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Effect of Emotional intelligence educational program on marital satisfaction among women with polycystic ovary syndrome

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Abstract
Background: Marriage is a bond between two individuals with dissimilar personalities. Emotional intelligence is closely linked to the ability to recognize, comprehend, and manage emotions, all of which have a significant impact on marriage quality. **Aim:** Find out the effect of emotional intelligence educational program on marital satisfaction among women with polycystic ovary syndrome. **Subjects and methods:** Quasi-experimental research design (study-control) was applied. A purposive sample of 102 married women at the reproductive age (18-45) diagnosed with polycystic ovary syndrome. The study conducted at the gynecological outpatient clinic at Women's Health Hospital, Assiut University. Three tools were used for gathering data: a structure Interview questionnaire, couple satisfaction index and emotional Intelligence tool. **Results:** The median duration of marriage in studied women is 5 years, approximately 70.6%, 52.9% of studied women had irregular menstruation and primary infertility respectively. There was highly statistically significance difference between control and study group in post-test and follow up (p-value =0.003, 0.000) respectively following program implementation, positive correlation between emotional intelligence and marital satisfaction. **Conclusion:** the study concluded that the educational program about emotional intelligence have positive effect and effectively improving the woman's marital satisfaction. **Recommendations**: enhancing service training program in the field of emotional intelligence for women and nurses. More researches are required to identify and fill the practice gap.

Keywords: Emotional Intelligence, Marital Satisfaction, Polycystic Ovary Syndrome.

Introduction
Polycystic ovary syndrome (PCOS) is highly prevalent and complex health issue in women of reproductive age that affecting approximately 2.2–26.0% of the women population worldwide (**Yingngam et al., 2025).** and is a reproductive, metabolic, and psychological condition with impacts across the lifespan **(Rushinaidu et al., 2023).**

The fundamental aspect of the syndrome is hyperandrogenism and the clinical features associated with it are hirsutism, oligo- or anovulation and polycystic ovarian morphology and according to genetic studies, obesity is considered causal for PCOS **(Singh et al., 2023).**

This condition not only impairs fertility but also poses long-term health risks, including metabolic disorders, cardiovascular disease, and type 2 diabetes (**Yingngam et al., 2025)** that cause mood disturbances including symptoms of depression, marital and social maladjustment and impair sexual functioning which lead to a significant decline in quality of life **(Ozkan et al., 2024).**

Marital satisfaction is one of the most essential characteristics of matrimony that a spouse experiences in marriage which also plays a significant part in the longevity and strength of a marriage (**Mushtaq & Ghafoor, 2024).** The stability of the family structure depends on how well the couple gets along. at addition to endangering the mental health of partners, dysfunctional or unhappy marriages also put the family's survival at jeopardy. **(Sayehmiri et al., 2020).**

Marital satisfaction is a multidimensional concept comprising of different aspects of marital relationship. The study of **Maleki et al., 2023** revealed that hirsutism, which appears in women with PCOS, negatively affects the sexual life quality, which must be routinely evaluated. Chronic psychological discomfort, mood swings, and issues in a relationship with a partner are caused by low self-esteem, sexual inattentiveness, and dissatisfaction with one's own appearance. (**Bahadori et al., 2022).**

Matrimony and marriage are an issue that is greatly impacted by emotional intelligence. To put it another way, if there is one area where emotional intelligence is essential, it would be marriage, as the basis of contentment lies in the capacity to comprehend and regulate emotions. (**Sarhammami et al., 2024).**

Salovey and Mayer first described the **Emotional intelligence (**EI) as the ability to perceive and understand emotions and the ability to use them as supports for thoughts **(Tommasi et al., 2023).** EI is

the capacity to identify, comprehend, communicate, regulate, and utilize emotions in relationships and interpersonal interactions. While it's critical to be able to detect, comprehend, and control one's own emotions, it's also critical to be able to recognize, comprehend, and respond to those of others. **(Tjimuku et al., 2025).**

Effective emotional self-regulation and counseling may be beneficial for women with PCOS which can help in manage psychological distress, their mental health and overall quality of life. Studies indicate that the women with PCOS may exhibit higher character strengths like hope and judgment, they also face challenges in emotional regulation and coping strategies **(Ghazeeri et al., 2022) & (Barberis et al., 2023).**

Significance of the study:

The prevalence of PCOS is increasing rapidly worldwide and affecting approximately 9.2% of women. the highest prevalence of PCOS was in Africa (16.4%) **(Salari et al., 2024).** In Egypt, the prevalence of PCOS is approximately estimates ranging from 16 % to 37.5% **(Al Anwar et al., 2022).** The high prevalence of PCOS associated with obesity, sedentary lifestyle, and genetic predisposing factors **(Rassie et al., 2023).**

Polycystic ovary syndrome has a detrimental effect on physiological domain as obesity, amenorrhea, infertility and facial hair, psychological domain as dilemma, anxiety and can cause psychological morbidity, social domain including deterioration in the women's self-esteem and self-image **(Eyupoglu et al., 2022)**, all of which lead to low quality of life, sexual problems, negative experiences with marriage and unsatisfying marriage **(Yin et al., 2021).**

The trend of broken marriages and divorce has pushed researchers to study the role of emotional intelligence in marital relationships, as it emphasizes the positive steps that can be taken to achieve secure relationships. So, the primary goal of this research is to find out the effect of emotional intelligence on marital satisfaction.

Aim of the study:

Find out the effect of emotional intelligence educational program on marital satisfaction among women with polycystic ovary syndrome.

Research hypothesis:

H1: Women with polycystic ovary syndrome, who will receive emotional intelligence educational program, will have a high satisfaction in marital life than those who don't.

H0: There is no significant difference in marital satisfaction between women with polycystic ovary syndrome who receive an emotional intelligence educational program and those who don't.

Patients and Methods:

Technical design:

Design: Quasi experimental design (study –control) was applied in this study.

Setting: The study was conducted in the gynecological outpatient clinic at Women's Health Hospital, Assiut University, Assiut city, Egypt.

Sample: Purposive sample of 102 women diagnosed with PCOS (51 study and 51 control) was included in the study and **the sample size** was calculated by using G*power software based on an expert opinion with Power (1-β err prob) 0.8 and α err prob 0.05.

Randomization procedure: The participating women were randomized in either group by assign one day for control group and two days for study group during three days per a week.

Sample criteria: Married women with a PCOS diagnosis who are between the ages of 18 and 45 are eligible to participate. and the Women who declined to take part in the study were excluded.

Study Tools:

Tool I: A structure Interview Questionnaire:

This tool was developed by the researcher after reviewing the related national and international literature and adapted from (**Goli et al., 2021; Orbetzofa, M., 2020; Schutte et al. 2009).** It was consisted of

- **Personal data** of the studied women included (code, age, residence, level of education, telephone number, family history, and marriage duration). As well as anthropometric measurement.
- **Gynecological and menstrual history** (menstrual regularity and suffer from infertility).

Tool II: couple satisfaction index (CSI-32):

CSI-32 Adopted from **(funk & rogge, 2007)** to assess marital satisfaction through women satisfaction which includes 32 items scale with a six/seven-point Likert-type scale. All women asked to about the level of relationship with her partner as (0 = extremely unhappy, 6 = perfect). And 6- point Likert scale (0 = not at all, 5 = completely). Such as:

- Amount of time spent together
- To what extent has your relationship met your original expectations?
- In general, how satisfied are you with your relationship?

Scoring system:

CSI-32 scores range from **0** to **161**. Marital satisfaction was considered: Higher levels of satisfaction relationship if the score More than or equal 104 and Dissatisfaction relationship if the score Less than 104.

Tool validity and reliability:
The tool was evaluated for clarity, relevance, comprehensiveness, application, and ease of use by a panel of three professors from the fields of obstetrics and gynecology. **Reliability** was done by using the Cronbach alpha test (**r = 0.72**).

Tool III: Emotional Intelligence questionnaire:
Schutte Emotional Intelligence Test (SSEIT): Schutte et al. (2009) designed the scale. It consists of a five-point Likert-type scale with 33 items. There are six primary categories on the scale:

1. 7 items assessed (Appraisal of others' emotions)
2. 5 items assessed (Appraisal of own emotions)
3. 5 items assessed (Regulation of emotions)
4. 5 items assessed (Social Skills)
5. 7 items assessed (Utilization of emotions)
6. 4 items assessed (Optimism)

Scoring system
Women respond as whether they 'strongly agree' (5), 'agree' (4), 'undecided' (3), 'disagree (2), or 'strongly disagree' (1) with each statement. Questions number 5, 28 and 33 were scored reversely. EI was considered high score if the percent was 75% or more and Low score if the percent less than 75%.

Tool validity and reliability:
The tool was evaluated for clarity, relevance, comprehensiveness, application, and ease of use by a panel of three professors from the fields of obstetrics and gynecology. This scale has a Cronbach alpha (α) of 0.90 for the internal consistency and α=0.78 for test-retest reliability after a two-week interval.

Administrative design:

Ethical consideration:
The world medical association declaration of Helsinki (1997) was followed in the terms of all research ethical guidelines. The faculty of nursing's ethics committee, Assiut university approved the research proposal on (October, 2023) with ethical code number (1120230680). Additionally, before the pilot study and main research began, the director of Woman Health Hospital officially gave permission. After informing the women who participated in the study about its nature and goal, the women gave their informed consent. The study subjects were not at risk while the research was being applied. Common ethical guidelines for clinical research were adhered to in this investigation. Confidentiality and anonymity were assured. Women who took part in the study were free to decline or leave at any time without giving a reason. Data collecting took participant women's privacy into account.

Operational design:
Field work: The data collection begins from first of **March, 2024** to the end of **October, 2024** (8 months) which included the following phases:

I-first phase: (The preparatory phase)

Tool and Program development:
Preparation of the data collection tools was carried out by researcher after extensive review of current, past, local, national and international literature then revised by supervisors and validation of tools was done by panel of three experts. Based on the needs and demands of women in the pilot study and the review of the most recent national and international literature using the resources at hand, the educational program pertaining to emotional intelligence was created as a booklet in simple, understandable Arabic language with clear illustrations and figures. The final changes were made when the same jury reviewed the program.

Pilot study
The feasibility and usability of the study instruments were tested in the first phase on 10 women, or 10% of the sample in a pilot study that was successfully finished in **February, 2024**. The pilot study's sample was incorporated into the main study after the collected data was examined.

Second phase :(Implementation phase)
This phase was conducted in **March, 2024** and data were collected form women (study and control groups) on different days to ensure the ethical consideration, during three days per a week begins from 9.00 am to 1.00 pm (morning shift) according to the schedule of the outpatient clinic in the studied setting. The researcher introduced herself to each woman and obtained informed consent from them after describing the objectives of the study.

The researcher obtained the personal data as tool 1 form women such as age, family history of PCOs and duration of marriage also obtains the gynecological and menstrual history. Then the researcher asked the women to fill the questionnaire to assess their emotional intelligence and marital satisfaction in the pre intervention. The session was taken about 20-25 minutes.

Regarding the emotional intelligence educational program, the researcher carryout the program to studied women. Where routine care was given to the women in the control group. All program contents have been shown to benefit women by employing various instructional strategies as group discussions, brainstorming, problem solving and critical thinking to suit the women's various needs and accomplish the intended objectives. Also copy of educational booklet was given to each woman as a helpful and supportive material. The session was taken about 30-40 minutes.

The content of educational program consists of introduction, definition of emotional intelligence, the importance of emotional intelligence, Reason for success: mental intelligence or emotional, traits of a person with high emotional intelligence, components and skills of emotional intelligence, how to enhance

each emotional intelligence skills, how to become emotionally smart, and rules for developing emotional intelligence.

Third phase: (Evaluation phase)

Following program implementation, the researcher used the same questionnaire via phone and what's up messages or follow-up appointments at the outpatient clinic to conduct a reassessment (posttest) for all women after six and twelve weeks of sessions. Additionally, the researcher reinforced the women's week points to achieve the program's goals in the follow-up after the initial reassessment (six weeks later).

Data analysis

The Data were analyzed, categorized and coded using SPSS program version 26. Continuous variables presented by mean and standard deviation. Categorical variables are compared by using Chi-square test determine significance between numerical variables. N.S P>0.05 (No significance), P<0.05 (Significance).

Results;

Table (1): Distribution of the studied women according to their personal data. (n= 102).

Personal data	Study (n= 51)		Control (n= 51)		P-value
	No.	%	No.	%	
Age: (years)					
Mean ± SD	30.61 ± 4.98		32.06 ± 4.34		0.120
Residence:					
Rural	22	43.1%	30	58.8%	0.113
Urban	29	56.9%	21	41.2%	
Educational level:					
Basic education or less	14	27.4%	17	33.3%	0.081
Secondary education	18	35.3%	19	37.3%	
Bachelor degree	19	37.3%	15	29.4%	
Occupation:					
Working	22	43.1%	19	37.3%	0.545
House wife	29	56.9%	32	62.7%	
BMI					
Mean ± SD	27.64 ± 4.47		28.69 ± 5.32		0.064
Family history of polycystic ovary:					
Yes	14	27.5%	20	39.2%	0.208
No	37	72.5%	31	60.8%	
Duration of marriage: (years)					
Median (Range)	5.0 (1.0-15.0)		6.0 (1.0-15.0)		0.051

Table (2): Distribution of the studied women according to their Gynecological and menstrual history. (n= 102)

Gynecological and menstrual history	Study (n= 51)		Control (n= 51)		P-value
	No.	%	No.	%	
Menstrual regularity:					
Regular	15	29.4%	10	19.6%	0.250
Irregular	36	70.6%	41	80.4%	
Infertility:					
No infertility	8	15.7%	5	9.8%	0.262
Primary	27	52.9%	24	47.1%	
Secondary	16	31.4%	22	43.1%	

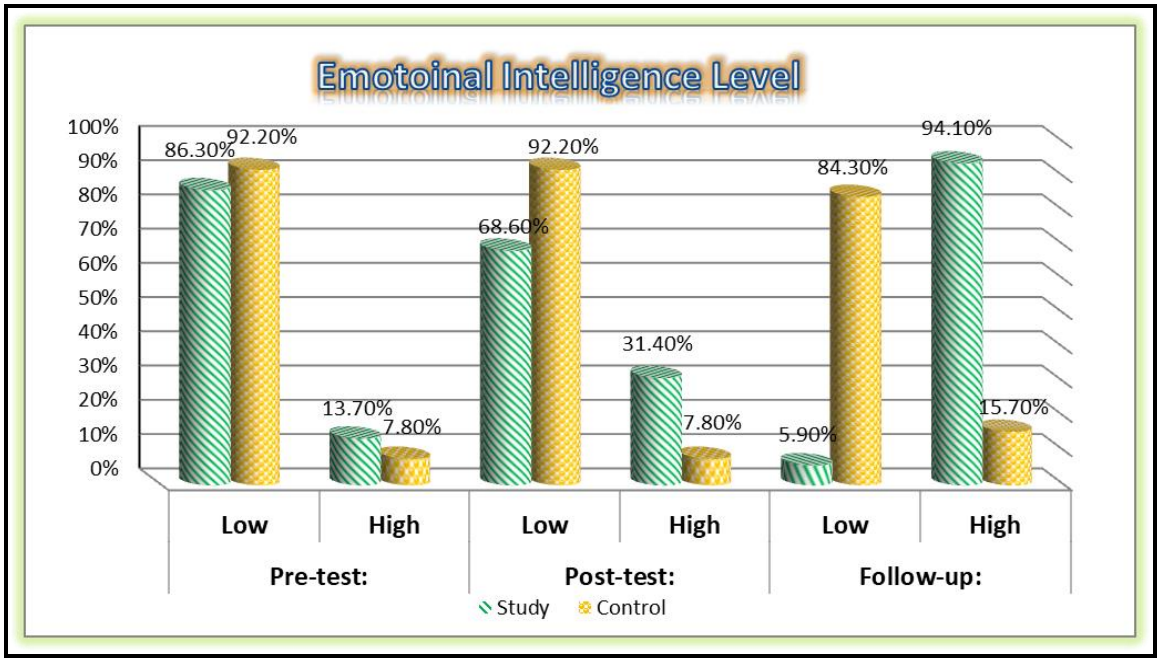

Figure (1): Distribution of the studied women according to emotional intelligence level (n= 102)

Table (3): Relation between the study and control group according to marital Satisfaction levels (n= 102)

Satisfaction level	Study (n= 51)		Control (n= 51)		P-value[1]
	No.	%	No.	%	
Pre-test:					
Dissatisfied	45	88.2%	49	96.1%	0.269
Satisfied	6	11.8%	2	3.9%	
Post-test:					
Dissatisfied	37	72.5%	48	94.1%	0.003*
Satisfied	14	27.5%	3	5.9%	
P-value[2]	0.046*		1.000		
Follow-up:					
Dissatisfied	10	19.6%	48	94.1%	0.000*
Satisfied	41	80.4%	3	5.9%	
P-value[3]	0.000*		1.000		

Chi-square test *(*) statistically significant*

Table (4): Correlation of the study and control group according to marital satisfaction and emotional intelligence (n= 102).

			Study	Control
			EI score	EI score
Pre-test	**Marital satisfaction**	r-value	0.287	0.525
		P-value	0.041*	0.000*
Post-test		r-value	0.425	0.520
		P-value	0.002*	0.000*
Follow-up		r-value	0.610	0.286
		P-value	0.000*	0.042*

Chi-square test *(*) statistically significant*

Table (5): Relationship between the studied women's personal data and marital satisfaction at pre, post and follow up program implementation (n= 102)

Personal data	Satisfaction score		
	Pre-test	Post-test	Follow-up
	Mean ± SD	Mean ± SD	Mean ± SD
Age: (years)			
< 30	90.70 ± 22.52	95.39 ± 15.34	114.91 ± 14.57
≥ 30	78.89 ± 25.09	80.11 ± 24.11	97.25 ± 23.89
P-value	0.006*	0.014*	0.023*
Residence:			
Rural	77.91 ± 22.05	91.14 ± 17.41	113.45 ± 14.92
Urban	80.28 ± 25.27	94.48 ± 22.83	112.48 ± 23.57
P-value	0.728	0.570	0.866
Educational level:			
Basic education or less	72.86 ± 22.90	77.50 ± 18.25	110.29 ± 16.72
Secondary school diploma	81.39 ± 23.47	96.56 ± 16.83	89.06 ± 13.12
Bachelor degree	97.05 ± 24.81	88.79 ± 25.05	98.89 ± 27.09
P-value	0.037*	0.048*	0.030*
Occupation:			
Working	75.41 ± 24.78	90.64 ± 24.46	110.82 ± 25.96
Not working	82.17 ± 22.90	94.86 ± 17.23	114.48 ± 14.55
P-value	0.318	0.472	0.525
BMI:			
Normal	75.14 ± 26.12	91.86 ± 21.45	111.00 ± 21.81
Overweight	81.96 ± 25.61	94.25 ± 23.03	112.87 ± 22.60
Obese	78.69 ± 17.77	92.08 ± 15.42	115.00 ± 13.58
P-value	0.699	0.927	0.880
Duration of marriage: (years)			
< 5	78.27 ± 25.77	93.00 ± 22.52	113.82 ± 21.16
≥ 5	80.00 ± 22.50	93.07 ± 19.32	112.21 ± 19.65
P-value	0.800	0.991	0.780
Family history of polycystic ovary syndrome:			
Yes	76.07 ± 23.61	95.14 ± 20.47	118.64 ± 16.06
No	80.46 ± 23.99	92.24 ± 20.80	110.73 ± 21.25
P-value	0.561	0.657	0.213

Table (6): Relationship between the studied women's gynecological and menstrual history and marital satisfaction at pre, post and follow up program implementation (n= 102).

Gynecological and menstrual history	Satisfaction score		
	Pre-test	Post-test	Follow-up
	Mean ± SD	Mean ± SD	Mean ± SD
Menstrual regularity:			
Yes	93.60 ± 15.05	105.73 ± 12.43	122.20 ± 15.85
No	73.28 ± 24.27	87.75 ± 21.06	109.03 ± 20.63
P-value	0.004*	0.003*	0.032*
Infertility:			
No infertility	91.69 ± 19.11	98.77 ± 18.25	119.85 ± 14.62
Primary	70.50 ± 25.78	74.46 ± 23.41	95.79 ± 24.42
Secondary	72.57 ± 25.28	80.71 ± 17.11	93.07 ± 15.50
P-value	0.048*	0.047*	0.049*

Table (1): Mentions that mean age in the study group was (30.61 ± 4.98) years old and control group was (32.06 ± 4.34) years old. As regard to education, (37.3%) of women in study group had bachelor degree while in control group had secondary education. The highest percentage of women has family history of PCO in control group 39.2%. Table also shows that the median of duration of marriage was 5.0 in study group, while 6.0 in control group. No significance difference in study and control group ($p > 0.05$).

Table (2): Reveal that the majority of women in both groups have irregular menstruation (70.6%, 80.4%). As regard to infertility the highest percentage of women has primary infertility in study and control group (52.9%, 47.1%) respectively.

Figure (1): Report that (86.3) of studied women have low level of emotional intelligence pre-test while in post-test high level in study group (31.4%) and improvement of level in follow up (94.1%) after implementation of educational program.

Table (3): Explain that there is highly statistically significance difference between control and study group in post-test and follow up (p-value =0.003, 0.000) respectively. And demonstrated that statistically significance difference among study group in pretest and post-test (p-value =0.046). Also show that highly statistically significance difference among study group in pretest and follow up (p-value = 0.000) after implementation of educational program.

Table (4): Demonstrate statistically positive correlation between emotional intelligence and marital satisfaction after implementation of educational program.

Table (5): Illustrates that not all personal data has significant difference with marital satisfaction throughout the program implementation, except age and educational level has significant difference with marital satisfaction pre, post and follow up the program implementation (p-value = 0.006, 0.014 & 0.023) (p-value = 0.037, 0.048 & 0.030) respectively.

Table (6): Clarifies that there is highly statistically significance difference between menstrual irregularities, infertility and marital satisfaction scores in pre, post-test and follow up the program implementation (p-value =0.004, 0.003 & 0.032) (p-value =0.048, 0.047 & 0.049) respectively.

Discussion

Family of origin appears to be an important antecedent of emotional intelligence with a significant impact on one's ability to comprehend and manage one's own emotions over time. In turn, the ability to self-regulate one's own emotions is vital in the promotion of optimal psychological functioning and marital satisfaction **(Szcześniak & Tułecka, 2020).** so, the aim of the current study is to evaluate the impact of emotional intelligence educational program on marital satisfaction among women with polycystic ovary syndrome.

Regarding to the correlation between emotional intelligence and marital satisfaction, the current study shows that positive correlation between emotional intelligence and marital satisfaction in women with Polycystic Ovary Syndrome. Thus, the hypothesis Women with polycystic ovary syndrome, who will receive emotional intelligence educational program, will have a high satisfaction in marital life is accepted.

Little is known about the relationship between emotional intelligence and marital satisfaction, especially among women with PCOS. Congruent with previous results, **Heidari et al., (2017),** who studied " prediction of Marital Satisfaction Based on Emotional Intelligence in Postmenopausal Women " and reported that There was significant and positive relationship between emotional intelligence and marital satisfaction (r= 0.25). Which prove that Women with higher emotional intelligence are better able to control their emotions and behaviors as well as better understand one another. As a result, these couples feel better about their marriage and are better able to manage their own and their partners' emotions.

The current results were supported by **Dildar et al., (2012)** who reported that that emotional intelligence is an effective factor in marital satisfaction; after a one-year follow-up on those couples, it was observed that emotional intelligence had still maintained its strong influence on marital satisfaction. Also, the results of the study of **Siavoshi et al., (2016)** confirmed that a significant difference between marital satisfaction and emotional intelligence and its constituent parts.

This finding is in alignment with those of the study by **Foroughi et al., (2009),** who demonstrated a positive and significant relationship between emotional intelligence and marital satisfaction, and between components of social intelligence and marital satisfaction.

Nearly to present study, the study of **Szcześniak & Tułecka, (2020)** implies that those who possess greater emotional intelligence typically have better emotional regulation skills, which leads to greater life happiness. Emotional intelligence acts as a mediator between the good and negative impacts of family functioning on life satisfaction, with significant developmental implications.

Also, the study of **Wollny et al., (2020)** confirmed that Being in a stable, high-quality romantic relationship likely promotes one's well-being and health Thus, Inadequate adaptive processes, in turn,

lead to poorer relationship quality, which promotes instability.

However, it is not in alignment with the findings of study on emotional intelligence and marital satisfaction among 112 employees of Rafsanjan University of Medical Science that was carried out by **Agha Mohammad et al., (2013)** who indicated that there may not be a substantial correlation between marital satisfaction and every component of emotional intelligence. The family appears to be strengthened by emotional intelligence education and training. This can be due to using a different instrument and different sampling in the current study.

Concerning the **EI level** of the studied women, the present study revealed that majority of studied women have low level of emotional intelligence pre-test while in post-test one third have high level in study group and majority of the studied women have improvement of level in follow up after implementation of educational program.

On opposite of the present study, **Anjum & Swathi, (2017)** who demonstrated that the sample's overall emotional intelligence mean is somewhat lower than the average score. As a result, the sample's overall emotional intelligence is below average. While the average score is lower for the mean of evaluating one's own emotions, emotional control, emotion usage, and optimism, it is higher for the mean of evaluating others' emotions and social skills.

Regarding to personal data of studied women, the present study demonstrates that the mean age of the women 30.61 ± 4.98. The findings incorporated by the study of **Abdelaziz et al., (2023),** who revealed that the mean age of the women was 27.96± 5.52. also **Saeed et al., (2023),** who carried out their study on 231women in Egypt to assess knowledge and quality of life of women with polycystic ovary syndrome and illustrated that that the mean age of the women was Mean ± SD 28.91 ± 7.35.

In contrast with results of the current study, **Ullah, (2022)** who conducted study about "Psychophysiological Impact of Polycystic Ovarian Syndrome and its Management in Pakistani Women" and indicated that more than half of the women were diagnosed at a very young age of about 15-25 years old. The discrepancy could be attributed to a change in study setting.

Concerning body mass index (BMI), study represents that mean ± SD 27.64 ± 4.47. It was consistent with **Kabiri, et al., (2024),** who reported that the BMI mean ± SD 29.06. On the same line, **Panda et al., (2024),** approved that "Women with PCOS have increased visceral fat than subcutaneous fat. Women with lean PCOS have an increased percentage of body fat, a higher waist–hip ratio, and greater intra-abdominal, peritoneal, and visceral fat compared to normal women matched for BMI".

On the other hand, **Abobaker et al., (2021),** illustrated that less than one half of women were overweight and obese in the pre intervention phase of the program. The discrepancy could be attributed to the women's culture and nationality.

As regard to infertility, the present study shows that less than one half of women had primary infertility. The findings sported by **Abdelaziz et al., (2023),** who revealed that less than one half of women had primary infertility. Also, the results agree with **Bahadori et al., (2022),** who studied " Sexuality and psychological well-being in different polycystic ovary syndrome phenotypes compared with healthy controls" and reported that higher mean domain was infertility had more problems in women with PCOS. Also **Mojahed et al., (2023) & Deniz & Kehribar, (2020),** reported that psychological consequences of PCO disease and androgen excess cause sexual dissatisfaction and dysfunction and the women suffer more from depression and sexual dysfunction.

As regard to menstrual regularity and infertility, the current study shows that less than three quarter of the women had irregular menstruation and less than one half of them had primary infertility. Congruent with previous results, **Saeed et al., (2023),** who approved that less than three quarter of the studied women had lowest quality of life domain were irregular menstruation. Also, the current results supported by **Fatemeh et al., (2021),** found that menstrual problem was the most affected area in worsened HRQOL than obesity.

On opposite of the present study, **Khomami et al., (2015)** who illustrated that the QOL of Iranian women towards PCOS seems to be more affected by hirsutism's severity compared to other PCOS symptoms. This difference might be due to physical differences between Eastern and Western populations.

Limitations

- The study was carried out in a relatively small number of women, so the results cannot be generalized.
- There are other demographic and clinical characteristics as well, like income, psychological problem or existence of comorbidities that might impact on the quality of marriage were not taken into the account.

Conclusion

Based on the present study findings, it was concluded that the educational program about emotional intelligence have positive effect on marital satisfaction among woman with PCOs.

Recommendations

- Creating periodic awareness programs, workshops, and seminars on emotional intelligence for women and healthcare providers.
- Use mobile health application or SMS based system that send reminders and education massages about emotional intelligence.
- More researches are needed with larger sample size and in different culture and context to identify and fill the gap in practices.

Conflict of interest

The authors declare they have no conflict of interest.

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