IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Attitude Towards Polycystic Ovary Syndrome (Pcos) Among Young Women In Tamil Nadu

Monal Sanjula A[1], Suvedhaa R S[2] & Dr K Sathyamurthi[3]

[1,2]MSW, Department of Social Work, Madras School of Social Work
[3]Associate Professor, Department of Social Work, Madras School of Social Work
[1]Madras School of Social Work, Chennai, Tamil Nadu, India

Abstract: Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder affecting women of reproductive age, with significant implications for physical and psychological well-being. This study aims to assess the attitude towards PCOS among young women in Tamil Nadu and to examine its association with selected socio-demographic and clinical factors. A descriptive research design was adopted for the study. Data were collected from women aged 18–35 years across selected districts of Tamil Nadu using a non-probability convenience sampling method. A semi-structured questionnaire was used to assess socio-demographic characteristics and attitudes related to PCOS. The findings show that attitudes towards PCOS are varied, with nearly one-third (34.9%) of respondents demonstrating low attitude, while 32.5% each showed moderate and high levels. The majority (75.9%) of respondents belonged to the 21–25 years age group, and the vast majority (85.5%) were unmarried. More than half of the respondents were postgraduates (57.8%) and students (59.0%). Further inferential analysis using non-parametric tests indicated that there were no statistically significant differences in attitude scores across most socio-demographic variables. However, significant differences were observed with respect to clinical diagnosis of PCOS, irregular menstrual periods, and experience of hair thinning or hair loss ($p < 0.05$), indicating higher attitude scores among affected respondents. Overall, the findings highlight the need for targeted awareness programs focusing not only on improving knowledge but also on shaping positive attitudes towards PCOS. Incorporating peer support and experiential learning approaches may further enhance attitude change and promote better health outcomes among young women.

Keywords **-** Polycystic Ovary Syndrome, awareness, attitude, young women

I. INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine disorders affecting women of reproductive age which is characterized by hormonal imbalance, irregular menstrual cycles, hyperandrogenism, and polycystic ovaries (Rotterdam Criteria). It affects an estimated 8–13% of women of reproductive age globally, with a large proportion remaining undiagnosed (WHO, 2023). And it Is not only a reproductive health issue but also has significant metabolic and psychological consequences. Studies have shown that women with PCOS are at increased risk of conditions such as type 2 diabetes, cardiovascular diseases, obesity, obstructive sleep apnea (OSA), endometrial cancer, infertility, and mental health disorders including anxiety and depression (Shukla et al., 2025). These long-term implications highlight the importance of early diagnosis, awareness, and effective management strategies. Common treatment options include Lifestyle changes (such as weight management, dietary changes etc.,), Oral Contraceptive pills, Metformin therapy etc., (ESHRE, 2025; WHO, 2025).

1.1.Challenges faced by Women with Polycystic Ovary Syndrome

Women diagnosed with Polycystic Ovary Syndrome (PCOS) face significant and multidimensional challenges, with infertility emerging as the major concern impacting their lives both physically and psychosocially (Palomba et al., 2015). Research shows PCOS harms reproductive health by stopping ovulation, menstrual irregularities, and often leading to infertility. This leads to major emotional stress, depression, and anxiety for many women (Almhmoud et al., 2024). Beyond fertility issues, PCOS symptoms like excess hair, acne, weight gain, body image and self-esteem. This worsens isolation, stress, and overall quality of life (Bazarganipour et al., 2013; Khan et al., 2026). Cultural pressure to have children and stigma around infertility make intensify the psychosocial burdens. Women often face social bias, marriage problems, and even divorce threats in some settings (Diallo et al., 2024).

People's attitudes toward PCOS are defined the combination of their beliefs, feelings, and views. Its strongly affect how they handle this long-term condition. It influences them whether they get medical help and stick to ongoing lifestyle changes (Aljuaid et al., 2023). As noted by Ajzen (1991), attitudes significantly determine behavioral intentions and actions, making them a key component in understanding health-related practices. In the context of PCOS, negative attitudes may lead to denial, stigma, and delay in seeking medical care, whereas positive attitudes can promote proactive management and lifestyle modification (Aljuaid et al., 2023). In many socio-cultural settings, including India, discussions related to reproductive and menstrual health are often stigmatized, which can further influence attitudes towards conditions like PCOS. In India, cultural stigma around reproductive and menstrual health significantly impacts the PCOS management. This condition affects 3.7% to 22.5% of women of reproductive age (Goyal, M., et al. 2025). Educational level, access to healthcare, and information sources are key factors that determines their attitudes toward PCOS, it will directly be influencing how women perceive, prevent, and manage the condition (Ishaqui et al., 2025). Limited education often leads to misconceptions and negative attitudes toward managing PCOS (Mascarenhas, L. A., et al. 2025). Despite the growing prevalence of PCOS, there is limited research focusing specifically on the attitudinal aspects among young women, particularly in the Indian context. Understanding these attitudes is essential for designing effective interventions, awareness programs, and support systems. Therefore, the present study aims to assess the attitude towards PCOS among young women in Tamil Nadu and to examine its association with selected socio-demographic and clinical factors.

1.2.Psychosocial Determinants of Attitude towards Polycystic Ovary Syndrome

Research increasingly shows that Polycystic Ovary Syndrome (PCOS) goes beyond physical symptoms and strongly affects psychological well-being, personal attitudes, and the social experiences of affected individuals.

A qualitative study by Divya Kharkwal (2025) explored the psychosocial and educational consequences of PCOS among undergraduate women aged 19–24 in Lucknow. Using in-depth interviews with 20 participants, the study examined key domains such as diagnostic journey, healthcare access, financial challenges, mental health concerns, academic disruptions, and coping mechanisms. The findings revealed that participants experienced considerable psychological distress, often linked to secrecy surrounding PCOS due to societal expectations related to marriage and fertility. Economic constraints and delayed access to healthcare further aggravated physical symptoms, which in turn contributed to anxiety, depression, low self-esteem, and social withdrawal. The study emphasized the need for increased awareness, improved healthcare accessibility, and stronger institutional support systems. Similarly, Geller S et al. (2025) examined the relationship between body image, illness perception, and psychological distress among women with PCOS aged 20–50 years. The study found higher levels of anxiety and depression among women with PCOS compared to healthy individuals. It also highlighted that lower body appreciation and higher body dissatisfaction significantly influenced mental health outcomes. Importantly, body appreciation was identified as a protective factor, while negative illness perception increased vulnerability to distress. These findings underscore the role of cognitive and emotional factors in shaping attitudes towards PCOS. A cross-sectional KAP study conducted by Konkati D et al. (2024) among 418 female students in Telangana reported that 59% of respondents exhibited a neutral attitude towards PCOS. The study also identified a significant association between knowledge, attitude, and practice, indicating

that limited awareness can influence attitudinal responses and health behaviours. The findings highlighted the need for educational interventions to improve understanding and attitudes towards PCOS. In contrast, Nadeem N et al. (2024), in a study among 255 women diagnosed with PCOS in Pakistan, found that although 38.04% of participants had a positive attitude towards managing the condition, only a small proportion adhered to recommended practices. The study also reported emotional responses such as anxiety, depression, and frustration following diagnosis. Despite awareness of PCOS as a manageable condition, gaps in knowledge regarding treatment options persisted, reflecting inconsistencies between attitude and actual behaviour.

Another study by Rajana S R et al. (2024) in Trivandrum among 200 women found relatively high knowledge and positive attitudes towards PCOS; however, practice levels remained low. This indicates that even when attitudes are favourable, they may not necessarily translate into effective behavioural practices, highlighting a critical gap in management. A systematic review by Lau GM et al. (2022), which analysed 34 studies, identified key domains including symptoms, diagnosis, management, perceptions, and resources. The review revealed dissatisfaction with diagnostic processes, perceived lack of knowledge among healthcare professionals, and reliance on unreliable online sources for information. These factors contribute to negative perceptions and attitudes, emphasizing the need for culturally sensitive and accurate health information. Furthermore, a study by Chaudhari AP et al. (2018) examined anxiety, depression, and quality of life among women with PCOS. The findings indicated that 38.6% of participants experienced anxiety and 25.7% experienced depression. Physical symptoms such as infertility, acne, and hirsutism were strongly associated with psychological distress and reduced quality of life. These findings reinforce the interconnected nature of physical symptoms and psychological attitudes.

II. RESEARCH METHODOLOGY

2.1 Research Design:

A descriptive research design was conducted among young women in Tamil Nadu. The study covered multiple districts including Chennai, Tirunelveli, Kancheepuram, Vellore, Cuddalore, Tiruvallur, Madurai, Tiruvarur, Kallakurichi, Erode, Salem, Chengalpattu, Krishnagiri, and Tiruchirappalli.

2.2 Study Population and Sampling:

The study population consisted of women aged 18–35 years. A non-probability sampling method was adopted, and participants were selected using convenience sampling.

2.3 Data Collection:

Data were collected using a semi-structured questionnaire. The tool included sections on socio-demographic characteristics and items specifically designed to assess attitudes towards PCOS, covering perceptions, beliefs, emotional responses, and acceptance of the condition.

2.4 Reliability of the Tool:

The reliability of the attitude scale was assessed using Cronbach's Alpha, and the obtained value was 0.702, indicating acceptable internal consistency of the items used to measure attitude towards PCOS.

2.5 Pre-Test:

The questionnaire was pre-tested on a small group of women college students from Chennai. This helped to ensure clarity, relevance, and appropriateness of the questions.

2.6 Sources of Data:

The study utilized both primary and secondary data. Primary data were collected directly from respondents, while secondary data were obtained from journals, articles, books, and other relevant sources.

2.7 Statistical Analysis:

The collected data were coded and analysed using SPSS. The normality of the data was assessed using the Kolmogorov–Smirnov and Shapiro–Wilk tests. The results indicated that the data were not normally distributed ($p < 0.05$). Therefore, non-parametric tests were employed for further analysis, with the Mann–Whitney U test used for comparing two groups and the Kruskal–Wallis test used for comparing more than two groups.

III. Results and Discussion

3.1 Results of Demographic Profile of the Respondent

Table 3.1: Socio-Demographic Profile of the Respondents (N = 83)

Variable	*Category*	*Frequency (n)*	*Percentage (%)*
Age (years)	*18–20*	*9*	*10.8*
	21–25	*63*	*75.9*
	26–30	*8*	*9.6*
	31–35	*3*	*3.6*
Body Mass Index (BMI)	*Underweight*	*10*	*12.0*
	Healthy	*37*	*44.6*
	Overweight	*28*	*33.7*
	Obesity	*8*	*9.6*
Marital Status	*Married*	*12*	*14.5*
	Unmarried	*71*	*85.5*
Religion	*Hindu*	*66*	*79.5*
	Muslim	*14*	*16.9*
	Christian	*1*	*1.2*
	Others	*2*	*2.4*
Educational Level	*Higher Secondary*	*2*	*2.4*
	Undergraduate	*33*	*39.8*
	Postgraduate	*48*	*57.8*
Employment Status	*Student*	*49*	*59.0*
	Working	*28*	*33.7*
	Self-employed	*2*	*2.4*
	Housewife	*4*	*4.8*
Monthly Family Income	*Below ₹20,000*	*17*	*20.5*
	₹20,001–₹50,000	*21*	*25.3*
	₹50,001–₹1,00,000	*19*	*22.9*
	Above ₹1,00,000	*26*	*31.3*
District of Residence	*Chennai*	*52*	*62.7*
	Tiruvallur	*8*	*9.6*
	Krishnagiri	*4*	*4.8*
	Others	*19*	*22.9*
Age at Menarche	*10–15 years*	*79*	*95.2*
	Above 15 years	*4*	*4.8*

Table 3.1 shows the socio-demographic profile of the respondents indicates that the majority (75.9%) belonged to the 21–25 years age group. Nearly 44.6% had a normal Body Mass Index, while 33.7% were overweight. The majority of respondents (85.5%) were unmarried, while only 14.5% were married. In terms of religion, most participants (79.5%) identified as Hindu, followed by 16.9% Muslim, with very few belongings to other religious groups. More than half of the participants (57.8%) were postgraduates and 59.0% were students. In terms of income, 31.3% of respondents reported a monthly family income above ₹1,00,000, followed by 25.3% in the ₹20,001–₹50,000 category and 22.9% in the ₹50,001–₹1,00,000 range, while 20.5% belonged to the lower income group. Most participants (62.7%) were from Chennai. Additionally, the majority (95.2%) reported attaining menarche between 10–15 years, with only a small proportion (4.8%) experiencing it after 15 years.

Table 3.2. Awareness of PCOS among Respondents

Variable	*Category*	*Frequency (n)*	*Percentage (%)*
Awareness of PCOS	*Yes*	*69*	*83.1*
	Maybe	*7*	*8.4*
	No	*7*	*8.4*
Age at First Awareness	*10–17 years*	*35*	*42.2*
	18–20 years	*35*	*42.2*
	21–25 years	*11*	*13.3*
	Above 25 years	*2*	*2.4*
Source of Awareness	*Family/Peers*	*38*	*45.8*
	Social Media	*27*	*32.5*
	Medical Professionals	*13*	*15.7*
	Newspapers/Books	*3*	*3.6*
	None	*2*	*2.4*
Family History of PCOS	*Yes*	*11*	*13.3*
	No	*55*	*66.3*
	Not Sure	*17*	*20.5*

Table 3.2 findings indicate that a large majority of respondents (83.1%) reported being aware of PCOS, while equal proportions (8.4% each) were either uncertain or unaware of the condition. Regarding age at first awareness, most participants became aware during adolescence and early adulthood, with 42.2% each in the 10–17 and 18–20 age groups. Only a small proportion reported awareness after the age of 20. In terms of source of awareness, family members and peers were the primary source for nearly half of the respondents (45.8%), followed by social media (32.5%). Medical professionals accounted for a smaller proportion (15.7%), while very few respondents reported newspapers/books (3.6%) or no source of awareness (2.4%). With respect to family history, the majority of respondents (66.3%) reported no known history of PCOS, while 13.3% reported a positive family history and 20.5% were unsure.

Table 3.3. Association between Socio-Demographic Variables and Level of Attitude towards PCOS

Variable	*Category*	*Low n (%)*	*Moderate n (%)*	*High n (%)*	*Total*
Age (years)	*18–20*	*5 (6.0)*	*2 (2.4)*	*2 (2.4)*	*9*
	21–25	*20 (24.1)*	*23 (27.7)*	*20 (24.1)*	*63*
	26–30	*4 (4.8)*	*0 (0.0)*	*4 (4.8)*	*8*
	31–35	*0 (0.0)*	*2 (2.4)*	*1 (1.2)*	*3*
Marital Status	*Married*	*3 (3.6)*	*3 (3.6)*	*6 (7.2)*	*12*
	Unmarried	*26 (31.3)*	*24 (28.9)*	*21 (25.3)*	*71*
Educational Level	*Higher Secondary*	*1 (1.2)*	*1 (1.2)*	*0 (0.0)*	*2*
	Undergraduate	*15 (18.1)*	*10 (12.0)*	*8 (9.6)*	*33*
	Postgraduate	*13 (15.7)*	*16 (19.3)*	*19 (22.9)*	*48*
Employment Status	*Student*	*15 (18.1)*	*15 (18.1)*	*19 (22.9)*	*49*
	Working	*10 (12.0)*	*12 (14.5)*	*6 (7.2)*	*28*
	Self-employed	*1 (1.2)*	*0 (0.0)*	*1 (1.2)*	*2*
	Housewife	*3 (3.6)*	*0 (0.0)*	*1 (1.2)*	*4*

Table 3.3. shows the association between socio-demographic variables and level of attitude towards PCOS shows that the majority of respondents belonged to the 21–25 years age group (75.9%), with 27.7% exhibiting moderate attitude, while 24.1% each demonstrated low and high attitude levels. In the 18–20 years group, 6.0% had low attitude, and 2.4% each showed moderate and high attitude. Among respondents aged 26–30 years, 4.8% each exhibited low and high attitude, with no respondents reporting

moderate attitude. In the 31–35 years group, 2.4% had moderate attitude and 1.2% showed high attitude. About marital status, the majority of respondents were unmarried (85.5%), with 31.3% showing low attitude, 28.9% moderate attitude, and 25.3% (one-fourth) high attitude. In terms of educational level, more than half of the respondents (57.8%) were postgraduates, among whom 22.9% showed high attitude, 19.3% moderate attitude, and 15.7% low attitude. Among undergraduates (39.8%), 18.1% shows low attitude, 12.0% moderate attitude, and 9.6% high attitude. Only 2.4% had higher secondary education, with 1.2% each reporting low and moderate attitude. Regarding employment status, more than half of the respondents (59.0%) were students, among whom 22.9% showed high attitude. Among working respondents, nearly one-third (33.7%) were represented, with 14.5% showing moderate attitude, 12.0% low attitude, and 7.2% high attitude.

Hypothesis Testing: Association between Selected Variables and Attitude towards PCOS

- *H_0 (Null Hypothesis): There is no significant association between selected socio-demographic and attitude towards Polycystic Ovary Syndrome (PCOS).*
- *H_1 (Alternative Hypothesis): There is a significant association between selected socio-demographic and attitude towards Polycystic Ovary Syndrome (PCOS).*

To test the above hypotheses, non-parametric tests such as the Mann–Whitney U test and Kruskal–Wallis test were applied.

Table 3.4. Mann–Whitney U Test

Variable	*U Value*	*Z Value*	*p-value*
Clinical diagnosis of Polycystic Ovary Syndrome	*393.000*	*-2.334*	*0.020**
Irregular menstrual periods	*547.500*	*-2.785*	*0.005**
Excessive hair growth	*519.000*	*-1.184*	*0.237*
Weight gain	*568.500*	*-1.825*	*0.068*
Hair thinning / hair loss	*602.500*	*-2.335*	*0.020**
Oily skin / acne	*712.500*	*-0.651*	*0.515*

A statistically significant difference in attitude scores was observed with respect to clinical diagnosis of PCOS (U = 393.000, Z = -2.334, p = 0.020), indicating that respondents diagnosed with PCOS had higher attitude scores. Similarly, a significant difference was found for respondents who experienced irregular menstrual periods (U = 547.500, Z = -2.785, p = 0.005), suggesting higher attitude scores among those affected. In addition, a statistically significant difference was identified based on experience of hair thinning or hair loss (U = 602.500, Z = -2.335, p = 0.020), indicating higher attitude scores among those respondents. However, no statistically significant differences in attitude scores were found with respect to excessive hair growth (U = 519.000, Z = -1.184, p = 0.237), weight gain (U = 568.500, Z = -1.825, p = 0.068), and oily skin or acne (U = 712.500, Z = -0.651, p = 0.515). Although respondents experiencing weight gain showed relatively higher mean ranks, the difference was not statistically significant. Therefore, the null hypothesis was rejected for clinical diagnosis of PCOS, irregular menstrual periods, and hair thinning or hair loss, and accepted for the remaining variables.

Table 3.5. Kruskal–Wallis Test for Association between Selected Socio-Demographic Variables and Attitude towards PCOS

Variable	*H Value*	*df*	*p-value*
Age	*1.691*	*3*	*0.639*
Age at first menstruation	*0.858*	*1*	*0.354*
Educational level	*4.118*	*2*	*0.128*
Employment status	*2.130*	*3*	*0.546*
Monthly family income	*3.195*	*3*	*0.363*
BMI category	*4.468*	*3*	*0.215*
Family history of PCOS	*1.286*	*2*	*0.526*
Awareness of PCOS	*3.651*	*2*	*0.161*
Regular consultation with a doctor	*3.735*	*2*	*0.155*

The results indicated that there were no statistically significant differences in attitude scores with respect to age (H = 1.691, df = 3, p = 0.639), age at first menstruation (H = 0.858, df = 1, p = 0.354), educational level (H = 4.118, df = 2, p = 0.128), employment status (H = 2.130, df = 3, p = 0.546), monthly family income (H = 3.195, df = 3, p = 0.363), BMI categories (H = 4.468, df = 3, p = 0.215), family history of PCOS (H = 1.286, df = 2, p = 0.526), awareness of PCOS (H = 3.651, df = 2, p = 0.161), and regular consultation with a doctor (H = 3.735, df = 2, p = 0.155). These findings indicate that none of the examined variables had a statistically significant influence on attitude scores. Therefore, the null hypothesis was accepted for all the above variables.

IV. SUGGESTIONS

- Health education programs on PCOS should be conducted in colleges and communities to improve awareness and promote early understanding of the condition.
- Attitude-Oriented Awareness Programs: Programs should focus not only on information but also on changing perceptions, reducing stigma, and promoting positive attitudes towards PCOS.
- Counselling services should be provided to address fear, misconceptions, and negative beliefs associated with PCOS, helping women develop a more positive outlook.
- Since educational level showed a significant association with attitude, targeted educational interventions should be designed to improve attitudes among individuals with lower educational backgrounds.
- Basic information about PCOS and reproductive health should be included in school and college curricula to promote early awareness.
- Use of Peer Support and Group Discussions: Peer-led discussions and support groups can help normalize experiences and positively influence attitudes through shared understanding.
- Media platforms, especially social media, should be used to spread positive and stigma-free messages about PCOS to reshape public perception.
- Special focus should be given to correcting myths and reducing social stigma related to PCOS, which contribute to negative attitudes.
- Further studies may explore the psychosocial determinants influencing attitudes towards PCOS in diverse populations. Longitudinal and intervention-based research is recommended to assess changes in attitude over time.

V. Conclusion

This study provides a clear understanding of how young women perceive Polycystic Ovary Syndrome (PCOS). The findings indicate that attitudes towards PCOS are varied, with respondents distributed across low, moderate, and high levels. This reflects that while some women have developed a positive and accepting outlook, many still hold neutral or less favourable perceptions about the condition. The study further reveals that education is the one of the strong areas in changing attitudes with more positive perceptions towards PCOS. In contrast, other demographic variables such as age, marital status, employment status, and family history did not show a significant influence on attitude. This suggests that awareness alone may not be sufficient, as perceptions are also influenced by psychological and social factors. In conclusion, improving attitudes towards PCOS requires more than just providing information. The main thing is addressing psychosocial aspects are essential to improving young women attitudes and respond to PCOS.

VI. Acknowledgment

The author would like to express sincere gratitude to Dr. K. Sathyamurthi, Associate Professor, Department of Social Work, Madras School of Social Work, for his valuable guidance, support, and encouragement throughout the study. The author also thanks the co-author for valuable support.

References

[1] Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

[2] Aljuaid, A., Sindi, H. A., Alhadi, W., Abu Zayied, I. A., Althobaiti, L., & Imran, I. (2023). Knowledge, attitude, and practice of lifestyle modifications among Saudi women diagnosed with polycystic ovary syndrome (PCOS). *Cureus, 15*(11), e49398. https://doi.org/10.7759/cureus.49398

[3] Almhmoud, H., Alatassi, L., Baddoura, M., Sandouk, J., Alkayali, M. Z., Najjar, H., & Zaino, B. (2024). Polycystic ovary syndrome and its multidimensional impacts on women's mental health: A narrative review. *International Journal of Women's Health.*

[4] Bazarganipour, F., Ziaei, S., Montazeri, A., Foroozanfard, F., Kazemnejad, A., & Faghihzadeh, S. (2013). Body image satisfaction and self-esteem status among patients with polycystic ovary syndrome. *Iranian Journal of Reproductive Medicine, 11*, 829–836.

[5] Chaudhari, A. P., Mazumdar, K., & Mehta, P. (2018). Anxiety, depression, and quality of life in women with polycystic ovarian syndrome. *Indian Journal of Psychological Medicine, 40*(3), 239–246. https://doi.org/10.4103/IJPSYM.IJPSYM_561_17

[6] Diallo, A. A., Anku, P. J., & Oduro, R. A. D. (2024). Exploring the psycho-social burden of infertility: Perspectives of infertile couples in Cape Coast, Ghana. *PLOS ONE.*

[7] Geller, S., Light, K. E., & Wisner, K. L. (2025). Body image, illness perception, and psychological distress in women coping with polycystic ovary syndrome (PCOS). *Health Psychology Open, 12*, 20551029251327441. https://doi.org/10.1177/20551029251327441

[8] Goyal, M., et al. (2025). Prevalence of polycystic ovary syndrome in reproductive age women: Systematic review. *International Journal of Medical and Pharmaceutical Research.* https://ijmpr.in/article/prevalence-of-polycystic-ovary-syndrome-in-reproductive-age-women-systematic-review-1289/

[9] Ishaqui, A. A., Naqvi, S., Kauser, H., Farooq, J., Bufail, D., Kumar, N., Orayj, K. M., & Imran, M. (2025). Impact of educational intervention on awareness of polycystic ovary syndrome among female students: A quasi-experimental study. *Journal of Young Pharmacists, 17*(3), 732–739. https://doi.org/10.5530/jyp.20250025

[10] Khan, F., Govender, N., Mitha, S. B., & Thandar, Y. (2026). The lived experiences of women with polycystic ovary syndrome and its psychological challenges: A systematic review and meta-synthesis. *Archives of Women's Mental Health, 29*, 39. https://doi.org/10.1007/s00737-025-01636-4

[11] Konkati, D., Shetty, P., & Rao, A. (2024). Polycystic ovarian syndrome: A KAP study among pharmacy and engineering students in a private college, Telangana state, India. *Journal of Family Medicine and Primary Care, 13*(2), 746–752. https://doi.org/10.37532/fmcp.2024.8(4).49

[12] Kharkwal, D. (2025). The invisible burden: A qualitative exploration of PCOS/PCOD's psychosocial and educational consequences in Indian college students. *International Journal of Medical Research and Applications*, *8*(4), 49–62. https://doi.org/10.5281/zenodo.8

[13] Lau, G. M., Elghobashy, M., Thanki, M., Ibegbulam, S., Latthe, P., Gillett, C. D. T., O'Reilly, M. W., Arlt, W., Lindenmeyer, A., & Kempegowda, P. (2022). A systematic review of lived experiences of people with polycystic ovary syndrome highlights the need for holistic care and co-creation of educational resources. *Frontiers in Endocrinology, 13*, 1064937. https://doi.org/10.3389/fendo.2022.1064937

[14] Mascarenhas, L. A., et al. (2025). Enhancing awareness of risk factors for polycystic ovarian syndrome. *PMC*. https://pmc.ncbi.nlm.nih.gov/articles/PMC12705981/

[15] Nadeem, N., Khan, A., & Rehman, S. (2024). Knowledge, aptitude, and practice study regarding modifiable factors in females diagnosed with PCOS. *Pakistan Journal of Medical and Health Sciences*, *18*(4), 1123–1129.

[16] Palomba, S., Santagni, S., Falbo, A., & La Sala, G. B. (2015). Complications and challenges associated with polycystic ovary syndrome: Current perspectives. *International Journal of Women's Health, 7*, 745–763. https://doi.org/10.2147/IJWH.S70314

[17] Rajana, S. R., Sreelekshmy, B. S., & Babu, B. (2024). Study of knowledge, attitude and practice about polycystic ovarian syndrome among PCOS patients. *International Journal of Reproductive, Contraception, Obstetrics and Gynecology*, *13*(9), 3567–3573. https://doi.org/10.18203/2320-1770.ijrcog202414473

[18] Shukla, A., Rasquin, L. I., & Anastasopoulou, C. (2025). Polycystic ovarian syndrome. In *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/

[19] World Health Organization. (2022). *Adolescent health*. World Health Organization. https://www.who.int/health-topics/adolescent-health

.