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Editorial

Challenging the Silence: Reshaping PCOS Awareness and Infertility Stigma in Pakistan

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In the lives of countless women across Pakistan, a quiet struggle persists, unseen, unspoken, and often misunderstood. One of the most common endocrine conditions affecting women, polycystic ovarian syndrome (PCOS), is still mostly unknown. Even while PCOS affects a large percentage of people, discussions about it are frequently avoided, especially when it turns up in relation to infertility, a topic that has a strong cultural stigma. In a culture where being a mother is strongly associated with a woman's identity, a disease that impairs fertility turns from a medical problem to a social taboo. In particular, single women hide their diagnoses out of fear of being judged, rejected, or having fewer marital opportunities. This culture of silence holds up timely diagnosis, impedes treatment, and impacts the emotional burden of those already struggling with hormonal imbalances, irregular cycles, and unresolved mood swings.

"It is time to listen, to speak, and to act because no woman should suffer in silence."

PCOS is not a common syndrome. The statistics actually present a disappointing image. The reported prevalence of PCOS in Pakistan is alarmingly higher, believed to be between 33% and 52%, whereas the global prevalence among Western Caucasian women, including those in the UK, varies between 20% to 25% (Azhar et al., 2020; Rizvi et al., 2014). According to Zafar et al. (2019), PCOS is a complex condition that frequently starts with irregular menstruation in teens and progresses to infertility in early adulthood. Despite Pakistan's high overall reproduction rate, infertility affects about 21.9% of couples, which increases the stigma associated with diseases like PCOS (Punjab Population Welfare Department). However, there is still little awareness of the problem despite its enormity. When compared to previous knowledge levels and worldwide figures, Haq et al. (2017) found that more than 72% of Pakistani women are unaware about PCOS symptoms.

Though PCOS is more than a reproductive concern, it is a chronic condition that affects the body and the mind. I researched in my own studies how lifestyle changes and stress management may greatly enhance the quality of life for people with PCOS. In a later research, I employed Cognitive Behavioral Therapy (CBT) to treat the maladaptive coping and psychological discomfort that are frequently seen in these people. The findings supported the common clinical observation that PCOS has an equal impact on the mind and body. The effects are complex and incredibly personal, ranging from problems with body image to mental instability and impaired relationships.

Encouragingly, a few steps have been taken to break the silence. In 2024, the Medical Students' Association of Pakistan worked jointly with PCOS HELPS to organize awareness campaigns under the theme "Breaking the Silence, Building the Support." To inform students and the general public about PCOS, seminars and workshops were held, such as the one organized by The Women University Multan in association with Chiesi Pharmaceutical. Around the world, campaigns like World PCOS Day and PCOS Awareness Month offer forums for women's support, promote early diagnosis, and highlight the need of behavioral and lifestyle changes.

However, in Pakistan, the clinical approach to PCOS largely revolves around hormonal treatment and fertility management, with limited attention given to public awareness or preventive education. Such

https://academia.edu.pk/ |DOI: 10.63056/ACAD.003.02.0453| Page 1

ACADEMIA International Journal for Social Sciences Volume 3, Issue 2(a), 2024 ISSN-L (Online): 3006-6638

narrow attention does not reflect the significance of working on the stigma and the silence surrounding the disease, particularly on such problems surrounding infertility as many people choose to keep to themselves. Because of the long-term cultural stigma and pressure to fit in, PCOS diagnosis remains a secret of many young unmarried women. Busting this silence requires practitioners of healthcare to take action- Participate in treatment, engage with the community, promote a flow of dialogue and conduct mass educational campaigns that transform social attitudes and erode the stigma.

Proper management of PCOS should entail more than offering medication. Cultural change begins with self realization and thrives on empathy, empowerment and belonging. There has to be an integration of mental and physical wellness in the clinics, open early intervention by parents and schools, and a feeling by girls that they are not ashamed to discuss their bodies. The silence is more cumbersome than the distress of an individual; it is a community health concern. It removes the well-being of women, makes mental health complicated, and lets the stigma go on. Every individual, community leaders, teachers, doctors, and the whole society should be committed to ending this cycle.

The value of women should not be based on whether their body can give birth or not, but it should be based on their strength, toughness and the right to be heard. It is time to get rid of the stigma attached to PCOS and infertility trauma and replace it with compassion, education, and decisive response.

"What can be done is simply giving women the power to speak out their experiences."

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Page 2