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Sociocultural Factors Influencing the Diagnosis, Management, and Psychological Outcomes of Polycystic Ovary Syndrome: A Narrative Review

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ABSTRACT

Background: Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder affecting reproductive, metabolic, and psychological health. Increasing evidence suggests that sociocultural factors substantially shape women's experiences of PCOS, influencing diagnosis, management, and psychological wellbeing. This narrative review aimed to synthesize current evidence on the Sociocultural Factors Influencing the Diagnosis, Management, and Psychological Outcomes of PCOS.

Methods: This narrative review was conducted using a structured literature search informed by selected PRISMA 2020 principles. PubMed, Scopus, Web of Science, SID, and Google Scholar were searched up to October 16, 2025. Eligible English and Persian studies examining sociocultural factors influencing the diagnosis, management, or psychological outcomes of PCOS were also included. Data were synthesized using an inductive thematic approach.

Results: Seven studies were included. The findings revealed three interconnected themes: (1) biographical disruption and conflict with cultural ideals of femininity, in which symptoms such as infertility, hirsutism, and weight gain contributed to shame and social devaluation; (2) systemic and socioeconomic barriers to diagnosis and care, including delayed diagnosis, fragmented healthcare access, and limited health literacy; and (3) internalized stigma and psychological sequelae, including depression, anxiety, body image dissatisfaction, and social isolation. In general, sociocultural pressures and structural inequalities interacted dynamically to shape women's experiences across different cultural settings.

Conclusion: PCOS should be understood not only as a biomedical condition but also as a sociocultural and psychological experience shaped by gender norms, stigma, and socioeconomic inequalities. Culturally sensitive and multidisciplinary care approaches are essential to improve diagnosis, psychological wellbeing, and quality of life among women with PCOS.

Keywords: Polycystic Ovary Syndrome, Culture, Social Factors, Mental Health, Social Stigma.

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Introduction

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders among women of reproductive age and affects reproductive, metabolic, and psychological health (Goodarzi et al., 2025). The syndrome is characterized by a heterogeneous constellation of symptoms, including menstrual irregularities, hyperandrogenism, infertility, obesity, acne, and hirsutism, all of which may substantially impair quality of life (Teede et al., 2023). Beyond its biological manifestations, PCOS is increasingly recognized as a condition shaped by broader socio-cultural and structural determinants that influence how symptoms are perceived, interpreted, diagnosed, and managed (Di Fede et al., 2009).

A socio-cultural framework suggests that illness experiences are not solely determined by biological pathology but are also constructed through social expectations, cultural norms, gender roles, and access to healthcare resources (Costa & Serra, 2025). Within this framework, women's experiences of PCOS are influenced by culturally defined ideals of femininity, fertility, body image, and motherhood. Symptoms such as infertility, weight gain, and hirsutism may conflict with dominant gender norms and contribute to stigmatization, social isolation, and diminished self-esteem (Copp et al., 2022; Farajzadegan et al., 2023; ZareMobini et al., 2022). In societies where fertility and motherhood are closely linked to female identity, infertility associated with PCOS may lead to feelings of inadequacy, marital strain, and social marginalization (Hassan et al., 2025).

Psychological morbidity among women with PCOS has been widely documented; however, prevalence estimates vary considerably across studies and populations. Previous systematic reviews have shown increased risks of depression and anxiety among women with PCOS compared with the general population, although these findings are influenced by differences in diagnostic criteria, cultural context, healthcare access, and assessment tools (Dokras et al., 2018; Dybciak et al., 2022). Therefore, psychological outcomes should not be interpreted solely as direct consequences of endocrine dysfunction, but rather as multidimensional experiences shaped by the interaction of biological, social, and cultural factors (Wolfe et al., 2026).

Socioeconomic inequalities further influence the experience and management of PCOS. Women from lower socioeconomic backgrounds often encounter delayed diagnosis, fragmented healthcare access, limited health literacy, and reduced access to nutritional counseling, mental health services, and cosmetic treatments (Patel, 2018). These barriers may intensify body image dissatisfaction and negatively affect adherence to long-term management strategies (Geller et al., 2025). In addition, inadequate awareness of PCOS among healthcare providers and communities may contribute to diagnostic delays and feelings of invalidation among affected women (Gibson-Helm et al., 2017).

Recent literature increasingly emphasizes the importance of patient-centered and culturally sensitive approaches in PCOS care (Sanchez, 2020; Zhang et al., 2025). Lifestyle interventions, social support, psychological counseling, and culturally appropriate education programs have been shown to improve coping strategies and quality of life among women with PCOS (Ibrahim et al., 2023; Mohamed et al., 2025; Morshedi et al., 2021; Ranasinghe et al., 2023; Shereda et al., 2025). Nevertheless, many existing studies have primarily focused on biomedical aspects of the syndrome, while the socio-cultural dimensions remain fragmented across the literature.

Accordingly, this narrative review adopts a socio-cultural conceptual framework to synthesize existing evidence regarding the social, cultural, and psychological dimensions of PCOS. Specifically, this review examines how socio-cultural factors influence the diagnosis, management, and psychological outcomes of PCOS and discusses their implications for multidisciplinary and culturally responsive healthcare.

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Methods

This narrative review was conducted using a structured literature search and study selection process informed by selected PRISMA 2020 principles to enhance transparency and methodological rigor.

Eligibility Criteria

Studies were included if they met the following criteria:

Population: Women of any age diagnosed with PCOS.

Phenomenon of Interest: Socio-cultural factors (including social support, socioeconomic status, cultural norms, gender roles, stigma, fertility expectations, beauty standards, and family pressures) influencing the diagnosis, management, or psychological outcomes of PCOS.

Study Types: Qualitative, quantitative, mixed-methods, and evidence-based guidelines published in English or Persian.

Publication Type: Full-text peer-reviewed journal articles.

Studies were excluded if they were conference abstracts, protocols, books, book chapters, editorials, or lacked a clear socio-cultural analysis. Articles without full-text availability or those judged to have critical methodological flaws were also excluded.

Information Sources

A comprehensive systematic search was performed in the following databases: PubMed, Web of Science, Scopus, SID and Google Scholar. The search was conducted without time restriction, covering records up to 16 October 2025.

Search Strategy

The search combined keywords and Medical Subject Headings (MeSH) related to “Polycystic Ovary Syndrome” or “PCOS” with terms such as “social factors,” “cultural factors,” “socio-cultural,” “stigma,” “gender norms,” “fertility,” “mental health,” “psychological,” “quality of life,” and their Persian equivalents. The full search strategy is available in the supplementary material.

Study Selection

All retrieved records were imported into EndNote reference management software, and duplicates were removed. Titles and abstracts were screened independently by two reviewers using a pre-designed standardized screening form. Moreover, full-text articles of potentially eligible studies were retrieved and assessed independently by the same two reviewers. Disagreements at any stage were resolved through discussion and consensus. When consensus could not be reached, a third reviewer was consulted.

Data Extraction

A standardized data extraction form was developed and used to extract the following information from each included study: author(s), year of publication, country, study design, sample size, participant characteristics, main socio-cultural findings, and key recommendations. Data were synthesized using an inductive thematic synthesis approach. Coding and thematic categorization were then conducted independently by two reviewers using a standardized extraction framework. Themes emerged iteratively from the included studies through repeated reading and comparison of findings. Disagreements were resolved through discussion and consensus, with consultation from a third reviewer when necessary. Due to the limited number of included studies, qualitative analysis software (e.g., NVivo) was not used, and coding was performed manually.

Quality Appraisal

The methodological quality of included studies was assessed independently by two reviewers. The Critical Appraisal Skills Programme (CASP) checklist was used for qualitative studies, the STROBE checklist for cross-sectional studies, and the AGREE-II instrument for clinical guidelines. Studies with critical methodological flaws (e.g., inadequate sampling, poor description of methods, or lack of ethical considerations) were excluded after discussion. No formal numerical cut-off score was applied, and decisions were based on overall methodological rigor and relevance(Figure 1).

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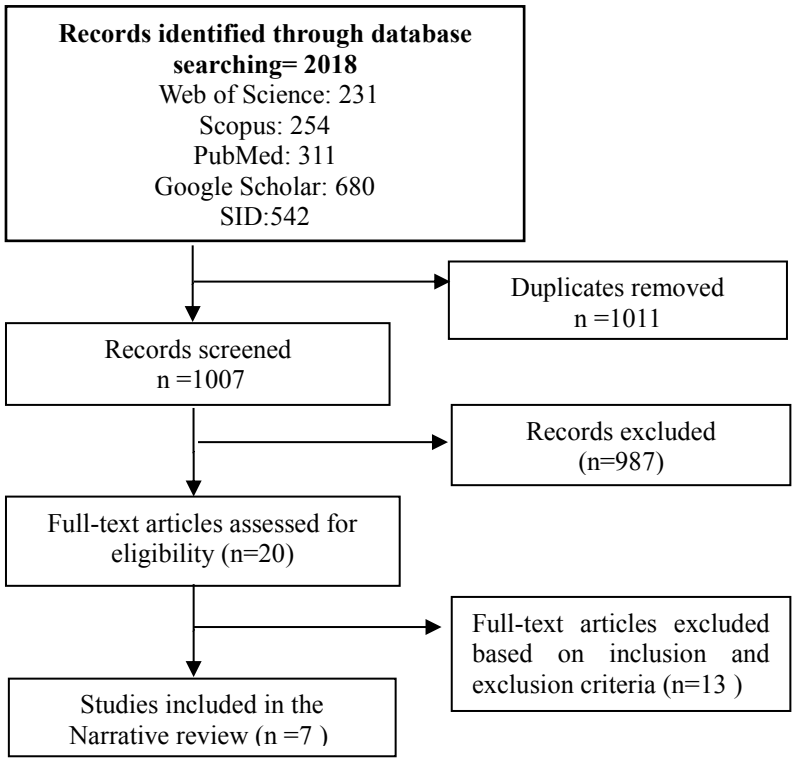


Figure 1. PRISMA Flowchart for Article Selection

Results

Study Selection and Characteristics of Included Studies Seven studies met the eligibility criteria and were included in this narrative review. The studies were conducted in diverse geographical and cultural contexts, including the United States (n=3), Europe (Italy and multi-country, n=2), Pakistan (n=1), and one international clinical guideline developed with contributions from 71 countries. Study designs comprised qualitative studies (n=2), cross-sectional studies (n=3), a mixed-methods study (n=1), and one evidence-based guideline. Detailed characteristics of the included studies are presented in Table 1.

Thematic Synthesis: Although social and cultural factors are deeply intertwined and mutually reinforcing, the findings of this review are synthesized thematically to better reflect the complexity of women's lived experiences with PCOS. Three main interconnected themes emerged: (1) Biographical disruption and conflict with cultural ideals of femininity, (2) Systemic and socioeconomic barriers to diagnosis and care, and (3) Internalized stigma and psychological sequelae.

Theme 1: Biographical Disruption and Conflict with Cultural Ideals of Femininity Symptoms of PCOS such as infertility, hirsutism, acne, weight gain, and menstrual irregularities frequently conflict with dominant cultural expectations of femininity, beauty, motherhood, and womanhood. In the Pakistani context, married women with PCOS-related infertility reported intense family and marital pressure, including threats of divorce or husbands' remarriage (Sarwar et al., 2024). Similarly, South Asian American women described PCOS as a threat to their feminine identity and faced challenges related to body image and intimacy (Aladin, 2024).

These experiences were often interpreted as personal failure, leading to feelings of shame, worthlessness, and social devaluation. Religious beliefs and traditional gender roles further intensified this disruption in some cultural settings, where infertility is viewed as a stigma and motherhood is central to female identity (Sarwar et al., 2024).

Theme 2: Systemic and Socioeconomic Barriers to Diagnosis and Care Lower socioeconomic status

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was consistently associated with delayed diagnosis, limited access to healthcare, and poorer quality of information. Women from lower-income backgrounds experienced longer diagnostic journeys, consulted more physicians, and reported lower satisfaction with the diagnostic process (Gibson-Helm et al., 2017). Socioeconomic position also influenced disease presentation; studies from Italy and the United States showed that lower income and education levels were linked to higher BMI, greater insulin resistance, and a higher prevalence of the classical anovulatory PCOS phenotype (Merkin et al., 2011; Di Fede et al., 2009).

Limited health literacy, financial constraints, and inadequate public awareness further hindered timely diagnosis and effective management, particularly in low-resource settings.

Theme 3: Internalized Stigma and Psychological Sequelae The interaction between visible PCOS symptoms and socio-cultural norms contributed to profound internalized stigma, manifested as depression, anxiety, body image dissatisfaction, psychosexual dysfunction, and reduced quality of life. Qualitative accounts highlighted feelings of loneliness, social isolation, and diminished self-esteem (Sarwar et al., 2024; Aladin, 2024; Wright et al., 2020). The international PCOS guideline emphasizes the high prevalence of psychological issues and the need for routine screening for depression, anxiety, and weight stigma (Teede et al., 2023).

Weight stigma within healthcare settings and society further compounded these psychological burdens. Many women reported turning to traditional or spiritual remedies alongside or instead of medical care due to cultural beliefs and lack of trust in the healthcare system (Sarwar et al., 2024).

Summary of Evidence The included studies consistently demonstrate that socio-cultural factors do not act in isolation but interact dynamically to shape the diagnosis, management, and psychological outcomes of PCOS. The international guideline (Teede et al., 2023) reinforces the need for culturally sensitive, multidisciplinary care that addresses these interconnected dimensions(Table 1).

Table 1. Characteristics of Included Studies

Author, Year	Country	Study Design	Sample Size	Main Findings (Socio-cultural Aspects)
Wright et al., 2020 (26)	United States	Qualitative (narrative analysis)	95 women	Highlighted the need for healthcare provider education, support groups, cultural awareness, and policy changes to address insurance and access barriers.
Gibson-Helm et al., 2017 (14)	North America & Europe	Cross-sectional	1,385 women	Significant delays in diagnosis (33.6% >2 years), low satisfaction with diagnosis (35.2%) and information provided (15.6%).
Merkin et al., 2011 (24)	United States	Cross-sectional	1,163 women	Lower socioeconomic status across the life course was associated with increased risk of PCOS, particularly the classical phenotype.
Aladin, 2024 (23)	United States	Qualitative (phenomenological)	16 South Asian American women	Cultural conflict with feminine identity, body image concerns, intimacy issues, and intersectional experiences of PCOS.
Sarwar et al., 2024 (22)	Pakistan	Mixed-methods (qualitative dominant)	20 interviews + 6 case studies + 3 life histories	Strong marital and family pressure due to infertility, reliance on traditional remedies, low socioeconomic status as a barrier to treatment, and high levels of stress and stigma.

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Table 1. Characteristics of Included Studies

Author, Year	Country	Study Design	Sample Size	Main Findings (Socio-cultural Aspects)
Di Fede et al., 2009 (25)	Italy	Cross-sectional	244 women	Lower socioeconomic status was associated with higher BMI, insulin resistance, and lower rates of ovulatory PCOS phenotype.
Teede et al., 2023 (2)	International (71 countries)	Evidence-based Clinical Guideline	-	Emphasized psychological burden, weight stigma, need for culturally sensitive care, and multidisciplinary management of PCOS.

Discussion

This narrative review highlights the profound influence of socio-cultural factors on the diagnosis, management, and psychological outcomes of Polycystic Ovary Syndrome (PCOS). The findings demonstrate that PCOS is not merely a biomedical condition but a complex bio-psycho-socio-cultural phenomenon shaped by cultural ideals of femininity, fertility, beauty standards, and structural inequalities.

The thematic synthesis revealed three interconnected themes. The first theme, biographical disruption and conflict with cultural ideals of femininity, illustrates how symptoms such as infertility, hirsutism, and weight gain challenge deeply ingrained gender norms. Drawing upon Gender Role Theory (Bem, 1981), these symptoms often result in women feeling unable to fulfill expected societal roles of wife and mother, leading to identity crises and social punishment in the form of marital strain and family pressure (Sarwar et al., 2024; Aladin, 2024).

From the perspective of Stigma Theory (Goffman, 1963), visible manifestations of PCOS act as "bodily stigmas" and infertility as a "character stigma," spoiling women's social identity and generating feelings of shame and social devaluation. Intersectionality Theory (Crenshaw, 1989) further helps explain why women from lower socioeconomic backgrounds or ethnic minority groups (e.g., South Asian women in Western contexts) experience compounded disadvantage, as gender intersects with class, ethnicity, and cultural expectations (Aladin, 2024; Merkin et al., 2011).

The second and third themes underscore how systemic barriers and internalized stigma interact to worsen psychological outcomes. Lower socioeconomic status was consistently associated with delayed diagnosis, poorer access to care, and more severe clinical phenotypes (Di Fede et al., 2009; Gibson-Helm et al., 2017). These structural limitations, combined with cultural stigma and weight bias, contribute to high rates of depression, anxiety, and reduced quality of life, as emphasized by the international PCOS guideline (Teede et al., 2023).

Strengths and Limitations of the Evidence

This review had several strengths, including a systematic search across international and Persian databases and the application of PRISMA guidelines. However, several limitations should be acknowledged. The included studies were highly heterogeneous in terms of design, population, and methodology, which precluded meta-analysis and limited the generalizability of findings. Most empirical evidence came from a small number of qualitative and cross-sectional studies, many with relatively small samples. There was also significant geographical imbalance, with overrepresentation of studies from the United States, Europe, and Pakistan, while regions such as Africa, East Asia, and the Middle East remained largely underrepresented.

Language and access restrictions (only English and Persian open-access full-text articles) may have introduced publication bias. Furthermore, combining empirical studies with a single

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international clinical guideline, while informative, presented conceptual challenges as guidelines were based on broader evidence syntheses rather than primary data. Although quality appraisal was performed using CASP, STROBE, and AGREE-II tools, the overall evidence base remains limited in depth and diversity.

Implications for Practice and Policy

The findings underscore the need for culturally sensitive, multidisciplinary care models that integrate medical management with psychological support and social interventions. Healthcare providers should receive training on socio-cultural dimensions of PCOS, routine screening for depression, anxiety, and weight stigma should be implemented, and public awareness campaigns should address harmful cultural norms surrounding fertility and femininity. Finally, policy efforts must focus on reducing socioeconomic barriers to equitable diagnosis and care.

Conclusion

PCOS represents a significant bio-psycho-socio-cultural challenge for women worldwide. By applying theoretical lenses such as intersectionality, stigma, and gender role theories, this review moves beyond description to reveal the mechanisms through which social and cultural contexts shape women's experiences. Future research should employ mixed-methods designs in underrepresented populations and evaluate culturally tailored interventions. Ultimately, effective management of PCOS requires not only biomedical treatment but also culturally responsive strategies that address stigma, structural inequalities, and psychological wellbeing.

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Conflicts of Interest

The authors declared no conflict of interest.

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Ethical considerations

Not applicable

Code of Ethics

Not applicable

Authors' Contributions

M.Gh., A.K.S., F.ZM. contributed to the conception and design of the study. The search procedure was performed by M.Gh., F.ZM. M.Gh. drafted the manuscript, and F.ZM. revised the manuscript. All authors have read and approved the manuscript.

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