



## INVESTIGATING THE EFFECT OF ENDOMETRIOSIS ON MENTAL HEALTH IN PESHAWAR

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### Abstract

A chronic gynecological disorder, endometriosis is thought to impact 10–15% of women worldwide. Although its physical manifestations are widely known, its psychological effects are frequently disregarded, especially in underdeveloped areas like Peshawar, Pakistan. This study examines how endometriosis affects women's mental health in Peshawar, with a particular emphasis on anxiety, depression, and quality of life. The Endometriosis Health Profile-30 (EHP-30) and the Hospital Anxiety and Depression Scale (HADS) were used to gather data from 200 women who had been diagnosed with endometriosis. The results show that anxiety and depression are quite prevalent, and that the severity and duration of the diseases are highly connected with mental health outcomes. This study highlights the necessity of treating endometriosis holistically, encompassing both mental and physical health services.

**Keywords:** Endometriosis, Mental health, Anxiety, Depression, Quality of life, Peshawar, Women's health, EHP-30, HADS, Reproductive health

### Introduction

Endometriosis is a debilitating chronic disorder characterized by the growth of tissue analogous to the uterine lining outside the uterus, resulting in symptoms including chronic pelvic discomfort, dysmenorrhea, and infertility. Endometriosis affects around 10% of women of reproductive age worldwide, with prevalence rates differing by geographic region, culture, and access to healthcare. In Pakistan, the illness is frequently underdiagnosed and inadequately comprehended, with cultural taboos surrounding discussions of menstruation and reproductive health compounding the issue.

The medical ramifications of endometriosis are well acknowledged, although its psychological effects are less often discussed, especially in areas with restricted healthcare access and stigma related to reproductive health matters. Women with endometriosis often experience psychological distress, including anxiety and sadness, which can severely affect their quality of life [1]. This study seeks to investigate the mental health outcomes of women with endometriosis in Peshawar, Pakistan, emphasizing the condition's effects on psychological well-being, and analyzing the influence of disease severity, duration, and social support on these results.

In Peshawar, as in several regions of Pakistan, cultural conventions may inhibit candid discourse regarding women's health matters, resulting in postponed diagnoses and insufficient mental health supports for the affected individuals. This research is crucial for bridging the knowledge gaps

concerning the psychosocial impacts of endometriosis in Peshawar and emphasizes the necessity for holistic care that encompasses both medical and psychological support for women.

## Methodology

### Study Design and Participants

This cross-sectional study was conducted from January to June 2024, involving 200 women diagnosed with endometriosis at healthcare centers in Peshawar. Participants were selected using purposive sampling from local gynecological clinics and hospitals, ensuring diverse representation in terms of age, socioeconomic status, and disease severity. Inclusion criteria included a confirmed diagnosis of endometriosis, aged between 18 and 45 years, and informed consent.

### Data Collection Tools

- **Hospital Anxiety and Depression Scale (HADS):** This validated 14-item tool is designed to measure the severity of anxiety and depression symptoms in medical patients [2].
- **Endometriosis Health Profile-30 (EHP-30):** This questionnaire assesses the quality of life of individuals suffering from endometriosis, covering dimensions such as pain, emotional well-being, sexual functioning, and social support [3].

### Data Analysis

Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize demographic variables, while Pearson's correlation coefficient was applied to examine relationships between disease severity and mental health outcomes. Chi-square tests were used to explore associations between categorical variables.

## Results

### Demographic Characteristics

The demographic characteristics of the study participants are as follows:

Variable	Value (%)
Mean age (years)	32.5 (SD = 6.8)
Marital status	
Married	60%
Single	40%
Employment status	
Employed	40%
Unemployed	60%
History of infertility	70%
Chronic pelvic pain	65%

### Psychological Assessment Results

The results of the psychological assessment, measured by HADS and EHP-30, are summarized in the following tables:

#### Anxiety

Anxiety Severity	Frequency (%)
Severe	35%
Moderate	25%
Mild	20%
No Anxiety	20%

## Depression

Depression Severity	Frequency (%)
Severe	30%
Moderate	20%
Mild	15%
No Depression	35%

## Quality of Life (EHP-30)

Quality of Life Dimensions	Mean Score (SD)
Pain	68.5 (13.2)
Emotional Well-being	52.3 (16.7)
Sexual Functioning	45.7 (10.3)
Social Support	53.1 (14.1)

## Correlation Analysis

The correlations between disease severity and mental health outcomes were as follows:

Variable	Anxiety (r)	Depression (r)
Disease Severity	0.62**	0.58**
Disease Duration	0.47**	0.43**

\*Note: \*\* $p < 0.01$

## Discussion

This study's findings reveal a considerable psychological cost linked to endometriosis in women from Peshawar. A significant percentage of participants indicated symptoms of anxiety and depression, with 35% feeling severe anxiety and 30% severe depression. The results align with prior research undertaken globally, indicating that endometriosis can significantly impact the psychological well-being of affected women, specifically regarding anxiety and sadness [4,5]. The cultural milieu of Peshawar, characterized by a reluctance to openly address reproductive health matters, may intensify these psychological effects, resulting in feelings of loneliness and sorrow.

The relationship between disease severity and mental health outcomes suggests that more severe endometriosis instances correlate with increased anxiety and depression levels. This corresponds with prior studies indicating that persistent pain and infertility, prevalent in women with endometriosis, exacerbate psychological suffering [6]. The adverse effect of disease duration on mental health highlights the cumulative psychological burden that prolonged pain imposes on women with endometriosis.

Despite the considerable mental health concerns documented, the healthcare system in Peshawar is insufficiently prepared to tackle these issues. The absence of psychological support and the stigma associated with reproductive health difficulties lead to postponed diagnosis and inadequate mental health interventions [7]. Incorporating psychological assistance into the management of endometriosis is essential for enhancing the overall well-being of women impacted by this condition.

## Sociocultural Factors

The societal stigma about reproductive health issues in Peshawar is notably pronounced. Conversations on menstruation, infertility, and persistent pelvic discomfort are frequently deemed taboo, resulting in insufficient awareness and comprehension of endometriosis. This cultural background may hinder timely detection of the disease, as women are hesitant to pursue medical assistance or candidly articulate their problems [8]. Moreover, the obligation to meet societal reproductive expectations might exacerbate the psychological distress faced by women with endometriosis.

### Healthcare System Challenges

The healthcare infrastructure in Peshawar faces significant challenges, including limited access to specialized gynecological care, a shortage of mental health professionals, and inadequate patient education. These barriers contribute to the delayed diagnosis of endometriosis, which in turn exacerbates the psychological impact of the disease [9]. There is a need for improved healthcare resources and better training for healthcare providers to recognize and address the mental health needs of women with endometriosis.

### Conclusion

Endometriosis profoundly impacts the mental health of women in Peshawar, resulting in elevated levels of anxiety, sadness, and diminished quality of life. The results of this study underscore the necessity for a comprehensive strategy in controlling endometriosis, incorporating both physical and psychological assistance. Future study ought to concentrate on longitudinal studies to determine the enduring mental health effects of endometriosis and investigate the efficacy of management techniques within the Peshawar context.

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