A STUDY TO ASSESS KNOWLEDGE REGARDING YOGA AMONG PCOD WOMEN IN A SELECTED AREA OF MAHARASHTRA

Snehal Pachupate

Assistant Professor, MES College of Nursing, Ghanekhunt–Lote, Maharashtra, India

***Corresponding author: - Snehal Pachupate**

ABSTRACT

Polycystic Ovarian Disease (PCOD) is a common endocrine condition among women of reproductive age and is associated with menstrual irregularity, weight gain, hormonal imbalance, infertility, metabolic problems and psychological stress. Yoga is described in the source study as a holistic, non-pharmacological approach that may support physical and mental well-being and healthy lifestyle practices. Aim: To assess knowledge regarding yoga among PCOD women in a selected area of Maharashtra. Methodology: A quantitative approach with a descriptive research design was used. The study included 100 women diagnosed with PCOD who were selected by purposive sampling. Data were collected using a structured self-administered questionnaire covering socio-demographic characteristics and knowledge related to yoga and PCOD management. Results: Among 100 participants, 38% were aged 18–23 years, 34% were aged 24–29 years, 22% were aged 30–35 years and 6% were above 35 years. 60 % percent had secondary education, 42% were housewives and 56% were unmarried. Half had been diagnosed with PCOD for less than one year. Knowledge scores showed 14% low knowledge, 44% medium knowledge and 42% high knowledge. The mean score was 9.41 out of 15, with a mean percentage of 62.7%, median 10, mode 6 and standard deviation 3.64. Conclusion: The findings indicate that a substantial proportion of women had medium and low knowledge regarding yoga, supporting the need for focused health education and awareness programmes on yoga as a supportive lifestyle practice for women with PCOD.

KEYWORDS: *PCOD; Yoga; Knowledge; Women; Health education; Lifestyle*

1. INTRODUCTION

Health is described by the World Health Organization as a state of complete physical, mental and social well-being rather than merely the absence of disease. Women's health is an important component of community health because women contribute substantially to family and social development.1

Polycystic Ovarian Disease (PCOD), referred to in the source material as Polycystic Ovary Syndrome is presented as an important endocrine disorder affecting women of reproductive age. It is associated with hormonal imbalance, irregular menstruation, weight gain, acne, infertility and metabolic disturbances. The condition can also influence psychological well-being through stress, anxiety and reduced quality of life.2

Lifestyle factors such as unhealthy dietary habits, sedentary behaviour, obesity, inadequate physical activity and stress are identified in the study as important contributors to the development and progression of PCOD. Management generally includes lifestyle modification, balanced diet, regular physical activity and medical treatment. Within this context, yoga is presented as a natural and holistic practice involving physical postures, breathing exercises and relaxation or meditation techniques.3,4

In the selected area of Maharashtra, assessing knowledge regarding yoga among women with PCOD can provide a basis for health education and promotion of healthy lifestyle practices. The present study therefore focused on the level of knowledge regarding yoga and its role in supportive management of PCOD.11–13

RESEARCH GAP

The Descriptive studies indicate that knowledge and awareness may remain incomplete among women with PCOD. the knowledge among women with PCOD in a selected area of Maharashtra was therefore identified as a relevant gap. The present study addresses this gap by describing the knowledge level of the selected participants using a structured questionnaire.

OBJECTIVE

To assess knowledge regarding yoga among PCOD women in a selected area of Maharashtra.

ASSUMPTION

Women with PCOD may have varying levels of knowledge regarding yoga and its supportive role in PCOD management; assessment can identify knowledge gaps that may be addressed through health education.

METHODOLOGY

Research approach: A quantitative research approach was used to assess knowledge regarding yoga among women with PCOD.

Research design: A descriptive research design was employed to describe the level of knowledge among the selected participants.

Setting, samples and sampling technique: The study was conducted in a selected area of Maharashtra among 100 women diagnosed with PCOD who met the inclusion criteria; purposive sampling was used.

Tools used in the study: A structured self-administered questionnaire included socio-demographic items and knowledge questions related to PCOD, yoga, yoga practices, benefits, lifestyle management and safety. The source states that the questionnaire was to be validated by experts and piloted before actual data collection.

Intervention: No intervention was reported; the study was descriptive and focused on assessment of knowledge.

Methods of data collection and analysis: Written informed consent was obtained and confidentiality and anonymity were assured. Data were organized in a master sheet and analyzed using frequency, percentage, mean, median, mode and standard deviation; findings were presented in tables and graphical form.

RESULTS / FINDINGS

A total of 100 women with PCOD were represented in the principal demographic and knowledge tables in the source study. The largest age group was 18–23 years (38%), followed by 24–29 years (34%). Sixty percent of participants had secondary education. Housewives constituted 42%, students 32%, working professionals 16% and business owners 10%. More participants were unmarried (56%) than married (44%). Half of the participants had been diagnosed with PCOD for less than one year, 34% for 1–3 years and 16% for more than three years.

Table 1. Frequency and percentage distribution according to socio-demographic variables (n=100)

Variable	Category	Frequency	Percentage
Age	18–23 years	38	38%
	24–29 years	34	34%
	30–35 years	22	22%
	Above 35 years	6	6%
Education	Primary	20	20%
	Secondary	60	60%
	Graduate & above	20	20%
Occupation	Student	32	32%
	Housewife	42	42%
	Working professional	16	16%
	Business owner	10	10%
Marital status	Married	44	44%
	Unmarried	56	56%
Duration since diagnosis	<1 year	50	50%
	1–3 years	34	34%
	>3 years	16	16%

Table 2. Classification of participants according to knowledge level (n=100)

Score	Knowledge level	Frequency	Percentage
>5	Low knowledge	14	14%
6–10	Medium knowledge	44	44%
11–15	High knowledge	42	42%

The knowledge distribution showed that 44% of participants had medium knowledge and 42% had high knowledge, while 14% had low knowledge. The overall mean knowledge score was 9.41 out of a maximum score of 15 (62.7%), with a median of 10, mode of 6 and standard deviation of 3.64. Thus, the overall knowledge level was centered around the medium range, although a considerable proportion demonstrated high knowledge.

Table 3. Summary of knowledge score statistics (n=100)

Maximum score	Mean	Median	Mode	SD	Mean %
15	9.41	10	6	3.64	62.7%

DISCUSSION

The present study found that 44% of women had medium knowledge and 42% had high knowledge regarding yoga, whereas 14% had low knowledge. The mean score of 9.41/15 (62.7%) indicates an overall moderate level of knowledge. These findings are consistent with the need for awareness programmes.in this study only 45% of women had adequate knowledge regarding yoga therapy, and another survey in which 48% had moderate knowledge. The reviewed intervention literature also describes beneficial outcomes associated with yoga, including improvements in hormonal or metabolic indicators, menstrual health, stress and quality of life. Therefore, the knowledge findings support the importance of structured education about yoga as a complementary lifestyle practice, while recognizing that yoga should not be presented as a replacement for medical advice or prescribed treatment.

CONCLUSION

The study concluded that women with PCOD had varying levels of knowledge regarding yoga, with the largest proportion demonstrating medium knowledge. Since 14% had low knowledge and the overall mean percentage was 62.7%, there is a need for focused health education regarding appropriate yoga practices, potential benefits, lifestyle modification and safe practice. Such education may support women in adopting healthy lifestyle practices as part of comprehensive PCOD management.

CONFLICT OF INTEREST

No conflict of interest was reported in the source material.

REFERENCE

[1] Nidhi R, Padmalatha V, Nagarathna R, Amritanshu R. Effect of a yoga program on glucose metabolism and blood lipid levels in adolescent girls with polycystic ovary syndrome. Int J Gynaecol Obstet. 2012;118(1):37–41.
[2] Patel V, Mohan V, Sharma R. Mindful yoga practice as a method to improve androgen levels in women with polycystic ovary syndrome. J Altern Complement Med. 2020;26(8):701–708.
[3] Mohseni M, Ghanbari S, Nouri M. Yoga effects on anthropometric indices and PCOS symptoms in women undergoing infertility treatment. Complement Ther Clin Pract. 2021;42:101289.
[4] ElBanna MM, Abdelrahman AA, Ahmed NS. Effect of yoga training and probiotic diet on insulin resistance in women with polycystic ovary syndrome. J Obstet Gynaecol Res. 2022;48(2):435–442.
[5] Sarkar D, Sharma P, Kumar A. Therapeutic potential of yoga in polycystic ovary syndrome: a systematic review. J Integr Med. 2025;23(1):15–22.
[6] Sharma M, Gupta R, Singh A. Effect of yoga therapy on health outcomes of women with polycystic ovary syndrome: a systematic review and meta-analysis. Complement Ther Med. 2021;59:102728.
[7] Verma S, Singh K, Patel S. Integrated yoga therapy for management of polycystic ovarian syndrome. Int J Yoga. 2020;13(2):123–129.
[8] Subramanian A, Lakshmi R. Knowledge and practice of yoga among women with PCOS: a cross-sectional study. Indian J Community Health. 2022;34(3):368–372.
[9] Gupta R, Sharma N. Effect of yoga on quality of life among women with polycystic ovary syndrome. J Obstet Gynecol India. 2021;71(4):355–361.
[10] Singh A, Kaur J. Effectiveness of yoga therapy in improving menstrual health among women with PCOS. Int J Reprod Contracept Obstet Gynecol. 2022;11(5):1324–1329.