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From Dorms to Dining Tables: How Social Support Influences PCOS Management in College Students

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ABSTRACT

Polycystic Ovary Syndrome (PCOS) is a multifaceted condition that affects both physiological and psychological well-being, ultimately affecting the quality of life. This study aims to explore the importance of family support in the management of socio-emotional symptoms of PCOS in college students, particularly by comparing the experiences of students living with family and those who live independently in and around the college campus.

The Polycystic Ovary Syndrome Questionnaire (PCOSQ) provided quantitative data for this mixed-methods study, while in-depth interviews provided qualitative insights. Emotional health, body hair, weight, infertility, and irregular menstruation were all evaluated by the PCOSQ. 34 college students with PCOS were included in the sample. 10 participants also participated in semi-structured interviews, which uncovered themes like the relevance of peer and community connections in lowering emotional isolation, the usefulness of family support, and challenges in independently managing PCOS-related stress. When taken as a whole, the results provide a thorough picture of young adult PCOS.

The results revealed noteworthy findings where students who lived with family members reported significantly higher quality of life scores. Participants living with family underscored the value of consistent shared responsibility for health management and highlighted access to nutritious home-cooked meals, which positively impacted their physiological symptoms. In contrast, those residing independently appreciated their autonomy and, while facing challenges in practical support, reported receiving greater emotional support from friends and dorm mates than from family. The integration of quantitative and qualitative data provided a nuanced understanding of how familial social support affects the management of PCOS.

These findings highlight the profound impact on how important social support, particularly from family, is in helping college students manage PCOS. To improve mental health and general quality of life, future initiatives should concentrate on family-centered interventions, peer support networks, and focused resources for independent learners.

INTRODUCTION

Polycystic ovarian syndrome (PCOS), sometimes referred to as hyperandrogenic anovulation or Stein-Leventhal syndrome, is one of the most common endocrine system disorders (Kite et al., 2024) affecting women of reproductive age (Singh et al., 2023). It is a condition marked by hormonal abnormalities, irregular menstruation, and ovarian cysts. Its effects go beyond its physiological symptoms and influence the affected person's psychosocial well-being. It is one of the most common endocrine conditions affecting people of reproductive age (Dewani et al., 2023). About 5% to 10% of women in the West suffer with polycystic ovarian syndrome, while the Indian Fertility Society found that the prevalence ranged from 3.7% to 22.5% in India (Chaudhari et al., 2018).

PCOS has a significant impact on women's mental health and quality of life in addition to its physical symptoms (Azziz, 2008). People with PCOS might encounter problems with physical symptoms which can have a significant impact on their self-esteem and body image (Dewani et al., 2023b). The most prevalent clinical signs include irregular periods or the absence of a menstrual cycle, as well as infertility, elevated insulin levels, insulin resistance (Kite et al., 2024), and weight gain (Goh et al., 2022), lipid disorders and endothelial dysfunction markers, androgenic alopecia with common acne, and hirsutism. These symptoms can impair a woman's physical, social, and emotional well-being (Dybciak et al., 2022). These difficulties are frequently made worse by societal beauty standards, which uphold irrational expectations that can be especially upsetting for those with PCOS (Dewani et al., 2023b).

A wide range of symptoms describe PCOS's clinical presentation, which adds to the condition's variability among diagnosed people. Signs of hyperandrogenism, a disorder characterized by increased amounts of male hormones, especially androgens, are one characteristic of PCOS. Hyperandrogenism is frequently observed in conjunction with other characteristics, such as irregular menstrual cycles, the presence of ovarian cysts, and possibly related reproductive issues, as part of the diagnostic criteria for PCOS (Dewani et al., 2023).

Two of the following abnormalities are necessary for the diagnosis of PCOS: clinical or biochemical hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology. Additionally, Cushing syndrome (1 mg dexamethasone suppression test) must be ruled out, particularly in cases where hypogonadotropic hypogonadism is present, nonclassical congenital adrenal hyperplasia (early follicular-phase early-morning plasma level of 17-hydroxyprogesterone), hyperprolactinemia (prolactin level), and thyroid dysfunction (thyroid stimulating hormone and free thyroxine)(Adashi et al., 2022).

It is essential to evaluate and manage those affected since they often have psychological comorbidities such as eating disorders, anxiety (Sills et al., 2001), depression, and a decline in self-esteem and quality of life (Simon et al., 2023). Based on the recently published systematic review and meta-analysis, women with PCOS are significantly more susceptible than other women to have mild to intense anxiety and depression symptoms (Dybciak et al., 2022). Patients with PCOS may experience negative perceptions of their body image, which can manifest as dissatisfaction with their looks, a diminished sense of femininity, and a belief that they are less sexually attractive. Family members' actions or comments can unintentionally cause harm and increase feelings of shame and self-damage among women with PCOS.

Grasping the relationship between social support, family interactions, and psychological distress among women with PCOS is critical for developing effective intervention strategies (Wang et al., 2023). Since no one cause has been found for PCOS, there is currently no known cure; rather, various therapeutic approaches aim to lessen its difficulties. The first and most important step in managing PCOS is changing one's lifestyle to include a balanced diet and more exercise. Many women with PCOS remain underdiagnosed despite medical improvements in the treatment and management of the various symptoms and consequences associated with the disorder. This delay in diagnosis is thought to be a serious issue, particularly in developing nations, and it is directly related to the general public's ignorance about PCOS (Bohsas et al., 2024). Type 2 diabetes and heart disease are two long-term consequences that may be prevented with early diagnosis and treatment (Alshdaifat et al., 2021b).A range of medical specialists, including primary care doctors, gynecologists, reproductive specialists, endocrinologists, diabetes specialists, dermatologists, dieticians, and psychologists, must work together to manage PCOS more efficiently (Patel & Rai, 2018).

According to a cross-sectional research of women in the Klang Valley, educational attainment had a major impact on their understanding of PCOS (Alshdaifat et al., 2021b). This result showed that understanding about PCOS increased with educational attainment. One of the study's primary conclusions was that there was no significant correlation between health-related practices regarding PCOS and the degree of knowledge about the condition. This suggests that even if someone is well-informed about PCOS, it does not follow that they will likewise treat PCOS with excellent health habits. Health-related practices were also significantly impacted by one's perspective about PCOS. According to this perspective, a person who has a negative attitude toward PCOS might not lead a healthy lifestyle that lowers her chance of developing PCOS by adhering to recommended health-related behaviors. When someone has a positive outlook about PCOS, the results will follow (Goh et al., 2022b). Appropriate understanding and a positive outlook are crucial for both managing the illness and avoiding complications (Jaber et al., 2022).

Methods

2.1 Study design

This study uses a mixed-methods approach, combining quantitative and qualitative techniques to investigate how family support helps college students manage the socioemotional symptoms of PCOS. Purposive and Snowball sampling was used for selecting 34 individuals with PCOS diagnosis, guaranteeing representation of both independent and family-living students. In order to evaluate important areas like emotional health, body image issues, weight-related problems, infertility difficulties, and irregular menstruation, the Health- Related Quality- of- life Questionnaire (PCOSQ) for women with Polycystic ovary syndrome was used. Ten individuals participated in semi-structured interviews to augment these findings, with an emphasis on coping strategies, social support networks, and individual experiences.Independent t-tests in SPSS were used to compare variations in quality of life across living conditions based on quantitative data.

Key themes pertaining to Psycho-Physiological factors, Experiential learning, Socio- Cultural Determinants, and Self-management techniques were systematically identified using thematic analysis of the qualitative data using ATLAS.ti- 2025. A conceptual model was developed using ATLAS.ti- 2025 to show how interrelated elements affect PCOS management in various social contexts. Informed consent was given by participants, guaranteeing anonymity and compliance with research ethics. This all-encompassing strategy provides a more thorough, evidence-based comprehension of the ways in which social support affects PCOS students' general wellbeing and symptom management.

2.2 Sampling Technique

Based on the research variables, this study recruited 34 individuals using purposive and snowball sampling strategies. In order to target young women with PCOS diagnosis, participants were chosen using personal networks and from around institutes. Because early respondents recommended others who fit the inclusion criteria, the snowball sampling method also assisted in growing the participation pool. This strategy kept the concentration on people who could offer significant insights into the function of social support in controlling PCOS while guaranteeing that the sample was diverse and pertinent.

2.3 Inclusion Criteria

Due to the unique psychological and social obstacles associated with controlling PCOS, the study concentrated on young adult women between the ages of 18 and 30. Participants had to be enrolled in college, either living with family or on their own, and have a formal diagnosis of PCOS from a medical expert. This made sure the study included the experiences of those juggling the challenges of managing PCOS with their academic lives. To guarantee correct responses, participants also had to be fluent in the language used in the research materials and had the mental and emotional capacity to think back on their experiences. Prior to participation, voluntary informed consent was also necessary.

2.4 Exclusion Criteria

People who were not between the ages of 18 and 30 or who did not have a verified PCOS diagnosis were not included in order to preserve the study's relevance. Since the study concentrated on the impact of social support in an academic environment, non-college students were also left out. In order to avoid confounding factors that might have an independent impact on their quality of life, people with serious mental illnesses or other medical diseases were also not included. To ensure data accuracy, individuals receiving severe medical treatment that drastically changed their lifestyle and those who couldn't understand the research materials were also disqualified.

2.5 Ethical Considerations

Strict adherence to ethical standards was maintained to safeguard participant rights and privacy. A thorough informed consent form explaining the study's goals, methods, possible dangers, and participants' freedom to discontinue participation at any moment without repercussions was given to them prior to their involvement. To protect privacy, all information was anonymised. Restricted access and encrypted data storage further guaranteed confidentiality. Because PCOS is a sensitive condition, extra care was taken, and participants were treated with compassion to make sure they were comfortable during the whole study. This study made certain that the results offered significant insights while honoring the welfare of participants by placing a high priority on voluntary participation, data privacy, and ethical integrity.

2.6 Tool Description

Emotional well-being, body hair concerns, weight-related issues, infertility obstacles, and irregular menstruation were the five primary themes that were evaluated in this study using the Health-Related Quality of Life Questionnaire for Women with PCOS (PCOSQ), which was created by Cronin et al. in 1998. A validated tool, the PCOSQ uses a 7-point Likert scale to measure replies. Atlas.ti 2025 software was used to evaluate qualitative data from interviews. This allowed for thematic analysis and the creation of a conceptual model emphasizing the function of social support in PCOS management.

IBM SPSS Statistics was used for quantitative data analysis, and the Mann-Whitney U test was used to compare the quality-of-life scores of students who lived with family and those who lived alone. This test was selected to evaluate statistical differences in PCOS-related quality of life between the two groups due to the small sample size and non-parametric character of the data.

Results

3.1 Quantitative Analysis

The Health-Related Quality of Life Questionnaire for Women with PCOS (PCOSQ) was used in the quantitative analysis to evaluate the quality of life of women with PCOS based on their living circumstances. A statistically significant difference was found using the Mann-Whitney U test in SPSS (U = 616.00, p = 0.040, $p < 0.05$).

It's interesting to note that although test results indicated that living with family had a higher quality of life, qualitative interviews revealed surprising findings: those who lived at home reported feeling less supported, while those who were in hostels felt more supported.

Although the questionnaire was successful in measuring physiological factors like body hair, menstruation irregularities, and weight concerns, it was unable to evaluate the dynamics of emotional and psychological support. The interviews emphasized the need for more comprehensive assessment instruments in future studies by demonstrating how peer networks and common experiences in dorms strengthened a sense of social support.

Table 1

Analysis of Quality of Life in Women Living with PCOS

	U	n	p
Quality of life for women with pcos	616.00**	34	0.040

Note: Mann Whitney-U

*$p<0.05$

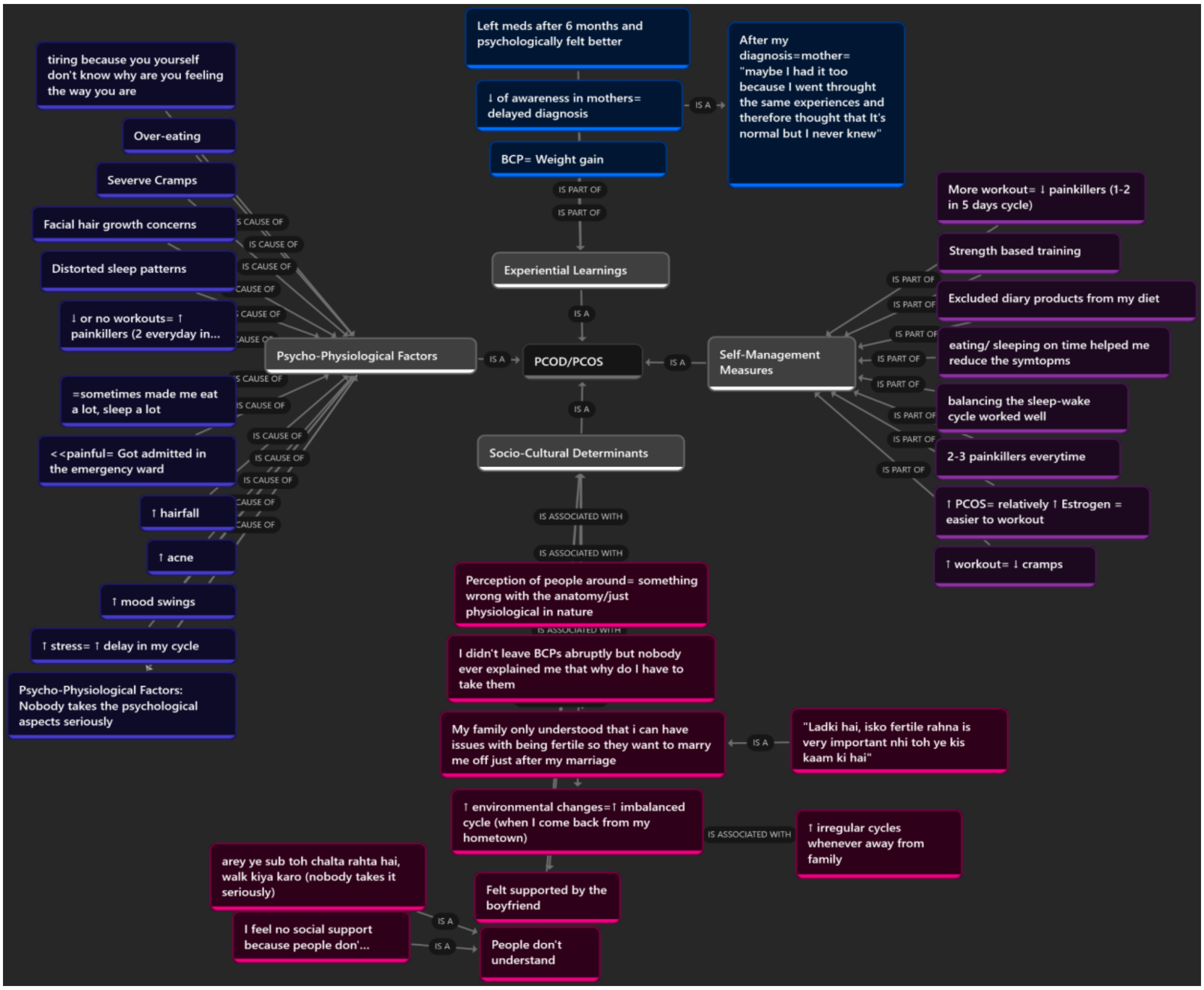
3.2 Thematic Analysis

Qualitative data were systematically coded and analyzed using ATLAS.ti 2025, which enabled the identification of thematic patterns and relationships. The software further facilitated the development of a conceptual model that illustrates the role of social support in PCOS management, integrating resilience, coping mechanisms, and psychological well-being into a coherent framework.

The qualitative interview data presented a collection of themes that together encapsulate the complex experiences of college students with PCOS. These include the diagnostic process, the chronic weight of symptoms, the psychosocial impact, the coping strategies used, the challenges faced in accessing effective healthcare, and the information and support needs of the participants.

Figure 1

PCOS qualitative model using [ATLAS.ti]



Note: The conceptual model presented visually represents the relationships identified through thematic analysis, *demonstrating how different forms of social support contribute to the management of PCOS and influence overall psychological well-being*

3.2.1 The Diagnostic Odyssey: A Journey of Dismissal and Delay

One of the most salient themes for us was the protracted and in some instances lengthy journey to receiving a PCOS diagnosis. Participants commonly reported waiting years for a proper PCOS diagnosis. This wait was most commonly described as due to a lack of exposure to PCOS presentation in adolescents and young adults among primary care providers, as their symptoms were explained away as "normal" teen symptoms or symptoms due to another etiology. For example, irregular menstrual bleeding was frequently normalized, and weight gain or dermatologic symptoms were frequently treated symptomatically without addressing underlying hormonal dysfunction.

The consequences of this diagnostic delay went beyond mere inconvenience; it exacerbated participants' physical discomfort and significantly affected their emotional well-being. The majority of them expressed their symptoms being misunderstood by their mothers. This experience tended to instill a deep discomfort, thus rendering future conversations with mothers more difficult and potentially making it harder to adhere to treatments once a diagnosis had finally been made. The longer period of uncertainty and uncontrolled symptoms also meant that participants tended to enter college with an established history of distress and an underlying, untreated health problem, thus adding another layer of complexity to their transition into independent living. This highlights the existence of a systemic issue of medical education and clinical practice in the early detection and diagnosis of PCOS, particularly in younger populations.

3.2.2 The Extensive Symptom Load and Its Impact on Everyday Life

All participants indicated a high and complex symptom burden that had a significant effect on their daily life, studies, and social relationships. The physical symptoms of PCOS were of greatest concern, such as that of irregular menstrual cycles, hirsutism, acne, and weight control difficulty. These symptoms were not cosmetic; they typically caused physical discomfort, pain, and severe emotional distress. For example, irregular menstrual cycles disrupted study timetables and social activities, while chronic pain or fatigue impaired concentration and participation in university programs.

Along with the physical symptoms, the participants also reported intense psychological and emotional distress, such as chronic fatigue, mood swings, anxiety, and symptoms of depression. These internal symptoms, which were frequently exacerbated by the physical symptoms, created a negative feedback loop that aggravated poor sleep, hormonal swings, and emotional distress, making the overall burden. The effects of these symptoms spread far and wide, resulting in a loss of their capability to fully engage in academic activities, maintain social relationships, and enjoy co-curricular activities, all of which are the very essence of the college experience. Subsequent burden of coping with these symptoms drained mental and physical resources that otherwise would have been channeled into academic and personal growth, illustrating how an uncontrolled chronic disease directly hinders a student's academic and social integration.

3.3.3 Perception of One's Body, Self-Worth, and Psychological Well-Being

The psychosocial consequences of PCOS were a unifying and prevalent theme, with participants describing body image, self-esteem, and mental health issues. Visible signs, such as hirsutism, acne, and weight gain, were a source of significant distress and self-consciousness. Participants often described themselves as "unfeminine" or "different" as a result of these symptoms, which triggered embarrassment and shame. This was often expressed as social anxiety and avoidance, as students feared being judged or receiving unwanted attention from others. The chronic conflict with body image, coupled with internal hormonal alterations, was the most important contributor to anxiety and depression levels among the participants. The widespread feeling of "difference" or "brokenness" created a feeling of isolation, even in the midst of a vibrant college environment. Many participants expressed their propensity to avoid social contacts or intimate relationships based on body image concerns, further impeding social integration and quality of life. The psychological weight of having to live with PCOS was frequently compounded by the absence of empathy from others, including family, who may be oblivious to the extent of their issues. This speaks to a critical necessity for mental health interventions integrated with the care of physical health among college students suffering from PCOS, with full recognition of the extreme interdependence between physical symptoms and psychological distress.

3.3.4 Coordination of Medical Treatments and Self-Care Methods

Patients referenced a wide range of management methods, from prescribed medication to lifestyle change and alternative treatment. Oral contraceptives were one of the most frequent medical treatments employed to regulate menstrual cycles and suppress androgenic symptoms such as acne and hirsutism. Yet, compliance was often problematic because of side effects, expense, or a desire to seek more "natural" treatments. Lifestyle change, specifically dietary intake and exercise, were universally accepted as central to the management of PCOS. Participants made individual attempts to eat healthily and exercise as part of lifestyle. Yet, the campus life itself was a main obstacle to practice on a daily basis, including a lack of healthy options in university cafeterias, peer pressures, and demanding class timetables. Most participants also utilized complementary therapies, such as herbal remedies or acupuncture, usually in desperation or frustration with standard medical interventions. Use of self-management and trial and error indicates a perceived lack of complete, integrated support from healthcare professionals and a strong wish among students to take a proactive role in their health despite systemic limitations.

3.3.5 The Birth Control Pills

For the majority of college women with polycystic ovary syndrome (PCOS), medication is included in their treatment plan. Oral contraceptives, commonly known as birth control pills, are most frequently used to control irregular menstrual cycles, one of the classic signs of PCOS. Besides cycle control, these hormone drugs are also important in the treatment of androgenic signs such as persistent acne and excess growth of hair (hirsutism) on the face, chest, or abdomen, signs that develop in almost 70% of women with PCOS. By controlling hormone levels, birth control pills will help reduce the severity of these outward and typically disturbing symptoms.

Despite significant evidence documenting the efficacy of these medical interventions, patients themselves were often faced with significant barriers to compliance. Side effects, although not always explicitly stated by participants, were most common as a barrier. The expense of medications and regular medical visits also placed a significant economic burden, especially for students who were required to pay out-of-pocket for their healthcare. Additionally, a high proportion of students expressed a preference for continuing more "natural" or holistic methods, sometimes at the expense of abandoning prescribed therapy. Such a preference was often the result of a perceived lack of thorough, individualized information provided by healthcare practitioners, leaving students to feel that conventional therapies were not equipped to address their complex needs or were causing unwanted side effects. Psychological factors inherent in adolescence may also interfere with compliance to dietary and exercise regimens, thus complicating the consistent use of prescribed medications. This emphasizes the need for healthcare practitioners to partake in shared decision-making, with careful consideration of potential side effects, and incorporating patient preference into treatment regimens to improve compliance and overall satisfaction.

3.3.6 Living Situations and the Two Aspects of Support for PCOS

The importance of organized daily routines, such as regular sleep schedules and timely, well-balanced meals, was continuously underlined by participants who lived with family. In addition to parental supervision that promoted regular health checkups and medical adherence, these students frequently had access to home-cooked, nutrient-rich meals that met the dietary requirements of PCOS. According to reports, the family environment was consistently encouraging and health-conscious, laying the groundwork for reducing the physiological costs of PCOS, including exhaustion, hormone swings, and irregular menstruation. Students living in independent housing or hostels, on the other hand, reported significant difficulties getting fresh, wholesome meals and sustaining a regular sleep schedule. These students frequently turned to outside vendors or mess food, which was thought to lack the nutritional precision advised for PCOS management. However, strong emotional support from classmates, roommates, and even instructors frequently made up for this lack of physical structure. Many times, participants reported how friends supported regular self-care practices, escorted them to doctor's appointments, or assisted them in managing stress. A sense of belonging was given by the emotional camaraderie in shared living situations, which also lessened the loneliness that frequently accompanies long-term illnesses like PCOS. These divergent experiences imply that whereas family circumstances might be more conducive to the physiological control of PCOS, hostel settings foster robust emotional networks that enhance psychological health. In order to manage the complex demands of PCOS, both forms of assistance were found to be crucial, highlighting the necessity of holistic care models that incorporate young adults' mental and physical health.

DISCUSSION

In this mixed-methods study, the physiological and psychological aspects of living arrangements were examined in relation to the management and lived experience of polycystic ovarian syndrome (PCOS) among college-bound women. The quantitative results, which were obtained from the PCOSQ, showed that participants who lived with family and those who lived in hostels had statistically significant differences in quality of life, with the former reporting higher total scores. The findings are consistent with the hypothesis that organized environments, such those seen in homes, encourage improved sleep, food, and health monitoring, all of which are critical elements in the physiological control of PCOS.

Nonetheless, this story gained a crucial level of complexity from the qualitative data. Physical living conditions did not always correspond with emotional and psychological support (Sills et al., 2001), as was made clear by thematic analysis of semi-structured interviews. Living with family members frequently caused participants to feel misunderstood or emotionally abandoned, especially by parents who were unaware that PCOS was a chronic and complex illness (Bohsas et al., 2024). Some people experienced difficulties with communication, treatment compliance, and general emotional health as a result of this emotional distance. On the other hand, individuals who lived independently, mostly in hostels, had dietary and logistical difficulties, such as irregular routines and limited availability to nutritious food. Nonetheless, these students often reported that their roommates, classmates, and teachers offered them tremendous emotional support, which was a major barrier against emotional exhaustion and loneliness. A sense of emotional resilience and belonging that was frequently lacking in familial environments was fostered by peer empathy, shared experiences, and unofficial daily support. These results point to a crucial realization: whereas quantitative measures such as the PCOSQ measure physiological and symptom-based aspects of quality of life, they do not adequately account for the emotional and psychosocial factors that significantly influence how PCOS is experienced in real life. This emphasizes how crucial it is to employ mixed-method approaches when researching young adults' complicated, long-term medical issues.

The findings also highlight systemic deficiencies in healthcare responsiveness, awareness, and support systems, both in institutional and domestic contexts (Wang et al., 2023). Additionally, they point to the necessity of more individualized and holistic care models that attend to both emotional and physical needs. More knowledge about PCOS and its various effects is necessary for families, schools, and health professionals to provide age-, gender-, and empathy-appropriate support in addition to ensuring early diagnosis and treatment. This study highlights that the environment's ability to promote both physical and mental health has a significant impact on the quality of life for women with PCOS (Azziz, 2008), which is influenced by factors other than access to food or medical care. It is crucial to incorporate both physiological and psychological treatment into college students' support networks as they deal with the difficulties of a chronic hormonal illness during a crucial developmental stage.

CONSLUSION

This study emphasizes the intricate relationship between living situations and how college-bound women manage polycystic ovarian syndrome (PCOS). Although the quantitative results showed that students who lived with family had higher quality of life scores, the qualitative findings showed that students who lived alone frequently had greater emotional support networks. This discrepancy emphasizes how inadequate symptom-based evaluations are and how important qualitative research is to comprehending chronic health experiences.

The results indicate that in order to properly manage PCOS, both the physiological and emotional aspects of treatment are essential. In family homes, regular routines and access to food promoted physical health, whereas in hostel settings, peer support and shared experiences lessened the psychological toll of the illness. When taken as a whole, these observations urge comprehensive solutions that incorporate both forms of assistance.

In order to close the gap between medical and emotional care, future programs should think about creating wellness initiatives on campus, raising family awareness, and encouraging peer-led support networks. In the end, improving the quality of life for young women with PCOS necessitates a multifaceted strategy that respects both clinical tactics and their lived reality.

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