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Original Article

Relationship Between Electronic Health Literacy and Quality of Life in Women with PCOS: A Web-Based Cross-Sectional Study

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ABSTRACT

Objective: To investigate the association between electronic health literacy (eHealth literacy) and health-related quality of life in women with polycystic ovary syndrome (PCOS).

Methods: A cross-sectional web-based survey was conducted among women with PCOS. Participants completed validated Turkish versions of the eHealth Literacy Scale (eHEALS) and the PCOS Quality of Life Questionnaire-50 (PCOSQ-50). Spearman's correlation and multiple linear regression analyses were employed to assess associations between eHealth literacy and HRQoL, adjusting for covariates including age, BMI, education level, and marital status.

Results: A total of 399 women participated in the study. The mean age was 28.5±6.5 years, and the mean body mass index (BMI) was 27.1±9.1 kg/m². A moderate positive correlation was observed between eHEALS scores and overall PCOSQ-50 scores (ρ=0.315, p<0.001). The strongest correlations were found with the emotional subdomain (ρ=0.326, p<0.001), followed by coping (ρ=0.239, p<0.001) and hirsutism (ρ=0.240, p<0.001). Regression analysis identified eHEALS as a significant positive predictor of quality of life (β=0.282, p<0.001). Higher BMI was negatively associated (β=-0.353, p<0.001).

Conclusion: Enhanced eHealth literacy is associated with improved quality of life in women with PCOS, particularly in emotional and coping domains. Targeted interventions to improve digital health literacy may optimize symptom management and psychosocial outcomes in this population.

INTRODUCTION

Polycystic ovary syndrome (PCOS), a common endocrine disorder affecting 5–15% of reproductive-aged women, is characterized by hyperandrogenism, oligo-anovulation, and polycystic ovarian morphology.[1-3] Beyond its metabolic and reproductive sequelae, PCOS imposes a significant psychosocial burden, with patients reporting elevated rates of anxiety, depression, and body image dissatisfaction.[4-6] Symptoms such as hirsutism, obesity, and infertility exacerbate emotional distress, underscoring the need for holistic management strategies that address both physical and mental health.[7,8]

The digital transformation of healthcare has positioned electronic health (eHealth) literacy, defined as "the ability to seek, comprehend, and apply electronic health information", as a critical determinant of self-management in chronic conditions.[9,10] Prior studies suggest that higher eHealth literacy correlates with improved glycemic control in diabetes, enhanced self-efficacy in hypertension, and reduced psychological distress in chronic pain populations.[11-13] However, its role in mitigating the multidimensional burden of PCOS remains underexplored.

This study aimed to evaluate the relationship between eHealth literacy and HRQoL in women with PCOS. We hypothesized that greater eHealth literacy would correlate with improved symptom management and quality of life, mediated through enhanced access to reliable health information and self-care behaviors.

MATERIALS AND METHODS

Study Design and Ethical Approval

A cross-sectional web-based survey was conducted from December 2024 to February 2025 under ethical approval from a tertiary healthcare institution (No: 2024/010.99/9/20, Date: 25/10/2024). The protocol adhered to the Declaration of Helsinki. Participants provided electronic informed consent prior to enrollment.

Participants and Recruitment

Women aged 18–55 years with PCOS were recruited in the study through two different enrollment methods. The first group comprised patients attending the outpatient gynecology clinic during routine clinical consultations. The second group was recruited via digital platforms, including social media networks (Instagram, Facebook) and PCOS-specific support groups, where a structured Google Forms questionnaire was disseminated. All participants completed the same version of the questionnaire. The study included a group of 399 participants with PCOS. The enrollment of study participants was presented in Figure 1.

Diagram illustrating participant recruitment methods. Outpatient clinic attendees accessed the Google Forms survey via QR code, while social media users (Facebook, Instagram, WhatsApp) participated through a direct survey link.

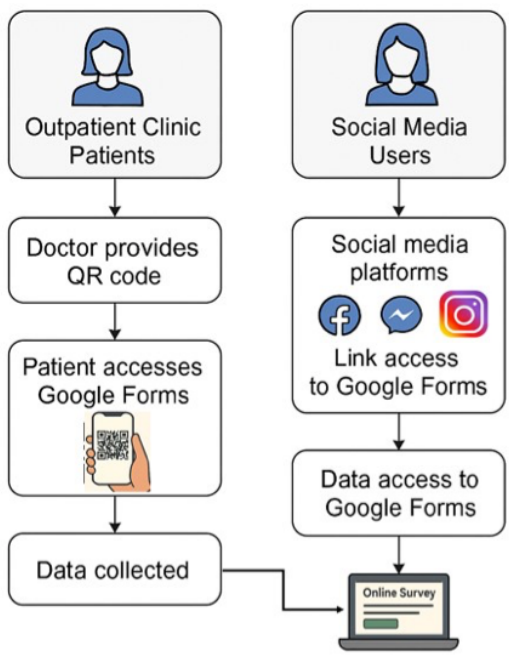


Diagram illustrating participant recruitment methods. Outpatient clinic attendees accessed the Google Forms survey via QR code, while social media users (Facebook, Instagram, WhatsApp) participated through a direct survey link.

Figure 1. Recruitment flow of study participants.

The questionnaire comprised three sections. The first section included questions related to sociodemographic information (age, body mass index (BMI), marital status, education, smoking, comorbidities, fertility history). The second section assessed eHealth literacy using the Turkish-validated eHealth Literacy Scale (eHEALS). The scale developed by Norman and Skinner, this 8-item Likert-scale instrument evaluates participants' ability to seek, interpret, and apply digital health information.[14] Responses range from 1 ("strongly disagree") to 5 ("strongly agree"), with total scores spanning 8–40. Higher scores denote superior eHealth literacy. The Turkish adaptation by Coşkun and Bebiş demonstrated strong internal consistency (Cronbach's α=0.88).[15]

The third section evaluated disease-specific quality of life using the Polycystic Ovary Syndrome Quality of Life-50 Scale (PCOSQ-50), a 50-item instrument developed by Nasiri-Amiri et al.[16] and validated in Turkish by Koyutürk et al.[17] The PCOSQ-50 assesses six domains: psychosocial/emotional well-being, fertility concerns, sexual function, obesity/menstrual irregularities, hirsutism, and coping mechanisms. Responses are scored on a 5-point Likert scale, with higher aggregate scores reflecting improved quality of life. The Turkish validation reported exceptional reliability (Cronbach's α=0.972), which remained robust in the current study (α=0.926).

Statistical Analysis

Analyses were performed in IBM SPSS v27. Descriptive statistics (mean ± SD, frequencies) characterized sociodemographics. Nonparametric methods were applied after Shapiro-Wilk and Kolmogorov-Smirnov tests indicated non-normal distributions. Bivariate correlations between eHEALS and PCOSQ-50 scores were assessed via Spearman's ρ. A multiple linear regression model, adjusted for age, BMI, education, and marital status, identified independent QoL predictors. Scale reliability was confirmed via Cronbach's α. Significance was set at $p<0.05$

Table 1. Baseline characteristics (n=399)

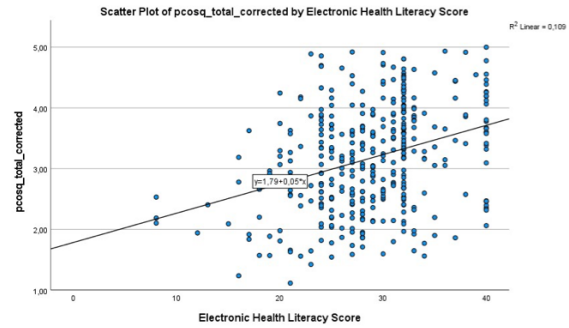
Variables	n (%)/Mean±SD
Age (years)	28.5±6.5
BMI (kg/m²)	27.1±9.1
Education Level	
Primary school	9 (2.3)
Middle school	54 (13.5)
High school	264 (66.2)
University or higher	72 (18.0)
Marital Status	
Single	173 (43.4)
Married	226 (56.6)

Values are presented as mean ± standard deviation or frequency (%), as appropriate.

Table 2. Correlation between eHEALS scores and PCOSQ-50 subdomains

PCOSQ-50 Subdomain	Spearman's ρ	p-value
Emotional	0.326	<0.001
Coping	0.239	<0.001
Hirsutism	0.240	<0.001
Obesity & Menstrual Problems	0.224	<0.001
Fertility	0.178	<0.001
Sexual Function	0.153	0.013

ρ: Spearman's correlation coefficient; PCOSQ-50: Polycystic Ovary Syndrome Quality of Life Questionnaire; eHEALS: eHealth Literacy Scale. *p<0.005.



Scatter plot showing the relationship between electronic health literacy (eHEALS) and overall quality of life (PCOSQ-50 total scores). Each circle represents one participant. The solid line indicates the fitted linear regression line.

Figure 2. Scatter Plot of eHEALS and PCOSQ-50 Total Scores

RESULTS

Baseline Demographic and Clinical Characteristics

The study group comprised 399 women with PCOS, with a mean age of 28.5±6.5 years, and a mean BMI of 27.1±9.1 kg/m². In terms of educational attainment, 66.2% had completed high school, 18.0% held university or postgraduate degrees, 13.5% had middle school education, and 2.3% reported primary school education. Regarding marital status, 56.6% of participants were married, and 43.4% were single (Table 1).

Association Between eHEALS and PCOSQ-50

A Spearman's rank-order correlation revealed a positive association between eHealth literacy and PCOS-related quality of life (ρ=0.315, p<0.001).

Spearman's rank correlation analysis also indicated statistically significant positive associations between eHEALS scores and all subdomains of the PCOSQ-50 (p<0.05). The strongest correlation was observed with the Emotional subdomain (ρ=0.326, p<0.001), followed by coping (ρ=0.239), hirsutism (ρ=0.240), obesity/menstrual problems (ρ=0.224), fertility (ρ=0.178), and sexual function (ρ=0.153) (all p<0.001 except Sexual Function, p= 0.013) (Table 2).

A scatter plot analysis was conducted to further illustrate the linear relationship between eHEALS and PCOSQ-50. As depicted in Figure 2, a positive association between eHEALS scores and PCOSQ-50 total scores were observed, indicating a 0.05-unit increase in quality of life per one-point rise in eHealth literacy.

Predictors of Quality of Life

Multiple linear regression analysis, adjusted for age, BMI, education level, and marital status, revealed significant predictors of PCOSQ-50 scores (overall model p<0.001, adjusted R^2=0.243). eHEALS scores were positively associated with PCOSQ-50 scores (B=0.041, SE=0.007, β=0.282, p<0.001), indicating that with each unit increase in eHEALS score associated with a 0.041-point improvement in PCOSQ-50 scores. BMI was inversely associated with PCOSQ-50 scores (B=–0.052, SE=0.007, β=–0.353, p<0.001), indicating a 0.052-point decline in PCOSQ-50 scores per unit increase in BMI. Age was also positively associated with quality of life (β=0.136, p= 0.010), while education level was inversely associated with PCOSQ-50 scores (β=-0.104, p= 0.028). Marital status did not reach statistical significance (β=0.086, p= 0.095) (Table 3).

Table 3. Multiple Linear Regression for PCOSQ-50 Total Score

Predictor Variable	B	SE	β (Beta)	t	p-value
Constant	3.055	0.341	–	8.953	<0.001
Age	0.018	0.007	0.136	2.581	0.010
BMI	–0.052	0.007	–0.353	–7.822	<0.001
Marital status	0.148	0.089	0.086	1.671	0.095
Education level	–0.139	0.063	–0.104	–2.203	0.028
Electronic Health Literacy Score	0.041	0.007	0.282	6.100	<0.001

B: Unstandardized regression coefficient; SE: Standard error; β: Standardized regression coefficient.

Table 4. PCOSQ-50 Scores by subgroup Education Level

Education Level	N	Mean Rank	Sum of Ranks	p-value (2-tailed)
High School	261	157.90	41,211.50	
University or higher	71	198.12	14,066.50	
Total	332	—	—	0.002

PCOSQ-50: Polycystic Ovary Syndrome Quality of Life Questionnaire.

Subgroup Analysis by Educational Attainment

To clarify the inverse association between education and quality of life in the regression model, a Mann-Whitney U test compared PCOSQ-50 scores between participants with university-level education or higher (n=71) and those with high school education (n=261). Results revealed significantly higher quality of life scores among university-educated participants (mean rank=198.12 vs. 157.90, U=7020.5, p=0.002), indicating higher quality of life among participants with greater educational attainment (Table 4).

This apparent contradiction, where subgroup comparison shows better QoL with higher education while regression analysis suggests a negative association, may reflect the differing statistical nature of these analyses. The Mann-Whitney U test directly compares groups without accounting for other influencing variables, whereas multiple linear regression adjusts for covariates such as age, BMI, and marital status. The observed reversal in the direction of association may result from complex interrelationships or collinearity among covariates included in the model, particularly if certain demographic or clinical characteristics are unevenly distributed across education levels. These findings highlight the importance of cautious interpretation when evaluating multivariable models in observational studies.

DISCUSSION

This study investigated the relationship between eHealth literacy and quality of life in women diagnosed with PCOS. The findings indicate that women with higher levels of eHealth literacy reported a better quality of life across various aspects affected by PCOS. Notably, the strongest correlation was observed with the Emotional subdomain of the PCOSQ-50, suggesting that the ability to effectively seek, comprehend, and apply electronic health information is particularly linked to improved emotional well-being in women managing this condition. Furthermore, the multiple linear regression analysis identified eHealth literacy as a significant positive predictor of overall quality of life, suggesting a woman's capacity to engage with online health resources plays a crucial role in her perceived quality of life when living with PCOS. In contrast, BMI emerged as a significant negative predictor of quality of life. A subsequent subgroup analysis comparing women with university-level education or higher to those with high school education revealed significantly higher quality of life scores in the more educated group.

The positive correlation between eHealth literacy and all quality of life domains implies a broad beneficial impact of this skill set on the multifaceted challenges faced by women with PCOS. This widespread effect suggests that eHealth literacy empowers women to navigate and utilize online health resources in ways that positively influence various dimensions of their condition, ranging from physical symptoms to emotional well-being and coping strategies. The strong correlation observed specifically within the emotional subdomain underscores the substantial psychosocial burden associated with PCOS.[18] It is plausible that women with higher eHealth literacy are better equipped to find and utilize online resources for emotional support, stress management techniques, and information related to mental health comorbidities often associated with PCOS, such as anxiety and depression.[19]

In the management of chronic conditions, such as PCOS, where women often experience a reduced quality of life, the positive role of eHealth literacy has also been highlighted in studies focusing on other long-term health issues. For instance, Xu et al.[20] reported that pregnant women with higher eHealth literacy exhibited better glycemic control in gestational diabetes mellitus. In a similar vein, Wang et al.[21] found that eHealth literacy had a positive impact on self-management efficacy and quality of life among individuals with hypertension. In patients experiencing chronic pain, Castarlenas et al.[22] observed that greater eHealth literacy was linked to lower levels of anxiety and depression and better psychological adjustment. In accordance with these findings, our study posits that women diagnosed with PCOS who exhibit higher levels of eHealth literacy are better equipped to manage their symptoms, thereby enhancing their quality of life.

The significant negative association observed between BMI and quality of life in our study aligns with a well-established body of research.[23] Obesity is a prevalent comorbidity in women with PCOS and is known to exacerbate various PCOS symptoms, including hyperandrogenism and insulin resistance, which can negatively impact overall well-being and quality of life.[24] The positive association between eHealth literacy and quality of life aligns with a growing body of evidence highlighting the benefits of eHealth literacy in the management of chronic conditions. Access to reliable online health information can empower individuals to better understand their condition, adhere to treatment plans, and adopt healthier lifestyle behaviors, ultimately leading to improved health outcomes and a higher quality of life.

Numerous systematic reviews and meta-analyses have consistently demonstrated that PCOS has a detrimental effect on quality of life, particularly in domains such as hirsutism and menstruation.[25] Our study builds upon this knowledge by suggesting that eHealth literacy may serve as a protective factor, potentially mitigating the negative impact of PCOS on quality of life. This is particularly relevant given the increasing recognition of digital health interventions for managing PCOS. Effective utilization of these digital tools often necessitates a certain level of eHealth literacy, implying that individuals with higher eHealth literacy may be better positioned to benefit from these interventions. The study therefore highlights a crucial intersection between the established challenges of PCOS and the potential of digital health engagement.

The enhancement in quality of life associated with higher eHealth literacy likely stems from the improved ability of women with PCOS to access a broader spectrum of reliable information concerning their condition.[26] This includes valuable insights into effective symptom management strategies, guidance on crucial lifestyle modifications such as diet and exercise, and awareness of available support networks and resources.[27] This readily available access to pertinent information can foster a greater sense of self-efficacy among women with PCOS , empowering them to actively participate in managing their symptoms and making well-informed decisions regarding their health, which in turn positively influences their overall quality of life. Furthermore, individuals with higher eHealth literacy may experience improved communication with their healthcare providers,[28] leading to more collaborative and effective management plans tailored to their specific needs and concerns. The findings of this study lend further support to the growing recognition of eHealth literacy as a significant determinant of health behavior and outcomes in the contemporary digital landscape.[29]

The subgroup analysis, which specifically compared university-educated participants with those holding a high school diploma, revealed significantly higher quality of life scores among the more educated group. This finding strongly suggests that higher educational attainment, particularly at the university level, is ultimately associated with better quality of life in women with PCOS. The benefits of higher education on quality of life may be partly explained by its ability to help people use online health resources effectively, as well as potentially higher socioeconomic status and improved access to healthcare services.[30]

Strengths and Limitations

This study possesses several notable strengths. The utilization of validated and disease-specific instruments, namely the eHEALS and PCOSQ-50, to assess eHealth literacy and quality of life in women with PCOS, enhances the rigor and relevance of our findings. The substantial sample size of 399 participants provides reasonable statistical power to detect meaningful associations. Furthermore, the inclusion of participants recruited through both clinic-based and digital platforms contributes to a more representative sample of women living with PCOS. The adjustment for relevant covariates in the multiple linear regression analysis strengthens the confidence in the independent effects of eHealth literacy and BMI on HRQoL.

However, certain limitations should be acknowledged. The cross-sectional study design inherently limits our ability to establish causal relationships between eHealth literacy and HRQoL. The reliance on self-reported data for all study variables may introduce the potential for recall bias or social desirability bias, which could influence the accuracy of the reported information. The study was conducted within a specific geographic location, and therefore, the generalizability of our findings to other populations with different cultural contexts, healthcare systems, and levels of digital literacy may be limited. Clinicians and policymakers should prioritize the development of accessible, evidence-based digital resources tailored to this population. Future interventions integrating eHealth literacy training with multidisciplinary care may optimize both physical and psychosocial outcomes in PCOS management.

Conclusion

Enhanced eHealth literacy is associated with improved quality of life in women with PCOS, particularly in emotional and coping domains. Our findings also support the negative impact of BMI on quality of life in this population. In addition, the subgroup analysis showed that higher education, especially at the university level, is linked to better quality of life. These findings highlight the growing importance of eHealth literacy for women with PCOS in managing their condition and enhancing well-being in a digital healthcare environment. Our study shows the need to consider eHealth literacy in the management of women with PCOS.

Ethics Committee Approval

The study was approved by the University of Health Sciences, Kartal Dr. Lütfi Kırdar City Hospital Hospital Ethics Committee (Date: 25.10.2024, Decision No: 2024/010.99/9/20).

Informed Consent

Retrospective study.

Peer-review

Externally peer-reviewed.

Authorship Contributions

Concept: S.S.K., E.K., İ.B.; Design: S.S.K., E.K., İ.B.; Supervision: S.S.K., E.K., İ.B.; Fundings: S.S.K., E.K., İ.B.; Materials: S.S.K., E.K., İ.B.; Data collection &/or processing: S.S.K., E.K., İ.B.; Analysis and/or interpretation: S.S.K.; Literature search: S.S.K., E.K., İ.B.; Writing: S.S.K., E.K., İ.B.; Critical review: S.S.K., E.K., İ.B.

Conflict of Interest

None declared.

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Polikistik Over Sendromlu Kadınlarda Elektronik Sağlık Okuryazarlığı ile Yaşam Kalitesi Arasındaki İlişki: Web Tabanlı Kesitsel Bir Çalışma

Amaç: Bu çalışmanın amacı, polikistik over sendromu (PKOS) tanısı alan kadınlarda elektronik sağlık okuryazarlığı ile sağlık ilişkili yaşam kalitesi arasındaki ilişkiyi değerlendirmektir.

Gereç ve Yöntem: Çalışma, PKOS'lu kadınlar arasında yürütülen kesitsel, web tabanlı bir anket araştırmasıdır. Katılımcılar, elektronik Sağlık Okuryazarlığı Ölçeği (eHEALS) ve PKOS Yaşam Kalitesi Ölçeği-50'nin (PCOSQ-50) Türkçe'ye valide edilmiş ölçeklerini doldurmuştur. Elektronik sağlık okuryazarlığı ile yaşam kalitesi arasındaki ilişkiyi değerlendirmek üzere Spearman korelasyon analizi ve yaş, beden kitle indeksi (BKİ), eğitim düzeyi ve medeni durum gibi kovaryantlar için düzeltilmiş multiple lineer regresyon analizi uygulanmıştır.

Bulgular: Çalışmaya toplam 399 kadın katılmıştır. Katılımcıların yaş ortalaması 28.5±6.5 yıl, ortalama BKİ değeri ise 27.1±9.1 kg/m²'dir. eHEALS puanları ile PCOSQ-50 toplam puanları arasında orta düzeyde pozitif bir korelasyon saptanmıştır (ρ=0.315, p<0.001). En güçlü ilişki duygusal alt boyutta gözlenmiştir (ρ=0.326, p<0.001), bunu baş etme (ρ=0.239, p<0.001) ve hirsutizm (ρ=0.240, p<0.001) alt boyutları izlemiştir. Regresyon analizinde, eHEALS skoru yaşam kalitesinin anlamlı bir pozitif yordayıcısı olarak bulunmuştur (β=0.282, p<0.001); BKİ ise yaşam kalitesiyle negatif yönde ilişkili çıkmıştır (β=-0.353, p<0.001).

Sonuç: PKOS'lu kadınlarda daha yüksek düzeyde elektronik sağlık okuryazarlığı, özellikle duygusal iyilik hali ve baş etme stratejileri olmak üzere yaşam kalitesinin pek çok yönüyle olumlu şekilde ilişkilidir. Dijital sağlık okuryazarlığını geliştirmeye yönelik hedeflenmiş müdahaleler, bu hasta grubunda semptom yönetimi ve psikososyal iyilik halini artırmada etkili olabilir.

Anahtar Sözcükler: Elektronik sağlık okuryazarlığı; kadın sağlığı; polikistik over sendromu; yaşam kalitesi.