Original Article

Fear and Hope, The New Perspective of Iranian Women with Polycystic Ovary Syndrome: A Qualitative Study

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Abstract

Background: Polycystic Ovary Syndrome (PCOS) is one of the most prevalent endocrinopathies in women of reproductive age. This condition can increase the risk of physical and mental diseases. Improvement in medicine has led to increased Quality of Life (QOL), which can change patients' perception regarding their chronic condition. Therefore, this study was carried out to understand the impact of scientific progress on the view of women with PCOS toward their disease. **Materials and Methods:** This qualitative study was based on the conventional content analysis approach. It was carried out using purposive sampling on 18 women with PCOS between April 2021 and January 2022, in Kerman, Iran. Semi-structured, face-to-face, in-depth interviews were conducted. After transcribing the recorded interviews, the texts were reviewed several times. The data were analyzed using conventional content analysis. The codes, subthemes, and main themes were extracted according to the opinions of experts in qualitative sciences. **Results:** As a result of the content analysis of codes, two themes (hope and fear), six main categories (infertility treatment, outward appearance, support, presence in the community, decreased relationship and intimacy with spouse, and complications of the disease and the need for complementary treatments), and 30 subcategories were obtained. **Conclusions:** According to the findings, it is better to develop programs to improve the QOL and the treatment process of these patients in terms of spiritual, psychological, financial, and informational support, which can be implemented by health and medical personnel and managers of various categories of medical sciences, associations, and charities.

Keywords: *Gynecology, qualitative research, quality of life, women's health*

Introduction

Polycystic Ovary Syndrome (PCOS) is one of the most complicated and prevalent endocrinopathies in women of reproductive age.[1] This disease is characterized by hyperinsulinemia, abnormal gonadotropin levels, hyperandrogenism, hirsutism, oligomenorrhea or amenorrhea, obesity, acne, and type 2 Diabetes Mellitus (DM).[2] Although the main cause of PCOS remains unknown, this disease is considered a multifactorial genetic, metabolic, endocrine, and environmental disorder. PCOS affects 5%–10% of women worldwide.[1] Its prevalence is reported to be 14.6% in Iran.[3] PCOS represents the predominant etiology of infertility in females attributable to anovulatory conditions. The condition is delineated by the Rotterdam criteria.[2] A diagnosis is established when a minimum of two out of the following three criteria are satisfied: menstrual cycle irregularities, hyperandrogenism (whether clinical and/or biochemical), and the presence of polycystic ovaries as evidenced by ultrasound imaging, subsequent to the exclusion of alternative etiologies for menstrual cycle irregularities or hyperandrogenism. PCOS frequently coexists with metabolic dysfunctions and insulin insensitivity. Individuals diagnosed with PCOS exhibit an elevated propensity for the onset of Cardiovascular Disorders (CVDs), carbohydrate intolerance, and type 2 DM.[4] The underlying pathophysiological mechanisms of PCOS have historically been perceived as primarily ovarian in nature and remain inadequately elucidated. The pharmacological management of PCOS, irrespective of the patient's reproductive aspirations, is systematically structured and adheres to established international guidelines.[2,3]

The psychosocial effects, frequently overlooked by practitioners who encounter

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them, demand equal consideration alongside cycle disorders, hyperandrogenism, or infertility, which typically receive the majority of management focus.[4] PCOS is a disappointing experience for women, and it increases anxiety and depression; it also negatively affects their mental and psychological health.[5] A qualitative study found that women with PCOS were able to cope with its complications more efficiently through relying on religious beliefs; therefore, spiritual, mental, and emotional aspects should be considered in the treatment of these patients.[6] Another study (2023) declared that affected women were more depressed, psychologically distressed and isolated, anxious, felt despair, and had low self-esteem and Quality of Life (QOL).[7]

Individuals diagnosed with PCOS tend to exhibit heightened concerns regarding their weight, coupled with a diminished appreciation and assessment of their physical appearance and overall health. In a study conducted by Williams *et al*.,[8] video interviews were performed with 10 patients suffering from PCOS, each presenting a range of symptoms such as menstrual irregularities, hirsutism, acne, and obesity. Among these participants, six conveyed that PCOS significantly influenced their identity as women, articulating how the symptoms associated with the condition could undermine their self-image. Furthermore, a photographic analysis study that captured the experiences of PCOS patients revealed that they often employed masculine terminology to describe their symptoms, such as the phrase "shaving the moustache." Thus far, various studies have been conducted on the concerns, experiences, and mental state of women with PCOS. New health, treatment, and population growth policies have been implemented in recent years to increase the population and the welfare services related to health. Moreover, in recent years, a revolution has occurred in the field of medicine. These developments have led to a significant improvement in diagnosis, treatment, and management of the disease, as well as better patient outcome and QOL.[9] Recent advancements in medical science hold the promise of fundamentally transforming healthcare delivery and significantly improving patient outcomes. The emergence of contemporary technologies such as telemedicine, gene editing, and artificial intelligence enables physicians to identify and address medical conditions with greater accuracy and efficiency. For example, nanotechnology has given rise to new hopes for helping to prevent, diagnose, and treat PCOS.[10] Positive mental health includes an individual's ability to face life's challenges and hardships, and results in the creation of satisfying relationships with others and achieving psychological well-being, including a sense of satisfaction with life, vitality and energy, and physical health.[11] Furthermore, the qualitative approach in research makes it possible to know the conditions in which psychosocial processes occur, to understand the social conditions that are the origin of behavior, and to explain the effective and hidden social concepts in which human behavior is formed. It analyzes phenomena and concepts with a comprehensive and broad approach.[12] Therefore, this study was carried out to understand the impact of scientific progress on the view of women with PCOS toward their disease.

Materials and Methods

This qualitative study was based on the conventional content analysis approach. It was carried out between April 2021 and January 2022, in Kerman, Iran. The participants included 18 women with PCOS who were purposively recruited from the only public infertility clinic in Kerman city. The inclusion criteria included PCOS diagnosed by a gynecologist based on the Rotterdam criteria (having a minimum of two of the following three criteria are enough for diagnosis: lack of ovulation or low ovulation, small and numerous cysts in the ovaries in sonogram, clinical or biochemical signs of androgen increase or both), being 18–45 years old, married, not using narcotics and psychedelic drugs, and not suffering from known psychological disorders, not having chronic physical diseases except PCOS, Iranian nationality, and the power of expressing experiences and feelings. The exclusion criterion was unwillingness to continue the interviews during the study.

After receiving the ethics code, the researchers visited the Infertility Clinic of Afzalipour Hospital in Kerman, which is the only public infertility clinic in the province, and different classes of people with different social and economic statuses refer to this center. As one of the biggest concerns related to PCOS is the possibility of infertility, every woman diagnosed with this disease in Kerman is referred to this clinic to undergo examination, treatment, and follow-up. Therefore, this clinic is the main center for women suffering from PCOS. However, this does not necessarily indicate that clients are infertile—only that due to the importance of infertility, even those who do not have infertility problems are referred to this center for examination and follow-up related to their disease. After acquiring permission from the authorities and informing the participants, the study objectives were explained to them. The participants were selected through purposive sampling.

Semi-structured, face-to-face, in-depth interviews were conducted by the second person of the research team (corresponding author), who was experienced in interviewing and qualitative research. Each interview lasted 60–90 minutes. The interviews were conducted in a silent, peaceful, and comfortable room free of interruption by other patients or personnel in the infertility clinic. Every interview commenced with a general question designed as an interview guide, which had an open and interpretative answer, and the participants' answers guided the process, leading to targeted inquiries that aligned with the objectives of the study to gather more comprehensive information. After preparing the initial

guide of interview questions based on the objectives of the study, to further ensure the correctness of the guide, three university professors who were experts in the field of qualitative research and QOL were asked to give their opinion on the questions regarding their clarity, simplicity, and appropriateness. Moreover, three interviews were conducted as test interviews to evaluate the data collection process in terms of simplicity and clarity of the questions. The interview questions were: "What is your opinion about the future of your disease according to the scientific progress in different fields? Please explain. What things can make you optimistic about your disease process? What things can cause you frustration and disappointment?" Data collection persisted until data saturation was reached, indicating that no additional codes were derived from the subsequent interviews. Each interview was recorded digitally using an MP3 player and then immediately transcribed word for word.

To further substantiate the research, the criteria set forth by Guba and Lincoln were utilized to affirm the trustworthiness of the information gathered. Confirmability was secured through participants' validation of the codes and data, alongside member checks and thorough engagement, which included multiple readings of the interviews. To ensure the credibility of the study, the author invested considerable time in data collection, engaging deeply with the interview content. A varied participant demographic was achieved by selecting individuals from the only referral infertility clinic, representing diverse socioeconomic and educational qualifications. Moreover, two members of the research team were involved in the data analysis, coding their findings separately before reconciling any differences through discussion until a consensus was reached. Dependability was established through peer review and external expert evaluations of the interview process, coding, and data analysis. Transferability was supported by member checking and a sampling approach that emphasized maximum variation. Additionally, detailed descriptions of participant characteristics and the study context were provided to enhance transferability, enabling other researchers to determine the relevance of the findings to their own contexts.

The data were analyzed using conventional content analysis, which offers a systematic methodology for describing and demonstrating the phenomenon of interest. The analysis of all interviews adhered to the guidelines of conventional content analysis as outlined by Graneheim and Lundman:[13] (i) The digitally recorded interviews were transcribed. (ii) The researchers carefully listened to the recordings and reviewed the transcripts several times to discern the exact meanings of the units. (iii) Initial codes were generated from the meaning units. (iv) These codes were classified based on conceptual similarities. (v) This analytical procedure continued until all categories and themes were revealed. The MAXQDA software (version 18.0, VERBI GmbH, Berlin, Germany) was utilized solely for the management of data.

Ethical considerations

The objectives of the study were clearly communicated to the participants, who were assured of the anonymity and confidentiality of their information prior to signing the informed consent forms. They granted permission for the interviews to be recorded. Strict confidentiality protocols were adhered to; for instance, all identifiable information, including names and addresses, was eliminated from the data. All electronic files and audio recordings were securely stored on a computer protected by a password, while all documents, including interview transcripts and field notes, were kept in a locked drawer accessible only to the researchers involved in this study. Furthermore, participants were informed that their involvement in the study was entirely voluntary, and they had the right to withdraw their consent at any time (code of ethics No.: IR.KMU. REC.1400.445).

Results

Sociodemographic characteristics

Participants provided data on their age, education, marital status, occupation, age at menarche, and etcetera. They included 18 women aged between 18 and 45 years, with the mean (SD) age of participants as 30.72 (4.67) years [Table 1].

The analysis revealed two main themes: hope and fear. The following section provides a detailed outline of these themes, supported by participants' quotations. Each theme encompasses multiple subthemes [Table 2].

Hope

Hope is perceived as a constructive characteristic that plays a significant role in enhancing QOL, particularly in patients with long-term diseases. Signs of happiness and hope were observed in the participants' speeches, and they stated that some methods have been found to control some symptoms and complications and help them live more easily. These methods either did not exist or were not available to everyone or were expensive. By analyzing the data, three categories were extracted from the main theme, namely infertility treatment, outward appearance, and support, which will be explained further.

1- Infertility treatment

The development of infertility treatments has been viewed as a glimmer of hope by some women, particularly those who do not have children or wish to have more children in the future. These women claim that egg freezing has eased their concerns about having children. Presently, there is also more hope, thanks to surrogacy. The progress of science in various fields, especially medical science, has caused new treatments to be provided for chronic diseases. Today, various methods of *in vitro* fertilization,

Table 1: Demographic and clinical characteristics of the participants (*n*=18)

ID* code	Age (year)	Educational level	Occupational status	Main complaint	BMI**	The duration of the disease (year)
P1	27	Under diploma	Housewife	Infertility	Normal	5
P2	27	Under diploma	Housewife	Infertility	Obesity	4
P3	24	Diploma	Housewife	Hirsutism	Overweight	2
P4	34	Under diploma	Housewife	Acne	Obesity	10
P5	24	Diploma	Employee	Obesity	Overweight	8
P6	26	Under diploma	Housewife	Irregular Menstruation	Overweight	6
P7	25	Under diploma	Housewife	Infertility	Overweight	7
P8	29	College education	Housewife	Hirsutism	Normal	6
P9	34	College education	Freelance	Infertility	Obesity	12
P10	45	Under diploma	Housewife	Obesity	Obesity	17
P11	35	Under diploma	Housewife	Hirsutism	Normal	8
P12	34	Under diploma	Housewife	Hirsutism	Overweight	9
P13	36	College education	Employee	Obesity	Overweight	11
P14	30	Diploma	Housewife	Hirsutism	Normal	7
P15	31	Under diploma	Housewife	Hirsutism	Obesity	6
P16	27	Under diploma	Housewife	Obesity	Overweight	10
P17	27	Diploma	Housewife	Obesity	Overweight	4
P18	38	Under diploma	Housewife	Obesity	Obesity	12

*ID=Identification, **BMI=Body Mass Index

egg freezing, and even fertilized eggs are being used to treat infertility. Fortunately, Iran has been a leader in this field, and this has given hope to infertile people or those at risk of infertility. "*I was delighted to hear that it is now possible to freeze eggs and have a child with this method years later. Although this disease can cause infertility, I can have a child whenever I want.*" (P2, 27 years old)

Considering the history of Iran in the field of traditional medicine and the establishment and support of the academic field of traditional medicine, we see the tendency of patients to this type of treatment in the society. Traditional medicine also provides solutions for the treatment of polycystic ovaries and infertility. Some people use traditional medicine recommendations for their diseases in addition to modern medicine. The existence of traditional medicine clinics and the variety of treatment methods that exist in this approach have created a glimmer of hope and optimism in patients. "*I visited a traditional medicine doctor to treat my infertility. Whenever something new comes along, I like to try it. Maybe it will work for me. Its hopeful.*" (P4, 34 years old)

2- Outward appearance

One of the biggest concerns of affected women is the numerous changes in appearance. Most of the women who participated in this study were worried about obesity, hirsutism, acne, and their appearance in general. The external symptoms of this syndrome can have a detrimental effect on a person's sense of identity, contribute to feelings of hopelessness and depression, and can also negatively affect body image, thus hindering self-acceptance.

As a result of the advancements in many sciences, particularly the interdisciplinary sciences, such as new weight loss techniques, medical treatments, surgery, exercise, and complementary medicine, these patients now have some hope and happiness. "*I participate in yoga and Pilates classes. My weight has decreased. I calm my mind with yoga, and I can control my anxiety and worry*" (P7, 25 years old).

"*When I hear about the progress of science and technology, especially regarding beauty, I am very happy and hopeful. Traditional medicine uses leeches or cupping to reduce unwanted hair and blemishes on the face. I want to try it.*" *(P18, 38 years old)*

3- Support

Affected women may experience psychological problems such as stress, anxiety, and depression, the cause of which, according to the participants, can be their lack of information about the prognosis of the disease, blame and incorrect words of those around them, and the time and cost that must be considered for treatment. In recent years, there have been both a nutritionist and a psychologist in health centers who provide services to people with government tariffs. Therefore, in addition to having access to these essential services, affected women also pay a very small fee for them, which has made them feel good. On the contrary, the cost of infertility treatment has become very low due to population growth policies, and this has also made these individuals happy. Access to virtual spaces has made it easier for people in the community to access information whenever needed, even though the information may be incorrect. Furthermore, the taboo of talking about some issues has been broken with the existence of virtual

Table 2: Themes and categories obtained from interviews

Themes	Categories	Subcategories
Hope	Infertility treatment	Ovum freezing
		Surrogate uterus
		Traditional and complementary medicine
	Outward appearance	New weight-controlling methods
		The propagation of traditional and complementary medicine
		Expansion of sports classes
	Support	Forming peer groups
		Family and society awareness and attitude
		Receiving the required information
		Welfare psychological counselling sessions
		Welfare nutrition counselling sessions
		Financial facilities for infertility treatment
Fear	Presence in the community	Masculine appearance
		Social stigma
		Feelings of inferiority and low self-esteem
		Being unnatural
		Feelings of shame and embarrassment
	Decreased relationship and intimacy with spouse	Decreased libido
		Male appearance
		Dyspareunia
		Menstrual problems
		Remarriage of spouse
		Blame by spouse
		Disorder in sexual attitude and behavior
	Complications of the disease and the need for complementary treatments	Overeating and obesity problems
		Sleep problems
		Recurrence of symptoms
		Somatization
		Infertility
		Disease progression
		Addition of other chronic diseases such as diabetes
		Side effects of drugs
		Side effects of complementary treatments

spaces, and this has increased the awareness of patients and even their families about the nature of this disease, and the support of those around them, and their friends and colleagues. "*It has been a year since I have been relieved and found hope for life. Friends and relatives have realized that I am not a sloppy person and I take care of myself, and that this disease has caused my inappropriate appearance*." (P14, 30 years old)

One of the biggest concerns of these patients has been the cost of treatment, and the interviewees stated that facilities have been created where they can receive free or low-cost services, which is very gratifying and has given them hope. "*I was ashamed to talk about money with my husband. I could not expect him to pay for a nutritionist. Ever since the health center near my house has brought a nutritionist one day a week who gives free advice, I have gotten a free diet. It has made me feel happy and alive.*" (P9, 34 years old)

Fear

Fear of either having or developing a serious health issue, such as cancer, heart disease, or other critical medical conditions, leads to profound illness anxiety disorder, which decreases QOL. In our data analysis, "fear" was another main theme that was obtained, and three subcategories were extracted from it, namely presence in the community, decreased relationship and intimacy with spouse, and complications of the disease and the need for complementary treatments.

1- Presence in the community. "*I cannot stand being blamed for infertility anymore. I am tired of it. I have been married for three years. I am afraid of the future.*" (P1, 27 years old)

Inability to communicate with people and participate in groups and societies, unsociability, and fear of presence in society were the most prevalent issues in this field. The fear of being in the community comes after the physical appearance complications of this disease. The feeling of embarrassment due to one's appearance, and even when buying clothes, the loss of self-confidence due to loss of hair (male pattern baldness) causes a feeling of worthlessness and withdrawal from social gatherings, which can lead to anxiety and depression. Furthermore, the feeling of being different from others and being unnatural was one of the reasons for these women's social fear. "*I am afraid of being invited to a party, especially when it is unexpected because I have to plan for a few days to prepare myself due to my appearance. At the party, I feel I am different, and I am not comfortable.*" (P8, 29 years old)

2- Decreased relationship and intimacy with spouse

In this regard, the participants mentioned virilization, such as male pattern hair loss reduces women's attractiveness. Obesity and acne were the other problems that women stated could reduce their desire to have a relationship with their spouse. Menstrual irregularities, lack of sexual desire, and dyspareunia decrease their sexual relationship with their spouse. The fear of remarriage of the spouse was also expressed by three participants. "*When my body hair increases and I grow a beard like men, and when I get my period later than usual, it is a fearful situation.*" (P11, 35 years old)

Some of the patients mentioned reluctance to have sexual relations and their displeasure with it as side effects of this

disease. It causes fear about the future of their life. "*I hate it, and it is getting worse. My husband is displeased and keeps complaining.*" (P3, 24 years old)

3- Complications of the disease and the need for complementary treatments

According to the participants, their disease has many complications, and its symptoms are quite irritating. The progression of the disease to various types of cancer or other diseases such as heart disease, diabetes, or high blood pressure causes them panic. The fear of infertility was a very disturbing issue, especially in women who had never had children. Some people stated that long-term usage of the drugs may cause untreatable complications in the future. Moreover, most participants complained of eating and sleeping disorders. "*I knew every disease has its side effects, but overeating and increased appetite in the afternoon and at night before bedtime is dreadful. I feel like I do not have any control over my eating. It scares me.*" (P5, 24 years old)

Sleeping disorders such as sleep disturbances at night and difficulty in sleeping were among the participants' issues. "*I have had problems in sleeping for the past 3 years; I wake at the slightest sound. I am awake all night and it causes anxiety and fear.*" (P10, 45 years old)

Discussion

In this study, the impact of scientific progress on the view of women with PCOS toward their disease was explained. In this research, two main themes were extracted from the analysis of the participants' statements, which included hope and fear.

Hope is perceived as a significant positive trait that plays a crucial role in enhancing QOL, particularly for those with chronic diseases. Earlier investigations have demonstrated that hope correlates with important health indicators, including coping abilities, self-esteem, and the general QOL.[14]

Musavi suggested that individuals characterized by heightened optimism and hope are inclined to engage in healthier practices, which substantially benefits the treatment of chronic diseases, independent of their clinical circumstances.[15] Another study mentioned that the performance status of patients, along with specific symptoms and the timing of immunotherapy administration, were significant factors associated with hope.[16] Participating women stated that the new methods of treating infertility, expanding the use of complementary medicine, and sports classes have given them hope, and they feel that their QOL will improve. Innovations in diagnostics, medical devices, procedures, and prescription medications have led to longer life expectancy and better QOL for many patients after receiving a diagnosis for various diseases.[17]

In the same way, Xu and Zuo discovered that acupuncture has the potential to decrease the Body Mass Index (BMI) of infertile patients with PCOS, boost the response of ovulation induction, and significantly reduce the duration of pregnancy assistance.[18] Furthermore, in a randomized controlled trial, it was discovered that the practice of yoga had a notable impact on reducing hypertrichosis and waist-to-hip ratio in patients with PCOS.[19]

Increasing the awareness of patients' family, friends, and colleagues, and all kinds of social and financial support were the things that made the patients feel hopeful. Support from family, especially from a spouse or other relatives, can significantly diminish and ease the psychological distress experienced by women with PCOS. Behavioral and psychological interventions, combined with social support, can lead to favorable results in PCOS physical complication management.[20]

In line with the obtained results, Taher declared a notable correlation between social support and adherence to the treatment regimen, indicating that patients who received moderate-to-high levels of social support demonstrated greater compliance with their treatment.[21]

A study of PCOS support groups and their impact on awareness, advocacy, and peer support indicated that they play a crucial role in providing women with information about their condition, fostering healthy lifestyle choices, facilitating the sharing of knowledge and experiences, and offering emotional and social support.[22]

The recent financial support in the field of infertility treatment and free services of healthcare centers gave hope and satisfaction to the participants. Contrary to the results, according to the study by Amiri *et al*.,[23] one of the concerns of women with PCOS, in addition to the physical symptoms of this syndrome, was spending a lot of money to manage and treat the symptoms of the disease, especially infertility and hirsutism. The reason for the different results of the two studies is progress over time, and as both studies were conducted in Iran, it shows that with the passage of time, more welfare and treatment services have been provided to these patients, which in turn has led to higher life expectancy. Fear was the second theme that was extracted from the words of the participating women. Fear is characterized as a cognitive-emotional process governed by cortical structures, requiring a subjective evaluation that operates on both implicit (sub-symbolic, unconscious) and explicit (symbolic, conscious) levels. The presence of fear and panic may exacerbate clinical outcomes by triggering sympathetic activation, influencing the HPA axis, or through other mechanisms that remain to be fully understood.[24]

Our findings demonstrated that the participants were afraid of being in the community because of their appearance and low self-esteem. They have fears about their relationship with their husband due to sexual disorders and lower famine attractiveness. Complications of the disease and

new therapies also worried them. The results indicated that the participants were under high levels of emotional pressure and stress, and failure of treatments, especially for infertility, had led to feelings of failure and disappointment. In line with the present study, a comparative study reported that women with ovarian cysts had low social competence and resilience.[25] Decrease in social competence is another factor that can affect these women's lives. Evidence shows that women with PCOS are usually less satisfied with their appearance and express higher levels of social anxiety and fear.[26]

According to the opinion of most of the participants, sexual disorders, menstrual abnormalities, and male appearance caused the fear of a reduction in intimate relationships with their spouses. Moreover, the fear of infertility was one of the biggest fears. Following these reasons, some women felt afraid of their husbands remarrying. Many individuals affected by PCOS have conveyed their fear of the possibility of not being able to have children. These fears are typically associated with emotions such as sadness, anger, and humiliation. Fear of infertility has been reported as a major psychological problem in women with PCOS in various studies.[27]

The fear of infertility was so high that some participating women did not use hormonal drugs, including oral contraceptive pills (OCPs), and stated that by taking these pills, they would reduce their chances of fertility in the future. In this regard, in 2014, an Australian cohort study discovered that patients with PCOS exhibited a lower rate of contraceptive use. However, OCPs are recognized as a vital element in the treatment of cycle abnormalities and hyperandrogenism in these patients.[7]

Half of the women had the feeling of being different from others, abnormal, ashamed, and disappointed, and this had caused them to fear being in society, such as parties, and being employed. In this line, we can see that in the study by Amiri *et al.*,[23] one of the important concerns of women with PCOS was hairiness, alopecia (male pattern baldness), and weight gain in the form of android. In this study, women considered themselves physically inferior to other women, and because of the changes caused by this syndrome, they felt despair, disappointment, and shame.

A factor leading to the participants' withdrawal from social activities is the stigma related to the disease, especially infertility, and others' sense of pity. Maharjan and Panthee conducted a study on schizophrenia patients, which indicated that patients with a lower stigma perception had better social functioning, and those who were stigmatized more had greater fear of being in society.[28]

According to the contributors, there are many unknowns about this disease, and it is called a "syndrome." The fear of the side effects of new complementary or chemical treatments, as well as the fear of the progression of the disease itself or the development of a new chronic and dangerous disease such as cancer, was often heard in their statements.

Bulimia nervosa and overeating were other complications that participants were afraid of. According to the study by Lee, women with PCOS had more eating disorders than those without PCOS.[29]

Sleeping disorders are one of the other reasons for fear. Evidence showed that PCOS reduces the duration of rapid eye movement (REM) sleep and decreases subjective and objective sleep quality.[30]

This study had limitations, the most important of which was that the sampling was performed only in a government center and that we were not allowed to take participants from private centers. Therefore, the obtained results are related to a certain group that may have come to this center due to economic conditions.

Conclusion

Two different views were obtained from the statements of the affected women. There is a fear of the uncertainties of the disease, as in the past, but the advancement of science in the field of diagnosis and treatment, as well as financial and social support, has brought a glimmer of hope. According to the results of this study, patients suffering from PCOS need special care and support from specialists and healthcare professionals to reduce their problems to improve their disease management. It is better to evaluate these individuals regularly to meet their needs and expectations.

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Conflicting interest

Nothing to declare.

References

1. Deswal R, Narwal V, Dang A, Pundir CS. The prevalence of polycystic ovary syndrome: A brief systematic review. J Hum Reprod Sci 2020;13:261-71.
2. Sánchez-Ferrer ML, Adoamnei E, Prieto-Sánchez MT, Mendiola J, Corbalán-Biyang S, Moñino-García M, *et al*. Health-related quality of life in women with polycystic ovary syndrome attending to a tertiary hospital in Southeastern Spain: A case-control study. Health Qual Life Outcomes 2020;18:232.
3. Lin H, Liu M, Zhong D, Ng EH, Liu J, Li J, *et al*. The prevalence

and factors associated with anxiety-like and depression-like behaviors in women with polycystic ovary syndrome. Front Psychiatry 2021;12:1776.
4. Pourhoseini SA, Babazadeh R, Mazlom SR. Prevalence of polycystic ovary syndrome in Iranian adolescent girls based on adults and adolescents' diagnostic criteria in Mashhad City. J Reprod Infertil 2022;23:288-95.
5. Alur-Gupta S, Chemerinski A, Liu C, Lipson J, Allison K, Sammel MD, *et al*. Body-image distress is increased in women with polycystic ovary syndrome and mediates depression and anxiety. Fertil Steril 2019;112:930-8.
6. Amiri FN, Omidvar S, Tehrani FR, Simbar M Explaining the spiritual, mental, emotional and cognitive health concepts in women with polycystic ovary syndrome: A qualitative study. IHJ 2015;2:57-65.
7. Simon V, Peigné M, Dewailly D. The psychosocial impact of polycystic ovary syndrome. Iran J Reprod Med 2023;4:57-64.
8. Williams S, Sheffield D, Knibb RC. 'Everything's from the inside out with PCOS': Exploring women's experiences of living with polycystic ovary syndrome and co-morbidities through Skype™ interviews. Health Psychol Open 2015;2:2055102915603051.
9. Mahara G, Tian C, Xu X, Wang W. Revolutionising health care: Exploring the latest advances in medical sciences. J Glob Health 2023;13:03042.
10. Javid-Naderi MJ, Mahmoudi A, Kesharwani P, Jamialahmadi T, Sahebkar A. Recent advances of nanotechnology in the treatment and diagnosis of polycystic ovary syndrome. J Drug Deliv Sci Technol 2023;1:104014.
11. Laranjeira C, Querido A. Hope and optimism as an opportunity to improve the "positive mental health" demand. Front Psychol 2022;13:827320.
12. Tolley EE, Ulin PR, Mack N, Robinson ET, Succop SM. Qualitative methods in public health: A field guide for applied research. 2nd ed. New York: John Wiley and Sons; 2016.
13. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today 2004;24:105-12.
14. Mardhiyah A, Philip K, Mediani HS, Yosep I. The association between hope and quality of life among adolescents with chronic diseases: A systematic review. Child Health Nurs Res 2020;26:323-8.
15. Ghahfarokhi MM, Mohammadian S, Nezhad BM, Kiarsi M. Relationship between spiritual health and hope by dietary adherence in haemodialysis patients in 2018. Nurs Open 2019;7:503-11.
16. Hsu CC, Lee YH, Chen MR, Yang CH, Shih JY, Liao WY, *et al*. Hope and its relationship with treatment/physical related factors in lung cancer patients receiving immunotherapy. J Formos Med Assoc 2025;124:660-5.
17. National Center for Health Statistics (US). Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville (MD): National Center for Health Statistics (US); May 2017.
18. Xu J, Zuo Y. Efficacy of acupuncture as adjunctive treatment on infertility patients with polycystic ovary syndrome. Zhongguo Zhen Jiu 2018;38:358-61.
19. Mohseni M, Eghbali M, Bahrami H, Dastaran F, Amini L. Yoga effects on anthropometric indices and polycystic ovary syndrome symptoms in women undergoing infertility treatment: A randomized controlled clinical trial. Evid Based Complement Alternat Med 2021;2021:5564824.
20. Brutocao C, Zaiem F, Alsawas M, Morrow AS, Murad MH, Javed A. Psychiatric disorders in women with polycystic ovary syndrome: A systematic review and meta-analysis. Endocrine 2018;62:318-25.
21. Taher M, Abredar H, Karimy MM, Abedi AA, Shamsizadeh MM. The relation between social support and adherence to the treatment of hypertension. J Educ Community Health 2014;1:63-9.
22. Mungall CE. Social supports for adolescent and young adult polycystic ovary syndrome patients: A scoping review. Western Libraries Undergraduate Research Awards 2023:2023:4.
23. Amiri FN, Tehrani FR, Simbar M, Tahmtan RA. Concerns of women with polycystic ovary syndrome: A qualitative study. Iran J Endocrinol Metab 2013;15:41-51.
24. Porcelli P. Fear, anxiety and health-related consequences after the COVID-19 epidemic. Clin Neuropsychiatry 2020;17:103-11.
25. Sepah MM, Modaresi M. Comparing resiliency, social competence and defense mechanism styles in women with and without ovarian cysts. Thought Behav Clin Psychol 2016;11:77-88.
26. Acmaz G, Albayrak E, Acmaz B, Başer M, Soyak M, Zararsız G, *et al*. Level of anxiety, depression, self-esteem, social anxiety, and quality of life among the women with polycystic ovary syndrome. Sci World J 2013;20:1-7.
27. Sharma S, Mishra AJ. Tabooed disease in alienated bodies: A study of women suffering from polycystic ovary syndrome (PCOS). Clin Epidemiol Glob Health 2018;6:130-6.
28. Maharjan S, Panthee B. Prevalence of self-stigma and its association with self-esteem among psychiatric patients in a Nepalese teaching hospital: A cross-sectional study. BMC Psychiatry 2019;19:2344-8.
29. Lee I, Cooney LG, Saini S, Sammel MD, Allison KC, Dokras A. Increased odds of disordered eating in polycystic ovary syndrome: A systematic review and meta-analysis. Eat Weight Disord 2019;24:787-97.
30. Hachul H, Polesel DN, Tock L, Carneiro G, Pereira AZ, Zanella MT, *et al.* Sleep disorders in polycystic ovary syndrome: Influence of obesity and hyperandrogenism. Rev Assoc Med Bras (1992) 2019;65:375-83.