

# “Assessment of Quality of Life Among Women Suffering from Polycystic Ovarian Syndrome Attending Gynaecology OPD In Selected Hospitals of The City: A Descriptive Study”

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## Abstract

Major aspects including physical and mental health, amount of independence, and social contacts are included when assessing Quality of life. Over the past few years, evaluation of quality of life has increased in frequency in polycystic ovarian syndrome clinical trials and standard clinical therapy (PCOS). The primary goal of this study was to determine the relationship between the quality of life of women with polycystic ovarian syndrome and the demographic factors they selected to study. Over 100 women were studied in a non-experimental descriptive design utilizing a convenient non-probability sampling method. Adopted standardized WHO Quality of Life scale questionnaire. The mean score of women's quality of life was 69.66 17.06. A low quality of life affected 33% of the women, a moderate quality of life affected 40%, and a high quality of life affected 27% of the women. The mean quality of life score for women is 16.35.51 in the physical health domain, 13.42.39 in the psychological health domain, 6.46.5.03 in the social health domain, and 17.31.503 in the environmental health domain. According to the study findings, the quality-of-life score was significantly correlated with age, educational achievement, married status, and the number of children; none of the remaining demographic variables were.

**Keywords:** Polycystic Ovarian Syndrome, Quality-of-life, Assessment

## INTRODUCTION

Women are the building stones of a society. A woman owns the privilege of giving birth, raising up a family and thus creating the basic unit of society.

The term Polycystic Ovarian Disease was first described by Irving stein and Michael Leventhal as a Triad of ‘Amenorrhea’, ‘Obesity’, and ‘Hirsutism’ in 1935 when they observed the link between obesity and reproductive disease. It is hence also known as the ‘Stein- Leventhal Syndrome’ or ‘Hyper androgenic Anovulation’ and is the most common endocrine ovarian disorder affecting approximately 2-8% women of reproductive age. Now a day’s, it is also referred to as the ‘Syndrome O’ i.e., over nutrition, overproduction of insulin, ovarian confusion and ovulatory disruption.

The most prevalent endocrine disorder in women between the ages of 18 and 44 is polycystic ovarian syndrome (PCOS). It affects between 2% and 20% of people in this age range. One in every 15 women worldwide are affected by it, making it one of the most prevalent endocrine illnesses. Teenagers with PCOS are thought to have an incidence of between 11 and 26%, and about 50% of them are overweight.

## BACKGROUND OF THE STUDY:

Incidence instances of polycystic ovarian syndrome among women of reproductive age (15–49 years) were recorded in 1.55 million cases globally in 2017, an increase of 4.47% (2.86–6.37%) between 2007 and 2017. A rise of 1.45% (1.43-1.47%) between 2007 and 2017 may be seen in the age-standardized incidence rate of polycystic ovarian syndrome (PCOS) among women of reproductive age, which was 82.44 (64.65-100.24) per 100 000 people in 2017.

## NEED OF THE STUDY

The specific cause of polycystic ovarian syndrome is unknown, but it's connected to aberrant hormone levels in the body. Polycystic ovarian syndrome is a disorder that alters a woman's hormonal level. According to several research, polycystic ovarian syndrome affects a patient's quality of life because it is a metabolic, hormonal, and psychological condition. If the ladies were well informed about polycystic ovarian syndrome and how to treat it, it would help them lead better lives.

## STATEMENT OF THE PROBLEM

“Assessment of Quality of Life among Women suffering from Polycystic Ovarian Syndrome attending Gynaecology OPD in selected Hospitals of the city: A Descriptive Study”

## OBJECTIVE

### Primary Objectives:

To assess the Quality of Life among the women suffering from Polycystic Ovarian Syndrome attending Gynaecology OPD in selected hospitals of the city.

### Secondary objectives:

1. To assess the Quality of Life among the women suffering from Polycystic Ovarian Syndrome.
2. To find out the association between the Quality of Life with their selected demographic variables “A hormonal disorder causing enlarged ovaries with small cysts on the outer edges”.

### Assumption

- Women will be facing some problems in their daily life suffering from Polycystic Ovarian Syndrome as compare to normal healthy women.
- There may be association between Quality of Life with their selected demographic variables.

### Ethical Aspect

The study was approved by the institutional ethical committee and the study will be conducted in accordance with the ethical guideline prescribed by the central committee on human research.

- Permission was taken from the ethical committee.
- Consent was taken from the sample.
- Proper explanation regarding the purpose of the study and nature of the World health organization Quality of Life scale involved in the study was given to the sample
- Information about the sample was handled properly so that confidentiality and anonymity are maintained.
- Subject were protected from all type of harm.

### Review of literature

The literature review is classified under following sections:

- Literature related to knowledge regarding polycystic ovarian syndrome
- Literature related to Quality-of-life suffering from polycystic ovarian syndrome

### Conceptual framework

The conceptual framework used for the present study is developed from the health belief model.

### Methodology

*Research approach:* quantitative research approach

*Research design:* non-experimental descriptive research design

*Setting:* research setting for the present study is selected hospitals of the study

### Variables

*Research variable:* “Assessment of Quality of Life among Women suffering from Polycystic Ovarian Syndrome attending Gynaecology OPD in selected Hospitals of the city

*Demographic variable:* Age, Educational Qualification, Monthly family Income, Marital status, Number of Children, Interval between Menstruation, Age of Menarche and Family History.

### Population

- *Target population:* It includes women suffering form for polycystic ovarian syndrome those are attending Gynaecology at selected hospital of the city.
- *Accessible population:* It includes all female those are suffering from Polycystic ovarian syndrome attending Gynaecology OPD and available at the time of Data Collection at selected Hospital.

### Sampling

- *Sample size:* 100 women
- *Sampling technique :* Non probability convenient sampling technique

### Sampling criteria

- **Inclusion criteria**

Women who are

- Diagnosed with Polycystic Ovarian Syndrome
- Between the age group 18-45 years.
- Willing to participate in study.
- Able to read and understand Marathi, Hindi, English language.

- **Exclusion criteria**

Women who are not

- Available at the time of data collection.
- critically ill.

### Description of tool

SECTION I: Self-Structured Demographic Variables.

SECTION II: Standardize Questionnaire for Assessment of Quality of Life<sup>6</sup> Among Women Suffering from Polycystic Ovarian Syndrome.

### Validity

Content and construct validity was of tool was determined by 15 experts including obstetric and Gynaecology nursing subject, physician and statistician.

### Reliability

For reliability test-retest method was used for scale. The tool was said to be reliable if the correlation coefficient was more than 0.8. the correlation coefficient 'r' of the tool was 0.82. which is more than 0.87 and hence the tool is reliable.

### Pilot study

It was conducted on 10 women those are suffering from polycystic ovarian syndrome and collected data was coded. Tabulated and descriptive and inferential statistics used to analyse. The pilot study was feasible in term of time, money and resources.

### Data collection

Procedure for data collection

1. Permission was obtained from the authority of the Hospitals.
2. Before giving the questionnaire, self-introduction was done by the investigator and the Purpose of the study was mentioned.
3. Consent of the samples was taken.
4. Test was conducted by standardize WHO Quality of life- BREF scale questionnaire.
5. Quality of life- BREF Scale were distributed to the samples and collected back after 25 minutes.

## RESULT

Section I: Distribution of Women Attending Gynaecology OPD In Selected Hospitals of the City with Regards to their Demographic Variables.

**Table 1:** Table showing frequency and Percentage wise distribution of Women according to their demographic variables.

**n=100**

Demographic Variables	Frequency (f)	Percentage (%)
<b>Age (years)</b>		
18-23	32	32
24-29	40	40
30-35	18	18
36-41	4	4
≥42	6	6
<b>Educational Qualification</b>		
Primary	3	3
Secondary	9	9
Higher Secondary	33	33
Graduate	45	45
Post Graduate	5	5
Other (specify)	5	5
<b>Monthly family income (Rs)</b>		
Below 10000 Rs	0	0
10001-15000 Rs	14	14
15001-20000 Rs	78	78
≥20001 Rs	8	8
<b>Marital Status</b>		
Married	53	53
Unmarried	36	36
Divorce	3	3

Widow	6	6
Separated	2	2
<b>Number of children</b>		
0	62	62
1	26	26
2	12	12
>2	0	0
<b>Interval between menstruation (months)</b>		
1	4	4
2	25	25
3	61	61
≥4	10	10
<b>Age of menarche</b>		
13 years	8	8
14 years	41	41
15 years	42	42
≥16 years	9	9
<b>Family history of Polycystic Ovarian Syndrome</b>		
Yes	13	13
No	87	87

Section II: Assessment of Quality of Life Among Women Suffering from Polycystic Ovarian Syndrome Attending Gynaecology OPD In Selected Hospitals of the City.

**Table- 2:** Table showing frequency and percentage of the Assessment with Quality-of-life domain  
n=100

Level of assessment of QOL	Range	No of women (f)	Percentage (%)
Low Quality of life	<45	33	33
Moderate Quality of life	46-65	40	40
High Quality of life	>65	27	27
Total		100	100
Mean ± SD		69.66 ± 17.06	
Range		33-98	

### Grading

Low quality of life <45

Moderate quality of life 46-65

High quality of life >65

(Fatma Ibrahim Abd El Latif\*(2014) Bani Issa (2011))<sup>5</sup>

Section III: Distribution of Item Wise Assessment of Quality-of-Life Among Women Suffering from Polycystic Ovarian Syndrome Attending Gynaecology OPD In Selected Hospitals.

**Table -3:** Table showing the mean and SD of assessment with Quality-of-life domain  
n=100

SR NO.	DOMAINS	Mean	SD	Range
1	Domain I (Physical health)	16.35	5.21	7-28
2	Domain II (Psychological health)	13.42	3.94	6-25
3	Domain III (Social health)	6.46	2.16	3-12
4	Domain IV (Environmental health)	17.31	5.03	9-32

**Table-4** table showing mean and SD of Item wise assessment of Quality-of-life

n=100

SR NO	Question	Very poor	Poor	Neither Poor nor good	Good	Very good	Mean	SD
1	How would you rate your quality of life?	12	30	22	28	8	3.65	0.90
2	How satisfied are you with your health?	11	29	25	20	15	3.51	0.93
		<b>Not at all</b>	<b>A small amount</b>	<b>A moderate amount</b>	<b>A great deal</b>	<b>An extreme amount</b>	<b>Mean</b>	<b>SD</b>
3	Pain and discomfort	7	17	32	28	16	2.89	0.99
4	dependence on medicine	7	12	20	30	31	2.98	1.02
5	Positive feeling	5	47	35	12	1	2.57	0.80
6	Negative feeling	9	42	35	13	1	2.55	0.86
		<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very much</b>	<b>Extremely</b>	<b>Mean</b>	<b>SD</b>
7	Concentration	12	37	42	8	1	2.49	0.84
8	Safety and security	10	24	50	15	1	2.73	0.87
9	Home environment	8	41	37	14	0	2.57	0.83
		<b>Not at all</b>	<b>Slightly</b>	<b>Somewhat</b>	<b>To a great extent</b>	<b>completely</b>	<b>Mean</b>	<b>SD</b>
10	energy and fatigue	9	16	29	23	23	2.75	1.00

11	Bodily image	14	52	27	5	2	2.29	0.84
12	Financial support	26	52	20	1	1	1.99	0.77
13	Accessibility of information	14	34	45	7	0	2.45	0.82
14	Leisure activity	11	47	29	12	1	2.54	0.88
		<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very much</b>	<b>Extremely</b>	<b>Mean</b>	<b>SD</b>
15	mobility	14	35	28	21	2	2.62	1.03
		<b>Very dissatisfied</b>	<b>dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>	<b>Mean</b>	<b>SD</b>
16	Sleep and Rest	22	21	35	12	10	2.92	1.02
17	Activity of daily living	9	26	35	29	1	2.87	0.97
18	work capacity	28	30	20	16	6	2.74	1.02
19	Self-esteem	13	18	51	15	3	2.77	0.96
20	personal relationship	5	21	45	27	2	3.00	0.87
21	social support	37	30	22	10	1	2.08	1.04
22	sexual activity	15	29	34	22	0	2.63	0.99
23	Physical environment	4	24	38	12	22	2.75	0.75
24	Health care security	16	19	28	25	12	2.24	0.79
25	Transportation	13	20	25	22	20	2.33	0.81
		<b>Never</b>	<b>Infrequently</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Mean</b>	<b>SD</b>
26	Thinking/memory	11	12	20	31	26	2.75	1.11

Section-IV: Association of Quality of Life Among Women Suffering from Polycystic Ovarian Syndrome Attending Gynaecology OPD in Selected Hospitals of the City in Relation to Demographic Variables

**Table-5** Table showing Association of quality of life with their demographic variables

n=100

Demographic variables	Calculated value			Df	Table value	Level of significance p<0.05	Significance
	t value	F value	P value				
Age (year)	-	32.50	0.0001	4,95	2.45	P<0.05	S
Educational Qualification	-	7.13	0.0001	5,94	2.29	P<0.05	S
Monthly family income (Rs)	-	0.18	0.83	2,97	3.07	P>0.05	NS
Marital Status	-	5.51	0.0001	4,95	2.45	P<0.05	S
Number of children	-	28.91	0.0001	2,97	3.07	P<0.05	S
Interval between menstruation (months)	-	0.27	0.84	3,96	2.68	P>0.05	NS
Age of menarche	-	1.24	0.29	3,96	2.68	P>0.05	NS
Family history of polycystic ovarian syndrome	0.35	-	0.72	98	1.98	P>0.05	NS

**Key:** - S- Significant

NS- Not significant

## DISCUSSION

A descriptive study conducted on quality of life of women with polycystic ovarian syndrome. The main objective of the study was to find out the quality of life of women with polycystic ovarian syndrome. In this study Sample size was the 84 participants. Sample was selected by researcher, those women suffering from polycystic ovarian syndrome and diagnosed with clinically at out patient's department (OPD). Tool was used by researcher WHO QOL-BREF scale to find out the Quality of life of women with polycystic ovarian syndrome. Among all 35% the women diagnose with less than one year and 65% was more than one year with polycystic ovarian syndrome. Researcher conclusion in study is Measured, women with polycystic ovarian syndrome are suffering from the significantly lowered quality of life, but independent of their duration of illness.<sup>4</sup>

In the above study, it represents that the assessment of quality-of-life women with polycystic ovarian disease. Similarly, in the present study the researcher concluded that women with polycystic ovarian disease symptoms are suffering from significantly lowered quality of life, but independent of their duration of illness.

## CONCLUSION

After the detailed analysis, this study leads to the following conclusion:

The study reveals mean assessment of quality-of-life of women was  $69.66 \pm 17.06$  and range of quality of score was 33-96. Study also reveals that 33% of women had low quality 42% of women had moderate quality of life and 27% women had high quality of life. Analysis also reveals that there is association of quality of life with age, educational qualification, marital status, number of child and none of the other demographic variables were associated with quality of life.

Thus, it was concluded that assessment of women suffering from polycystic ovarian syndrome attending gynaecology OPD in selected hospitals of the city was women have poor, good, high quality of life, majority of women have low quality of life.

## IMPLICATION OF THE STUDY

The findings of the study have implication for nursing practice, nursing administration and nursing research

### **Nursing Practice**

- The health professionals including nurses will be more vigilant and tactful in order to identify and provide knowledge regarding polycystic ovarian syndrome which may be complicated think in pregnancy.
- The findings of the study will help the nursing professionals who working in hospital setting and community health centres gaining the knowledge and help in planning and implementation of health teaching.

### **Nursing Education**

- Nurses who are up to date with the knowledge about polycystic ovarian syndrome and quality of life will impart of knowledge to nursing students which will ultimately update the knowledge.
- Now a days, much emphasis is given on comprehensive care in nursing curriculum. So, this study can be used by nursing teacher as an informative illustration for nursing student.
- Student must be given clinical filed assignment in which they must be given opportunity to interact with people and create awareness regarding polycystic ovarian syndrome and quality of life.

### **Nursing Administration**

- Findings of the study can be used by the nursing administration to identify the policies and plans for providing education to the staff nurses and health professional.
- It would help to nursing administer to be planned and organized or giving continuing education to the nurses and others to updating and applying the knowledge of polycystic ovarian syndrome and quality of life.
- Implications, specific to directors of nursing and administrations of health care facilities, also exist. Nursing staff should be provided with the opportunity to learn about polycystic ovarian syndrome and quality of life. A continuing education programme should be offered and attendance encouraged.
- The result of the study can contribute the body of knowledge.
- In service education must be conducted for the nurses to create awareness regarding polycystic ovarian syndrome and quality of life.

### **Nursing Research**

- The findings of the study have should to the existing body of the knowledge in relation with knowledge of polycystic ovarian syndrome and quality of life will enhance the knowledge and would help to keep it update.
- Other research may utilize the suggestions ad recommendation for conducting further study.
- The tools and technique used has added to the body of knowledge and can be used for further reference.
- Research studies can be conducted in knowledge and policies regarding quality of life and polycystic ovarian syndrome.

### **Nursing Experience**

- The entire study gave an enriching experience to the researcher. It helped her develop her skill in critical thinking, analysis and realize the importance of effective communication with respondent.
- The entire study was varied and rich learning experience, which enable the researcher to develop her skill in dealing with different personalities. The concept clearly about researcher as a whole was increased. At very stage the researcher received guidance and support from the guide. This boosted confidence to go ahead and carry out the planned activities. The cooperation from study was remarkable. The research was a great leaning opportunity for the researcher.

### **LIMITATION**

The study is limited to:

- Polycystic ovarian syndrome women attending Gynaecology OPD in selected Hospitals of the city.
- Only who are willing to participate in study.
- The sample of 100 polycystic ovarian syndrome women.
- Women who are present during the time of data collection.

### **RECOMMENDATION**

- A similar study can be replicated on a large population for the generalization of the findings.
- A study may be conducted to evaluate the effectiveness of planned teaching programme on knowledge regarding polycystic ovarian syndrome and its management.
- A similar study can be carried out to evaluate the effectiveness of video assisted teaching programme on knowledge regarding polycystic ovarian syndrome.
- A self-instructional module can be used to assess the effectiveness on polycystic ovarian syndrome and quality of life among adolescent girls.
- A study can be carried out to evaluate the planned teaching programme on polycystic ovarian syndrome.
- A comparative study can may be conduct quality of life among normal women and polycystic ovarian syndrome.
- A study may be conduct on early diagnosis of polycystic ovarian syndrome and decrease the impact of symptoms.

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