INDIAN CYSTERHOOD: COPING AND QUALITY OF LIFE AMONGST INDIAN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

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Abstract

Polycystic Ovarian Syndrome is a long-term endocrine disorder that is marked by Polycystic ovaries, hyperandrogenism, and ovulatory dysfunction. PCOS takes a significant toll not only on one's physical but also psychological health, which, is often neglected. Since PCOS has no cure but can only be managed through a range of lifestyle and health psychological interventions, it becomes imperative to study how women with PCOS cope with the disorder. This study examined coping, anxiety, depression, stress, and quality of life amongst Indian women with PCOS. Results indicate that coping style, especially disengagement coping style has a significant impact on the levels of depression, anxiety, stress, along with quality of life women with PCOS experience.

Chapter 1: Introduction

According to Lazarus and Folkman, stress stems from a negotiation between the person and context. Stress is rooted in a confrontation with situations that exceed or tax one's ability to tackle or manage the situation. The key here, according to Lazarus (1966), is one's appraisal i.e. evaluation or assessment of the circumstance. Appraisal comprises cognitive evaluative processes that solicit information from two ends: the stressor and the individual. Evaluation of the stressor yields information about the threat a stressor possesses while individual evaluation offers information about one's capability or resources to deal with the stressor (Carver, Coping 2011).

Coping is an outcome of stress. Coping encompasses efforts taken to tackle a threatening situation, either to remove the situation or to diminish the negative impact of the situation. Coping can be distinguished in multiple ways: problem or emotion-focused, engagement (approach) or

disengagement (avoidant), etc. Approach or engagement coping comprises efforts or actions or behaviors employed to deal with a stressor or situation directly. Avoidant or disengagement coping comprises strategies to escape, in some form or another, from the stressor or the situation or having to tackle it. This form of coping is usually emotion-focused. The present piece of literature focuses on Engagement versus Disengagement distinction of coping since coping has been found to affect mental health, with engagement coping being associated with positive health outcomes: both physical and mental (Taylor and Staten, 2007).

Coping was found to have a significant relationship with quality of life (Costanzo et al, 2005). Quality of life is a multifaceted-phenomena comprising facets such as physical functioning, happiness, psychosocial adjustment, life satisfaction, symptoms, wellbeing, and health status (Ferrans et al, 2005). According to Wilson and Cleary's (1995) model, quality of life is regulated by key determinants. These key determinants are significantly impacted by a complex interplay amongst individual and environmental dimensions or factors. The model suggests that emotional and psychological factors such as depression, anxiety, and stress can have a causal relationship with each of the determinant of quality of life. Therefore, it becomes imperative to study the impact of psychological factors in order to understand quality of life and coping better.

Illnesses that demand a significant lifestyle change, for instance diabetes, has been found to significantly impact quality of life (Rubin and Peyrot, 1999). A lifestyle disorder that's becoming increasingly prevalent is Polycystic Ovarian Syndrome (PCOS). PCOS is a common endocrinal disorder that is marked by ovulatory dysfunction, hyperandrogenism, and polycystic ovarian morphology. Hyperandrogenism causes excess secretion of the male hormone androgen. Ovulatory dysfunction comprises irregular, rare or no ovulation. Polycystic Ovarian Morphology (PCOM) refers to an excess of pre-antral follicles in the ovaries. (Aziz et al, 2016). PCOS affects approximately 4-20% of women in the reproductive age worldwide (Deswal et al, 2020). In India, the prevalence rate ranges between 3.7-22.5% of the population (Ganie et al, 2019).

The clinical expression of PCOS has a heterogeneous nature. In adults, PCOS is diagnosed if two of the three are present: hyperandrogenism, oligo or anovulation, and/or polycystic ovaries. (World Health Organization, 2018) In case of adolescents, biochemical markers and/or clinical presentation of hyperandrogenism is essential for diagnosis. Disorders that imitate the clinical

presentation of PCOS such as non-classic congenital adrenal hyperplasia, hyperthyroidism, and hyperprolactinemia are excluded. (Legro et al, 2013).

Diagnosis of PCOS is difficult due to the heterogeneity and complexity of symptoms. Globally, three major approaches to the diagnosis of PCOS exist: National Institute of Health (NIH) USA, the Rotterdam criteria, and the Androgen Excess PCOS Society. All the three approaches concur at two points: a) PCOS is a diagnosis of exclusion b) hyperandrogenism, clinically or biochemically presented, as an important diagnostic marker. Hyperandrogenism leads to conditions such as insulin resistance, hirsutism, alopecia, and acne. Most of these outcomes of hyperandrogenism have a visible impact on one's body. For instance, hirsutism encompasses excessive or male-like pattern of hair across face, chest, abdomen, or any other region where women typically don't have hair.

Androgenetic alopecia causes hair thinning across frontal or parietal scalp with higher density across the occipital scalp leading to an intact frontal hairline. (Price, 2003). Hyperthyroidism usually leads to unplanned weight loss, hair loss, brittleness of hair, nausea, increased irritability, and disturbed sleep pattern. Apart from these visible physical alterations, the metabolic dysfunction resulting in insulin resistance and hyperinsulinemia predisposes one to type II diabetes, cardiovascular and cerebrovascular disorder, gestational diabetes, endometrial cancer, and venous thromboembolism (Azziz et al, 2016). Clearly, this endocrine disorder has a far-reaching impact on one's physiological wellbeing. Ample evidence exists suggesting the toll PCOS takes on one's mental health as well as quality of life. For instance, Himelein and Thatcher (2006) concluded that PCOS is significantly linked with depression, anxiety, body dissatisfaction, lowered sexual satisfaction, and poor health-related quality of life.

Review of Literature

According to American Psychological Association's dictionary of Psychology, coping comprises the use of behavioral and cognitive strategies to manage the demands or presses of a situation wherein these demands are perceived taxing or beyond one's resources. It refers to the strategies one employs to reduce the negative impact or conflict resulting from stress.

Coping has been elucidated in various ways. One such elucidation comprises the Approach-Avoidance or the Engagement-Disengagement coping spectrum. The engagement-disengagement conceptualization stands for a metaphor for emotional and cognitive activity oriented either away

from or towards the threat or stressor. (Roth and Cohen, 1986). Cognitive and/or emotional activity oriented towards the threat is Approach or Engagement coping while cognitive and/or emotional activity away from the threat is Avoidant or Disengagement coping.

Coping has significant implications in terms of mental health. For instance, Quah et al (2020) demonstrated a link between a primarily avoidant or disengaging coping style and higher level of anxiety-like behavior in response to high as well as low imminence threat. Disengagement coping style was also linked with heightened sensitivity to ambiguous situations that are typically linked with low imminence threat.

Young and Limbers (2017) found that avoidant coping moderates the relationship between depressive emotional eating and stress among adolescents. This finding is of grave importance in the realm of treatment and intervention. The coping style shows promise as a potentially helpful intervention strategy to tackle victimization and depressive symptoms amongst the transgender population. (White Hughto et al, 2017). Roohafza et al (2014) studied the role of perceived social support and coping in depression and anxiety and found that engagement coping style and perceived social support act as buffer or protective agents against anxiety and depression. Clearly, coping is significantly associated with social support and physiological as well as mental health.

PCOS is the most common endocrine disorder amongst women of reproductive age with a prevalence of 5-10 % (Glintborg and Andersen 2010). PCOS is marked by hyperandrogenism, polycystic ovaries, and menstrual dysfunction, and is associated with multiple health risks including abdominal obesity, hypertension, insulin resistance, and hyperlipidemia (Dokras 2008). Women with gynecologic disorders were found to have poorer quality of life (Rannestad et al, 2000).

Women with PCOS were found to be more susceptible to anxiety, poor self-esteem, and depression (Barry et al. 2011). The challenges to one's feminine identity (eg. hirsutism, menstrual problems) and take a massive toll on relationships, mood, and psychological wellbeing (Teede et al. 2010). Low quality of life in PCOS may affect one's desire or motivation and ability to exercise and change lifestyle (Glintborg and Andersen, 2010). PCOS is strongly linked with mood disorders as well as poor quality of life (Castelo-Branco and Naumova, 2019).

Women with PCOS were found to experience poor quality of life, lower sexual satisfaction, and elevated psychological distress. Symptoms that take the most toll on appearance such as

obesity and hirsutism were found to be strongly linked with poor quality of life (Hahn et al, 2005). Hirsutism was found to have the most consequential or significant impact on quality of life amongst Iranian women (Khomami et al, 2015). Another symptom of PCOS that wreaks havoc with one's appearance is alopecia. Quality of life was found to be poor amongst women with alopecia (Davis and Callender, 2018).

Considering the clinical expression of PCOS, a potential negative impact on mental health seems inevitable. Studies have found that women with PCOS have greater fear of social rejection, and higher rates of eating disorders, anxiety, depression, and, body dissatisfaction (Dorkas et al 2011; Karacan, et al 2014; Trent et al 2002). Adolescents with PCOS were found to experience psychiatric illnesses, especially major depressive disorder, more frequently (Çoban et al, 2019). Amongst women diagnosed with PCOS, emotional distress could possibly stem from psychosocial and/or pathophysiological causes. Visible facets, such as hirsutism, acne, and potential consequences of the disorder, for instance, obesity and infertility, are tend to be appraised as stigmatizing by many and could cause distress (Prathap, et al 2018).

However, research literature on the impact of Polycystic Ovarian Syndrome on the mental health, quality of life, and the coping mechanisms employed by Indian women is gravely inadequate. This study acknowledges this inadequacy and attempts to study coping, depression, stress, anxiety, and quality of life amongst Indian women with Polycystic Ovarian Syndrome.

Research Question:

Does coping style impact depression, stress, anxiety and quality of life amongst Indian women with Polycystic Ovarian Syndrome?

Hypothesis:

1. H_0: Coping style does not impact the levels of depression amongst Indian women with Polycystic Ovarian Syndrome.

   H_1: Coping style impacts the levels of depression amongst Indian women with Polycystic Ovarian Syndrome.

2. H_0: Coping style does not impact the levels of stress amongst Indian women with Polycystic Ovarian Syndrome.

   H_1: Coping style impacts the levels of stress amongst Indian women with Polycystic Ovarian Syndrome.

3. H_0: Coping style does not impact the levels of anxiety amongst Indian women with Polycystic Ovarian Syndrome.

   H_1: Coping style impacts the levels of anxiety amongst Indian women with Polycystic Ovarian Syndrome.

4. H_0: Coping style does not impact quality of life amongst Indian women with Polycystic Ovarian Syndrome.

   H_1: Coping style impacts quality of life amongst Indian women with Polycystic Ovarian Syndrome.

Variables:

This study examines five variables: coping, depression, anxiety, stress, and quality of life.

Operational Definitions:

1. **COPING STYLE**: encompasses the strategies one employs to reduce the negative impact or conflict resulting from stress. Approach or engagement coping comprises efforts or actions or behaviors employed to deal with a stressor or situation directly. Avoidant or disengagement coping comprises strategies to escape, in some form or another, from the stressor or the situation or having to deal with it.

2. **DEPRESSION**: an affective state, that comprises discontent, extreme sadness and unhappiness, despondency, and pessimism that impedes daily life.

3. **ANXIETY**: an emotion marked by nervousness or uneasiness and somatic indicators of tension in which an individual pre-empts or anticipates the impending danger, misfortune, or catastrophe.

4. **STRESS**: the psychophysiological response to external or internal stressors.

5. **QUALITY OF LIFE**: one's evaluation of their well-being or a lack of it.

Chapter 2: Method

Participants:

This research studies Indian women with Polycystic Ovarian Syndrome between age 18 to 40 years.

Sample size:

This research aims to study 149 subjects as per the sample size table (Confidence = 99% at 1% margin of error)

Sampling:

The study uses two sampling methods: convenience sampling and snowball effect since these are the only viable tools available given the present COVID19 pandemic. Convenience sampling refers to drawing sample from the section of population that is closest to one's hand. Snowball effect occurs when the existing subjects of a study offer referrals to recruit subjects for the study.

Instruments:

This study uses the following three instruments:

i.   **Coping Style:** 28-item Brief COPE inventory by Carver (1997) that comprises of 14 2-item subscales which can be classified into two broad coping styles: Engagement Coping or Disengagement Coping. The scale uses 4-point Likert like scale. The reliability of the 14 subscales range between 0.50 to 0.90.

ii.   **Quality of Life:** 35-item Polycystic Ovarian Syndrome Quality of Life Scale (PCOSQOL) by Williams, Sheffield, and Knibb (2018). The scale encompasses 4 sub-scales (infertility, impact of PCOS, hirsutism, and mood). It has a 7-point Likert-like scale structure and has reliability of 0.95

iii.   **Depression, Stress and Anxiety:** the 21-item Depression, Anxiety, Stress Scale (DASS-21). It is the short version of the DASS given by Lovibond and Lovibond (1995). The scale has three subscales: depression, stress, and anxiety. The reliability of subscales depression, anxiety, and stress was 0.89, and 0.78 respectively.

Chapter 3: Results

The research aspired to study the impact of coping style on depression, anxiety, stress, and quality of life amongst Indian women with Polycystic Ovarian Syndrome (PCOS). The sample of this study comprised 50 Indian women between the age of 15 to 45 years who suffer from Polycystic Ovarian Syndrome. Figure I represents the ages of the subjects of the study.
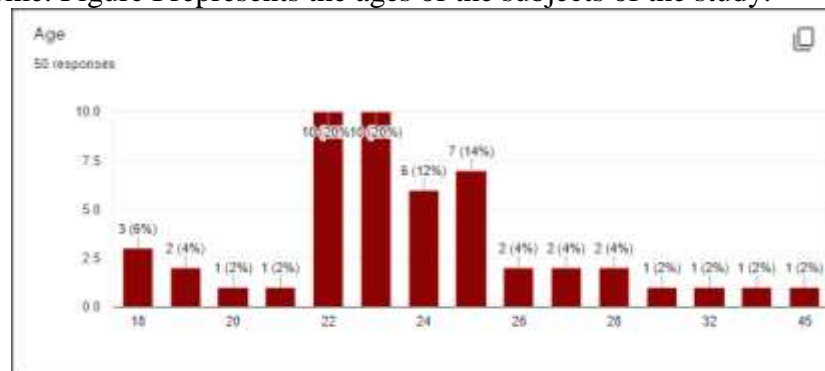

Fig I: Age (in years) of the participants of the study.

I. DESCRIPTIVE STATISTICS

Collected data was analyzed for standard deviation and mean. Table 1 presents the descriptive statistics performed on the obtained data.

	N Statistic	Range Statistic	Minimum Statistic	Maximum Statistic	Sum Statistic	Mean Statistic	Std. Deviation Statistic	Skewness Statistic	Skewness Std. Error	Kurtosis Statistic	Kurtosis Std. Error
Approach	50	32	14	46	1744	34.88	7.474	-.938	.337	.696	.662
Avoidant	50	27.00	13.00	40.00	1201.00	24.0200	6.91195	.567	.337	-.446	.662
Depression	50	42.00	.00	42.00	1028.00	20.5600	12.68803	.106	.337	-1.340	.662
Anxiety	50	38.00	.00	38.00	834.00	16.6800	10.48700	.197	.337	-.816	.662
Stress	50	42.00	.00	42.00	1152.00	23.0400	11.47306	-.160	.337	-1.117	.662
QoL	50	196.00	49.00	245.00	7594.00	151.8800	51.02798	-.025	.337	-.889	.662

Table 1: Descriptive statistics of the variables

II. INFERENTIAL STATISTICS

This study uses Shapiro-Wilk normality test, and multiple regression to draw meaningful inferences from the obtained data. Table 2.1.1 presents the results Shapiro-Wilk normality testing analysis. The significance levels of stress, anxiety, and quality of life were 0.062, 0.055, and 0.321 respectively. Since, these values are greater than 0.05, data for these variables is normally distributed. The significance levels of approach coping, avoidant coping, depression, mood disturbances, overall impact of PCOS, hirsutism, and infertility were smaller than 0.05. Therefore, the data for these variables is not normally distributed.

Tests of Normality

	Kolmogorov-Smirnov[a] Statistic	Kolmogorov-Smirnov[a] df	Kolmogorov-Smirnov[a] Sig.	Shapiro-Wilk Statistic	Shapiro-Wilk df	Shapiro-Wilk Sig.
Approach	.112	50	.163	.934	50	.008
Avoidant	.119	50	.076	.954	50	.049
Depression	.137	50	.019	.930	50	.006
Stress	.123	50	.058	.956	50	.062
Anxiety	.090	50	.200*	.955	50	.055
QoL	.082	50	.200*	.974	50	.321

Table 2.1.1: Normality testing of the obtained data.

Multiple regression analysis was used to study the impact of coping styles: approach i.e. engagement coping and avoidant i.e. disengagement coping on depression, anxiety, stress, and quality of life. Table 2.1.2 is model summary 1 which describes the regression analysis where the dependent variable was Depression and the independent variables were Approach and Avoidant coping. Here, model a comprises Depression and Avoidant coping. The F-value of model a was 26.970 at 0.00 level of significance indicating a good model fit and the ability of Avoidant coping to reliably predict Depression. Model b comprises Depression, Approach, and Avoidant coping.

The F-value of model b was 4.385 at 0.042 level of significance indicating a good model fit. These results imply that when evaluated together, the coping styles reliably predict depression.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
					Change Statistics				
1	.600[a]	.360	.346	10.25766	.360	26.970	1	48	.000
2	.644[b]	.414	.389	9.91401	.055	4.385	1	47	.042

a. Predictors: (Constant), Avoidant

b. Predictors: (Constant), Avoidant, Approach

Table 2.1.2: Model summary 1: the DV was Depression and IVs were Approach and Avoidant coping.

Table 2.1.3 is the coefficient table 1 of the regression analysis where the dependent variable was Depression and independent variables were Approach and Avoidant coping. The t-value of Avoidant was 5.641 at 0.000 level of significance whereas the t-value of Approach coping was -2.094 at 0.042 level of significance.

Since these t-values are significant at levels smaller than 0.05, the null hypothesis 'Coping style does not impact the levels of depression amongst Indian women with Polycystic Ovarian Syndrome' is rejected. The obtained results imply that coping styles impact the levels of depression amongst Indian women with PCOS.

Coefficients[a]

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B Lower Bound	Upper Bound	Correlations Zero-order	Partial	Part
1	(Constant)	-5.886	5.295		-1.112	.272	-16.533	4.760			
	Avoidant	1.101	.212	.600	5.193	.000	.675	1.527	.600	.600	.600
2	(Constant)	6.454	7.805		.827	.412	-9.247	22.156			
	Avoidant	1.171	.208	.638	5.641	.000	.753	1.589	.600	.635	.630
	Approach	-.402	.192	-.237	-2.094	.042	-.788	-.016	-.134	-.292	-.234

a. Dependent Variable: Depression

Table 2.1.3: Coefficient table 1: DV was Depression and IVs were Approach and Avoidant Coping

Table 2.1.4 is the Model summary 2 which depict results of regression analysis where the dependent variable was Stress and the independent variables were Approach and Avoidant coping. Model a comprises Stress and Avoidant coping. The F-value of model a was 31.035 at 0.00 level of significance indicating a good model fit and the ability of Avoidant coping to reliably predict Stress.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
					Change Statistics				
1	.627[a]	.393	.380	9.03374	.393	31.035	1	48	.000

a. Predictors: (Constant), Avoidant

Table 2.1.4: Model summary 2: the DV was Stress and IVs were Approach and Avoidant coping

Table 2.1.5 depicts the coefficients of regression analysis where the dependent variable was Stress and the independent variables were Approach and Avoidant coping. The t-value of Avoidant model was 5.571 at 0.00 level of significance.

Since the level of significance of the obtained t-value is lesser than 0.05, the null hypothesis 'Coping style does not impact the levels of stress amongst Indian women with Polycystic Ovarian Syndrome' is rejected. The obtained results imply that coping styles impact the levels of stress amongst Indian women with PCOS.

Coefficients[a]

Model		Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.	95.0% Confidence Interval for B Lower Bound	Upper Bound	Correlations Zero-order	Partial	Part
1	(Constant)	-1.944	4.663		-.417	.679	-11.320	7.432			
	Avoidant	1.040	.187	.627	5.571	.000	.665	1.416	.627	.627	.627

a. Dependent Variable: Stress

Table 2.1.5: Coefficient table 2: DV was Stress and IVs were Approach and Avoidant Coping

Table 2.1.6 is the Model summary 3 which depict results of regression analysis where the dependent variable was Anxiety and the independent variables were Approach and Avoidant coping. Model a comprises Anxiety and Avoidant coping. The F-value of model a was 11.208 at 0.002 level of significance indicating a good model fit and the ability of Avoidant coping to reliably predict Anxiety.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
					Change Statistics				
1	.435[a]	.189	.172	9.54025	.189	11.208	1	48	.002

a. Predictors: (Constant), Avoidant

Table 2.1.6: Model summary 3: DV was Anxiety and IVs were Approach and Avoidant coping

Table 2.1.7 depicts the coefficients of regression where the dependent variable was Anxiety and the independent variables were Approach and Avoidant coping. The t-value of Avoidant model was 3.348 at 0.002 level of significance.

Since the level of significance of the obtained t-value is lesser than 0.05, the null hypothesis 'Coping style doesn't impact the levels of anxiety amongst Indian women with Polycystic Ovarian Syndrome' is rejected. The obtained results imply that coping styles impact the levels of anxiety amongst Indian women with PCOS.

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations		
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part
1	(Constant)	.824	4.925		.167	.868	-9.078	10.726			
	Avoidant	.660	.197	.435	3.348	.002	.264	1.057	.435	.435	.435

a. Dependent Variable: Anxiety

Table 2.1.7: Coefficient table 3: DV was Anxiety and IVs were Approach and Avoidant coping

Table 2.1.8 is the Model summary 4 which depict results of regression analysis where the dependent variable was Quality of life and the independent variables were Approach and Avoidant coping. Model a comprises Anxiety and Avoidant coping. The F-value of model a was 23.498 at 0.00 level of significance indicating a good model fit and the ability of Avoidant coping to reliably predict Quality of life amongst Indian women with PCOS.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.573^a	.329	.315	42.24354	.329	23.498	1	48	.000

a. Predictors: (Constant), Avoidant

Table 2.1.8: Model summary 4: DV was Quality of Life and IVs were Approach and Avoidant coping

Table 2.1.9 depicts the coefficients of regression where the dependent variable was Quality of life and the independent variables were Approach and Avoidant coping. The t-value of Avoidant model was -4.847 at 0.00 level of significance.

Since the level of significance of the obtained t-value is lesser than 0.05, the null hypothesis 'Coping style does not impact quality of life amongst Indian women with Polycystic Ovarian

Syndrome' is rejected. The obtained results imply that coping styles impact the quality of life amongst Indian women with PCOS.

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations		
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part
1	(Constant)	253.339	21.806		11.618	.000	209.495	297.183			
	Avoidant	-4.232	.873	-.573	-4.847	.000	-5.988	-2.477	-.573	-.573	-.573
a. Dependent Variable: QoL											

Table 2.1.9: Coefficient table 4: DV was Quality of Life and IVs were Approach and Avoidant coping

The obtained results imply that coping styles, especially disengagement coping style, significantly impacts levels of depression, anxiety, stress, and quality of life amongst Indian women with PCOS. These results can be explained by the existing literature discussed in the next section.

Chapter 4: Discussion

Coping styles, especially disengagement coping style, has a profound impact on various facets of mental health. For instance, lower self-control was found to be related to disengagement coping, which in turn was found to be related to poor mental health (Boals et al, 2011). Consistent use of disengagement coping strategies accelerates stress and lowers wellbeing (Chao, 2011). Disengagement coping was also found to mediate between stress and history of victimization amongst victims of bullying (Newman et al, 2010). Disengagement coping mediates the relationship amongst stress and depressive emotional coping (Young and Limbers, 2017).

Disengagement coping strongly predicted quality of life and depressive symptoms amongst cancer survivors (Gillanders et al, 2015). Disengagement coping was found to be linked with longer illness duration and poorer health-related quality of life amongst patients with multiple sclerosis (Bucks et al, 2011). General coping approaches, especially active ones, were found to diminish the impact of psychiatric symptoms on quality on life thereby improving it amongst older population with schizophrenia (Cohen et al, 2013).

Increased use of disengagement coping, perception of criticism and higher amounts of stress was found amongst people with major depressive disorder. Furthermore, disengagement coping was found to increase daily negative affect (Dunkley et al, 2017). Preterm birth, postpartum depression

and infant development were found to be significantly associated with poor overall coping skills, especially disengagement coping (Guardino and Dunkel Schetter, 2013).

Along with other themes like absence of social support and emotional hardships, disengagement coping was found to be a recurrent theme in the emotional and coping processes amongst transgender population (Budge et al, 2012). Avoidant coping was found to be significantly linked with poorer physical functioning and anxiety amongst heart failure patients (Eisenberg et al, 2012). The findings of this study align with the existing research literature highlighting the impact of coping style, especially disengagement coping style, on key factors of mental health such as depression, stress, anxiety, and quality of life.

Chapter 5: Conclusion

PCOS is a complex disorder. It manifests in a complex, heterogeneous fashion making it difficult to diagnose, treat, and study. This study endeavored to study how coping styles impact the psychological outcomes of this complex disorder amongst a population that hasn't really been studied before. In the process, this study has been blemished by several limitations, the biggest one being its small sample size.

The findings of this study are of great value in the realm of intervention and health management since PCOS is a complex, long-term illness that can't be cured but only maintained. There's no treatment modality or standard protocol in place due to the heterogeneity of the disorder. Therefore, treatment and therapy should be accustomed according to every patient's need and therapeutic goal (Orio and Palomba, 2013).

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