

Investigation of the prevalence of polycystic ovary syndrome and its association with dietary habits and physical activity self-efficacy levels among university students

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ABSTRACT

Aims: This study aimed to determine the frequency of polycystic ovary syndrome (PCOS) among university students and to examine the associations of PCOS status with dietary habits and levels of physical activity self-efficacy.

Methods: This descriptive study was conducted between February and November 2025 among 524 students enrolled in the faculty of health sciences at a state university in southwestern Türkiye. Data were collected using a Descriptive Information Form, the Sustainable and Healthy Eating Behaviors Scale (SHE) and the Women's Physical Activity Self-Worth Inventory (WPASWI). PCOS status was assessed through self-report.

Results: The mean age of the participants was 20.8±2.24 years (min: 17; max: 30), and 14.9% self-reported PCOS. The mean total score of the SHE was 3.71±1.04 and the WPASWI was 108.21±18.03. No statistically significant differences were found between students with and without self-reported PCOS in terms of dietary habits or physical activity self-efficacy scores ($p>0.05$).

Conclusion: The self-reported prevalence of PCOS among university students was approximately 15%. Healthy dietary habits and physical activity self-efficacy were at a moderate level. No significant differences were found between students with and without self-reported PCOS in these variables. Physical activity self-efficacy was stronger in the cognitive and emotional dimensions than in the social dimension.

Keywords: Polycystic ovary syndrome, dietary habits, physical activity, self-efficacy, university students

INTRODUCTION

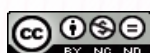
Polycystic ovary syndrome (PCOS) is one of the most common endocrine disorders among women of reproductive age, affecting approximately 10-18% depending on the diagnostic criteria and the population studied.^{1,2} According to the widely used Rotterdam criteria, PCOS is diagnosed when at least two of the following are present: oligo/anovulation, clinical or biochemical hyperandrogenism, and polycystic ovary morphology. This heterogeneity indicates that PCOS is not merely a gynecological condition but a multifaceted syndrome with metabolic and psychosocial dimensions.^{3,4}

In addition to infertility and pregnancy complications, cardiometabolic disorders such as insulin resistance, dyslipidemia, visceral adiposity, and metabolic syndrome are more common in women with PCOS, increasing the risk of type 2 diabetes and cardiovascular disease. Psychosocial problems, including anxiety, depression, and negative body image, have also been reported to be more prevalent in this population.^{5,6} These findings demonstrate that PCOS affects quality of life across multiple dimensions.

Insulin resistance and hyperinsulinemia are key pathophysiological mechanisms of PCOS and contribute to increased hyperandrogenism.⁷ Overweight and obesity may exacerbate this process. Therefore, lifestyle factors are considered central to PCOS management. The International Evidence-Based Guideline for the Assessment and Management of PCOS recommends healthy eating habits and regular physical activity as primary early interventions.²

Current literature suggests that fiber-rich and low-glycemic index dietary patterns may improve insulin sensitivity and metabolic parameters.^{11,12} Regular physical activity has also been shown to improve body composition, insulin sensitivity, and cardiometabolic risk factors.^{13,14} However, evidence regarding whether physical activity levels differ between women with and without PCOS remains inconsistent.³

These findings highlight the importance of evaluating lifestyle-related factors in relation to PCOS, particularly in young women. Examining dietary habits and physical activity



self-efficacy in university students may contribute to a better understanding of early lifestyle patterns associated with self-reported PCOS. Therefore, this study aimed to determine the frequency of self-reported PCOS among university students and to examine its association with dietary habits and physical activity self-efficacy.

METHODS

Ethics

The necessary permissions for this study were first obtained from the relevant university institution. This study was approved by the Ethics Committee of the Health Sciences at Muğla Sıtkı Koçman University (Date: 28.03.2025, Decision No: 43). Voluntary participation was secured from all study participants through informed consent forms, and the necessary permissions were obtained for the administration of the scales used. The entire process was conducted in accordance with the Declaration of Helsinki and applicable national legislation.

Study Design

This descriptive study was conducted between February and November 2025 among 524 students enrolled in the Faculty of Health Sciences at a state university in southwestern Türkiye. The sample size was calculated using the G*Power program based on a 95% confidence interval, 5% alpha level, and 80% statistical power.¹⁵ The inclusion criteria were being a student in the Faculty of Health Sciences and voluntarily agreeing to participate in the study. Students with a psychiatric diagnosis, intellectual disability, or visual impairment were excluded from the study. PCOS status was assessed through self-report. Participants were asked the question, “Do you have PCOS?” and responded with “yes” or “no.” The prevalence of PCOS was calculated as the proportion of participants who responded “yes” within the total sample. No clinical verification or medical record review was performed.

Data collection tools: Data were collected using an Individual Identification Form, an Informed Consent Form, the Sustainable and Healthy Eating Behaviors Scale (SHE), and the Women’s Physical Activity Self-Worth Scale. The Individual Identification Form was developed by the researchers based on the literature and consisted of 17 questions addressing socio-demographic characteristics such as age, gender, and income status.

Sustainable and Healthy Eating Behaviors (SHE): This scale was developed by Zakowska-Biemans et al.¹⁷ and was certified by Köksal et al.¹⁶ for its reliability and validity in Turkish. Scale; It consists of a total of eight sub-dimensions and thirty-two items: healthy and balanced nutrition, quality labels (local and organic), meat reduction, local food, low fat, avoiding food waste, animal welfare and seasonal foods. It is a 7-point Likert type from the participants as ‘never’, ‘very rarely’, ‘rarely’, ‘sometimes’, ‘often’, ‘very often’ or ‘always’. ‘Never’ is rated at 1 point and ‘always’ at 7 points. Sub-dimension scores are calculated by averaging the points (between 1 and 7 points) given to the items in that sub-dimension. In the calculation of the total scale score, it is calculated by taking the average of the scores given to all sub-dimensions. The Cronbach’s α coefficient of the scale was found to be 0.91. In our study, the Cronbach’s α coefficient was calculated as 0.96.

Women’s Physical Activity Self-Worth Inventory (WPASWI): This scale is a 37-item multidimensional scale developed by Huberty et al.³¹ in 2013 and validated in Turkish by Yurtçiçek and Kömürçü¹⁸ in 2019. The CFAS is a 37-item Likert-type scale that evaluates the non-physical aspects of self-worth associated with physical activity in women. There are three sub-dimensions in the scale: knowledge self-worth, emotional self-worth, social self-worth. The total score from the scale varies between 37-148. As the score increases, the sense of self-worth increases. The Cronbach’s α coefficient of the scale was found to be 0.91. In our study, the Cronbach’s α coefficient was calculated as 0.96.

Data Collection Process

The research data were collected from the students included in the sample between February and July 2025, after obtaining Ethics Committee Approval and necessary permissions. The purpose of the research was explained to the participants, and they were asked to sign an “Informed Consent Form” stating that participation in the research was completely voluntary and that they could withdraw from the research at any time. Participants were also asked to fill out a Descriptive Information Form, the SHE, and the Women’s Physical Activity Self-Worth Scale. In line with the appointments made in advance from the faculty and department administrations for the collection of scales and individual identification forms, the selected students were applied under observation for approximately one class hour. The application of the data collection tools took approximately 20-25 minutes for each participant and the students were allowed to fill them out individually.

Statistical Analysis

The research data were evaluated using the SPSS 30 program. The sociodemographic characteristics of the participants were determined by descriptive analyses; number, percentage, mean and standard deviation values were calculated. The normal distribution of the data was checked with the Shapiro-Wilk test. In the analysis of the data, Student’s t-test was applied for independent two-group comparisons, and one-way analysis of variance (One-way ANOVA) was applied for three-way group comparisons. The differences between the scale total scores and the independent variables were examined with these methods; The statistical significance level of the results obtained was accepted as $p < 0.05$.

RESULTS

The mean age of the participants was 20.8 ± 2.24 years (min: 17; max: 30). Most participants were single and studying in the nursing department (**Table 1**). Overall, 14.9% of the students reported having PCOS.

The mean total score of the SHE was 3.71 ± 1.04 . Among the subdimensions, the highest mean score was observed in the animal welfare subdimension, whereas the lowest mean score was found in the healthy and balanced nutrition subdimension (**Table 2**). The mean total score of the WPASWI was 108.21 ± 18.03 , with the highest mean score observed in the knowledge subdimension (**Table 2**).

No statistically significant difference was found between students with and without self-reported PCOS in terms of physical activity self-efficacy scores ($t(522) = 0.197$, $p = 0.844$, Cohen’s $d = 0.024$). Similarly, no significant difference was

Table 1. Distribution of women's mean scores from the Women's Physical Activity Self-Worth Inventory and the Sustainable and Healthy Eating Behaviors Scale according to their sociodemographic characteristics (n=524)

Variables	n	%	SHE average		WPASWI average	
			$\bar{X}\pm SD$		$\bar{X}\pm SD$	
Age						
17-21	372	71.0	3.76±1.05	t=.522	118±33.1	t=.618
22-30	152	29.0	3.69±1.04	p=.514	120±33.7	p=.537
Department studied						
Nursing	253	48.3	3.51±1.03	f=7.66 p=0.001	108±19.2	f=2.15 p=.078
Nutrition and dietetics	98	18.7	4.13±0.98		110±17.5	
Physical therapy and rehabilitation	85	16.2	3.90±0.99		111±16.6	
Health management	26	5.0	3.69±1.17		107±18.8	
Language and speech therapy	62	11.8	3.60±0.93		104±15.0	
Class						
1.	182	34.7	3.69±1.06	f=.600 p=.615	107±18.5	f= 0.298 p=.827
2.	137	26.1	3.71±1.03		109±15.5	
3.	133	25.4	3.66±1.04		109±19.4	
4.	72	13.8	3.85±0.98		107±18.9	
Long-term residence area						
Western region	352	67.2	3.87±1.01	f=11.21 p=0.001	108±16.9	f=.444 p=.722
Central region	54	10.3	3.69±1.00		106±21.2	
Eastern region	88	16.8	3.40±1.02		107±19.9	
Northern region	30	5.7	3.69±1.00		105±18.8	
Living arrangements						
Alone	37	7.1	4.13±0.94	f=5.41 p=0.001	109±16.8	f=1.18 p=.322
Family	139	26.5	3.78±0.99		109±16.5	
Dormitory	313	59.7	3.58±1.04		107±19.0	
Roommate	35	6.7	4.05±1.06		113±16.5	
Income qualification status						
High	196	37.4	3.79±1.02	f=1.62 p=.197	108±16.6	f=0.531 p=.588
Medium	134	25.6	3.58±1.10		107±22.3	
Low	194	37.0	3.71±1.00		109±16.0	
Body-mass index						
Normal weight	436	83.2	3.72±1.07	f=0.581 p=.560	96±13.8	f=0.889 p=.412
Fat	66	12.6	3.57±1.04		93±14.2	
Obese	22	4.2	3.76±1.15		97±11.3	
Status of regular physical exercise						
Regular	45	8.6	4.28±1.01	f=16.254 p=0.001	90±11.6	f=15.863 p=0.001
Sometimes	351	67.0	3.77±0.99		98±11.7	
None	128	24.4	3.32±1.17		91±17.5	
Smoking status						
Yes	123	23.5	3.46±1.05	t=-2.866	94±15.5	t=-1.255
No	401	76.5	3.78±1.06	p=0.004	96±13.1	p=.252
Alcohol use status						
Yes	163	31.1	3.44±1.01	t=-3.755	94±13.8	t=-1.636
No	361	68.9	3.82±1.07	p=0.001	96±13.6	p=.103
A chronic disease condition						
Yes	52	9.9	4.04±1.03	t=2.413	94±13.0	t=-0.682
No	472	90.1	3.66±1.06	p=.016	96±13.8	p=.495

\bar{X} : Arithmetic mean, SD: Standard deviation, SHE: Sustainable and Healthy Eating Behaviors Scale, WPASWI: Women's Physical Activity Self-Worth Inventory

observed between the groups in terms of dietary behavior scores ($t(522)=-0.185$, $p=0.854$, Cohen's $d=-0.023$).

When the scale scores were examined according to sociodemographic characteristics, SHE scores differed significantly by department of study, region of long-term residence, living arrangement, regular physical activity, smoking status, alcohol use, and presence of chronic disease. However, no significant differences were found according to age, grade level, income adequacy, or body-mass index. WPASWI scores differed significantly only according to regular physical exercise status, while no significant differences were observed for other sociodemographic variables (Table 1).

DISCUSSION

This study examined the frequency of self-reported PCOS and its association with dietary habits and physical activity self-efficacy among university students. PCOS is a common endocrine disorder among women of reproductive age, and its prevalence varies depending on the diagnostic criteria used. In the present study, 14.9% of the students reported having PCOS. Although this rate is higher than the prevalence reported in Türkiye (8.5%), it is comparable to the global prevalence reported using the Rotterdam criteria (12.1%) and the prevalence reported for the Eastern Mediterranean region (15.1%).^{19,29} The relatively higher prevalence observed in this study may be related to the characteristics of the study sample.

Table 2. Score Distribution of the Sustainable and Healthy Eating Behaviors Scale and the Women's Physical Activity Self-Worth Inventory (n=524)

Scale/subscale	$\bar{X} \pm SD$	Min-max
Sustainable and Healthy Eating Behaviors		
Healthy and balanced diet	3.46±1.07	1-7
Certification and quality labels	3.55±1.13	1-7
Meat reduction	3.75±1.36	1-7
Selection of local food	4.21±1.30	1-7
Choice of low-fat food products	3.77±1.29	1-7
Seasonal food and avoidance of food waste	3.59±1.19	1-7
Animal welfare	4.26±1.43	1-7
Total of scale	3.71±1.04	1-7
Women's Physical Activity SelfWorth Inventory		
Knowledge subscale	48.40±8.74	16-64
Emotional subscale	45.26±14.28	13-88
Social subscale	19.95±5.22	7-32
Total of scale	108.21±18.03	37-148

\bar{X} : Arithmetic mean, SD: Standard deviation, Min: Minimum, Max: Maximum

The findings showed that participants' sustainable and healthy eating behaviors were at a moderate level. Previous studies conducted with university students have similarly reported moderate levels of sustainable and healthy dietary behaviors, although the highest and lowest scoring subdimensions varied across studies.^{16,20,21,30} These differences may be related to variations in sample characteristics, sociodemographic structures, and cultural dietary patterns.

In the present study, sustainable and healthy eating behavior scores increased with the frequency of regular physical exercise. Similarly, Küçükankurtaran²² reported that dietary behavior scores increased as physical activity levels increased among university students. Higher SHE scores were also observed among students studying in the department of nutrition and dietetics and among those who did not smoke or consume alcohol. These findings are consistent with previous research reporting a relationship between smoking status and dietary behaviors.³⁰ The higher dietary behavior scores observed among individuals with chronic diseases may be related to increased awareness of healthy eating due to more frequent contact with healthcare professionals and nutrition counseling.²³ In this study, however, no significant differences in SHE scores were observed according to age, grade level, income adequacy, or body-mass index. This finding is consistent with previous studies reporting no significant associations between these sociodemographic variables and healthy dietary behaviors.^{24,30}

In terms of physical activity self-efficacy, the mean WPASWI total score was 108.21±18.03, with the highest mean score observed in the knowledge subdimension. A similar result was reported in a study conducted with nursing students, where the mean WPASWI score was 108.37±14.49 and the knowledge subdimension had the highest score.²⁶ In the present study, WPASWI scores differed significantly only according to regular physical exercise status, while other sociodemographic variables were not associated with significant differences. Previous studies have also reported that higher physical activity levels are associated with improved self-perception outcomes.^{27,28}

Importantly, no statistically significant differences were found between students with and without self-reported PCOS in terms of dietary habits or physical activity self-efficacy scores. These findings suggest that, within this university sample, self-reported PCOS status was not associated with differences in these lifestyle-related variables. However, given the multifactorial nature of PCOS and the cross-sectional design of this study, further research with clinically verified diagnoses and longitudinal designs is needed to better understand these relationships.

Limitations

This study was carried out with a limited number of participants and within a certain time frame. Furthermore, since the research was conducted only on a specific sample, the generalizability of the results is limited. The fact that PCOS status was assessed solely through self-report may have led to misclassification and recall bias.

CONCLUSION

This study shows that the prevalence of self-reported PCOS among university students is approximately 15%, and that dietary habits and physical activity self-efficacy levels are generally moderate. Among the SHE, the highest scores were observed in animal welfare and local food preferences, whereas relatively lower scores were recorded for healthy and balanced nutrition and reading quality labels. These results indicate a limited consistency between knowledge and actual daily practices in sustainable healthy eating behaviours. Participants' cognitive and emotional perceptions of physical activity are stronger than the social dimension. Overall, although there is a positive awareness base among young women, multidimensional interventions are needed to support the translation of this awareness into sustained behavior.

ETHICAL DECLARATIONS

Ethics Committee Approval

This study was approved by the Ethics Committee of the Health Sciences at Muğla Sıtkı Koçman University (Date: 28.03.2025, Decision No: 43).

Informed Consent

Written informed consent was obtained from all individual participants prior to their inclusion in the study. Participants were fully informed about the study's aims, procedures, potential risks and benefits, and their rights—including the right to withdraw at any time without consequence. All participants voluntarily signed a written informed consent form.

Peer Review Process

This manuscript was subject to external peer review.

Conflict of Interest

The authors declare no conflicts of interest related to this study.

Financial Disclosure

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Author Contributions

Concept: YK, SD; Design: YK, SD; Control: YK; Resources: YK; Materials: YK; Data Collection and/or Processing: YK; Analysis and/or Interpretation: YG, SD, YK; Literature Review: YG, SD; Article Writing: YG, SD; Critical Review: YG, SD, EA.

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