

Public Health Policy and Women's Health: Addressing Awareness and Care Gaps in PCOS Management

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ABSTRACT

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine conditions that affect women of reproductive age, but public health institutions continue to detect and treat it insufficiently. This study looks at how public health policy can help close important gaps in PCOS understanding, timely detection, and adequate treatment. Despite its extensive effects on metabolic, psychological, and reproductive health, policy interventions have frequently been dispersed and given insufficient priority in national health objectives. With an emphasis on accessibility, diversity, and the efficacy of PCOS-related therapies, the study uses a policy analytic technique to assess current frameworks pertaining to women's health. It draws attention to important obstacles such as low public awareness, societal stigma, a lack of standard diagnostic procedures, and insufficient multidisciplinary care coordination. The study's goal is to evaluate the degree of PCOS awareness and the differences in health-related quality of life (HRQoL) between the treatment group and the control group of women between the ages of 18 and 49. The study was similarly designed and measured. The PCOS Learning and Health Management Questionnaire were used in the study. There were 140 respondents in the sample who had their participation evaluated. The two groups experienced quite different physiological and psychosocial outcomes. Because of their own experiences, patients with PCOS typically have a thorough awareness of the disorder. Understanding the risk factor, signs and symptoms, age groups most impacted by PCOS, hormonal changes, and hirsute behavior across all categories is still lacking. About half of the participants showed inadequate health-related knowledge and practices for PCOS. Women who suspect or have been identified with PCOS should see a doctor right away because immediate medical attention can enhance their quality of life. It is crucial to develop and promote efficient methods to improve women's education through active and technological breakthroughs on the internet.

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1. INTRODUCTION

PCOS is a complicated reproductive, gastrointestinal, and psychological condition that has long-term effects on women's health and well-being. Even though PCOS is highly prevalent—between 8% and 13%, depending on the amount studied and definitions used—care delivery is still dispersed across health disciplines, which frequently leads to significant delays in diagnosis, variations in clinical diagnosis and management practices, and discontent with information being provided. A global evidence-based standard has been created and approved by 38 organizations worldwide in order to address these issues. Here, we emphasize the main effects and provide a summary of these guidelines. The language of suggestions is crucial in accordance with the strict procedures of guideline growth, and where applicable, we have included exact quotes from guidelines here.

Since PCOS was initially identified, the diagnostic criteria have been expanded, which has led to an increase in the condition's prevalence and the possibility of overdiagnosis, especially in young women. Advocacy groups and top doctors around the world have voiced this concern, citing evidence of discomfort associated with PCOS symptoms, underdiagnosis, and a later diagnosis. Concerns about overdiagnosis have also been voiced by others. Adolescents should be identified and treated as "at risk" until a complete diagnosis is made at reproductive maturity, according to new guidelines and recent evidence that have modified diagnostic standards in young women.

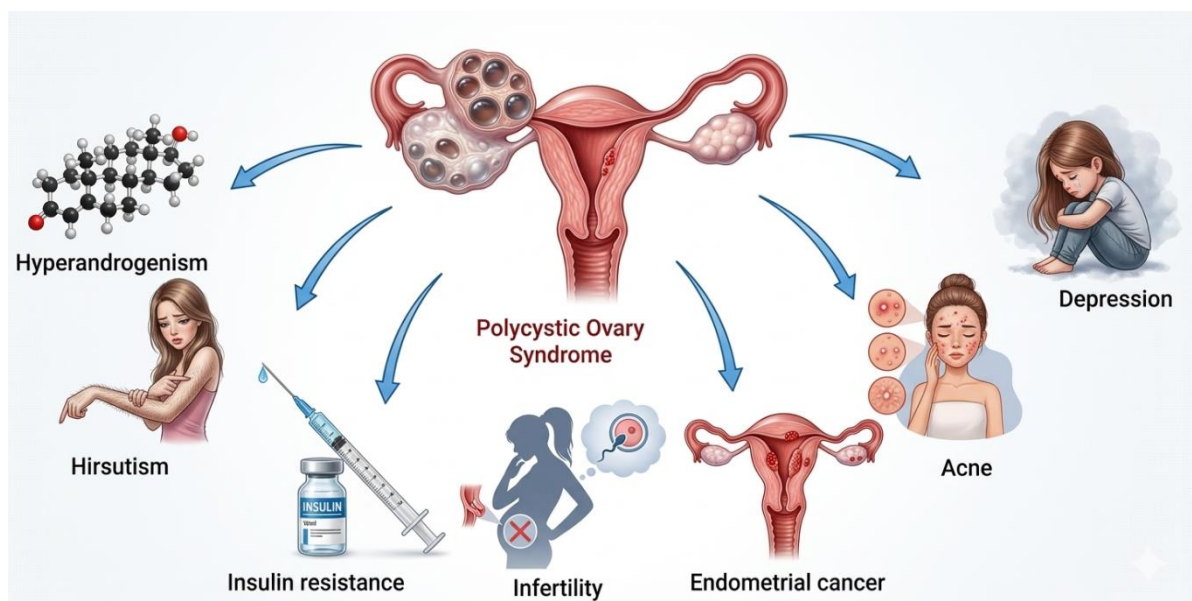


Figure 1. Clinical appearances of polycystic ovary syndrome (PCOS)

In the absence of certain adrenal and/or pituitary disorders, the primary feature of this illness is imbalanced testosterone levels and persistent anovulation brought on by elevated androgen levels (hyper-androgenism). PCOS raises the long-term risk of obesity, type 2 diabetes, metabolic syndrome, hypertensive disorders, fetal macrosomia, (baby weighing more than 4 kg) or anomalies, lipid disorders, cardiovascular conditions, thyroid, and hyperplasia, as well as the short-term and long-term risk of endometrial cancer, psychological problems (anxiety, depression), pre-eclampsia, recurring abortion, perinatal mortality, and possibly breast cancer. As illustrated in Figure 1, the clinical manifestations of this problem include infertility, hirsutism, erratic menstrual cycles, dysfunctional uterine hemorrhage, pregnancy difficulties, hair loss, and acne.

But most women and girls are unaware of the condition. In semi-urban locations, menstrual problems and issues are frequently disregarded until they worsen before being evaluated. This condition is becoming more prevalent due to its effects on people's lifestyle and the natural world. While educating patients, the frequency of possible problems, and the probability of such issues are all being misdirected, most doctors are now focused on treating specific signs of PCOS. In the last three years, India has reported more than 30% additional instances of polycystic ovarian syndrome. Although the precise origin of PCOS remains unknown, insulin resistance is increasingly recognized as a key factor. Given the high frequency of PCOS, the detrimental effects it has on mental and physical wellness, and the financial strain it causes on the healthcare system, one would think there would be additional information accessible. Medical practitioners who treat patients with this illness must recognize the significant impact it has on their psychological, social, and emotional health given its symptoms, protracted course, and consequences. Additionally, studies show that ignorance can significantly reduce a person's standard of life, so it is critical to respond to questions and requests for information.

2. LITERATURE REVIEW

The purpose of this study was to evaluate how people with PCOS in Alberta, Canada, perceived their health, their experiences receiving medical care, and the support they received for managing their condition. People who self-reported having a PCOS diagnosis filled out an online questionnaire using REDCap. Population characteristics, PCOS symptoms and the time it takes to confirm identification, follow-up care, health issues, and other resources were among the question themes. Open-ended questions were subjected to thematic analyses and descriptive statistics. Included were answers from 194 Canadian participants, 93% of whom lived in Alberta. The BMI was 35 ± 9 and the median age was 34 ± 8 years. For 84% of participants, irregular menstruation was the first symptom they observed and the main reason they sought medical attention.

This study's primary goal is to evaluate female Emirati students' understanding of reproductive health (RH), their awareness of PCOS, and their lifestyle choices. Comfort sampling was used to choose 493 Emirati students, who then answered questions on their demographics, lifestyle choices, knowledge of reproductive health, and perception of PCOS. Of the students, 30.7% reported polymenorrhea and 3.5% reported oligomenorrhea in terms of menstrual period frequency, 6% reported having elevated androgen levels, 3.5% stated taking medication for PCOS, and 13% self-reported having been diagnosed with the condition. Additionally, 24% of students reported having too much body hair, and 12.4% reported anomalous flow (heavy or nonexistent) during menstruating.

The misleading name of PCOS, its marginalization in research, the absence of culturally appropriate and gender-sensitive standards of care, discussions surrounding the contraceptive mandate, and stigmatization because of symptoms that defy prevailing social structures of beauty, femininity, and femininity are all reasons why people with PCOS are marginalized, according to this article. The article highlights the significance of incorporating behavioral health into the treatment of patients with PCOS, discusses a case study that demonstrates the role of a social worker in treating an adolescent with PCOS as part of a multidisciplinary group, and points readers to important publications on the treatment and evaluation of PCOS patients.

The current third PCOS consensus document outlines knowledge gaps and provides an overview of current understanding of the various features of PCOS that affect women's health. Childhood, hirsutism, and acne, contraception, irregular menstrual cycles, quality of life, ethnicity, pregnancy problems, long-term metabolism and cardiovascular conditions, and cancer risk are all

pertinent issues covered in a methodical manner. An extensive web publication contains more detailed background material.

This could make managing weight more challenging. Additional obstacles include weariness, sleep problems, and the increased frequency of eating disorders. Lack of vital health literacy and psychological symptoms may impair psychological capacity. Compared to other women of reproductive age, women with PCOS encounter comparable obstacles when it comes to their ability to modify their lifestyle. However, characteristics more prevalent in PCOS, such as body dissatisfaction, confound this. Suboptimal risk assessment and intrinsic motivation may have an impact on the desire to adopt healthy lifestyles. International evidence-based guidelines for the screening and treatment of eating issues, troubled eating, depressive disorders, and obstructive sleep apnea should be followed in order to overcome these obstacles.

3. METHODS AND MATERIALS

Researchers often conduct studies to clarify the underlying causes of PCOS. An experiment was carried in Gujarat, India, to examine the influence of PCOS on the Health-associated quality lifestyle (HRQoL) of respondents. These study included 140 participants, 110 of whom had PCOS and 30 of whom were healthy as the control group. The age range of the screening procedure participants was quite wide, ranging from 14 to 40. The Rotterdam PCOS criteria, which require the presence of at least two of the following symptoms—elevated ovulatory abnormalities, normal testosterone levels, and chemical or medical indicators indicative of PCOS—must be met by individuals. The participants were then asked to fill out a survey about their health-related quality of life. We worked with the Ministry of Health's initial and tertiary medical institution in Vadodra city to gather data over the course of three to five months, from July to November of 2021. We will evaluate the participants' social, well-being on all levels utilizing a HRQoL survey. This project aims to clarify how PCOS affects HRQoL, improving knowledge of the illness and influencing the development of treatments to improve health outcomes for those who are impacted.

3.1. Questionnaire

The researchers want to employ the wellness-associated life quality survey or the personal assessment of dietary habits and physical activity review (DAC) to gather data. A recognized tool for assessing the long-term effects of eating well and exercising on different facets of mental, societal, and physical health is the EEE question. The EEE now includes the HRQoL survey, which is used to evaluate how PCOS affects individuals' health-related quality of life. The PCOS Public Awareness is part of the HRQoL questionnaire. The evaluation has 11 questions that use a total of 44 questions to examine how nutrition, activity, and weight status affect daily life and acute health issues. People's mental, emotional, and physical condition can be more thoroughly assessed by asking them these questions. Statistical software has been used to analyze the health-related quality of questionnaire replies in order to identify and track behavior. The researchers used this data to pinpoint possible problem areas and create focused solutions to deal with them. The questionnaire has been designed considering the possible indicators of PCOS and related issues. How often you exercise, when you hit menarche, the length of your periods, the type of bleeding you get each month, and whether you have dysmenorrhea, hirsutism, or acne are all questions in the survey. Females with hirsutism, irregular menstrual periods, or both were probably diagnosed with clinical polycystic ovary dysfunction. Menstrual irregularity occurs when a girl's cycle lasts longer than 35 days or exhibits evidence of diversity or irregularity. Teenage girls with mild to severe

inflammatory acne, irregular menstruation, or hirsutism were evaluated for an answer of clinical hyperandrogenism.

4. IMPLEMENTATION AND EXPERIMENTAL RESULTS

4.1 Symptoms and Strictures Specific to PCOS

Women's health-related quality of life is significantly impacted by long-term PCOS problems. Teenage girls with PCOS showed significantly lower HRQOL than the healthy controls, according to the study. PCOS has a multitude of consequences on both individuals and the placebo group, according to the survey's findings.

4.2. The Growth of Hair

Hyperandrogenism is the one characteristic that sets it apart. It has been determined that 60–80% of women with PCOS have hirsutism. To give appropriate therapies, it is essential to determine the cause of hirsutism observed in PCOS and rate the degree of pain it causes. It is believed that 70–80% of women with PCOS have hirsutism, compared to 4–11% of women without PCOS. Acne, androgenic hair loss, and hirsutism are clinical signs of excess testosterone in women with PCOS. Ferriman and Gallwey developed the Ferriman-Gallwey (FG) score, a perceptual rating scale, to clinically evaluate the degree of hirsuteness. The specific strategy to treating hirsutism in PCOS patients will be focused on irregular periods and metabolic comorbidity. Patients reported noticeably higher hair growth on their faces, chins, tummy, and upper lips than the control group.

4.3 The Mental health

Compared to the control group, patients exhibited a greater incidence of several mental health conditions. Stress, low self-esteem, feeling strange or unusual, mood fluctuations, irritability, tension, wrath, melancholy, and worry were among the symptoms. Fifty-eight participants mentioned anxiety as an intellectual side effect of PCOS. 72% of patients reported having low self-esteem, which can be brought on by issues with appearance or additional signs of PCOS. 85 and 87 patients, respectively, reported feeling strangeness and uniqueness. Interpersonal interactions and feelings of inclusion are impacted by such viewpoints. People with PCOS experience tension, rage, depression, anxiety, and mood swings in addition to these psychiatric illnesses. Therefore, these results demonstrate the importance of medical care in addition to psychological support and show how PCOS affects mental health.

4.4 The Body weight

Polycystic Ovarian Syndrome is an obesity-related disease. PCOS may arise as a result of obesity and weight gain. Between 38% and 88% of people with PCOS are obese or overweight. Polycystic ovarian syndrome and obesity are linked to genetic factors. On the other hand, PCOS can impair weight loss and ultimate weight recovery through various processes. Controlling weight was a major obstacle in the study, even the controlling group.

Because PCOS is typically associated with either increasing weight or being unable to reduce it, these findings underscore the implications of PCOS on weight and low self-esteem worries over one's body. The weight management problems that 58 PCOS patients have reported provide insight into the difficulties these people encounter when attempting to maintain an optimal weight. In a similar vein, 59% of patients struggled to maintain their target weight, indicating that their weight objectives were not met. Of the 110 patients, 68 reported that their obesity-related issues made them appear less appealing, which had an impact on their trust and self-concept.

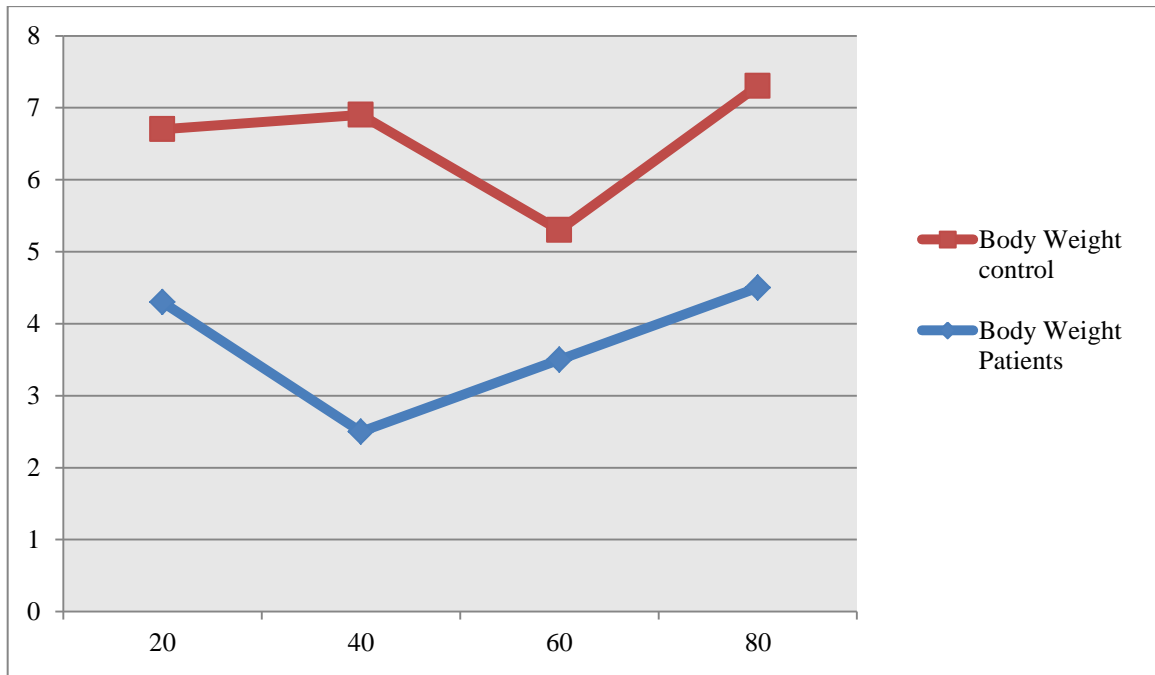


Figure 2. The body weight

85–90% of PCOS women reported oligo-ovulation in addition irregular menstrual cycles. A cohort study discovered a substantial correlation between irregular and prolonged menstrual cycles and hyperinsulinemia. The prevalence of irregular menstrual cycles, polymenorrhea, amenorrhea, menstrual cramps menopause, and polymenorrhea, atypical among those with prior diagnoses was 49.13%, 52.60%, 12.17%, 0.43%, 7.82%, 2.17%, and 32.17%, respectively. 84 out of 100 patients expressed concern about irregular menstruation, which is an indication of polycystic ovarian syndrome (PCOS). Ninety-six experienced excessive monthly bleeding, ninety-seven reported an enlarged abdomen, ninety-four reported menstrual cycles with clots, and 110 reported monthly discomfort. The fact that PCOS is characterized by a hormone imbalance, which eventually results in painful and irregular periods, supports these outcomes.

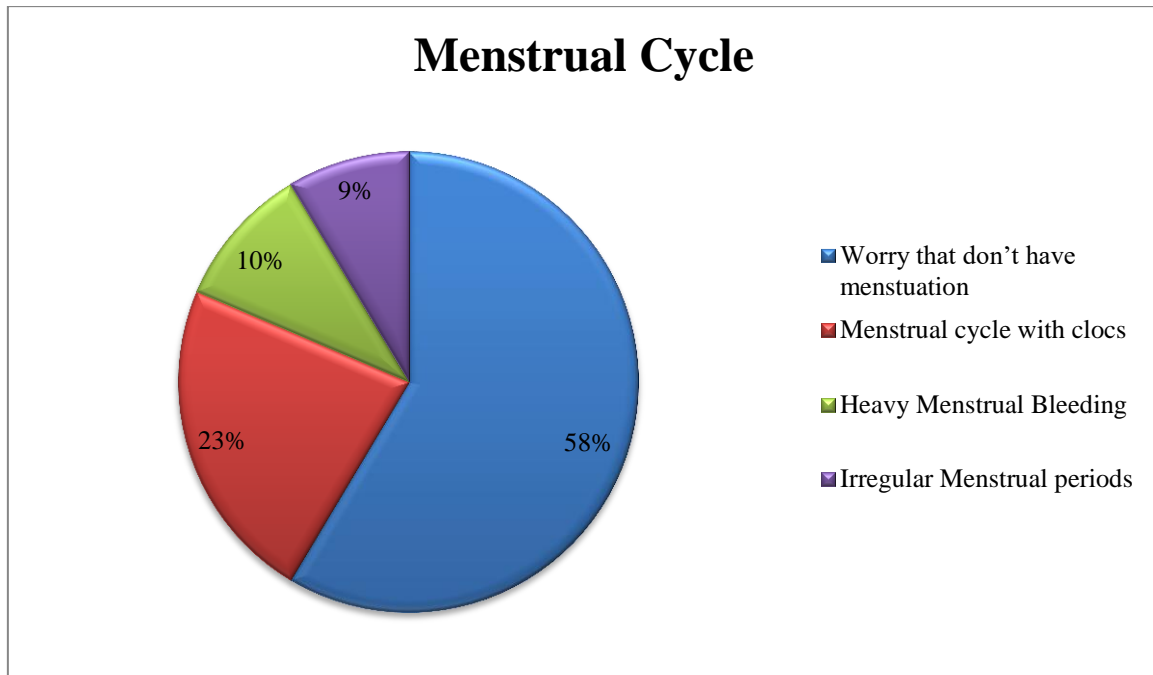


Figure 3. Menstrual Duration

4.5 Health and Well being

Compared to the control group, PCOS patients reported a number of health issues. 75 people reported feeling more hungry, which may be a factor in their difficulties controlling their weight. There were 76 complaints of headaches, 83 of exhaustion, 88 of back discomfort, and 95 of insomnia. These symptoms demonstrate how polycystic ovarian syndrome affects general health and wellbeing. These signs point to potential hormonal and metabolic irregularities associated with PCOS, which can have detrimental effects on a person's health and wellbeing. According to the statistics, PCOS significantly affects individuals' weight, menstrual cycles, psychological health, overall health, and a number of other aspects of their lives. Hirsutism, psychiatric illnesses, problems controlling weight, irregular menstrual periods, and physical pain were among the most common complaints among patients.

Furthermore, the survey results give medical professionals with significant insights into the specific symptoms and issues that patients confront. This makes it possible to customize treatment plans to address their mental health and physical issues related to PCOS and to offer the necessary counseling and support. This makes it possible to offer appropriate counseling and support in addition to tailoring therapy options to meet the psychological and physical problems associated with PCOS. According to the report, there is some evidence linking PCOS and bipolar disease. The correlation, however, is most likely caused by both the condition and certain of its therapies. The use of valproate, an antiepileptic and mood stabilizer has been linked to weight gain, oligomenorrhea, relative hyperandrogenism, and an increased risk of polycystic ovarian syndrome. It emphasizes how crucial it is to consider mental health concerns and substance misuse when managing PCOS for those dealing with its complicated and erratic nature.

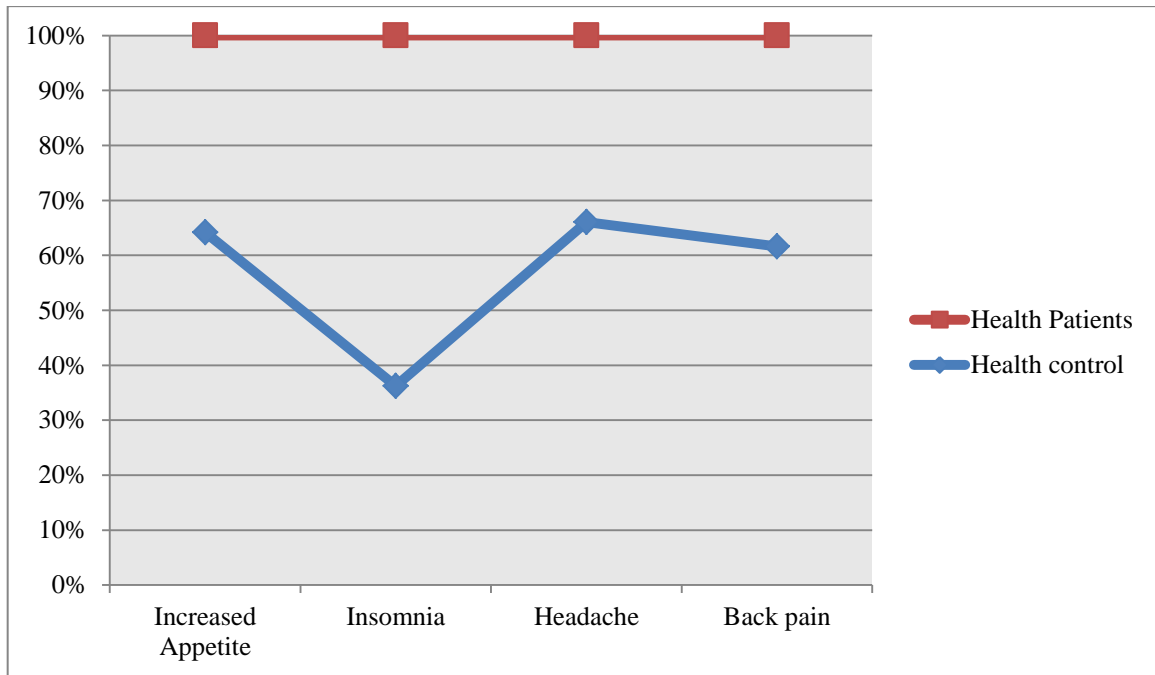


Figure 4. Health and wellness

4.6 PCOS Knowledge among Patients and Control Groups

The information displayed shows the findings of a survey intended to gauge public knowledge of polycystic ovarian syndrome (PCOS) (figure 4). Participants with polycystic ovarian syndrome and a comparison group made up the poll's two groups. The serious consequences of PCOS can be easily avoided with early detection, but this is only possible if newly diagnosed women receive sufficient education about the disorder. The purpose of the first question was to gauge how well each group understood PCOS in general. The findings indicate that a sizable portion of respondents in both groups (Control: 80%; Patients: 85%) were aware of PCOS. Consequently, the public's level of knowledge is astounding. The second question was aimed to measure their understanding of PCOS. The results showed that a considerably higher proportion of patients (44% vs. 25% in the control group) could correctly identify PCOS. However, there is definitely space for improvement in terms of educating the public about the disease. The following studies examined opinions regarding polycysticovary syndrome (PCOS). The findings show that, compared to the control group (15), a higher percentage of patients (44 out of 59) were thought to have polycystic ovarian syndrome (PCOS). Based on the results, it appears that 44% of patients are defined as having polycystic ovarian syndrome, which is more than the control group's 15% incidence. According to this research, people who have personally experienced polycystic ovarian syndrome (PCOS) have a better understanding of the disorder. To raise awareness of the body parts affected by polycystic ovarian syndrome, the following investigation was conducted. The results showed that 64% of patients could correctly identify the affected area when as opposed to the control group.

It was startling how many students in both groups were unaware that PCOS is a hereditary disorder. Only 14% of patients and 10% of controls correctly identified the term "polycystic ovary," showing that respondents had no concept what the domain was. This was one of the survey's other objectives. The following survey questioned participants if they knew of any ladies with PCOS in their social networks. Data show that compared to the control group (25%), more patients (39%) knew someone with PCOS. According to this study, a better understanding of PCOS

may result from individual encounters or experience. The purpose of the following inquiry was to gauge respondents' knowledge of PCOS risk factors.

Compared to the control group (5), the sick group (27) had a greater awareness of the risk factors. Nonetheless, it seems that overall knowledge is poor in both categories. A study on PCOS awareness was carried out. The results showed that when compared to the control group (10%), a greater proportion of patients (33%) were aware of the symptoms. The symptoms are still largely poorly understood in each group. This quiz will test your understanding of the age range that PCOS most frequently affects. The results showed that whereas just 5% of the control group correctly recognized the group most affected, a larger number of patients (20%) did so. Nonetheless, this aspect of PCOS is not widely known in any of the categories. To gauge understanding of the hormonal adjustments linked to PCOS, a second inquiry was created.

Only 14 patients correctly identified the rise in hormone levels, whereas none of the control group did, base to the findings. This result implies that the hormonal factors linked to PCOS are not well understood. Your understanding of the term "hirsutism," which refers to excessive hair growth, is tested in the last question. The results show that only a small percentage of respondents from both groups could accurately describe hirsutism. The public needs more education and knowledge about PCOS, according to the study's findings. Even though PCOS patients were more knowledgeable of their condition, several misconceptions persisted. The control group was representative of the broader population because they knew less about PCOS. These results highlight how crucial public education initiatives and awareness-raising are to improving knowledge, promoting early detection, and ensuring appropriate PCOS treatment. The majority of the subjects in the study trials knew little about PCOS and relied less on conventional news means like papers and television. For many of these responses, medical professionals, companions, and referrals provided sufficient knowledge. These results were also connected to a survey where 80 (100%) participants had no knowledge of polycystic ovary syndrome. According to a different survey, 28% of respondents said they were unaware of polycystic ovarian syndrome, 19% said they had learned about it within the company, and 3.5% said they had heard about it via the media. Biguity in therapy makes sense considering how hard it is to diagnose PCOS. According to information, the health-related quality of life (HRQoL) of women in the National Capital Region (NCR) between the ages of 18 and 49 who had PCOS was significantly higher than that of those who had symptoms but had not yet received a diagnosis.

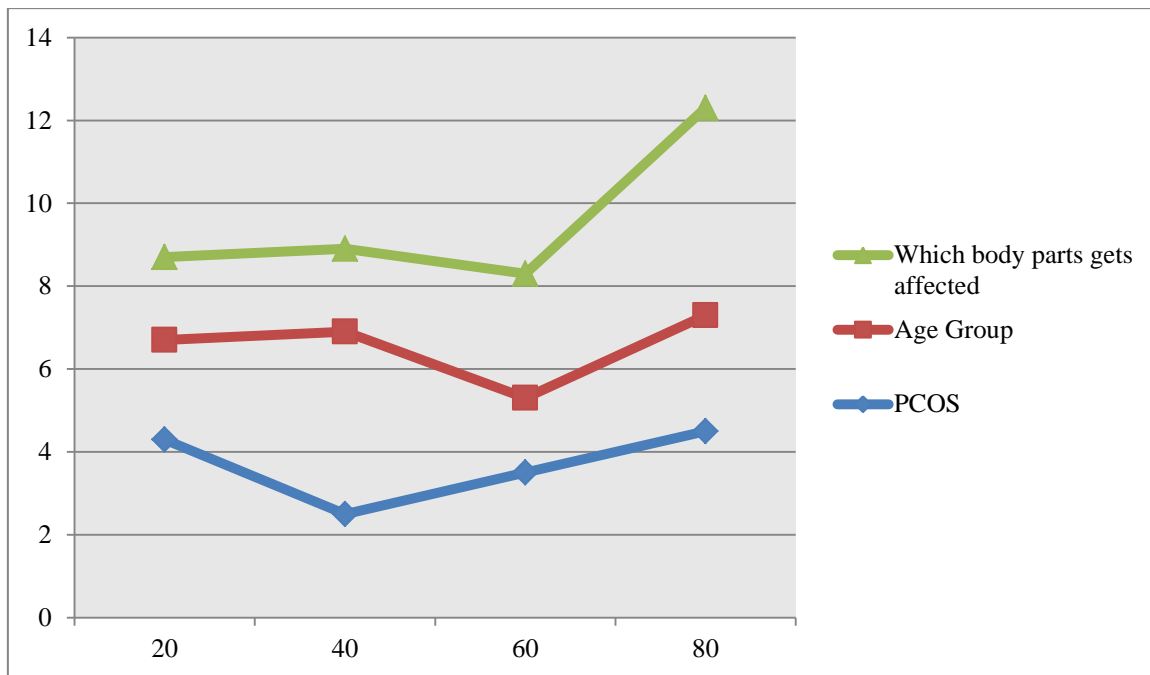


Figure 5. Awareness of PCOS among patient and control groups

5. CONCLUSION

The results showed that individuals in Vadodara, Gujarat, between the ages of 18 and 49 had significantly different health-related quality of life (HRQoL) from the control group. Both groups have a respectable degree of general awareness, but they don't fully comprehend the complexity of PCOS, including its characteristics and the affected anatomic location. Patients with PCOS seem to understand the condition better because they have firsthand experience or are familiar with it. In order to start the proper therapy, girls who show signs of PCOS should be identified as soon as feasible. More tactics are required to inform people about PCOS signs and symptoms and motivate them to get help as soon as possible, especially if periods are irregular. When recognizing and recording any early signs of PCOS, doctors must use caution. PCOS assessments and health awareness are essential components of any youth education program. Brief cycles of menstruation can be utilized to investigate target populations and discover likely PCOS in early teenagers, allowing for timely and appropriate care.

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