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Exploring the Impact of Stigma on Body Image and Emotion Regulation among Women with PCOS

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Abstract

Polycystic ovary syndrome (PCOS) is a condition that affects a woman's hormone levels. Fluctuations in hormone levels and the physical changes can lead to negative body image and negative emotion regulation. Stigma had significant impact on body image and emotion regulation. The current study aimed to explore the impact of stigma on body image and emotion regulation on sample of 150 women with PCOS form Haripur, Abbottabad, Islamabad and Lahore. The study was conducted using the stigma scale, body image concern inventory and emotion regulation questionnaire. The alpha reliabilities were found out to be .83, .93 and .81 of three scales respectively. SPSS was used for data analysis. The hypotheses of study were supported. It was found that stigma predicts body image negatively and significantly with (β= -.46, R2 =.209) and p< .001 and emotion regulation negatively and significantly with (β= -.15, R2 =.023) and p< .001. There exists a significant negative correlation between these variables. Results indicated significant age differences and significant differences of educational levels also.

Keywords: Polycystic Ovarian Syndrome, Stigma, Body Image, Emotional Regulation.

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Introduction

Polycystic ovary syndrome generally known as PCOS is most prevalent endocrine disease that occurs among women of reproductive age (Markowska & Milena 2021). Polycystic ovarian syndrome (PCOS) is a condition described as a result of the ovaries producing a high level of male hormone i.e. androgen in excess which are typically found in low amounts in women's bodies. Polycystic Ovary Syndrome (PCOS) is named after the numerous tiny cysts that grow in the ovaries, many of which are fluid-filled sacs (Pal & Mahapatra 2024). PCOS has a significant impact on women's experiences and self-perception since it is "as much about social stigmas around the female body and femininity, as it is about its physiological manifestations". Ashley mentions in her study that PCOS women struggle to accept their disease for the reason that "the physical symptoms, like acne and excessive facial hair, make them feel different, ashamed, and set apart from what is considered to be normal." Research-wise, reproductive, menstrual and sexual health problems have been very significant to women that are frequently influenced by stigmatization and socio-cultural taboos have emerged as a focus within the field of women's health in HCI (Chopra et al., 2021). Chopra et al. (2021) also reported on how people sought help and talked about their health, as well as how stigma influences individuals' views on their appearance, identity, and everyday experiences. It is critical to address the role of stigma in women's health, as PCOS women may face difficulties in getting a diagnosis or seeking support because of the stigma associated with menstruation, infertility, and long-term medical conditions.

Study has indicated that women who suffer from Polycystic Ovary Syndrome (PCOS) often encounter slightly elevated levels of anxiety and depression. The condition carries a social stigma, impacting a woman's self-perception, mental well-being and overall life satisfaction. This stigmatization of PCOS frequently originates from widespread common societal beliefs, misconceptions and stereotypes that limit knowledge of this complex syndrome. Inaccurate assumptions about Polycystic Ovary Syndrome contribute to reinforce the stereotypes, i.e. the belief that it exclusively affects functioning of reproductive system or that it is closely associated with lifestyle decisions. These inaccurate perceptions obstruct understanding among PCOS women and also exacerbate marginalization of those struggling with this disease. Consequently, it is imperative to dispel these false beliefs to cultivate a more enlightened and compassionate perspective of society (Dewani et al., 2023). Citron (2022) discovered that individuals may harbor apprehension regarding stigma, rejection, shame, or the potential for social ostracization and isolation. Women frequently report that PCOS symptoms are perceived as embarrassing and stigmatizing, leading many to hesitate in disclosing their condition to others due to the fear of being judge. In most societies fertility and menstruation are likewise considered as taboo subjects. Furthermore, it can prove challenging to interact with others on these subjects when women bodies deviate from conventional expectations concerning shape, attractiveness, and function (pregnancy and fertility). Research reveals that numerous women with PCOS describe experiencing stigmatization and marginalization, originating from an inability to adhere to conventional feminine standards. PCOS patients also confront social stigma that significantly impacts their personality within a sociocultural context. Certain PCOS symptoms, such as infertility, obesity, and excessive growth of hair, induce societal stigma in women, leading to negative perception of body, anxiety and depression (Sarwar et al., 2024). Sarwar et al., (2024) also demonstrated in their research that PCOS patients with low socioeconomic status may lack the financial resources to afford treatments for symptoms like excessive hair growth, obesity, and infertility. These symptoms, exacerbated by social stigmas and cultural norms, can result in body image

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issues and diminished self-esteem. Body image issues are also prominent in the psychological profile of PCOS patients. Women with PCOS frequently report dissatisfaction with their appearance, primarily due to weight gain and excessive hair growth. A meta-analysis examining body image issues in PCOS found that women suffering from syndrome scored significantly lower on body image satisfaction measures in comparison to women without suffering from this condition. Body dissatisfaction often coexists with other psychological symptoms, reinforcing negative self-perceptions and contributing to a diminished quality of life. This dissatisfaction with body image can further contribute to anxiety and depression, creating a cycle that perpetuates psychological distress in these individuals (Soni & Laddad, 2024).

Adolescents who suffer from PCOS are more prone to suffer from anxiety, depression, and emotional distress; this may be attributed to their passive coping mechanisms. Teenagers with PCOS are said to frequently worry about irregular menstruation and the possibility of infertility. Furthermore, body image issues are more common in teenagers with PCOS. Teenagers may be more vulnerable to psychological discomfort as a result of PCOS's detrimental effects on their physical appearance. Additionally, it is suggested that additional variables including weight, physical activity, race/ethnicity, and socioeconomic position could affect how teenagers construct their body image.

Emotional regulation is the ability to properly control and deal with one's emotions in a healthy way. Hormonal changes and various physiological symptoms are common in women with PCOS, and they can have an effect on their emotional health. In PCOS, emotional regulation may be impacted by hormone imbalances and related symptoms, which may therefore have an effect on self-esteem. Recognizing this link might help in thinking of possible support or intervention tactics (R & K, 2023). According to Wang et al. (2023), earlier studies on emotion regulation indicate that it is a process of personal integration as well as a reflection of aptitude. According to Wang et al. (2023), earlier studies on emotion regulation indicate that it is a process of personal integration as well as a reflection of aptitude. In order to attain a dynamic equilibrium, it includes the experiencing, control, and expression of diverse emotions. As a result, emotion regulation is essential to the entire process of emotion regulation in patients, and helping patients control their negative emotions is a critical first step. Studies on how women with PCOS manage their psychological suffering through emotion regulation are still lacking , nevertheless.

This research holds significant importance as it offer insights into how stigma influences the mental and emotional health of women with PCOS, an often underrepresented and misunderstood condition. Understanding these dynamics can contribute to better mental health support, healthcare practices, and interventions. The findings could guide interventions that make healthcare environments more inclusive, empathetic, and stigma-free, ultimately improving treatment outcomes.

Research Objectives

The main objectives of this research were to explore the relationship between stigma, body image and emotion regulation among women with PCOS. To study differences in demographic variables (age, education) on stigma, body image and emotion regulation among women with PCOS. For this purpose the hypotheses are as follows:

H1: Stigma will significantly negatively predict body image among women with PCOS.

H2: Stigma will significantly negatively predict emotion regulation among women with PCOS.

H3: There will be significant age difference on stigma, body image and emotion regulation among women with PCOS.

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H4: There will be significant difference in educational level on stigma, body image and emotion regulation among women with PCOS.

Population and Sample

The population of the research consisted of female diagnosed with PCOS aged between (15-49) from Haripur, Abbottabad, Lahore and Islamabad in person (online).The sample of the study consisted of female diagnosed with PCOS aged between (15-49) from Haripur, Abbottabad Lahore and Islamabad in person (online). For the study, 150 participants in total were chosen.

Data Collection and Method

Purposive sampling and a quantitative cross-sectional research methodology were employed in this study. The research followed the ethical guidelines while data collection. The proposed study data was gathered from different hospitals and clinics of Haripur, Abbottabad, Lahore and Islamabad in person (online). Stigma scale (Dinos et al., 2004), body image concern inventory (Littleton et al., 2005) and emotion regulation questionnaire (Gross & John, 2003) were used. The stigma scale, a 5-point Likert scale with a range of 0 to 4, was created by Dinos et al. in 2004. In the direction of increased stigma, each of the 28 questions receives a score between 0 and4. Questions with an A receive a score between 0 and 4, indicating agreement, while those with a D receive a score between 0 and 4, indicating disagreement. The experiences of those who have experienced psychological discomfort are the focus of this questionnaire. It centers on their emotions around that suffering and, in particular, how others respond to it. Gross and John (2003) created the Emotion Regulation Questionnaire (ERQ), a 7-point Likert scale with 1 denoting "strongly disagree" and 7 denoting "strongly agree." The purpose of the Emotion management Questionnaire is to evaluate individual variations in the routine application of expressive suppression and cognitive reappraisal, two emotion management techniques. In numerous investigations, ERQ has demonstrated good validity and reliability, with Cronbach's alpha coefficients ranging from 0.73 to 0.94.Littleton et al. (2005) created the Body Image Concern Inventory, a 5-point Likert scale with a range of 0 to 4. It is a 19-item self-report survey measuring appearance-related unhappiness and concern. A person's score is determined by adding up all of their scores, which range from 19 to 95. Higher scores indicate a higher level of body dysmorphic issues. The BICI has proven to have strong psychometric qualities. In 2005, Littleton and associates reported a Cronbach's alpha coefficient of 0.93. Additionally, this questionnaire's validity coefficient was 0.83.

Findings and Evaluations

Table 1: ***Sociodemographic characteristics of participants (N=150)***

Demographics	**Groups**	**f**	**%**
Age	Adolescence	9	6.0
	Adulthood	113	75.3
	Middle Age	28	18.7
Socio-economic Status	Low	4	2.7
	Middle	135	90.0
	High	11	7.3
Education	Intermediate	23	15.3
	Bachelors	79	52.7
	Post-graduates	48	32.0
Family System	Nuclear	94	62.7
	Joint	56	37.3

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Note: f=frequency,%= percentage

The table1shows the characteristics of participants (age, socio-economic status, family system & education). When the age levels of the participants were considered 15-18 age group was 6.0% (9females),19-29age group was 75.3% (113females), 30- 49 age group was 18.7% (28 females). When the socioeconomic status of participants was considered low class participants was 2.7% (4 females), middle class was 90.0% (135 females) and high class was 7.3% (11 females). Based on the participants' educational backgrounds, 15.3% (23 females) were matriculated, high school, or intermediate level participants, 52.7% (79 females) were graduates, and 32.0% (48 females) were post-graduation (Masters/PhD/MBBS/LLB) level participants. The family system of participants was considered as nuclear family system with 62.7% (94 females) and joint family system was 37.3% (56 females).

Table 2: ***Descriptive Statistics for scales (N=150)***

Variables	k	Cronbach's α	M	SD	Range Potential	Actual	Skewness	Kurtosis
Stigma	28	.83	54.12	14.43	0-112	19-104	.95	2.1
Body Image	19	.93	50.57	17.43	19-95	19-93	.08	-.88
Emotion Regulation	10	.81	46.10	10.84	10-70	10-46	-.73	.68

Note: k= no of items, SD= Standard Deviation and M= Mean

The table shows Cronbach's alpha value of stigma scale is 0.83 which indicates good internal consistency and the mean is 54.12 and the standard deviation is 14.43. The Cronbach's alpha value of body image scale is 0.93 which indicates excellent internal consistency and mean is 50.57 and the standard deviation is 17.43. The emotion regulation questionnaire's Cronbach's alpha value is 0.81which indicates good internal consistency and mean is 46.10 and the standard deviation is 10.84. The value of skewness showed that it ranged from .95 to -.73. Negative sign indicates that scores were slightly higher than mean values. Skewness is between -2 to +2 and kurtosis is between -7 to +7. Values of kurtosis ranged from 2.1 to .68. As evident the data was approximately symmetrical and normally distributed.

Table 3: ***Pearson's correlation in stigma, body image and emotion regulation (N=150)***

Variables	1	2	3
1.Stigma	-		
2.Body Image	-.46**	-	
3.EmotionRegulation	-.06**	.064	-

**. p <0.01 level

The table shows Pearson's correlation among study variables. Findings indicate that stigma had significantly negative correlation with body image and emotion regulation. The table's results make it evident that every value has a significant negative correlation with p<.001.

Table 4: ***Regression coefficient of stigma on body image (N=150)***

Variables	B	SE	t	β	p	95%CI [LL-UP]
Constant	80.82	4.92	16.39		.000	[71.08,90.56]
Stigma	-.559	.088	-6.35	-.46	.000	[-.733,-.385]

$R=.463, R^2=.214$, Adjusted$R^2=.209$, $F=40.33$

Stigma will negatively predict body image. The linear regression was computed between

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stigma and body image. The regression analysis in the table, indicating that the hypothesis was supported. Stigma is a significant predictor of body image F=40.33 as shown by the results. The predictor variable stigma (β= -.46) has a significant negative effect on outcome variable with level of significant p<.001. The R^2 value .214 reveal that the predictor variable explained 21% variance in the outcome variable among women with PCOS.

Table5: ***Regression co-efficient of stigma on emotion regulation (N=150)***

Variables	B	SE	t	β	p	95%Cl [LL-UP]
Constant	52.20	3.41	15.27		.000	[45.45,58.96]
Stigma	-.113	.061	-1.84	-.15	.05	[-.233,-.008]

R=.150,R^2 =.023, AdjustedR^2=.016,F=3.41

Stigma will negatively predict emotion regulation. The linear regression was computed between stigma and emotion regulation. The regression analysis in the table shows that the hypothesis was supported. The results showed that stigma is a significant predictor of emotion regulation F=3.41. The predictor variable stigma (β= -.15) has a significant negative effect on outcome variable with level of significant p< .001. The R^2 value .023 reveal that the predictor variable explained 2.3% variance in the outcome variable among women with PCOS.

Table 6: ***Mean, Standard deviation and One Way Analysis of Variance of study variables upon age (N=150)***

Measure	Adolescence (n=9)		Adulthood (n=113)		Middle age (n=28)				
	M	*SD*	*M*	*SD*	*M*	*SD*	F(df)	p	η^2
Stigma	50.22	8.01	54.91	14.76	52.17	14.65	.74	.47	-
Body Image'	57.55	14.72	48.50	17.47	56.67	16.55	3.33	0.3	.043
Emotion Regulation	46.77	11.22	44.94	11.20	50.57	8.01	3.12	.04	.041

Note: F=Anova value

The mean differences across age groups reveal significant variations in the measured variables. For stigma, the adolescence age group (15-18 years) had the highest mean score (50.22), followed by the adulthood age group (19-29years) (54.91) and the middle age group (30-49 years) with the high mean score (52.17). Similarly, for body image, the 15-19 years group scored the highest (57.55), followed by the 19- 29 years group (48.50) and the 30-49 years group (56.67). In terms of emotion regulation, the adolescence group again had the highest mean score (46.77), followed by the 19-29 years group (44.94) and the middle age group (50.57).

Table 7: ***Mean, Standard deviation and One Way Analysis of Variance of study variables upon education (N=150)***

Variables	Intermediate (n=23)		Bachelors (n=79)		Post-Graduate (n=48)				
	M	SD	M	SD	M	SD	F(df)	P	η^2
Stigma	50.95	5.83	51.83	13.03	59.39	17.90	5.00	.00	.064
Body Image	53.82	12.05	51.18	18.12	48.00	18.39	.97	.38	
Emotion Regulation	48.13	9.91	46.31	11.29	44.79	10.53	.76	.46	-

Note: F=Anova value

The mean differences across educational level groups reveal significant variations in the

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measured variables. For stigma, the adolescence age group (15-18 years) had the highest mean score (50.95), followed by the adulthood age group (19- 29 years) (51.83) and the middle age group (30-49 years) with the high mean score (59.39). Similarly, for body image, the 15-19 years group scored the highest (53.82), followed by the 19-29 years group (51.18) and the 30-49 years group (48.00). In terms of emotion regulation, the adolescence group again had the highest mean score (48.13), followed by the 19-29 years group (46.31) and the middle age group (44.79).

DISCUSSION

The findings of this study, are important in exploring the stigma's impact on body image and emotion regulation. The results showed that stigma has negative significant correlation with body image and emotion regulation. Females with PCOS experiences stigma which significantly negatively predict body image and emotion regulation. The previous researches also provide support to this study findings.

The correlation analysis showed that stigma had significant negative relationship with body image and emotion regulation ($r = .46$, $p < .01$), supporting Hypothesis 1 and 2 (Stigma will significantly predict body image among women with PCOS, Stigma significantly predicted emotion regulation among women with PCOS). The regression analysis further demonstrated that stigma significantly predicted body image, accounting for 21% of the variance ($R^2 = .21$, $p < .001$). Stigma significantly predicted emotion regulation, accounting for 2.3% of the variance ($R^{2=}.023, p<.001$). Previous researches supported these findings, Chopra, et al (2021) confirmed that symptoms like acne, hair loss, weight gain, and excess hair growth (hirsutism) significantly contribute to stigmatization experienced by women with PCOS which impacts their outer appearance. Chopra, et al, (2021) also highlighted that stigma impacts how women perceive their body image and their tendencies to seek social support. PCOS greatly influence women's experiences and body image due to societal stigmas related to the female body and femininity, as well as its physiological effects. (Pundir,2019). Additionally, Sarwar, et al (2024) confirmed that PCOS not only affects physical health but can also have significant psychological, socio-cultural and emotional impacts, including depression, anxiety, social stigmas and body image concern. This finding corresponds with the study done to identify the variations in the levels of depression, stress, and emotional regulation among women with PCOS (Fenn etal.,2022) in which the results indicated that women with PCOS have low emotional regulation than women without PCOS.

Additionally, the ANOVA results showed that there were statistically significant differences for stigma, body image and emotion regulation by age groups. Adulthood age group female experiences high level of stigma (M=54.91) with negative body image (M=48.50) and emotion regulation (M=44.94). Findings showed differences in educational level group of females diagnosed with PCOS. A number of socio demographic characteristics were linked to the risk of PCOS, according to earlier studies. Younger women were more prone to the disorder, and age was found to be a significant predictor. In particular, women under 30 years old were more likely than those in older age groups to receive a PCOS diagnosis.

This result is consistent with research showing that younger women are more likely than older women to have PCOS (Alenzi et al., 2024). Similarly, Bilal et al.'s evaluation of 25 PCOS studies revealed that over half of PCOS patients are between the ages of 25 and 34 (Khan et al., 2024).

Conclusion and Recommendations

Based on findings of study following conclusions can be made:

The present study concluded that there is significant negative relation present among stigma. Body image and emotion regulation. Findings indicated that women with PCOS experiences

stigma which significantly predict body image and emotion regulation. Women with PCOS exhibit negative body image and negative emotion regulation as indicated by findings. Patients with PCOS frequently feel ashamed to discuss their condition openly which delays their consultation with healthcare professionals and leads to more severe complications. The stigma associated with Polycystic Ovary Syndrome (PCOS) has a profound impact on emotion regulation and body image among affected women. Women with PCOS usually experience significant symptoms like weight gain, excess hair growth, and acne, which do not conform to societal beauty standards. Previous study confirmed that women with PCOS frequently experience extreme social shame and stigma, which leads to low body image and self-doubt (Pal & Mahapatra, 2024). Findings of present study indicated effect of stigma associated with women's self- perception and social support-seeking behaviors. In terms of emotional regulation, the results showed that women with PCOS had low emotional regulation ratings. PCOS has a negative impact on women which can alter their psychological regulation leading to long term problems. The emotional regulation scores of women with PCOS were considerably lower than those of women without PCOS. Previous study, Meenakshi and Jenn (2021) concluded that women with PCOS have significantly lower level of emotion regulation than those without PCOS.

Patients with PCOS frequently feel ashamed to discuss their condition openly which delays their consultation with healthcare professionals and leads to more severe complications. Public education initiatives are crucial in addressing the societal stigma surrounding PCOS. By raising awareness about the medical nature of the condition and its diverse manifestations, these campaigns can help reduce misconceptions and promote greater understanding. Future research should focus on the long-term consequences of stigma on the emotional health and mental well-being of women with PCOS. Longitudinal studies can help identify the ways in which stigma impacts body image, self-esteem, and emotional regulation over time, providing valuable insights into how to mitigate these effects. A comparison study in the future to check stigma experiences and its effect on body image and emotional regulation in females with and without PCOS would be beneficial. Future research should consider the type of PCOS that is more prevalent, the duration for which participants have been suffering from PCOS, and the types of treatments they are seeking. Patients diagnosed with PCOS experience various psychological issues that impact their daily lives.

Mental health practitioners should provide counseling to help women with PCOS develop a positive body image. Cognitive-behavioral therapy (CBT) could be effective in challenging negative self-talk and promoting healthier, more realistic views of their bodies. Encouraging women with PCOS to participate in support groups where they can share their experiences may help normalize their struggles with body image and reduce the impact of stigma. Medical practitioners and educators should inform women with PCOS about the condition's physical manifestations, reassuring them that these symptoms are not reflections of personal failure but common and manageable aspects of PCOS. Healthcare professionals should provide care that addresses both the physiological and emotional needs as well as mental health of women with PCOS. This includes creating a nonjudgmental, supportive environment that encourages open discussions about the emotional impact of the condition. Providers should focus on a holistic approach to manage symptoms of PCOS, emphasizing on symptom relief, positive body image, and self-acceptance instead of concentrating only on appearance- related results.

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