based data collection, and relatively high level of education of the subjects used can also be viewed as the reasons of weak correlations in the study as it might also have contributed to awareness and coping strategies of the individuals.

The results of the present research prove the necessity of specific interventions and support systems to solve psychological and socio-emotional issues of women with PCOD/PCOS. The holistic approach to healthcare practices that will include the support of mental health with the treatment of physical symptoms, as well as training professionals to identify and treat psychosocial aspects of the condition, should be implemented. The policies and awareness should work on minimizing the stigmas in society and emphasize education on PCOD/PCOS especially in culturally sensitive issues. Also, a regular mental health screening and body positivity program could be critical towards enhancing self-esteem and social inclusion. The main focus that should be made in considering future studies is to concentrate on longitudinal research with a larger and varied sample to be better informed about the effects of PCOD/PCOS in the long-term on self-concept and body image. The discussion of how culture and socioeconomic reasons contribute to the issue, as well as the efficacy of such interventions as therapy or counseling, will additionally inform the efforts of improving the health-related quality of life of women with PCOD/PCOS.

REFERENCES

- Aba, Y. A., & AYTEK ŞİK, B. (2022). Body image and sexual function in women with polycystic ovary syndrome: a case-control study. *Revista da Associação Médica Brasileira*, 68, 1264-1269.
- Agrawal, P., Tandon, S. K., Kanhere, A., Gupta, P., & Borasi, M. (2023). Depression In Polycystic Ovarian Syndrome Patients and Effect of Body Image Perception and Quality of Life. *Int J Acad Med Pharm*, 5(3), 392-398.

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

- Alkheyr, Z., Murad, M., Das, P., Aljenaee, K., Kamel, C., Hajji, S. A., ... & Ali, K. F. (2024). Self-esteem and body image satisfaction in women with PCOD/PCOS in the Middle East: Cross-sectional social media study. *Plos one*, *19*(4), e0301707.
- Alur-Gupta, S., Chemerinski, A., Liu, C., Lipson, J., Allison, K., Sammel, M. D., & Dokras, A. (2019). Body-image distress is increased in women with polycystic ovary syndrome and mediates depression and anxiety. *Fertility and sterility*, *112*(5), 930-938.
- Bazarganipour, F., Ziaei, S., Montazeri, A., Foroozanfard, F., Kazemnejad, A., & Faghizadeh, S. (2013). Body image satisfaction and self-esteem status among the patients with polycystic ovary syndrome. *Iranian journal of reproductive medicine*, *11*(10), 829.
- Dar, Z. M., Nasar Iqbal, M., Rafiq, M., Qamar, S., & Javed, F. (2021). Self-Concept, Self-Affirmation and Psychological Distress in Women with Polycystic Ovarian Syndrome (PCOD/PCOS). *Pakistan Journal of Neurological Sciences (PJNS)*, *16*(3), 17-22.
- Dumesic, D. A., Oberfield, S. E., Stener-Victorin, E., Marshall, J. C., Laven, J. S., & Legro, R. S. (2019). Epidemiology, pathogenesis, genetics & management of polycystic ovary syndrome in India. *Indian Journal of Medical Research*, *150*(4), 333-344.
- Hahn, S., Janssen, O. E., Tan, S., Pleger, K., Mann, K., Schedlowski, M., ... & Elsenbruch, S. (2005). Clinical and psychological correlates of quality-of-life in polycystic ovary syndrome. *European journal of endocrinology*, *153*(6), 853-860.
- Jones, G. L., Hall, J. M., Lashen, H. L., Balen, A. H., & Ledger, W. L. (2011). Health-related quality of life among adolescents with polycystic ovary syndrome. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, *40*(5), 577-588.
- Joshi, R. D., Sawant, N., & Mayadeo, N. M. (2022). How common are depressive-anxiety states, body image concerns and low self-esteem in patients of PCOD/PCOS?. *The Journal of Obstetrics and Gynecology of India*, *72*(1), 72-77.
- Kamathenu, U. K., Velayudhan, A., Krishna, K. V., & Nithya, R. (2021). Social Anxiety and Interpersonal Relationship of Women with PCOD. *Medico-legal Update*, *21*(3), 523-528.
- Kansal, L., & Khanam, A. (2024). Comparative analysis of subjective well-being and self-esteem among women having PCOD/PCOS. *International Journal of Interdisciplinary Approaches in Psychology*, *2*(5), 1866-1903.
- Kaur, I., Singh, A., Suri, V., et al. (2018). Using OPD-Based Counselling Room Approach to Inculcate a Feel-Good Factor among Girls Tormented by Polycystic Ovary Syndrome (PCOD/PCOS) Symptoms. *Int J Preven Curat Comm Med*, *4*(3), 52-55.
- Kaur, I., Singh, A., Suri, V., Kishore, K., Rana, S. V., Sahni, N., & Bhattacharya, S. (2023). Assessment of quality of life in patients having Poly-Cystic Ovarian Syndrome: A cross-sectional facility-based study. *Journal of Education and Health Promotion*, *12*(1), 190.
- Keeratibharat, P., Sophonsritsuk, A., Saipanish, R., Wattanakrai, P., Anantaburana, M., & Tantanavipas, S. (2024). Prevalence of depression and anxiety in women with polycystic ovary syndrome (PCOD/PCOS) and associated factors in a quaternary hospital in Thailand: a cross-sectional study. *BMC psychiatry*, *24*(1), 760.
- Kogure, G. S., Ribeiro, V. B., Lopes, I. P., Furtado, C. L. M., Kodato, S., de Sá, M. F. S., ... & Dos Reis, R. M. (2019). Body image and its relationships with sexual functioning, anxiety, and depression in women with polycystic ovary syndrome. *Journal of affective disorders*, *253*, 385-393.

Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept

- Kriti, V., Kumari, S., & Joshi, S. (2022). Body Image and Self-Esteem in girls with Polycystic Ovary Syndrome (PCOD/PCOS): The Indian Scenario. *Mind and Society*, 11(1), 82-88.
- Ligocka, N., Chmaj-Wierzchowska, K., Wszolek, K., Wilczak, M., & Tomczyk, K. (2024). Quality of Life of Women with Polycystic Ovary Syndrome. *Medicina*, 60(2), 294.
- Mishra, A. J., & Sharma, S. (2022). I have lost my Identity: Disease Management Challenges of the Women Suffering from Polycystic Ovary Syndrome (PCOD/PCOS). *Journal of Health Management*, 24(4), 608-616.
- Pal, S., & Mahapatra, M. (2024). Impact of Polycystic Ovary Syndrome (PCOD/PCOS) on Mental Well-Being and Self-Esteem among Women in India.
- Pallasigui, A. I. M. A., & Dominguez, J. N. (2024). Mixed Methods Study of Physical and Affective Self-Concept among Filipino Adolescents with Polycystic Ovarian Syndrome (PCOD/PCOS). *Psikodimensia: Kajian Ilmiah Psikologi*, 23(1), 14-30.
- Prathap, A., Subhalakshmi, T. P., & Varghese, P. J. (2018). A cross-sectional study on the proportion of anxiety and depression and determinants of quality of life in polycystic ovarian disease. *Indian J Psychol Med*, 40, 257-262.
- Sharma, K., & Shrivastava, S. K. (2021). Body Image and Quality of Life Among Women with Polycystic Ovary Syndrome. *Bi-Lingual International Research Journal*, 11(41), 36-40.
- Srivastava, R., Bala, N., & Verma, A. (2019). Psychological distress levels & its relationship with nutritional status of polycystic ovarian syndrome population in Allahabad city. *Journal of Pharmacognosy and Phytochemistry*, 8(1), 192-196.
- Taghavi, S. A., Bazarganipour, F., Hugh-Jones, S., & Hosseini, N. (2015). Health-related quality of life in Iranian women with polycystic ovary syndrome: a qualitative study. *BMC Women's Health*, 15, 1-8.
- Thorpe, C., Arbeau, K. J., & Budlong, B. (2019). 'I drew the parts of my body in proportion to how much PCOD/PCOS ruined them': Experiences of polycystic ovary syndrome through drawings. *Health Psychology Open*, 6(2), 2055102919896238.
- Varghese, R., Joy, A., Saji, S. M., & Radhakrishnan, R. (2018). Health-related complications associated with polycystic ovarian disease (PCOD). *Pharma Innov*, 7(11), 86-90.
- Wright, P. J., Dawson, R. M., & Corbett, C. F. (2020). Social construction of bio psychosocial and medical experiences of women with polycystic ovary syndrome. *Journal of Advanced Nursing*, 76(7), 1728-1736.

Acknowledgment

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: Mahika, A. (2026). Exploring the Psychological Impact of PCOS/PCOD: Health Related Quality of Life, Body Image and Self - Concept. *International Journal of Indian Psychology*, 14(1), 118-130. DIP:18.01.512.20261401, DOI:10.25215/1401.512