

# Experiences of Students Living with Hirsutism

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**Abstract: Background:** Most previous research has focused on Hirsutism, and their association with other endocrinal disorders which maybe adrenal, ovarian or central and sometimes idiopathic.

**Objectives:** In the present study, ours aim was to study about the awareness among students about hirsutism, to know the criticism faced by women in their daily life, and to familiarize one and all with the newer treatment modalities available for hirsutim.

**Materials and Methods:** A cross-sectional study was conducted among 200 students of Mamata college, Khammam. A self-administered structured questionnaire was used to assess the amount of awareness among students suffering with hirsutism, Major causes of hirsutim, peak prevalence and treatment options for hirsutism.

**Results:** Of the 200 participants, 136 (68.5%) were Interns and 64 (31.5%) were post-graduates. Among them 63% answered as females are the most commonly affected with hirsutism, 51.2% responded as “NO” to society acceptance of such women.

**Conclusion:** The present study confirms that women faced criticism every day and are not able to lead a proper and confident life.

**Keywords:** Hirsutism

## 1. Introduction

Hirsutism is the medical term that refers to the presence of excessive terminal hair in androgen-dependent areas of the female body. Especially among young women, Hirsutism negatively influences psychological well-being. This is important because Hirsutism is among the most frequent medical complaints. It is usually the result of underlying endocrine imbalance, which may be adrenal, ovarian or central. It can sometimes be Idiopathic [1]. It can be caused by increased levels of androgen hormones. It is measured using the Ferriman-Galleway score. It is different from Hypertrichosis, which is excessive hair growth anywhere on the body [2].

In women with Hirsutism, the areas most affected of excessive hair growth are the face and lower abdomen (Hines et al; 2001) [1]. Previous research has shown that women with PCOS and excessive hair growth feel that they are abnormal and not proper women. They also talk about themselves in masculine terms such as having “male hair” (Kitzinger and Willmott,2002; Willmott, 2000), and especially women with excessive facial hair growth experience their body and betrayal

of their womanhood (Kitzinger and Willmott, 2002) [1].

The epidemiology of hair growth in women has been addressed by several investigators (Pedersen, 1943; Beek, 1950; Gam, 1951; Thomas and Ferriman, 1957), all of whom have demonstrated the gradual increase in facial hair and reduction in body hair after menopause. Although many young women present for medical advice with Hirsutism; it would appear that most postmenopausal women rely on beauticians and Electrologists [2].

Body hair on the face, lower abdomen and limbs is seen in women after the onset of puberty (>15 years) with a peak prevalence in the third decade (20-29 years) and gradual reduction thereafter [2].

Being a health care professional and knowing about Hirsutism, we see so many students are being bullied by others who are suffering from such a problem. A little research is published on women's experiences while living with Hirsutism, the main objective of this study, therefore, is to spread proper awareness about Hirsutism, to know the criticism faced by women in their daily life, and to familiarize one and all with the newer treatment modalities available for Hirsutism.

## 2. Methodology

A cross-sectional survey was conducted among 200 medical and dental students of Mamata college, Khammam from 08-05-2019 to 10-05-2019. A self-structured questionnaire was prepared and distributed among Interns and Postgraduates of Mamata College, Khammam. The questionnaire included the demographic data, the reasons for Hirsutism, women's experiences while living with Hirsutism, the peak prevalence and treatment modalities available of Hirsutism. After explaining the study objectives, written consent was obtained from each student and they were requested to complete the study questionnaire.

Inclusion criteria were 19-29 years age, all interns and postgraduates present on the day of the survey were included.

Men were excluded from the study and students who were absent during the day of the survey and not willing to participate were excluded.

### 3. Statistical analysis

Statistical analysis was done by using EPSS 25. Descriptive statistics were performed. A chi-square test was used to find the association among categorical variables.

### 4. Results

Overall 200 women i.e., interns and postgraduates were included in the study. The mean age of the student was 23.83 (Standard deviation 1.657) years.

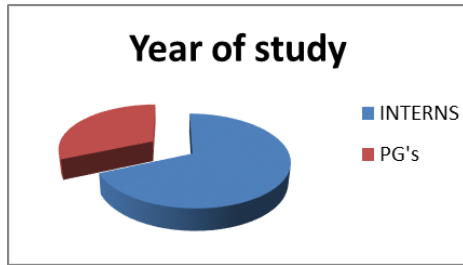


Fig. 1. Year of study

The majority of the students i.e., 63.1% answered as female are the most commonly affected with Hirsutism and very few students i.e., 3.4% answered as the male population is most commonly affected with Hirsutism. Statistically, a significant difference was observed i.e., ( $P < 0.05$ ).

Students were asked about the age at which facial hair starts to appear and more than 50% of students i.e., 67% responded as >15 years and 2% of students reacted as neither of the age groups mentioned i.e., >10 years, >15years, >20years are correct. A statistically significant difference of 0.00 ( $P < 0.05$ ) is observed in this statement.

Peak prevalence is seen at the age group of 15-20years (42.4%), which is the highest and 30-40years (3.9%) which is the least and the rest responded as 20-29years (34%) is the peak prevalence. The statistically significant difference is 0.00 ( $P < 0.05$ ).

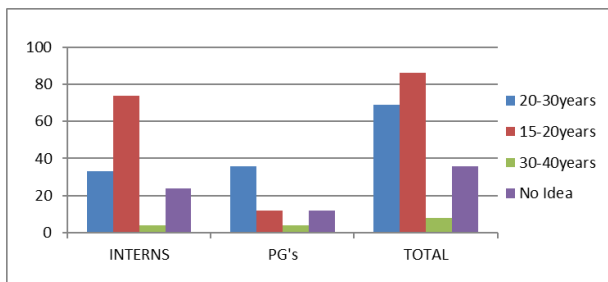


Fig. 2. Peak prevalence

Students were asked to respond to the causes of Hirsutism. The majority of the students i.e., 64.5% reacted as both Cushing's syndrome and Adrenal Hyperplasia are responsible for Hirsutism. Very few reacted as only Cushing's syndrome (11.8%) is responsible for Hirsutism. A statistically significant difference of 0.00 ( $P < 0.05$ ) was observed.

When a question was asked about Hirsutism being accepted by the society, 51.2% of the students reacted as "NO" and 48.8% reacted as "YES". A statistically significant difference of 0.01 ( $P < 0.05$ ) was observed.

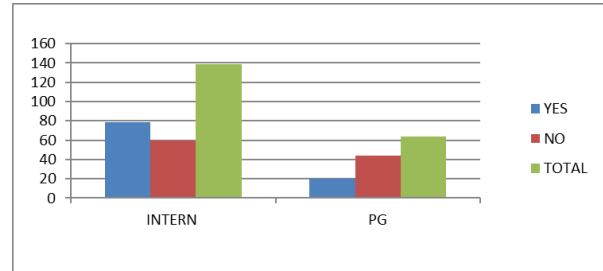


Fig. 3. Society acceptance

Students were asked about the permanent cure of Hirsutism and the majority of them reacted as "YES" (86.2%) and very few i.e., (13.8%) reacted as "NO" the above statement. A statistically significant difference of 0.34 ( $P < 0.05$ ) was observed.

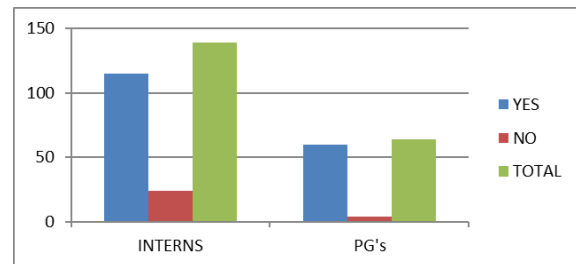


Fig. 4. Permanent cure

More than 50% of the students i.e., (83.7%) of the students responded as waxing, plucking, laser treatment, electrolysis are the treatment modalities other than Anti Androgenic medication and very few i.e., 2% reacted as electrolysis is the only method for hair removal.

### 5. Discussion

The findings of the study suggests that students were aware of hirsutism and newer treatment options available but women suffering from hirsutism maybe influenced by society in a negative way.

The results showed that students had a proper view about hirsutism (94%), reasons behind it such as Cushing's syndrome, adrenal hyperplasia and endocrinal disturbances (67%) and 67% were aware of the age groups which are commonly affected. There was a significant difference in views regarding these questions and needed proper understanding. The other reasons includes PCOS and women report themselves are "unfeminine" [6]-[9].

It also showed that women were aware of their body and experienced self-differed from what they saw as their own body and their real self. People talked about them in a depreciatory way, such as being ugly and even shaggy (Toerien and

Wilkinson, 2003; Willmott, 2000) [1]. This way of labeling them also affected their self-esteem negatively, they thought they were less worthy than other women.

Bullying them in the public about how they look makes them feel low and aggressive sometimes. 51.2% respondents say that society where we live will never accept such women and always try to abandon them and 48.8% say that society is open to such women. This can be understood in light of study by Hahn and colleagues (2005) [1], who showed that women with Hirsutism have a decreased health-related quality of life, particularly in areas that strongly affect their daily life, such as social functioning and sexual self-worth. They pointed out on being unattractive or ugly and having reduced self-confidence (Keegan, Liao, & Boyle, 2003). Benson et al findings indicated that the risk for clinically relevant depression was enhanced in patients who reported hirsutism [3, 5]. In my study, the women's self-experience as a person also was fundamentally altered, and they had to live their lives in a way they did not like. Consequently, Keegan *et. al* did not report a difference in self-esteem between self-perceived hirsut and non-hirsut women [4].

Finally, the study showed several ways for the women to try to escape from their bodies, in which they felt trapped. They used strategies such as various hair removing treatments, different ways of covering their bodies. The hair removing treatments they know which were useful were, for example, few agreed to laser treatments (11.8%), electric depilation (2%), waxing (2.5%), plucking (2.5%), shaving(2.5%) as best individually whereas most of the respondents(87%) answered as all of them were useful. In spite of articles describing how laser treatments include improves quality of life for women with hirsutism (Loo & Lanigan, 2002) [10] and gives long-lasting hair removal (Dierickx, 2000) [11], it often is considered as a cosmetic treatment along with other mechanical hair removal treatments. After getting a laser session done the hair starts to reappear in few days and it requires so many sessions to get a permanent cure and most of the times it is temporary. The women in our society felt ignored and misunderstood when referred to such cosmetic treatments, instead of having treatments by the medical profession. Self-administered

activities, such as waxing, plucking and shaving, could temporarily remove the women's hair, but without a permanent result.

## 6. Conclusion

From the survey we came to know that women in the society faced criticism every day and are not able to lead a proper and confident life because of being bullied all the time. It shows a negative impact and are mostly depressed of being different from other women. Despite, of the newer treatment modalities available, none showed a permanent response immediately and individuals who are suffering had to get it done very frequently as it is mostly a cosmetic treatment rather than a permanent solution.

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