JUSINDO (Jurnal Sehat Indonesia)
Vol. 8 No. 2, November 2026, pp. 1109-1124
e-ISSN: 2775-3077
https://doi.org/10.59141/-.v8i2.589

Self-Esteem and Body Dissatisfaction Experiences among Young Adult Women with Polycystic Ovary Syndrome (PCOS): A Small-Scale Descriptive Study in Bandung City

Hanifa Nur Lathifah*, Eneng Nurlaili Wangi, Irfan Fahmi
Universitas Islam Bandung, Indonesia
Email: ifalathifah31@gmail.com*, enengnurlailiwangi@unisba.ac.id, irfan.fahmi@gmail.com

Keywords:
body dissatisfaction, Indonesia, PCOS, self-esteem, young adult women

This is an open access article under the CC BY-SA license.

Copyright © 2026 by Author. Published by Indonesian Publications

Abstract

Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders among women of reproductive age, affecting approximately 8–13% worldwide, with many cases remaining undiagnosed. Its visible symptoms, including hirsutism, acne, and weight gain, along with infertility, intersect with sociocultural expectations of femininity in Indonesia, potentially creating a dual burden on women's self-perception and self-evaluation. This study aimed to describe experiences of self-esteem and body dissatisfaction among young adult women with PCOS in Bandung City, Indonesia. A descriptive study design combining quantitative and qualitative data was employed. Ten women aged 20–40 years with a PCOS diagnosis who had been screened for low self-esteem completed the Rosenberg Self-Esteem Scale (RSES), while four women participated in preliminary exploratory interviews. Quantitative data were analyzed using descriptive statistics, whereas qualitative data were examined using Guindon's low self-esteem framework and Hayes et al.'s psychological inflexibility model. All ten participants scored within the low self-esteem category (mean = 16.70, SD = 1.77), with scores concentrated toward the lower end of the scale. The interviews identified all six characteristics of low self-esteem and three psychological inflexibility processes—cognitive fusion, experiential avoidance, and rigid self-concept—associated with PCOS symptoms. Body dissatisfaction primarily centered on facial hair, acne, and weight gain, extending beyond appearance-related concerns to broader negative self-evaluations. No notable differences were observed between married and unmarried participants. Sociocultural factors in Indonesia, particularly restrictive beauty standards and pronatalist expectations, appeared to reinforce these negative self-perceptions. These findings highlight the potential value of integrating self-esteem and body image screening, alongside acceptance-based psychological interventions, into PCOS care regardless of marital status.

INTRODUCTION

Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders among women of reproductive age. The World Health Organization, (2023) estimates that this condition affects 8–13% of women of reproductive age, with up to 70% of cases remaining undiagnosed. (Liu et al., 2021) reported that, based on the Global Burden of Disease Study

2017, the global incidence of PCOS increased by 1.45% between 2007 and 2017. Kriti et al. (2022) noted that PCOS continues to pose a significant health concern in many low- and middle-income countries, particularly in urban settings. In Indonesia, the prevalence of PCOS has not been adequately documented because of limitations in reporting and recording systems (Istiqomah et al., 2023).

Clinically, PCOS is generally diagnosed when at least two of three criteria are met, namely ovulatory dysfunction, commonly manifested as oligomenorrhea or amenorrhea; clinical or biochemical hyperandrogenism; and polycystic ovarian morphology on ultrasonography, after excluding other conditions that may cause similar symptoms (Williams, 2023). (Sirmans & Pate, 2013), Escobar-Morreale, (2018), and Wang et al. (2019) noted that associated clinical manifestations include hirsutism, persistent acne, androgenic alopecia, weight gain, insulin resistance, and infertility associated with anovulation. PCOS is a chronic condition without a definitive cure; therefore, its management focuses on symptom control through lifestyle modifications, pharmacotherapy, and fertility management (World Health Organization, 2023).

The symptoms of PCOS have distinctive characteristics compared with those of many other chronic medical conditions, as several manifestations are physically visible and involve bodily characteristics that are socially associated with femininity. Hirsutism, acne, and weight gain may be readily noticeable to others, whereas infertility can affect socially constructed expectations of women's reproductive roles. This combination makes PCOS not merely a medical condition but also a potential challenge to personal identity. Barry (2019) noted that PCOS symptoms commonly emerge during adolescence or early adulthood, a developmental period during which physical attractiveness may play an important role in young women's self-perceptions. Cooney and Dokras (2018) added that although symptoms may be recognized during adolescence, diagnosis is often not established until the ages of 20–30 because of limited awareness and difficulties distinguishing PCOS symptoms from normal pubertal changes. Jena et al. (2020) reported that, among 965 young women surveyed at a tertiary teaching hospital in India, only 2.79% were aware of PCOS, and all respondents who were familiar with the condition came from urban areas.

Young adulthood is generally considered a developmental period during which self-esteem tends to increase. Orth et al. (2018), in a meta-analysis of longitudinal studies, found that self-esteem generally increases throughout young adulthood, alongside developmental transitions such as entering the workforce, establishing romantic relationships, and starting a family. Women with PCOS may experience challenges across these domains during a period when self-esteem would otherwise be expected to increase.

Lim et al., (2012) and Bazarganipour et al., (2013) demonstrated that clinical manifestations such as hirsutism, obesity, and androgenic alopecia contribute to body dissatisfaction, defined as negative evaluations of or dissatisfaction with one's physical appearance, which may subsequently undermine self-esteem.

Several international studies have documented the psychological consequences of PCOS. Bazarganipour et al., (2013), who studied 300 women with PCOS in Iran, found significantly lower levels of self-esteem and body satisfaction among women experiencing infertility. de Niet et al. (2010, as cited in Barry, 2019), who recruited 480 women with PCOS in the Netherlands, also reported lower self-esteem and body satisfaction compared with the

general population. Tay et al. (2019), in a community-based cohort study, identified an increased prevalence of eating disorders, low self-esteem, and psychological distress among women with PCOS. Among adolescents, Sarı et al. (2020) found that those with PCOS exhibited greater psychopathology, lower self-esteem, and more negative body perceptions than their peers. In the South Asian context, Kriti et al. (2022) reported a similar pattern of psychological difficulties.

However, three important research gaps remain in the existing literature. First, research on the psychological consequences of PCOS has predominantly focused on depression and anxiety, whereas studies specifically examining self-esteem and body dissatisfaction remain relatively limited (Alur-Gupta & Cooney, 2024). Second, much of the existing research has been conducted in Europe, North America, and West Asia, raising questions about the generalizability of these findings to Southeast Asian populations. Third, studies conducted in Indonesia remain limited and have generally focused on broader aspects of quality of life, as illustrated by the phenomenological study conducted by Istiqomah et al. (2023). Consequently, empirical evidence specifically describing self-esteem and body dissatisfaction among Indonesian women with PCOS remains insufficient.

Addressing these gaps is important because sociocultural contexts play a substantial role in shaping self-evaluation. Rosenberg et al. (1995) explained that global self-esteem reflects an individual's overall positive or negative evaluation of themselves, which develops through assessments of personal characteristics in relation to internalized values and experiences. Guindon (2010) emphasized that the standards underlying these evaluations are influenced by prevailing societal values and are partly shaped by feedback from significant others. Accordingly, when societies establish restrictive standards of femininity, women whose physical characteristics do not conform to these expectations may face an increased risk of negative self-evaluation.

In the Indonesian context, Nagara and Nurhajati (2022) and Garbett et al. (2023) indicated that prevailing standards of feminine beauty often emphasize a slim body, clear facial skin, and other socially valued physical characteristics. Garbett et al. (2023) found that body image concerns among young Indonesian women were associated with disordered eating behaviors, reduced engagement in everyday activities, and a desire to undergo cosmetic surgery. At the same time, the World Health Organization Sexual and Reproductive Health and Research (2009) noted that, in pronatalist societies, where motherhood is regarded as a central component of women's adult identities, infertility may result in substantial social stigma. Women experiencing infertility may encounter blame, challenges to their perceived femininity, and social isolation, including within their husbands' families.

Importantly, these sociocultural expectations concern two domains that may be directly affected by PCOS: physical appearance and reproductive functioning. Women with PCOS may experience discrepancies between their physical appearance and prevailing beauty standards because of hirsutism, acne, and weight gain, alongside challenges in meeting reproductive expectations because of ovulatory dysfunction. The simultaneous involvement of these domains may create a dual psychosocial burden, potentially distinguishing the experiences of women with PCOS from those of women with chronic medical conditions that do not affect both appearance and reproductive functioning.

A clearer understanding of these psychological experiences has important clinical implications. Low self-esteem is not only a psychological concern in its own right but may also reinforce negative body image and contribute to the development or exacerbation of depressive symptoms, anxiety, and eating disorders (Tay et al., 2019). Furthermore, Alur-Gupta et al. (2024) indicated that depressive symptoms may be associated with reduced adherence to medical recommendations and lifestyle interventions, suggesting that psychological difficulties can complicate PCOS management. Early identification of psychological barriers is therefore important for supporting treatment adherence and improving overall quality of life (Louwers & Laven, 2020).

Against this background, the present study aims to describe self-esteem among a small group of young adult women with PCOS in Bandung City, explore the associated cognitive patterns and psychological experiences, and examine how PCOS symptoms relate to body dissatisfaction and self-evaluation within the Indonesian sociocultural context. This study does not seek to establish causal relationships or estimate population-level prevalence. Instead, it aims to provide preliminary descriptive insights that may inform future psychological research and the development of more responsive psychological support services for women with PCOS, an underrepresented population in the Indonesian research context.

METHOD

Research Design

This study employed a descriptive design, presenting quantitative and qualitative data separately without formal integration procedures. Quantitative data were used to assess self-esteem levels, while qualitative data were used to explore cognitive patterns, experiences of body dissatisfaction, and sociocultural influences. Descriptive analysis was employed to characterize the findings without making population-level generalizations (Sugiyono, 2024).

The data analyzed in this study were baseline data collected as part of a larger intervention study. The analysis was limited to descriptive findings from initial assessments conducted before the intervention.

Participants

The study participants consisted of two data groups. The first group was ten young adult women who were the source of quantitative data. The second group was four young adult women who were the source of qualitative data at the preliminary study stage.

Participants of quantitative data were selected through purposive sampling techniques with the following criteria, namely women aged 20 to 40 years who were categorized as young adults (Erikson, 1950, in Montgomery & Arnett, 2020), had been diagnosed with PCOS by an Obstetrician and Gynecologist, had low self-esteem based on the results of the initial screening using separate instruments, were not undergoing therapy or treatment with a psychologist or psychiatrist, and were willing to participate in the entire series of assessments.

The presence of low self-esteem is an inclusion criterion, not a naturally occurring finding from a random sample. Consequently, the distribution of scores reported in the results section cannot be read as an estimate of the prevalence of low self-esteem in the population of women with PCOS in Indonesia. The presented profile describes the characteristics of the group of women with PCOS who experience barriers to self-evaluation, which are clinically the target group of psychological services.

The qualitative data participants were four young adult women aged 23 to 32 years with an average age of 28.25 years who had been diagnosed with PCOS by an Obstetrics and Gynecology Specialist. Interviews were conducted in the Bandung area in October 2024 as part of a preliminary study.

Instruments and Data Collection

The level of self-esteem is measured using the Rosenberg Self-Esteem Scale (RSES) developed by Rosenberg (1965) and is the most widely used global self-esteem measurement instrument in psychological research (Guindon, 2010). The RSES consists of ten statement items with a self-filling format, where half of the items are favorable and the other half are unfavorable. Each item is answered using a four-point Likert scale, ranging from Very Not Appropriate with a value of 1 to Very Appropriate with a value of 4, with a reverse score on the unfavorable item. The total score range ranges from 10 to 40, where a higher score indicates higher self-esteem.

The version used was the adaptation of Azwar (2012) which reported the grain discrimination power between 0.415 to 0.703 and the alpha reliability coefficient of 0.859. Tinakon and Nahathai (2012) reported the internal consistency of the original version of RSES of 0.86. The reliability coefficient referenced in this study was 0.859 of the adaptation, without recalculation of the research data. The categorization of scores followed the division as presented in Table 1.

Table 1. Categorization of Rosenberg Self-Esteem Scale

Category	Score Range
Low	10 to 19
Medium	20 to 29
Height	30 to 40

The initial screening to establish the low self-esteem category as an inclusion criterion was carried out using the Self-Liking and Self-Competence Scale (SLCS) developed by Tafarodi and Swann (1995). The use of different instruments between the screening stage and the measurement stage is a deliberate design consideration, namely to avoid exposure of participants to RSES items before the initial measurement is carried out. This kind of exposure has the potential to cause an instrument learning effect that threatens the accuracy of the score. Prospective participants whose screening results showed a low category were then invited to participate in a series of studies.

Qualitative data were collected through initial interviews at the preliminary study stage. The interviews were exploratory with the aim of exploring the psychological impact of PCOS, particularly related to self-esteem. The statements of the participants quoted in this article are statements recorded at that stage.

Data Analysis

Quantitative data were analyzed using descriptive statistics which included the calculation of averages, standard deviations, medians, interquartile ranges, minimum and maximum values, and frequency distribution by category. Given the small number of participants, the presentation was carried out at an individual level so that the distribution of data could be analyzed transparently.

Qualitative data were examined with reference to two conceptual frameworks. The characteristics that appeared in the participants' statements were first identified, then matched to the categories in both frameworks. The first framework was the formulation of low self-esteem characteristics from Guindon (2010), which included withdrawal behaviors, feelings of insecurity, negative attitudes, unhappiness, social incompetence, and feelings of depression. The second framework is the psychological rigidity model of Hayes et al. (2006), which includes cognitive fusion, experiential avoidance, and loss of contact with meaningful life values. Citations are included as supporting evidence for each category.

This study does not use formal qualitative analysis procedures such as inductive thematic analysis or interpretative phenomenological analysis. The initial interview is designed as a needs assessment to determine the direction of intervention research, not as a stand-alone qualitative study. The qualitative data in this article therefore serve as an illustration of experience, not as a qualitative finding equivalent to the results of a full qualitative study.

Ethical Considerations

All participants receive an explanation of the objectives, objectives, and process of the research before giving written consent. Participation is voluntary. The identity of the participant is protected by only writing the initials on all documentation of the research results. This research has obtained ethical approval from the Ethics Committee of the Islamic University of Bandung.

RESULTS AND DISCUSSION

Demographic Characteristics of Participants

Ten participants in the quantitative data were aged between 21 and 34 years with an average age of 28.80 years (SD = 4.61) and a median of 29.50 years. All participants had a higher education background, consisting of seven participants with a bachelor's education, two participants with a master's education, and one participant with a diploma of three. The marital status was evenly divided, with five participants married and five unmarried. The length of time since diagnosis was established ranged from two to seven years with a median of 4.50 years. A summary of demographic characteristics is presented in Table 2.

Table 2. Demographic Characteristics of Quantitative Data Participants (N = 10)

Features	Category	Frequency	Percentage
Age	21 to 25 years old	2	20%
	26 to 30 years old	3	30%
	31 to 34 years old	5	50%
Education	Diploma three	1	10%
	Bachelor	7	70%
	Magister	2	20%
Marital status	Unmarried	5	50%
	Married	5	50%
Lama diagnosis	2 to 3 years	3	30%
	4 to 5 years	4	40%
	6 to 7 years	3	30%
Jobs	Guru	3	30%
	Self-employed	3	30%
	Others	4	40%

Self-Esteem Level Profile

The results of the measurement using RSES showed an average self-esteem score of 16.70 (SD = 1.77) with a median of 16.50 and an interquartile range of 15.25 to 18.00. The lowest score recorded was 14 and the highest score was 19, so the entire score was within the range of five points. When converted to the maximum score that could be achieved, the average was equivalent to 41.80% of the maximum score of 40.

All ten participants or 100% of the sample were in the low self-esteem category. None of the participants achieved either medium or high grades. The distribution of individual scores is presented in Table 3.

Table 3. Sebaran scores self-esteem individual (n = 10)

Participant Code	Age	Marital Status	Lama Diagnosis	Score RSES	Category
P1	27 years old	Unmarried	2 years	18	Low
P2	21 years old	Unmarried	5 years	18	Low
P3	33 years old	Married	6 years	16	Low
P4	31 years old	Married	5 years	19	Low
P5	34 years old	Married	7 years	15	Low
P6	32 years old	Unmarried	4 years	16	Low
P7	33 years old	Unmarried	4 years	19	Low
P8	22 years old	Unmarried	3 years	15	Low
P9	28 years old	Married	7 years	14	Low
P10	27 years old	Married	2 years	17	Low

A prominent characteristic of this distribution is its homogeneity. A standard deviation of 1.77 on a scale with a theoretical range of 30 points indicates that the variation between participants is very small. All participants were at the lower end of the low category range, which is between 14 and 19, and none came close to the upper limit of that category.

Self-Esteem Profiles Based on Demographic Characteristics

A comparison based on marital status showed that married participants had an average score of 16.20 (SD = 1.92) with a range of 14 to 19, while unmarried participants had an average score of 17.20 (SD = 1.64) with a range of 15 to 19. This average difference of one point was within the normal range of measurement variation and was not tested inferentially considering that the number of participants in each group was only five. A more descriptively meaningful finding is that both groups were all in the low category.

Comparisons based on length of diagnosis showed an average score of 16.67 in the group with a diagnosis duration of two to three years (n = 3), 18.00 in the four to five years group (n = 4), and 15.00 in the six to seven years group (n = 3). This pattern cannot be interpreted as a tendency given that the number of participants in each group was only three to four people. This observation is presented solely as a consideration for further studies with an adequate number of samples.

Characteristics of Low Self-Esteem and Experience of Body Dissatisfaction

The study of the initial interviews of the four participants was carried out with reference to two conceptual frameworks. The interview participants were given the codes W1 to W4, with the following characteristics, namely W1 is 23 years old and has not been married with a diagnosis in 2024, W2 is 27 years old and married with a diagnosis in 2024, W3 is 31 years old

and married with a diagnosis since 2014, and W4 is 32 years old with a seven-year marriage age and a diagnosis since 2017.

Low Self-Esteem Characteristics According to Guindon's Framework

The six characteristics of low self-esteem formulated by Guindon (2010) were identified in the data, and all were directly related to the PCOS symptoms experienced by the participants.

Withdrawing from social interactions. Participants limited interactions because of embarrassment about physical appearance due to obesity, hirsutism, and acne that were difficult to improve. W1 reported avoiding social interactions and even deciding to quit their jobs because of these feelings. W3 reported that excessive hair growth on the face and weight gain made it limit social relationships.

Feelings of insecurity related to the acceptance of a spouse or prospective partner. W1 expressed concern about whether there would be a husband-to-be willing to accept her condition that it may be difficult to have children. W3 reported that before marriage she felt inferior and felt the need to inform her future husband about the possibility.

Persistent feelings of unhappiness and depression. These feelings relate to the inability to meet beauty standards and fertility expectations simultaneously, and are reported to be ongoing, rather than as a momentary reaction to a diagnosis.

Self-confidence in social situations. Participants reported excessive awareness of the physical manifestations of PCOS when around others. W3 stated that the repetitive thoughts were "not good because they were fat".

Pessimism about the future. In unmarried participants, pessimism was directed at the prospects of marriage. In married participants, pessimism was directed at the possibility of having offspring. W4 stated that he felt "imperfect as a woman" and used the term "I am barren" to describe himself.

Feelings of inferiority in social comparisons. W4 reported that extended families often put pressure on hereditary, and that after four years of marriage she began to feel inferior to her friends who already had children. Feelings of inferiority also emerged when participants compared themselves to other women who did not have PCOS.

Fill Body Dissatisfaction

The dissatisfaction with the body reported by the participants was focused on three specific manifestations, namely excessive hair growth on the face, acne that is difficult to improve, and weight gain. All three are clinical manifestations that Lim et al. (2012) and Bazarganipour et al. (2013) identified as the main contributors to body dissatisfaction in the PCOS population. W3 stated that the recurring thought was "I am not beautiful because I have a mustache and beard". W2 revealed that acne and hirsutism have been experienced since adolescence.

A prominent aspect is the nature of the symptoms that are visible to others. In contrast to medical conditions that can be hidden, hirsutism and acne are on the face, which is the part of the body that is most exposed in daily social interactions.

Pola Psychological Rigidity

The three processes of psychological rigidity as formulated by Hayes et al. (2006) are identified in the data.

Cognitive fusion. Participants treated evaluative thoughts as factual descriptions of themselves, not as thoughts that were being experienced. Statements such as "I failed as a woman" and "I am worthless if I can't have children" were conveyed without evaluative distance. W3 reported difficulty stopping recurring negative thoughts, namely "difficulty stopping thinking about the negative effects of PCOS", accompanied by details of thoughts that revolved around "I won't be able to have children", "I am not beautiful because I have a mustache and beard", and "I am not smart because I am fat".

Experiential avoidance. W1 reported a pattern of avoiding situations that could trigger uncomfortable emotions, including avoiding family gatherings and social events because of feelings that she was not a perfect woman. W4 reported similar patterns of large family gatherings.

Rigid self-concept. Negative evaluations of specific aspects of the body develop into judgments of the whole self. The thought of "I'm not beautiful because I have a mustache and pimples" develops into "I'm worthless," and the thought of the inability to have children develops into "I failed as a woman." The most comprehensive form appears in the statement "I don't deserve to be loved with this condition," which places the entire self-worthiness to receive affection as dependent on a medical condition. A summary of the results of the study is presented in Table 4.

Table 4. Summary of Preliminary Interview Data Review Based on Two Conceptual Frameworks

Framework	Category	Manifestations in Data
Guindon (2010)	Withdraw	Limiting relationships, avoiding social events, quitting work
	Unsafe	Worried about not being accepted by a partner or prospective partner
	Unhappy and depressed	Feelings of sedentation regarding beauty standards and fertility expectations
	Lack of confidence	Excessive awareness of physical manifestations in social situations
	Pesimism	Marriage prospects and the possibility of having offspring
	Less	Comparison with peers and women without PCOS
Hayes dkk. (2006)	*Cognitive fusion*	The evaluative mind is treated as a fact about the self
	Experiential avoidance	Avoid family gatherings and social events
	Rigid self-concept	Body evaluation extends to self-worth evaluation

Convergence of Quantitative and Qualitative Data

Both data sources lead to a mutually reinforcing picture. The uniform RSES score is in the low category in line with the identification of all six characteristics of low self-esteem Guindon (2010) in the interview data. It should be noted that the two groups of participants were different and collected at different times, so this fit is conceptual and not triangulated in the same individual. However, the appearance of similar patterns in the two groups recruited separately makes it less likely that the pattern is characteristic of one particular small group.

Low and Homogeneous Levels of Self-Esteem

The finding that all participants were in the low self-esteem category should be read in light of the fact that this condition was a research inclusion criterion. It should be noted that the screening was conducted using SLCS while the measurement was conducted using RSES, so the match of the results was not entirely mechanical. However, both instruments both measured global self-esteem and were highly correlated, so the conformity could not be treated as an independent confirmation. What is worth looking at is not the proportion of the 100%, but the location and distribution of the scores. The average of 16.70 was well below the midpoint of the RSES score range, and the entire score was concentrated at the bottom of the low category with a standard deviation of only 1.77. This homogeneity shows that the barriers to self-evaluation experienced by this group are deep and consistent, not just slightly below the category threshold.

These findings are consistent with patterns reported in various cultural contexts. Bazarganipour et al. (2013) in Iran, de Niet et al. (2010, in Barry, 2019) in the Netherlands, Kriti et al. (2022) in India, and Tay et al. (2019) both reported lower self-esteem in women with PCOS compared to the comparison group. This cross-cultural consistency indicates that the association between PCOS and self-evaluation barriers is not an artifact of one particular context.

Generalization Mechanism from Body Dissatisfaction to Self-Esteem

The main contribution of this study lies in the description of the mechanism that links body dissatisfaction with a decline in self-evaluation globally. Rosenberg et al. (1995) distinguish between global self-esteem which is content-free and context-free and specific self-esteem which is domain-dependent. Conceptually, dissatisfaction with physical appearance should be in the realm of specific self-esteem, namely the evaluation of the domain of appearance, and does not by itself determine the evaluation of the whole self.

The qualitative data in this study show that the boundaries between the two domains do not survive, and the processes that bridge them are in accordance with the description of rigid self-concept in the psychological rigidity model (Hayes et al., 2006). Participants moved from "I am not beautiful" to "I am worthless" and from "I can't have children" to "I failed as a woman" without evaluative pause. In other words, dissatisfaction in one domain is treated as evidence of overall self-worth.

Guindon (2010) provides a conceptual explanation for this through the understanding that the values on which self-evaluation is based depend on the values that prevail in society and are maintained through feedback from significant people. If society establishes physical appearance and fertility as the main markers of a woman's worth, then evaluation in these domains becomes almost equivalent to evaluation of the whole self. Domain ceases to function as one of the many assessment bases and becomes the dominant assessment base.

Kernis (2003, in Mruk, 2013) notes that individuals with low self-esteem have a tendency to overgeneralize about mistakes or negative events. In the context of PCOS, the tendency to generalize is met with a chronic medical condition whose symptoms cannot be completely eliminated, so the stimulus for generalization is present continuously and unavoidably.

Double Burden in the Context of Indonesian Culture

The Indonesian context provides two pressures that work simultaneously. On the one hand, the prevailing beauty standards emphasize a slim body and clean facial skin as reported by Nagara and Nurhajati (2022) and Garbett et al. (2023). On the other hand, pronatal expectations place the role of motherhood as the main marker of a woman's adult status, so that infertility causes severe stigma and risks of social isolation (World Health Organization Sexual and Reproductive Health and Research, 2009).

PCOS simultaneously interferes with both domains. This condition distinguishes PCOS from other chronic medical conditions that generally only touch one domain. Women with PCOS do not have an alternative domain that can be compensated within the same value framework, because the two main markers of socially recognized femininity are precisely areas that are disturbed.

The findings regarding unmarried participants reinforce this argument. W1's concerns about the acceptance of the prospective husband and the need for W3 to communicate his or her pre-marriage conditions suggest that fertility-related pressures have been at work long before fertility is tested in practice. Young women with PCOS anticipate rejection based on conditions that do not necessarily materialize. This is in line with quantitative data showing that unmarried participants had the same low average scores as married participants.

The findings have important clinical implications. The assumption that the psychological impact of PCOS is mainly experienced by married women who are undergoing a pregnancy program is not supported by the data of this study. Psychological services that only target women at this stage risk missing out on groups with equal psychological burdens.

Another aspect that needs to be underlined is the role of the extended family as a source of repeated stress. In the context of an Indonesian society with a relatively collectivistic family structure, large family gatherings are a routine agenda that is difficult to avoid. The strategy of avoiding such gatherings, as reported by W4, reduces short-term stress but at the same time cuts off access to social support and positive experiences that can build self-esteem.

Impact on Functionality

The findings of W1 who quit their job due to feelings of inferiority show that the impact of PCOS on the participants of this study goes beyond the affective realm and touches the functioning of the work area. Campbell and Lavallee (1993, in Mruk, 2013) found that individuals with low self-esteem tend to use self-protection strategies, including avoiding risk-taking and minimizing attention to self-esteem. These strategies are protective in the short term but narrow the interpersonal opportunities and achievements that are needed to build self-esteem.

In the context of PCOS, this has the potential to form mutually reinforcing patterns. Physical symptoms lower self-evaluation, low self-evaluation encourages withdrawal, and withdrawal reduces the opportunity to gain experiences that can improve self-evaluation. Alur-Gupta et al. (2024) added a medical dimension to this pattern through the finding that psychological barriers decrease adherence to medication and lifestyle interventions, which in turn can worsen physical symptoms.

Implications for Psychological Services

The findings of this study support three practical implications. First, self-esteem and body image screening should be considered as part of routine assessments of PCOS services, not limited to depression and anxiety screening. RSES is a short, self-fillable instrument, making it practically possible to be used in primary health care settings as well as obstetric clinics.

Second, screening needs to include women with PCOS across all marital status, considering that the data of this study show no prominent differences between the married and unmarried groups.

Third, the characteristics of the identified problems lead to specific types of interventions. Symptoms of PCOS are chronic and cannot be completely eliminated, so approaches that target changes in physical conditions have clear boundaries. The patterns that emerged in this study, namely cognitive fusion, rigid self-concept, and experiential avoidance, are theoretically relevant targets for approaches that focus on changing the individual's relationship with his or her internal experiences rather than changing the content of those experiences. Moradi et al. (2020) reported that Acceptance and Commitment Therapy-based group counseling was effective in improving body image and self-esteem in PCOS patients in Iran, while Griffiths et al. (2018) through a systematic review found the effectiveness of the approach for body image dissatisfaction and weight-related self-stigma in the adult population. Testing this kind of approach in the Indonesian context is a relevant research agenda to be followed-up.

Research Limitations

This study has a number of limitations that need to be considered in reading its findings. First, the very small number of participants, namely ten participants for quantitative data and four participants for qualitative data, limits the depth of analysis that can be performed and does not allow inferential testing of differences between subgroups.

Second, participants were purposively selected with low self-esteem as an inclusion criterion, although screening was conducted using different instruments from the measurement instruments. Consequently, these findings cannot be used to estimate the prevalence of low self-esteem in the population of women with PCOS in Indonesia. Research with probabilistic sampling and the inclusion of a comparison group of women without PCOS is needed to answer this question.

Third, body dissatisfaction in this study was only measured qualitatively through interviews and did not use standard instruments that had been tested for psychometric properties. As a result, the level of body dissatisfaction could not be quantified or compared with the results of other studies. It is recommended to include standardized instruments such as the Body Image Concern Inventory or Multidimensional Body Self Relations Questionnaire which have been adapted into Indonesian, so that the relationship between body dissatisfaction and self-esteem can be tested quantitatively.

Fourth, qualitative data were obtained from the initial interviews which were designed as a needs study, not as a stand-alone qualitative study. Matching to the conceptual framework was carried out after the characteristics were identified, not based on the predetermined framework, and without formal coding procedures, without cross-examination between

assessors, and without member checking. The qualitative findings in this article therefore serve as an illustration of the experience and do not have the same weight as the results of the full qualitative study.

Fifth, quantitative data and qualitative data came from two different groups of participants and were collected at different times. The reported convergence in the results section is therefore conceptual and not triangulation of the same individual.

Sixth, all participants came from urban areas in Bandung and had higher education backgrounds. Women with PCOS in rural areas or with different levels of education are likely to face forms of social pressure and unequal access to health services, so these findings cannot be generalized to these groups.

Seventh, this study was cross sectional, so it could not explain the direction of the relationship between PCOS symptoms, body dissatisfaction, and self-esteem. The possibility that these three mutually influence each other could not be tested through this design.

CONCLUSION

This study described self-esteem and experiences of body dissatisfaction among a small group of young adult women with polycystic ovary syndrome (PCOS) in Bandung City, Indonesia. All participants were classified as having low self-esteem, with a mean score of 16.70 out of a maximum possible score of 40 and a relatively narrow score distribution, indicating consistently low self-esteem within the study group.

Analysis of the preliminary interview data revealed that all six characteristics of low self-esteem outlined by Guindon (2010) were identified among the participants, with three characteristics directly associated with PCOS symptoms. Three processes of psychological inflexibility described within the framework of Hayes et al. (2006)—cognitive fusion, experiential avoidance, and attachment to a rigid self-concept—were also identified and appeared to contribute to the relationship between body dissatisfaction and broader negative self-evaluation.

The central finding of this study was that body dissatisfaction among women with PCOS extended beyond negative perceptions of physical appearance to encompass negative evaluations of the self as a whole. Sociocultural expectations in Indonesia, particularly those emphasizing a slim body, clear facial skin, and reproductive fertility as markers of femininity, appeared to reinforce this pattern, as PCOS can affect both physical appearance and reproductive functioning.

No notable differences were observed between married and unmarried participants. However, given the small sample size, this finding should not be interpreted as evidence of equivalent psychological experiences across marital status. The findings suggest that psychological support services for women with PCOS should be accessible regardless of marital status, rather than focusing exclusively on women seeking fertility treatment. Overall, this study highlights the potential value of integrating mental health screening, body image assessment, and appropriate psychological interventions into PCOS care in Indonesia.

FUNDING

The author states that no financial support has been received for the implementation of this research and/or the publication of this article.

CONFLICT OF INTEREST

The author states that this research was conducted without any commercial or financial relationship that can be interpreted as a potential conflict of interest.

AUTHOR CONTRIBUTION

All authors contribute to the preparation of research concepts, methodology development, data collection and analysis, manuscript preparation, and manuscript revision. All authors have read and approved the final version of the manuscript.

GENERATIVE ARTIFICIAL INTELLIGENCE USAGE STATEMENT

The authors state that generative artificial intelligence (AI) was used in the preparation of this manuscript. The authors acknowledge the use of generative AI to help improve language clarity and improve the grammatical structure of manuscripts. The use is carried out in compliance with applicable ethical guidelines regarding the use and disclosure of generative AI in scientific research. Each author has made substantial intellectual contributions to this work. The entire content of the manuscript has been carefully reviewed to ensure its accuracy, and the author is solely responsible for the integrity and final content of the manuscript

REFERENCES

Alur-Gupta, M. D. S., & Cooney, M. D. L. G. (2024). Management of polycystic ovary syndrome must include assessment and treatment of mental health symptoms. *Fertility and Sterility*, *121*(3), 384–399.

Azwar, S. (2012). Penyusunan skala psikologi (2nd ed.). Pustaka Pelajar.

Barry, J. A. (2019). Psychological aspects of polycystic ovary syndrome. Springer Nature.

Bazarganipour, F., Ziaei, S., Montazeri, A., Foroozanfard, F., Kazemnejad, A., & Faghihzadeh, S. (2013). Body image satisfaction and self-esteem status among the patients with polycystic ovary syndrome. Iranian Journal of Reproductive Medicine, 11, 829–836.

Cooney, L. G., & Dokras, A. (2018). Beyond fertility: Polycystic ovary syndrome and long-term health. Fertility and Sterility, 110(5), 794–809. https://doi.org/10.1016/j.fertnstert.2018.08.021

Escobar-Morreale, H. (2018). Polycystic ovary syndrome: Definition, aetiology, diagnosis and treatment. Nature Reviews Endocrinology, 14, 270–284. https://doi.org/10.1038/nrendo.2018.24

Garbett, K. M., Craddock, N., Saraswati, L. A., & Diedrichs, P. C. (2023). Body image among girls in Indonesia: Associations with disordered eating behaviors, life engagement, desire for cosmetic surgery and psychosocial influences. International Journal of Environmental Research and Public Health, 20(14), 6394. https://doi.org/10.3390/ijerph20146394

Griffiths, C., Williamson, H., Zucchelli, F., Paraskeva, N., & Moss, T. (2018). A systematic review of the effectiveness of Acceptance and Commitment Therapy (ACT) for body image dissatisfaction and weight self-stigma in adults. Journal of Contemporary Psychotherapy, 48, 189–204. https://doi.org/10.1007/s10879-018-9384-0

Guindon, M. H. (2010). Self-esteem across the lifespan: Issues and interventions. Taylor & Francis.

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. Behaviour Research and Therapy, 44(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006

Istiqomah, N. Q., Abidin, Z., & Candoruk, A. (2023). Quality of life in the community of women with polycystic ovary syndrome (PCOS): A phenomenology study. Psympathic : Jurnal Ilmiah Psikologi, 10(2), 123–136. https://doi.org/10.15575/psy.v10i2.28829

Jena, S. K., Mishra, L., Naik, S. S., & Khan, S. (2020). Awareness and opinion about polycystic ovarian syndrome (PCOS) among young women: A developing country perspective. International Journal of Adolescent Medicine and Health, 33(3), 123–126. https://doi.org/10.1515/ijamh-2018-0166

Kriti, V., Kumari, S., & Joshi, S. (2022). Body image and self-esteem in girls with polycystic ovary syndrome (PCOS): The Indian scenario. Mind and Society. https://doi.org/10.56011/mind-mri-111-202211

Lim, S., Davies, M. J., Norman, R. J., & Moran, L. J. (2012). Overweight, obesity and central obesity in women with polycystic ovary syndrome: A systematic review and meta-analysis. Human Reproduction Update, 18(6), 618–637. https://doi.org/10.1093/humupd/dms030

Liu, J., Wu, Q., Hao, Y., Jiao, M., Wang, X., Jiang, S., & Han, L. (2021). Measuring the global disease burden of polycystic ovary syndrome in 194 countries: Global Burden of Disease Study 2017. Human Reproduction, 36(4), 1108–1119. https://doi.org/10.1093/humrep/deaa371

Louwers, Y. V., & Laven, J. S. (2020). Characteristics of polycystic ovary syndrome throughout life. Therapeutic Advances in Reproductive Health, 14, 1–9. https://doi.org/10.1177/2633494120911038

Montgomery, M., & Arnett, J. (2020). Erikson's young adulthood and emerging adulthood today. Journal of Child and Youth Care Work, 25, 206–213. https://doi.org/10.5195/jcycw.2015.82

Moradi, F., Ghadiri-Anari, A., Dehghani, A., Reza Vaziri, S., & Enjezab, B. (2020). The effectiveness of counseling based on acceptance and commitment therapy on body image and self-esteem in polycystic ovary syndrome: An RCT. International Journal of Reproductive BioMedicine, 18(4), 243–252. https://doi.org/10.18502/ijrm.v13i4.6887

Mruk, C. J. (2013). Self-esteem and positive psychology: Research, theory, and practice. Springer Publishing Company.

Nagara, M. R. N. D., & Nurhajati, L. (2022). The construction and adoption of beauty standard by youth female as the consumer of K-Beauty products in Indonesia. Jurnal Riset Komunikasi, 5(2).

Orth, U., Erol, R. Y., & Luciano, E. C. (2018). Development of self-esteem from age 4 to 94 years: A meta-analysis of longitudinal studies. Psychological Bulletin, 144(10), 1045–1080. https://doi.org/10.1037/bul0000161

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton University Press.

Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global self-esteem and specific self-esteem: Different concepts, different outcomes. American Sociological Review, 60(1), 141–156. https://doi.org/10.2307/2096350

Sarı, S., Çelik, N., & Cicek, A. (2020). Body perception, self-esteem, and comorbid psychiatric disorders in adolescents diagnosed with polycystic ovary syndrome. Journal of Pediatric and Adolescent Gynecology. https://doi.org/10.1016/j.jpag.2020.08.018

Sirmans, S., & Pate, K. (2013). Epidemiology, diagnosis, and management of polycystic ovary syndrome. Clinical Epidemiology, 6, 1–13. https://doi.org/10.2147/CLEP.S37559

Sugiyono. (2024). Metode penelitian kuantitatif, kualitatif, dan R&D. Alfabeta.

Tafarodi, R. W., & Swann, W. B., Jr. (1995). Self-liking and self-competence as dimensions of global self-esteem: Initial validation of a measure. Journal of Personality Assessment, 65(2), 322–342. https://doi.org/10.1207/s15327752jpa6502_8

Tay, C. T., Teede, H., Hill, B., Loxton, D., & Joham, A. E. (2019). Increased prevalence of eating disorders, low self-esteem, and psychological distress in women with polycystic ovary syndrome: A community-based cohort study. Fertility and Sterility, 112(2), 353–361. https://doi.org/10.1016/j.fertnstert.2019.03.027

Tinakon, W., & Nahathai, W. (2012). A comparison of reliability and construct validity between the original and revised versions of the Rosenberg Self-Esteem Scale. Psychiatry Investigation, 9(1), 54–58. https://doi.org/10.4306/pi.2012.9.1.54

Wang, J., Wu, D., Guo, H., & Li, M. (2019). Hyperandrogenemia and insulin resistance: The chief culprit of polycystic ovary syndrome. Life Sciences, 116940. https://doi.org/10.1016/j.lfs.2019.116940

Williams, S. L. (2023). The psychology of PCOS: Building the science and breaking the silence. American Psychological Association.

World Health Organization. (2023). Polycystic ovary syndrome. https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome

World Health Organization Sexual and Reproductive Health and Research. (2009). Mental health aspects of women's reproductive health. World Health Organization. https://www.who.int/publications/i/item/9789241563567