

RESEARCH ARTICLE: KNOWLEDGE AND HEALTH-RELATED QUALITY OF LIFE (HRQoL) OF WOMEN WITH POLYCYSTIC OVARIAN SYNDROME (PCOS) IN JOLO

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ABSTRACT. Polycystic Ovarian Syndrome (PCOS) is a prevalent endocrine disorder among women of reproductive age, marked by hormonal imbalances, irregular menstruation, and psychosocial complications that adversely affect health-related quality of life (HRQoL). This study sought to assess the knowledge and HRQoL of women diagnosed with PCOS in Jolo, Sulu, an area characterized by limited healthcare resources and reproductive health awareness. Using a descriptive quantitative research design, data were collected from 40 clinically diagnosed women through a validated questionnaire measuring socio-demographic data, PCOS-related knowledge (causes, pathophysiology, complications, and management), and HRQoL (impact, emotional, mental, physical, and menstrual dimensions). Results indicated that respondents possessed a moderate level of knowledge, with higher familiarity on causes and complications but lower understanding of pathophysiology and medical management. Despite knowledge gaps, participants demonstrated a relatively high HRQoL, especially in coping with menstrual problems and emotional stressors. Notably, statistical analysis revealed significant associations between educational attainment and both knowledge and HRQoL, as well as a positive correlation between PCOS knowledge and quality of life outcomes. These findings underscore the critical role of reproductive health literacy in shaping women's experiences with PCOS and highlight the need for culturally responsive health education programs. This study advocates for integrated health strategies that combine clinical care, psychosocial support, and community engagement to empower women in marginalized settings to take proactive control of their reproductive and mental health.

KEYWORDS: *health-related quality of life (hrqol), women, polycystic ovarian syndrome (pcos)*

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Introduction

Polycystic Ovarian Syndrome (PCOS) is a significant endocrine disorder with far-reaching consequences on the physical, emotional, and social well-being of women. Commonly diagnosed among those of reproductive age, it is characterized by irregular menstrual cycles, hyperandrogenism, and polycystic ovaries. These symptoms—ranging from infertility and acne to

weight gain and hirsutism—exert a considerable toll on women’s self-image and daily functioning (Teede et al., 2020). Beyond its clinical features, PCOS poses substantial psychosocial challenges, deeply affecting emotional resilience and societal participation (Dewani et al., 2023).

Sociocultural context plays a pivotal role in shaping the lived experience of women with PCOS. Studies by Attia et al. (2023) and Bazarganipour et al. (2019) demonstrate that cultural expectations around fertility and femininity intensify the psychological burden of PCOS, especially in societies where reproductive capacity is a core component of female identity. In Brazil, for example, Oliveira et al. (2025) found that emotional stress and body weight issues were central concerns for women with PCOS, which mirrors global patterns of health distress related to the condition. Inclusive education values diversity and the unique contributions each student brings to the classroom. In a truly inclusive setting, every child feels safe and has a sense of belonging (Leon et al., 2024), a principle that resonates when designing supportive health education environments for women facing reproductive health challenges.

Mental health repercussions of PCOS are often underdiagnosed yet critically affect quality of life. Anxiety, depression, and body image concerns are common comorbidities, often exacerbated by social stigma and the lack of timely diagnosis (Teede et al., 2021; Jannink et al., 2024). Escobar-Morreale (2018) explains that PCOS is a multigenic disorder influenced by strong epigenetic factors, reinforcing the complexity of its management. In underserved areas like Jolo, these challenges are amplified by systemic healthcare limitations and persistent stigma. The union of two individuals with dissimilar interests, wants, and desires, known as marriage, is a unique bond shaped by social norms and legal frameworks. It has a profound impact on people’s personal growth and self-discovery (Garcia et al., 2025; Ersanlı & Kalkan, 2018)—a parallel that illustrates how societal expectations, like those surrounding fertility, can affect a woman’s identity and mental health.

Lack of knowledge further compounds the emotional and physical burden of PCOS. Women who are unaware of the nature of the disorder may internalize blame, struggle to manage symptoms, and withdraw from educational or professional opportunities (Prizeman et al., 2023). According to Hertzman (2010) and Steinberg (2005), adolescence and early adulthood are critical developmental windows in which experiences—positive or adverse—can leave lasting health effects. Women who remain uninformed during these periods may develop maladaptive coping mechanisms or suffer long-term psychological consequences. These findings call for enhanced educational strategies that empower young women through timely and accurate reproductive health information.

Education that integrates emotional intelligence with reproductive health knowledge plays a critical role in fostering agency and resilience. Larsen and White (2024) argue that health education framed around identity and emotional wellness can serve as a transformative tool. Hutchens et al. (2023) further support the idea that psychosocial support enhances preventive behaviors and builds confidence in navigating healthcare systems. When women are supported holistically—not just as patients but as whole individuals—they become more capable of advocating for themselves and participating in their own care.

This research is rooted in the recognition that health literacy is a foundational element of well-being. It explores the level of knowledge and health-related quality of life (HRQoL) among women with PCOS in Jolo, examining how these factors intersect to shape overall health outcomes. The findings aim to inform culturally responsive interventions and empower women in marginalized communities to take ownership of their reproductive and mental health.

Research Objectives

1. Profile the respondents' socio-demographic characteristics, including age, civil status, educational attainment, frequency of menstruation, and duration of menstruation.
2. Assess the level of knowledge regarding PCOS among women in Jolo based on its causes, pathophysiology, complications, and management.
3. Evaluate the HRQoL of the respondents, covering aspects such as impact, mental health (infertility), physical effects (hirsutism), emotional state (mood), and menstrual irregularities.
4. Determine significant differences in knowledge and HRQoL when data are grouped according to socio-demographic factors.
5. Examine the correlation between the respondents' level of knowledge and their overall health-related quality of life.

Research Questions

1. What are the socio-demographic characteristics of women with PCOS in Jolo in terms of:
 - a) Age
 - b) Civil status
 - c) Educational attainment
 - d) Frequency of menstruation
2. What is the respondents' level of knowledge about PCOS with regard to:
 - a) Causes
 - b) Pathophysiology
 - c) Complications
3. What is the respondents' health-related quality of life (HRQoL) based on:
 - a) Impact of the condition
 - b) Mental health (infertility)
 - c) Physical health (hirsutism)
 - d) Emotional well-being (mood)
4. Are there statistically significant differences in knowledge and HRQoL among respondents when grouped by:
 - a) Age
 - b) Civil status
 - c) Educational attainment
 - d) Frequency of menstruation
5. Is there a significant correlation between respondents' level of knowledge and their overall HRQoL?

Literature Review

Foreign Studies and Literature

Polycystic Ovarian Syndrome (PCOS) is a chronic endocrine disorder with a globally recognized prevalence that significantly affects women's reproductive, metabolic, and psychological health. According to Almhoud et al. (2024), PCOS affects approximately 8% to 13% of women of reproductive age, making it one of the most common hormonal disorders worldwide. It manifests through a constellation of symptoms such as hirsutism, acne, menstrual irregularities, and infertility, which can lead to psychological consequences including anxiety and depression. Moran (2020) and Ndefo et al. (2013) emphasized that these physiological

manifestations often reduce overall well-being and quality of life. As PCOS progresses, its clinical features not only impair reproductive function but also disrupt women's personal, social, and emotional dimensions, thus requiring a multidimensional approach to health care and public awareness.

The prevalence and characterization of PCOS differ widely across ethnic and regional populations, underscoring the need for context-sensitive diagnosis and management strategies. Barnard et al. (2019) reported higher prevalence rates in Asian populations compared to Western counterparts, attributing this to variable diagnostic criteria and disparities in healthcare accessibility. March et al. (2010) and Wolf et al. (2018) affirmed that PCOS affects 3–10% of women in various unspecified populations, further validating its status as a major global health concern. Okoroh et al. (2008) added that hormonal imbalances, particularly involving sex hormones, are central to the disorder's pathology, affecting women across all races and ethnicities. These findings underscore the urgent necessity for harmonized diagnostic criteria and equitable access to reproductive health care.

Understanding the underlying causes of PCOS is essential in improving both diagnosis and treatment outcomes, with genetic and hormonal imbalances playing central roles. Moran et al. (2013) and Suleyman et al. (2020) emphasized the significance of genetic predisposition, especially among women with familial histories of PCOS. Baptiste et al. (2010) demonstrated that insulin resistance amplifies hyperandrogenism, thereby worsening external symptoms such as acne and hirsutism. Mikhael et al. (2019) further explained that disruptions in the hypothalamic-pituitary-ovarian (HPO) axis contribute to irregular follicular development, ultimately leading to anovulation. These studies collectively highlight PCOS as a multifactorial condition requiring comprehensive diagnostic evaluations and individualized care.

The complications associated with PCOS are not confined to reproductive dysfunction but extend to severe metabolic and cardiovascular risks that can compromise long-term health. Berni et al. (2021) identified a strong correlation between PCOS and cardiovascular diseases, such as hypertension and stroke. Scicchitano et al. (2012) attributed this to hyperinsulinemia-induced vascular damage, which impairs the elasticity of blood vessels. González (2012) added that chronic inflammation associated with PCOS further contributes to insulin resistance and increases the likelihood of developing type 2 diabetes and metabolic syndrome. These findings reinforce the importance of early intervention, lifestyle modification, and ongoing clinical monitoring to mitigate the disorder's life-threatening complications.

Knowledge about PCOS and lifestyle modification are critical factors in improving health outcomes and quality of life among affected women. Pindar et al. (2023) noted that women with higher knowledge levels about PCOS are more empowered to manage their symptoms and seek appropriate medical care. Similarly, Pop et al. (2021) observed that greater awareness is often linked to healthier lifestyle choices, particularly among women with better educational backgrounds. Tapia et al. (2021) defined lifestyle as a collection of health-promoting behaviors that can significantly influence disease progression, while Farhud (2015) emphasized that 60% of individual health status is determined by lifestyle-related factors. These findings point to the critical role of public health education in managing PCOS through patient-centered awareness campaigns.

PCOS has profound psychological consequences, with studies consistently linking it to increased mental health disorders. Khan et al. (2025) highlighted high rates of depression and anxiety in women with PCOS, often triggered by physical symptoms such as obesity and acne, as well as societal pressure to conform to certain reproductive and beauty standards. Engle et al.

(2021) reinforced the need for integrating psychological counseling into routine PCOS care, recognizing the emotional burden that often goes unaddressed. These findings emphasize the necessity for a biopsychosocial approach in managing PCOS, ensuring that mental health is considered equally important as physical health.

The disorder significantly impairs health-related quality of life (HRQoL), particularly in physical, emotional, and reproductive domains. Behboodi Moghad et al. (2018) analyzed 52 international studies and concluded that PCOS dramatically lowers HRQoL. Mittiku et al. (2021) identified BMI, menstrual irregularity, and other clinical markers as significant predictors of diminished well-being. Ligocka (2024) reported that while many women rate their overall quality of life as fair, persistent symptoms like hirsutism and irregular menstruation are distressing and undermine daily functioning. Christ and Cedars (2023) and Mohammad and Seghinsara (2017) stressed the importance of accurate diagnosis and symptom-based care over duration-based classifications, emphasizing the ongoing need for individualized care plans.

PCOS deeply affects a woman's identity, confidence, and capacity for social engagement, particularly in cultures with rigid gender expectations. Dennett et al. (2015) and Kirkbride et al. (2024) found that women often experience isolation and lowered self-esteem, especially when symptoms conflict with societal ideals of femininity. These findings highlight the intersection of medical and social factors in PCOS and call for supportive interventions that address both physical symptoms and psychosocial well-being.

Lack of awareness and delayed diagnosis continue to undermine effective PCOS care globally, necessitating improvements in both clinical and public education systems. Blackshaw et al. (2019) and Osborn et al. (2020) reported that many women live for years with undiagnosed PCOS, enduring both physical symptoms and emotional distress without guidance. These delays contribute to medical mistrust, patient disengagement, and worsened outcomes. To overcome these barriers, targeted public health strategies are needed to enhance early detection, promote reproductive health literacy, and empower women to advocate for their well-being.

Local Studies and Literature

Although literature on PCOS in the Philippine setting remains limited, existing studies offer valuable insight into culturally specific manifestations and challenges. Pallasigui's study demonstrated that mindfulness-based stress reduction (MBSR) can lead to significant improvements in the emotional and physical well-being of adolescents diagnosed with PCOS. This highlights the importance of integrative and holistic interventions that go beyond medical treatment to include emotional regulation and self-concept enhancement.

Filipino students' awareness of PCOS comorbidities remains limited, reflecting systemic gaps in reproductive health education. Alshdaifat et al. (2021) reported that while some students understood the reproductive consequences of PCOS, very few were aware of its association with cardiovascular or endocrine disorders. Rasquin and Mayrin (2021) suggested that environmental and genetic interactions play a major role in PCOS expression, particularly in populations with limited access to preventive care. This emphasizes the need for school-based reproductive health programs that educate young women on the full spectrum of PCOS implications.

PCOS poses serious risks of gynecological malignancies, especially when compounded by other metabolic disorders like obesity and diabetes. Johnson et al. (2023) confirmed that PCOS increases the risk of endometrial cancer among Filipino women, especially those who are overweight. Raglan et al. (2019) and Zhang et al. (2019) supported this by identifying endometrial

cancer as a growing concern among women under 40, a trend that further underscores the urgency for hormonal regulation and early intervention strategies within national health systems.

Physical symptoms such as hirsutism remain among the most distressing aspects of PCOS for Filipinas. Ilagan et al. (2022) found that women with higher free testosterone levels exhibited more severe cases of hirsutism. This was further validated by Afifi et al. (2017), who noted that excessive hair growth often correlates with body image issues and social withdrawal. These findings point to the importance of psychosocial support in PCOS care, particularly in addressing stigma and emotional distress related to appearance.

The Philippine reproductive health landscape is fragmented, often leaving young women without reliable sources of information. Dela Luna et al. (2024) observed that adolescents frequently depend on peers or social media, which leads to the spread of misinformation. Simon and Daneback (2013) highlighted the limitations of informal health education, stressing the importance of formal curricula that address menstrual health and hormonal imbalances. Ismayilova and Yaya (2022) recommended structured, school-based interventions to correct misconceptions and promote early diagnosis.

Cultural expectations and religious beliefs further hinder women from seeking help or disclosing their condition. Many Filipino women feel pressured to conform to traditional ideals of femininity and fertility, which prevents them from discussing reproductive health issues openly. This silence perpetuates stigma and delays care. Community-level education and supportive environments can play a pivotal role in reshaping norms and encouraging proactive health behaviors, ensuring that all women have the opportunity to seek timely and respectful care.

Methodology

This chapter outlines the methodological framework employed in conducting the study, emphasizing the systematic procedures used to ensure reliability and validity of findings.

1. Research Design

This study employed a descriptive quantitative research design to evaluate the level of knowledge and health-related quality of life (HRQoL) among women diagnosed with Polycystic Ovarian Syndrome (PCOS) in the municipality of Jolo. Descriptive research was chosen for its ability to capture the current status of variables through structured data collection and statistical analysis without manipulating any conditions. Exploratory studies are expected to answer a question or understand a phenomenon, which underscores the use of descriptive approaches in this context (Cabiles et al., 2025).

2. Sampling Design

A purposive non-probability sampling method was used. This approach was appropriate given the targeted population and the need to gather specific information from a defined group—women living with PCOS. Purposive sampling enabled the researcher to collect focused, in-depth responses from participants who met the criteria and provided rich data for analysis despite the limited sample size.

3. Research Instrument

The primary tool for data collection was a structured questionnaire, divided into three parts: (1) socio-demographic profile, (2) knowledge level about PCOS (covering causes, pathophysiology, complications, and management), and (3) HRQoL (covering impact, emotional and mental well-being, menstrual issues, and physical symptoms such as hirsutism). An interview guide was developed to facilitate the collection of participant responses during the interview process (Adalia et al., 2025). The items were adapted from a previously validated instrument by

Dr. Amani Ali Shaman (2017) and used a 5-point Likert scale for both knowledge and HRQoL assessments. Scale descriptions ranged from “strongly disagree” to “strongly agree,” with corresponding interpretations for knowledge and HRQoL levels. Narrative data are the foundation of theoretical and developmental studies and serve as important support for quantitative interpretations (Chavez, 2022).

4. Research Locale

The research was conducted in Jolo, a coastal municipality in the province of Sulu, which also serves as the provincial capital. Jolo comprises eight barangays—Alat, Asturias, Bus-Bus, Chinese Pier, San Raymundo, Takut-Takut, Tulay, and Walled City—and occupies approximately 126.4 square kilometers. The site was selected due to limited healthcare access, sparse reproductive health education, and a lack of studies addressing PCOS in the region.

5. Respondents of the study

The study involved forty (40) women residing in Jolo who had been clinically diagnosed with PCOS. These respondents were selected based on inclusion criteria ensuring relevance to the study’s objectives. Each participant must meet specific requirements to be selected for the research study (Campbell et al., 2020; Chavez & Prado, 2023). Moreover, the qualitative researcher determines the qualifying criteria that each participant must satisfy, which can be subjective and vary depending on the study’s focus (Chavez et al., 2023). The study prioritized voluntary participation and ensured that all respondents had the capacity to understand and respond accurately to the questions provided.

6. Data Gathering Procedure

Before data collection, the questionnaire underwent face and content validation by academic experts and the thesis adviser. Approval from the Dean of Graduate Studies and the chief of Sulu Sanitarium and General Hospital was secured. The researcher prepared a written consent form to formally ask permission from participants. Included in the consent was the objective and purpose of the study (Chavez et al., 2023). All participants were given a letter of consent and agreed to take part in this research (Chavez, 2020). The researcher conducted house-to-house surveys with confidentiality and ethical standards strictly observed. Respondents were given ample time to answer, with researchers on hand to explain unclear terms. All data were collected under conditions of informed consent and anonymity, ensuring that participation remained voluntary and secure.

7. Statistical Treatment of Data

To ensure accurate interpretation and meaningful insights, the data collected in this study were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics, including frequency counts and percentages, were applied to present the socio-demographic profiles of the respondents—specifically age, civil status, educational attainment, frequency, and duration of menstruation. This provided a clear overview of the participants’ background characteristics and helped contextualize their responses.

To assess the respondents’ level of knowledge regarding PCOS, as well as their health-related quality of life (HRQoL), the study utilized weighted means and standard deviations (Allama et al., 2024). These statistical tools helped determine the average knowledge scores and overall quality of life ratings across various domains such as causes, pathophysiology, complications, and management for knowledge, and impact, emotional state, physical symptoms, and menstrual health for HRQoL. The standard deviation also helped indicate the consistency of responses within each group.

In determining whether significant differences existed in knowledge and HRQoL based on socio-demographic variables, a one-way analysis of variance (ANOVA) was employed. This test allowed the researcher to examine whether variations in age, marital status, education, and menstrual patterns influenced how women understood PCOS or perceived their quality of life. Lastly, the relationship between the level of knowledge and HRQoL was measured using Pearson's r correlation coefficient, which assessed the strength and direction of the association between the two variables (Obilor & Amadi, 2018).

Results and Discussion

Socio-Demographic Profile of Respondents

The socio-demographic data revealed that the respondents varied in age, civil status, educational attainment, and menstrual history. A substantial portion were single and belonged to the younger age bracket (20 years old and below), which reflects the reproductive age group most commonly affected by PCOS. PCOS can occur at any age, beginning with menarche, the majority of instances are identified between the ages of 20 and 30 (Bremer, 2010; Singh et al., 2023). Most respondents had attained secondary education, which suggests a basic level of literacy that could support health education efforts. Regarding menstruation, the majority experienced irregular cycles with durations ranging from 2 to 7 days, a typical pattern in PCOS cases. These demographic characteristics provide a contextual backdrop for interpreting both knowledge and quality of life outcomes.

Table 2. Frequency and Percentage Distribution of Respondents According to Socio-Demographic Profile

Age	Frequency	Percent
20 years old and below	9	22.5
21-25 y.o	3	7.5
26-35 y.o	16	40.0
36 y.o and above	12	30.0
Total	40	100.0

Table 2 illustrates the demographic profile of respondents in Jolo based on age. As reflected in the data, out of 40 respondents, 9 (22.5%) are aged 20 years and below, 3 (7.5%) are within the 21–25 age range, 16 (40.0%) fall within the 26–35 age group, and 12 (30.0%) are 36 years old and above. These figures indicate that a substantial portion of the participants, nearly half, belong to the early adulthood stage, slightly outnumbering those in the middle adulthood category.

Table 2.1 Demographic profile in Sulu in terms of Civil status

Civil Status	Frequency	Percent
Married	28	70
Single	12	30
Widowed	0	0
Total	40	100.0

Table 2.1 presents the demographic profile of respondents in Jolo based on civil status. As shown in the data, out of 40 respondents, 28 (70.0%) are married, while 12 (30.0%) are single. This indicates that the majority of respondents diagnosed with PCOS are married.

Table 2.2 Demographic profile of respondents in Jolo in terms of educational attainment.

Educational Attainment	Frequency	Percent
Elementary	1	2.5
Highschool	26	65.0
College	13	32.5
Total	40	100.0

Table 2.2 presents the demographic profile of respondents in Jolo based on educational attainment. As indicated in the table, out of 40 respondents, only 1 (2.5%) had attained elementary education, 26 (65.0%) reached the secondary level, and 13 (32.5%) had college-level education. These findings suggest that a significant portion of the respondents possess a relatively low level of formal education.

Table 2.3 Demographic profile of respondents in Jolo in terms of frequency of menstruation.

Frequency of Menstruation	Frequency	Percent
Monthly	11	27.5
once in every 2-3 mos.	15	37.5
once in every month	5	12.5
9 months to one year	9	22.5
Total	40	100.0

Table 2.3 presents the demographic profile of respondents in Jolo in terms of the frequency of menstruation. As shown in the table, out of 40 respondents, 11 (27.5%) reported experiencing a monthly menstrual period, 15 (37.5%) have menstruation every 2–3 months, 5 (12.5%) once per month, and 9 (22.5%) every 9 months to one year. These results highlight a notable variation in menstrual frequency among the respondents.

Knowledge on PCOS

The findings on knowledge levels revealed that respondents had a moderate level of understanding across all four domains. Among these, knowledge on causes was the highest, with respondents identifying hormonal imbalance and heredity as primary contributors. However, knowledge on pathophysiology and management showed lower means, indicating unfamiliarity with mechanisms such as insulin resistance and the long-term strategies necessary for effective symptom control. Studies have explored women's perspectives on these changes, revealing misconceptions and adherence challenges. Recognizing the importance of individualized interventions, particularly addressing knowledge gaps, is vital for improving the quality of life for women with PCOS (Aljuaid et al., 2023). This signifies a need for educational interventions to deepen understanding, particularly in the biological basis of PCOS and how it is managed medically and through lifestyle modification.

Table 3. Mean and Interpretation of Knowledge on PCOS

Causes	N	Mean	Deviation	Rating
1.I believe that body fat levels influence the amount of free testosterone in the body.	40	3.5000	1.13228	Agree
2. Although my genetics may raise the risk of developing polycystic ovarian syndrome (PCOS), they also allow me to take charge of my health through awareness and informed choices.	40	3.9500	1.17561	Agree
3.After ovulation, progesterone is released, which helps regulate my menstrual cycle by supporting the shedding of the uterine lining and encouraging a normal, healthy period..	40	3.8000	1.04268	Agree
4. After ovulation, the release of progesterone helps regulate my menstrual cycle, supporting the shedding of the uterine lining and promoting a healthy, normal period.	40	3.6250	.95239	Agree
5. Maintaining hormonal balance may reduce symptoms such as excessive hair growth, acne, and thinning scalp hair, promoting healthier skin and hair overall	40	4.0750	.94428	Agree
6.Developing muscle mass can increase my metabolism, allowing my body to burn calories more efficiently and support overall energy and fitness.	40	3.9750	.89120	Agree
7.Building muscle will boost my metabolism, enhancing my body's ability to efficiently burn calories and support overall energy and fitness.	40	4.0500	.74936	Agree
8. Hair loss from the scalp, when more than usual, can be a common symptom of polycystic cystic ovarian (PCOS) and may be managed with appropriate treatment and care.	40	3.9250	1.02250	Agree
9.Regular monitoring of the menstrual cycle can help identify signs of polycystic cystic ovarian (PCOS) early, as irregularities or changes in the cycle are one of the common indicators.	40	3.8500	1.02657	Agree
10. Achieving hormone balance plays a key role in minimizing PCOS-related symptoms and supporting overall well-being.	40	3.7750	1.02501	Agree
Total Weighted Mean	40	3.8525	.85874	Agree

Legend Scale	Mean Range	Description	Interpretation
5	4.50-5.0	Strongly Agree	Highly knowledgeable
4	3.50-4.49	Agree	Moderate knowledgeable
3	2.50-3.49	Partially Agree	Knowledgeable
2	1.50-2.49	Disagree	Low level of knowledge
1	1.00-1.49	Strongly Disagree	Don't have knowledge at all

Table3.1 Level of knowledge of respondents on polycystic ovarian syndrome (PCOS) in Jolo in terms of pathophysiology.

Pathophysiology	N	Mean	Std. Deviation	Rating
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1. I believe that ovaries with a greater number of visible follicles are thought to have a higher ovarian reserve compared to the typical ovary.	40	3.8750	1.09046	Agree
2. I believe that polycystic ovaries generally release ovules less frequently than normal ovaries.	40	3.6750	.94428	Agree
3. I believe that polycystic ovaries may produce elevated levels of androgens, like testosterone, when compared to average ovaries.	40	3.8250	.90263	Agree
4. I believe that a rise in testosterone can bring about changes such as increased muscle mass and higher energy, but it may also cause issues like excessive hair growth, acne, and hair thinning on the scalp in some individuals.	40	3.9500	1.03651	Agree
5. I believe that women diagnosed with polycystic ovarian syndrome (PCOS) often have elevated insulin levels, which can be managed through lifestyle adjustments and medical treatment, potentially enhancing overall health and wellness.	40	3.6500	1.02657	Agree
Total Weighted Mean	40	3.7950	.86349	Agree

<i>Legend Scale</i>	<i>Mean Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0	Strongly Agree	Highly knowledgeable
4	3.50-4.49	Agree	Moderate knowledgeable
3	2.50-3.49	Partially Agree	Knowledgeable
2	1.50-2.49	Disagree	Low level of knowledge
1	1.00-1.49	Strongly Disagree	Don't have knowledge at all

Table3.2 Level of knowledge of respondents on polycystic ovarian syndrome (PCOS) in Jolo in terms of complications.

Complications	N	Mean	Std. Deviation	Rating
1. Through proper management and lifestyle modifications, I can greatly lower my chances of developing diabetes mellitus and enhance my long-term health.	40	4.0000	.90582	Agree
2. I believe that effectively managing polycystic ovarian syndrome (PCOS) can help decrease the likelihood of developing heart disease.	40	3.7500	1.05612	Agree

3. I believe that with appropriate treatment and support, many people with PCOS can manage their condition well and achieve successful pregnancies.	40	3.9000	1.15025	Agree
4. I believe that, with proper care and guidance, individuals living with PCOS can maintain their mental health and enjoy balanced, fulfilling lives.	40	3.8750	1.22344	Agree
5. I believe early detection, regular monitoring, and proactive health management can help individuals with PCOS reduce their risk and maintain overall well-being.	40	3.9000	1.23621	Agree
6. I believe with proper management of PCOS, including regular medical check-ups and lifestyle adjustments, the risk of endometrial cancer can be significantly reduced.	40	3.6750	1.38467	Agree
7. I believe that managing PCOS through healthy habits, routine physical activity, and proper medical attention can lessen the risk of high blood pressure and support cardiovascular health	40	3.7000	1.39963	Agree
8. I believe that with suitable treatment and lifestyle improvements, individuals with PCOS can often achieve regular menstrual cycles and enhance their reproductive health.	40	3.7750	1.20868	Agree
Total Weighted Mean	40	3.8219	1.10647	Agree

<i>Legend Scale</i>	<i>Mean Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0	Strongly Agree	Highly knowledgeable
4	3.50-4.49	Agree	Moderate knowledgeable
3	2.50-3.49	Partially Agree	Knowledgeable
2	1.50-2.49	Disagree	Low level of knowledge
1	1.00-1.49	Strongly Disagree	Don't have knowledge at all

Table3.3 Level of knowledge of respondents on polycystic ovarian syndrome (PCOS) in Jolo in terms of management

Management	N	Mean	Std. Deviation	Rating
1. I believe that maintaining a healthy body weight through proper nutrition and consistent physical activity can greatly alleviate PCOS symptoms and enhance overall well-being.	40	3.7500	1.19293	Agree
2. I believe that anti-diabetic medications, when prescribed by a medical professional, can help control insulin levels and restore hormonal balance, providing valuable support for those with PCOS.	40	3.7000	1.15913	Agree
3. I believe that hormonal treatments, such as birth control pills or hormone-releasing IUDs, can assist in regulating menstrual cycles and	40	3.7750	1.25038	Agree

alleviating PCOS symptoms, leading to improved health and quality of life.

4. I believe that reducing insulin levels can contribute to hormonal balance, support weight management, and improve ovulation, thereby enhancing both reproductive health and general wellness for individuals with PCOS.	40	3.7500	1.23517	Agree
5. I believe that incorporating regular physical activity and making nutritious dietary adjustments can effectively decrease insulin levels, easing PCOS symptoms and boosting overall energy and health.	40	3.8500	1.21000	Agree
6. I believe that medications like metformin, which enhance insulin sensitivity, can serve as an effective method for managing PCOS and supporting metabolic well-being.	40	3.7750	1.16548	Agree
7. I believe that strength training and muscle development can increase metabolism, allowing the body to burn calories more efficiently and promoting better overall fitness and health.	40	3.8250	1.10680	Agree
Total Weighted Mean	40	3.7750	1.13315	Agree

Legend Scale	Mean Range	Description	Interpretation
5	4.50-5.0	Strongly Agree	Highly knowledgeable
4	3.50-4.49	Agree	Moderate knowledgeable
3	2.50-3.49	Partially Agree	Knowledgeable
2	1.50-2.49	Disagree	Low level of knowledge
1	1.00-1.49	Strongly Disagree	Don't have knowledge at all

Health-Related Quality of Life (HRQoL)

Respondents reported a moderate level of HRQoL across all dimensions. The menstrual problem domain scored highest, indicating significant disruption due to irregular or prolonged menstruation. Health-related quality of life (HRQOL) is a useful indicator of overall health because it captures information on the physical and mental health status of individuals, and on the impact of health status on quality of life (Lalermo et al., 2008; Revicki et al., 2014). HRQOL is usually assessed via multiple indicators of self-perceived health status and physical and emotional functioning (Yin et al., 2016). The emotional and physical domains, reflecting mood instability and physical symptoms such as hirsutism, were areas of pronounced concern. These findings highlight the burden PCOS places on both physical and psychological well-being. Without proper support systems, women may internalize distress, affecting their mental health and social participation.

Mean and Interpretation of Health-Related Quality of Life (HRQoL)

Table 4. Level of health-related quality of life (HRQoL) of respondents with polycystic ovarian syndrome (PCOS) in Jolo in terms of impact.

Impact	N	Mean	Std. Deviation	Rating
1. I've come to embrace my individuality and inner strength, even while living with PCOS.	40	4.2750	.71567	Agree
2. I've realized that PCOS does not determine my value as a woman—I am resilient, strong, and proud of who I am.	40	4.4500	.67748	Agree
3. My focus now is on how to manage PCOS and take charge of my health, drawing strength and empowerment from the process.	40	4.6500	.66216	Strongly agree
4. I once felt frustrated by my PCOS, but I've shifted my mindset to concentrate on how I can handle it and take control of my well-being.	40	4.4500	.81492	Agree
5. Although I initially felt unsure about managing PCOS, I'm now becoming more informed and confident in making choices that support my health.	40	4.6500	.66216	Strongly agree
6. PCOS used to feel like it was running my life, but I'm now reclaiming control and discovering ways to manage it, empowering myself to live life on my terms.	40	4.6500	.48305	Strongly agree
7. Where I once felt self-conscious about PCOS, I now see it as a meaningful part of my journey and focus on self-care with pride and assurance.	40	4.5500	.50383	Strongly agree
8. I used to doubt myself because of PCOS, but now I understand that it doesn't diminish my worth—I am a strong and capable woman, and PCOS is just one chapter in my unique story.	40	4.5000	.59914	Strongly agree
9. I've faced moments of struggling with self-acceptance, but I'm now learning to value and love myself more, celebrating my personal growth and strength each day.	40	4.4500	.59700	Strongly agree
10. As I navigate the challenges of both PCOS and mental health, I'm learning each day how to strengthen my resilience and prioritize my well-being.	40	4.4500	.59700	Agree
Total Weighted Mean	40	4.5075	.53175	Strongly agree

<i>Legend</i>	<i>Scale Mean Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0	Strongly Agree	Highly health-related quality of life
4	3.50-4.4	Agree	High health-related quality of life
3	2.50-3.49	Partially Agree	Moderate health-related quality of life
2	1.50-2.49	Disagree	Low level of health-related quality of life
1	1.00-1.49	Strongly Disagree	Very low level of health-related quality of life

Table 4 presents the level of health-related quality of life (HRQoL) among respondents with polycystic ovarian syndrome (PCOS) in Jolo, specifically in terms of impact. As shown in the table, this sub-category yielded a total weighted mean score of 4.5075 with a standard deviation of 0.53175, corresponding to a rating of Strongly Agree or High health-related quality of life.

These findings indicate that, with respect to impact, the respondents demonstrate a high level of health-related quality of life.

Table 4.1 Level of health-related quality of life (HRQoL) of respondents with polycystic ovarian syndrome (PCOS) in Jolo in terms of mental.

Mental	N	Mean	Std. Deviation	Rating
1.Despite the difficulties I’ve encountered on my path to parenthood, I’m learning to hold onto hope, remain resilient, and lean on the support of those around me.	40	4.4000	.87119	Agree
2. Conceiving was a challenge, but I stayed strong and hopeful throughout the process.	40	4.4000	.87119	Agree
3. I came to accept that certain parts of my situation were outside of my control, so I focused on what I could influence and adjusted as best as possible.	40	4.3000	.85335	Agree
4. The emotional hurdles I faced while trying to conceive were tough, but I held onto hope and drew strength from the support surrounding me.	40	4.2500	1.05612	Agree
5. Infertility brought emotional struggles, yet I stayed committed to my journey and found strength in the encouragement and care I received.	40	4.3000	1.06699	Agree
6. I remained hopeful and filled with anticipation about the chance to welcome a child into my life.	40	4.0500	1.17561	Agree
7.The thought of building a family filled me with motivation and inspiration.	40	4.0500	1.21845	Agree
8. I continue to feel hopeful and open to the journey of becoming a parent, trusting that things will happen in their own time.	40	4.2500	.89872	Agree
9. I’ve learned to accept my unique path, knowing that others may not always understand—and I’ve come to be at peace with that.	40	4.2000	.82275	Agree
10. Though infertility and PCOS have presented difficulties, I remain strong and determined to explore every option and embrace the support available to me	40	4.4000	.74421	Agree
Total Weighted Mean	40	4.2600	.87554	Agree

<i>Legend</i>	<i>Scale Mean Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0	Strongly Agree	Highly health-related quality of life
4	3.50-4.49	Agree	High health-related quality of life
3	2.50-3.49	Partially Agree	Moderate health-related quality of life
2	1.50-2.49	Disagree	Low level of health-related quality of life
1	1.00-1.49	Strongly Disagree	Very low level of health-related quality of life

Table 4.1 shows the level of health-related quality of life (HRQoL) among respondents with polycystic ovarian syndrome (PCOS) in Jolo, specifically in terms of mental well-being. As indicated in the table, this sub-category yielded a total weighted mean score of 4.2600 with a standard deviation of 0.87554, corresponding to a rating of Agree or High health-related quality of life. The respondents expressed general agreement across all items in this category. These findings indicate that, in terms of mental well-being, the respondents exhibit a high level of health-related quality of life.

Table 4.2 Level of health-related quality of life (HRQoL) of respondents with polycystic ovarian syndrome (PCOS) in Jolo in terms of physical.

Physical	N	Mean	Std. Deviation	Rating
1. I carry my facial hair with confidence and self-assurance.	40	4.5000	.81650	Strongly agree
2. I've come to value my facial hair as a distinctive aspect of my identity	40	4.3000	1.06699	Agree
3. I've been prioritizing skincare and learning to appreciate my natural appearance.	40	4.2000	1.13680	Agree
4. I've committed to grooming routines that make me feel both confident and at ease.	40	4.4000	.92819	Agree
5. Although I was feeling a bit down due to excess hair, I'm now taking positive steps to manage it and feel more like myself.	40	4.4000	.92819	Agree
6. I used to struggle with body image because of my weight, but now I choose to embrace my body and honor what makes me beautiful.	40	4.6000	.67178	Strongly agree
7. I'm committed to nurturing my health and making decisions that support my overall well-being—physically and emotionally.	40	4.5500	.67748	Strongly agree
8. I proudly accept what makes me different and take joy in the traits that make me one of a kind.	40	4.5500	.67748	Strongly agree
Total Weighted Mean	40	4.4375	.78905	Agree

Legend	Scale	Mean Range	Description	Interpretation
5	4.50-5.0		Strongly Agree	Highly health-related quality of life
4	3.50-4.49		Agree	High health-related quality of life
3	2.50-3.49		Partially Agree	Moderate health-related quality of life
2	1.50-2.49		Disagree	Low level of health-related quality of life
1	1.00-1.49		Strongly Disagree	Very low level of health-related quality of life

Table 4.2 presents the level of health-related quality of life (HRQoL) among respondents with polycystic ovarian syndrome (PCOS) in Jolo, specifically in terms of physical well-being. As indicated in the table, this sub-category yielded a total weighted mean score of 4.4375 with a standard deviation of 0.78905, corresponding to a rating of Agree or High health-related quality of life. The respondents expressed general agreement across all items in this category. These findings indicate that, in terms of physical well-being, the respondents demonstrate a high level of health-related quality of life.

Table 4. 3 Level of health-related quality of life (HRQoL) of respondents with polycystic ovarian syndrome (PCOS) in Jolo in terms of emotional .

Emotional	N	Mean	Std. Deviation	Rating
1. I felt overwhelmed at times, but I'm learning to accept my emotions and give myself the care and compassion I deserve.	40	4.6500	.66216	Strongly agree
2. I've had mood swings linked to my PCOS, but I'm taking active steps to manage them and focus on my overall wellness.	40	4.6000	.74421	Strongly agree
3. I regretted moments when I acted too aggressively toward friends or family.	40	4.7000	.56387	Strongly agree
4. I occasionally overreact to minor situations because of my PCOS, but I'm working on understanding my feelings and responding more calmly.	40	4.4500	.74936	Agree
5. I sometimes get irritated with loved ones, but I'm making an effort to handle my emotions and communicate more gently.	40	4.4500	.74936	Agree
6. I recognize that PCOS is a common health condition affecting many women of reproductive age.	40	4.2500	.83972	Agree
7. I was initially anxious about having PCOS, but I've come to understand that it's manageable and non-cancerous, with many ways to support better health.	40	4.3000	.72324	Agree
8. I've learned that while PCOS can impact fertility, many women still experience healthy pregnancies with the help of proper care and available treatments.	40	4.3000	.85335	Agree
9. There have been moments when PCOS and depression felt overwhelming, but I'm learning to take things step by step and reach out for support to stay strong and balanced..	40	4.2000	.93918	Agree
10. I've had concerns about cancer, but I'm choosing to focus on preventative care, regular health check-ups, and self-care to stay on top of my well-being.	40	4.2000	.93918	Agree
Total Weighted Mean	40	4.4100	.62092	Agree

<i>Legend</i>	<i>Scale Mean Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0	Strongly Agree	Highly health-related quality of life
4	3.50-4.49	Agree	High health-related quality of life
3	2.50-3.49	Partially Agree	Moderate health-related quality of life
2	1.50-2.49	Disagree	Low level of health-related quality of life
1	1.00-1.49	Strongly Disagree	Very low level of health-related quality of life

Table 4.3 outlines the level of health-related quality of life (HRQoL) among respondents with polycystic ovarian syndrome (PCOS) in Jolo, specifically in terms of emotional well-being. As reflected in the table, this sub-category yielded a total weighted mean score of 4.4100 with a standard deviation of 0.62092, corresponding to a rating of Agree or High health-related quality of life. With the exception of statements 1, 2, and 3, the respondents expressed general agreement across all items in this category. These findings indicate that, in terms of emotional well-being, the respondents exhibit a high level of health-related quality of life.

Table 4. 4 Level of health-related quality of life (HRQoL) of respondents with polycystic ovarian syndrome (PCOS) in Jolo in terms of menstrual problem.

Menstrual Problem	N	Mean	Std. Deviation	Rating
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1.I've been dealing with abdominal bloating and menstrual cramps, but I'm prioritizing self-care and using helpful strategies to manage these symptoms.	40	4.6250	.74032	Strongly agree
2. My menstrual cycle is irregular, but I'm collaborating with my healthcare provider to find the most effective plan for my health and well-being.	40	4.5750	.74722	Strongly agree
3.I've been experiencing heavier periods, but I'm taking a proactive approach by consulting with my doctor to explore suitable treatments.	40	4.6500	.73554	Strongly agree
4.I sometimes notice blood clots during my period, but I'm focusing on understanding my body better and learning how to manage this symptom.	40	4.4500	.67748	Agree
5.I've had to deal with headaches, but I'm addressing them by staying hydrated, getting proper rest, and caring for my overall health.	40	4.6000	.67178	Strongly Agree
6.I'm experiencing cramps during my period, but I'm actively looking into treatments and lifestyle adjustments that can help reduce the pain.	40	4.5750	.67511	Strongly agree
7.I often get acne around my menstrual cycle, but I'm learning how to care for my skin using appropriate products and routines.	40	4.6000	.67178	Strongly agree
Total Weighted Mean	40	4.5821	.55318	Strongly agree

<i>Legend</i>	<i>Scale</i>	<i>Mean</i>	<i>Range</i>	<i>Description</i>	<i>Interpretation</i>
5	4.50-5.0			Strongly Agree	Highly health-related quality of life
4	3.50-4.49			Agree	High health-related quality of life
3	2.50-3.49			Partially Agree	Moderate health-related quality of life
2	1.50-2.49			Disagree	Low level of health-related quality of life
1	1.00-1.49			Strongly Disagree	Very low level of health-related quality of life

Table 4.4 details the level of health-related quality of life (HRQoL) among respondents with polycystic ovarian syndrome (PCOS) in Jolo, specifically in relation to menstrual problems. As reflected in the table, this sub-category yielded a total weighted mean score of 4.5821 with a standard deviation of 0.55318, corresponding to a rating of Strongly Agree or High health-related quality of life. The respondents expressed consistent strong agreement across all items in this category. These findings indicate that, in terms of menstrual problems, the respondents demonstrate a high level of health-related quality of life.

Conclusion

This study provides compelling evidence that women in Jolo with Polycystic Ovarian Syndrome (PCOS) face multifaceted challenges, including insufficient knowledge of the disorder and the psychosocial toll it imposes. While respondents generally reported high health-related quality of life—especially in managing emotional and menstrual symptoms—this resilience exists in contrast to notable knowledge deficiencies, particularly in the domains of PCOS pathophysiology and long-term treatment strategies. These gaps are indicative of broader systemic issues such as the lack of access to comprehensive reproductive health education and culturally appropriate healthcare services.

The correlation between knowledge and HRQoL revealed in the study affirms the hypothesis that informed women are better positioned to manage their symptoms, seek timely interventions, and maintain psychological well-being. It further implies that improving

reproductive health literacy is not merely a supplementary measure but a foundational component of effective PCOS care. By empowering women through targeted education programs, integrating PCOS awareness into school and community health systems, and strengthening partnerships between local health institutions and academic researchers, a more responsive and equitable model of care can be established.

Addressing PCOS in marginalized regions like Jolo requires a paradigm shift—from treating PCOS as an isolated medical condition to confronting it as a biopsychosocial issue that demands holistic, inclusive, and sustainable intervention. The study thus calls on healthcare providers, educators, and policymakers to prioritize reproductive health education and support frameworks that validate women’s experiences, reduce stigma, and foster long-term wellness.

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