

Endometriosis and PCOS: The Silent Demons of Women's Health

Endometriosis and Polycystic Ovary Syndrome (PCOS) are often described as “women’s issues,” but that phrase can feel like a quiet way of minimizing how serious they really are. For millions of people, these conditions are not just painful inconveniences, they are life-altering, exhausting, and emotionally draining realities. They behave like silent demons: not always visible to others, not always understood by the medical system, and too often ignored until they become impossible to live with.

Endometriosis is a chronic condition where tissue similar to the lining of the uterus grows outside the uterus, causing inflammation, scarring, and severe pain. It can lead to painful periods, pain during or after sex, chronic pelvic pain, and infertility. Globally, the World Health Organization estimates endometriosis affects about 10% of reproductive-age women—around 190 million people. Yet despite how common it is, many people spend years being told their pain is “normal,” “hormonal,” or something they should simply endure. This normalization of suffering is one of the reasons endometriosis remains hidden in plain sight.

PCOS is another deeply misunderstood condition, but it shows up differently. It is a hormonal disorder associated with irregular periods, excess androgen levels, fertility challenges, and metabolic issues. According to WHO, PCOS affects an estimated 6–13% of reproductive-aged women, and up to 70% may remain undiagnosed worldwide. For many, PCOS is more than irregular cycles, it can affect weight, mood, confidence, body image, energy levels, and long-term health risks. And still, countless people only discover they have it when they are trying to conceive or when symptoms become severe.

What makes these conditions “silent” is not the lack of symptoms, it is the lack of attention. Many people suffer loudly in their bodies but quietly in the world. In many communities, pain during menstruation is treated as something to tolerate, rather than something to investigate. Menstrual health is often not openly discussed, especially among teenagers, so early warning signs are ignored. When pain is repeated month after month, people begin to doubt themselves. Over time, silence becomes a survival strategy: you miss school, miss work, miss social events, and learn to hide it behind a smile.

One of the most painful truths about endometriosis is the long delay in diagnosis. Studies repeatedly show delays that can stretch up to 7–10 years between the start of symptoms and confirmed diagnosis. That means years of pain, misdiagnosis, and emotional exhaustion, years of being told it is “stress” or “just cramps.” This delay is not only a medical problem; it is a social problem. It reflects how women’s pain has historically been dismissed or deprioritized.

Both endometriosis and PCOS can also be mentally and emotionally heavy. Chronic pain and unpredictable symptoms can lead to anxiety, depression, frustration, and isolation. Fertility struggles which are common in both conditions, can carry intense emotional pressure, especially in societies where fertility is closely tied to identity and expectations. The weight of trying to

“perform normally” while fighting your own body can feel like a quiet war, one that many people never get credit for surviving.

Another reason these conditions deserve more attention is their economic impact. People lose productive hours, spend money on medication, visit clinics repeatedly, or pay for tests and treatment plans that change constantly. Some are forced to “push through” because they can’t afford rest. Even worse, treatment isn’t always accessible, especially for those living in underserved areas. The result is a cycle where illness becomes poverty, and poverty makes illness harder to manage.

If endometriosis and PCOS are silent demons, then awareness is the light that exposes them. More attention begins with better education, starting in schools, homes, and clinics, so that young people learn early what is normal and what is not. It also requires health systems to improve screening and referrals, train healthcare providers to take symptoms seriously, and invest in research. Society must also change how it talks about menstrual health: periods should never be used as an excuse to dismiss someone’s pain.

Endometriosis and PCOS are not rare. They are not exaggerated. They are not “just hormonal.” They are real, widespread, and capable of changing lives. The silence around them is what makes them powerful, but silence does not have to win. With more awareness, better diagnosis, and stronger support, we can stop treating women’s health like an afterthought, and start treating it like the urgent priority it has always been.