EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Coden USA: EJBPBO
Volume: 13
Issue: 11
Year: 2026

PERCEIVED SOCIAL SUPPORT AND BARRIERS FACED AMONG COLLEGE-GOING STUDENTS: A CROSS SECTIONAL STUDY

Karanjot Singh[1], *Dr. Dinesh Kumar[2], Dr. Manoj Kumar[3]

[1]MPH Student, Centre for Public Health, Panjab University, Chandigarh, India -160014.
[2]Professor, Department of Community Medicine, Government Medical College and Hospital, Chandigarh, India.
[3]Chairperson, Centre for Public Health, Panjab University, Chandigarh, India -160014.

***Corresponding Author: Dr. Dinesh Kumar**

Professor, Department of Community Medicine, Government Medical College and Hospital, Chandigarh, India.

DOI: https://doi.org/10.5281/zenodo.23805492

How to cite this Article: Karanjot Singh[1], *Dr. Dinesh Kumar[2], Dr. Manoj Kumar[3] (2026). Perceived Social Support And Barriers Faced Among College-Going Students: A Cross Sectional Study. European Journal of Biomedical and Pharmaceutical Sciences, 13(11), 229–240.

This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 02/10/2026 **Article Revised on 23/10/2026** **Article Published on 01/11/2026**

ABSTRACT

Background: Perceived social support plays an important role in promoting psychological well-being and helping college students cope with academic, emotional, and social challenges. However, barriers such as stigma, family restrictions, and reluctance to disclose personal difficulties may hinder help-seeking behaviour. Understanding perceived social support and barriers to seeking assistance is essential for developing student-centred support strategies. **Objectives:** To assess the pattern of perceived social support and identify barriers faced by college-going students while seeking support in an urban setting. **Methods:** A cross-sectional study was conducted among college-going students aged 18–25 years in Chandigarh, India, from January to June 2026. A stratified random sampling technique was used to select participants from different academic disciplines. Data were collected using a structured questionnaire covering socio-demographic characteristics, social support and help-seeking behaviour, and psychological and behavioural information. Descriptive statistics and the chi-square test were used to analyse the findings. **Results:** A total of 235 students participated, including 137 females and 98 males. Emotional support was the most commonly perceived parental role among female students (59.9%), whereas financial support was more frequently reported by male students (30.6%). Overall, 73.2% of respondents reported having felt the need for support, with no statistically significant association between gender and perceived need for support ($\chi^2 = 1.994$, df = 1, p = 0.158). Home was the predominant source of support, reported by 75.6% of respondents. Fear of stigma (15.3%) was the most frequently reported barrier to seeking support, followed by unwillingness to disclose personal difficulties (12.3%) and family restrictions (6.4%). Awareness of facilities providing sex-related information was limited, particularly among female students. **Conclusion:** The findings highlight the importance of family-based emotional support and the need to address barriers to help-seeking among college-going students. Strengthening awareness of available support services, promoting confidentiality, reducing stigma, and improving access to student-friendly support systems may encourage timely help-seeking.

KEYWORDS: Perceived social support; Help-seeking behaviour; College students; Barriers to support; Stigma; Mental health.

INTRODUCTION

The WHO defines adolescence as the age group 10–19 years.[1,2] During adolescence, there are rapid physical, psychological, and social transformations, laying the foundation for healthy adulthood. The transition from adolescence to adulthood marks a crucial developmental stage characterized by significant academic, social, and emotional adjustments. During this period, developmental changes, shaped by gender, environment, and social factors can generate stress and influence interpersonal relationships. College students in late adolescence or early adulthood face various stressors, including academic pressure, peer and family relationships, physical maturation, and parental expectations.[3-5] During this period, students often face various pressures such as academic competition, career uncertainty, family expectations, financial problems, and adjustment to new social environments. The college

years are a crucial developmental stage in which students experience major academic, social, emotional, and personal changes. These challenges can lead to increased levels of psychological distress, including stress, anxiety, depression, loneliness, and emotional instability. Studies indicate that girls experience higher stress levels in relationships with parents, peers, and romantic partners compared to boys.[6-8] These challenges were further intensified during the COVID-19 pandemic, which disrupted routines and heightened isolation, leading to increased stress, anxiety, and depression.[9]

Social support acts as a protective factor for promoting overall well-being among students. Social support systems play an indispensable role in promoting psychosocial health among young adults. Perceived social support refers to an individual's subjective belief that emotional and instrumental assistance is available from family, friends, or significant others when needed. It differs from received support by emphasizing the perception of being cared for and valued. Perceived social support plays an important role in helping students cope with such difficulties. Social support received from family, friends, teachers, and peers provides emotional comfort, encouragement, guidance, and a sense of belonging. When students perceive that adequate support is available to them, they are better able to manage stress and maintain psychological well-being.

For college students, this perception of support facilitates adaptation to academic and social environments, reducing feelings of isolation and loneliness. Research highlights that social support positively influences adolescents' mental, psychological, sexual, and physical health outcomes.[10-12] Friends and family are preferred sources of emotional support over professionals. However, interpersonal relationships can act both as stressors and support systems.[12] Studies also discuss the lack of support availability and the underutilization of existing support systems among adolescents.[14] Among adolescents and young adults, supportive relationships with parents, peers, and teachers are particularly important. Mentoring and social support interventions are effective for promoting wellness.[15] Different types of social support—structural, functional, and contextual—have been explored in literature.[16] Studies among Indian adolescents show positive impacts of social support on various health outcomes.[17-21]

Despite increasing recognition of perceived social support, there is paucity of literature on pattern of support systems and its role in attaining desired health outcomes in Indian context. Present study aims to fill an important gap by investigating pattern of perceived social support and barriers faced in seeking support among college students.

MATERIAL AND METHODS

Profile of Study Area

Chandigarh is the most economically advanced Union Territory (UT) of India and also capital of two states: Punjab and Haryana. It is characterized by high population growth due to increasing migratory population and rapidly changing life style.

Study Design

A cross-sectional study design was used for surveying university students in the present survey.

Inclusion Criterion

College students in the age group of 18-25 years willing to participate in the study were included.

Sampling Technique

A stratified random sampling technique was employed for the selection of participants. The study population was divided into strata based on academic disciplines, and participants were randomly selected from each discipline to ensure adequate representation of different fields of study.

Sample Size

Power analysis is used to calculate optimum sample size for the proposed study. Sample size has been calculated by using the following formula with an approximation for a large population:

$$N_{opt} = \frac{Z^2_{1-\alpha/2}\,(1-P)}{\in^2 P}$$

Where,
P = Anticipated population proportion
1 - α = Confidence Coefficient
$\in$ = Relative precision, and
Z (.) is the value of standard normal variate.

It is anticipated that 30.9% adolescents have moderate / low social support reported in an earlier study as the most important outcome parameter reported in an earlier study.Assuming 90% confidence coefficient and 5% absolute precision, sample size comes out to be 235 youths.

Data collection tools

Structured questionnaire comprising of three sections was developed to collect information by direct survey conducted during January 2026 to June 2026, taking informed consents.
Section A: socio demographic variables consist age, gender, education qualification, study background, area of residence
Section B: structured questionnaire related to social support and help seeking
Section C: structured questionnaire related to psychological and behavioral information.

Statistical Analysis

Descriptive statistics involving frequency distribution were used for data analysis. Chi square test was used for testing the significance of association of outcome parameters with gender. Data analysis was conducted using SPSS-26.0 software.

RESULTS

The age-wise distribution of the respondents included in the study is as per table-1. Out of the total respondents, the majority of the students belonged to the age group of 22–23 years, comprising 91 respondents (38.7%). This indicates that most participants were in the later stage of college education. The second highest group was 24-25 years, which included 64 respondents (27.2%). Students in the age group of 20–21 years accounted for 44 respondents (18.7%), while the least number of respondents belonged to the 18–19 years age group, consisting of 36 respondents (15.3%).Among female respondents, the highest proportion belonged to the age group of 22–23 years, accounting for 57 respondents (41.6%), followed by 24-25 years with 30 respondents (21.9%). The age group of 20–21 years included 26 female respondents (19.0%), while the least number of female respondents were in the 18–19 years category with 24 respondents (17.5%). Among male respondents, the largest proportion was equally distributed between the age groups of 22–23 years and 24-25 years, each consisting of 34 respondents (34.7%). The age group of 20–21 years included 18 male respondents (18.4%), whereas the lowest proportion was observed in the 18–19 years age group with 12 respondents (12.2%). The findings indicate that the majority of respondents belonged to urban areas, while a smaller proportion resided in rural areas.

Among female respondents, 92 respondents (67.2%) belonged to urban areas, while 45 respondents (32.8%) were from rural areas. Similarly, among male respondents, the majority, 81 respondents (82.7%), resided in urban areas, whereas only 17 respondents (17.3%) were from rural areas.

A comparison of the two groups shows that urban representation was higher among male respondents than female respondents. In contrast, female respondents had a relatively greater representation from rural areas compared to males. Despite these differences, urban respondents formed the dominant group for both genders. The findings indicate that the majority of respondents were either graduates or postgraduates. Overall, 117 respondents (49.8%) were graduates, making it the largest educational category in the study, followed by 82 respondents (34.9%) who were postgraduates. A smaller proportion of respondents were at the school level (11.9%), while very few belonged to categories such as CA, undergraduate, pursuing graduation, doing graduation, studying, or PhD. Among female respondents, an equal proportion of participants were graduates and postgraduates, with 58 respondents (42.3%) in each category. In addition, 14 female respondents (10.2%) were at the school level. Only a few females were represented in categories such as CA, pursuing graduation, doing graduation, studying, and undergraduate, each accounting for less than 2% of the female sample. Among male respondents, the majority were graduates, with 59 respondents (60.2%), followed by postgraduates, with 24 respondents (24.5%). School-level students accounted for 14.3% of male respondents. Only one male respondent belonged to the PhD category, while no males were reported in categories such as CA, doing graduation, pursuing graduation, studying, or undergraduate.

The findings indicate that respondents were drawn from diverse academic streams, with the majority belonging to the medical and non-medical backgrounds. Overall, the largest proportion of respondents belonged to the medical stream, comprising 93 respondents (39.6%), followed by the non-medical stream with 83 respondents (35.3%). The Commerce stream accounted for 40 respondents (17.0%), while the Arts stream represented the smallest proportion with 19 respondents (8.1%). Among female respondents, nearly half belonged to the medical stream, with 64 respondents (46.7%), making it the most represented academic background among females. This was followed by the non-medical stream with 43 respondents (31.4%), Commerce with 20 respondents (14.6%), and Arts with 10 respondents (7.3%). Among male respondents, the highest proportion belonged to the non-medical stream, accounting for 40 respondents (40.8%), followed by the medical stream with 29 respondents (29.6%). The Commerce stream included 20 respondents (20.4%), while the Arts stream had 9 respondents (9.2%).

The findings reveal that the majority of respondents rated their academic performance as good. Among female respondents, 79 respondents (57.7%) reported their academic performance as good, while 48 male respondents (49.0%) also perceived their performance similarly. This indicates that most students were generally satisfied with their academic achievements. A considerable proportion of respondents also rated their academic performance as excellent. Among male respondents, 28 respondents (28.6%) considered their performance excellent, which was slightly higher compared to 32 female respondents (23.4%). This suggests that male students showed comparatively greater confidence in their academic performance at the excellent level. The category of average academic performance included 24 female respondents (17.5%) and 21 male respondents (21.4%), showing that a moderate proportion of students perceived their studies as average. Very few respondents rated themselves as below average, including only 2 female respondents (1.5%) and 1 male respondent (1.0%). This indicates that poor academic performance was relatively uncommon among the participants.

The findings reveal that the majority of respondents planned to pursue jobs or business opportunities after their current education. Among female respondents, 74 respondents (54.0%) reported that their future plan was to engage in a job or business, making it the most preferred option among females. Similarly, among male respondents, 42 respondents (42.9%) selected job or business as their future goal, indicating that career establishment and financial independence were important aspirations for both genders.

Higher studies emerged as the second most common future plan among the respondents. A total of 41 female respondents (29.9%) and 24 male respondents (24.5%) intended to continue their education through higher studies. This reflects a strong interest among students in academic and professional advancement. A noticeable proportion of respondents were undecided about their future plans, particularly among males. While 19 female respondents (13.9%) reported being undecided, the percentage was higher among males with 24 respondents (24.5%). This may indicate uncertainty regarding career choices and future opportunities among some students.

Only a few respondents reported plans such as studying abroad, vocational training, or building their own identity independently. Vocational training was reported only by male respondents (8.2%). Overall, the findings suggest that most college-going students were primarily focused on career development and higher education, with some gender differences in certainty and career preferences.

Table-1: Socio-demographic characteristics of study participants by gender.

Socio-demographic characteristic	Male	Female	Total
Age in Years			
18-19	24	12	36
	17.5%	12.2%	15.3%
20-21	26	18	44
	19.0%	18.4%	18.7%
22-23	57	34	91
	41.6%	34.7%	38.7%
24-25	30	34	64
	21.9%	34.7%	27.2%
Total	137	98	235
	100.0%	100.0%	100.0%
Social Background			
Rural	45	17	62
	32.8%	17.3%	26.4%
Urban	92	81	173
	67.2%	82.7%	73.6%
Educational Qualification			
CA	2	0	2
	1.5%	0.0%	0.9%
Doing graduation	1	0	1
	0.7%	0.0%	0.4%
Graduate	58	59	117
	42.3%	60.2%	49.8%
Ph. D	0	1	1
	0.0%	1.0%	0.4%
Postgraduate	58	24	82
	42.3%	24.5%	34.9%
Pursuing graduation	2	0	2
	1.5%	0.0%	0.9%
School level	14	14	28
	10.2%	14.3%	11.9%
Studying	1	0	1
	0.7%	0.0%	0.4%
Undergraduate	0.7%	0.0%	0.4%
	1	0	1
Total	137	98	235
	100.0%	100.0%	100.0%
Study Background			
Arts	10	9	19

	7.3%	9.2%	8.1%
Commerce	20	20	40
	14.6%	20.4%	17.0%
Medical	64	29	93
	46.7%	29.6%	39.6%
Non-medical	43	40	83
	31.4%	40.8%	35.3%
Total	137	98	235
	100.0%	100.0%	100.0%
Academic Performance			
Average	24	21	45
	17.5%	21.4%	19.1%
Below average	2	1	3
	1.5%	1.0%	1.3%
Excellent	32	28	60
	23.4%	28.6%	25.5%
Good	79	48	127
	57.7%	49.0%	54.0%
Total	137	98	235
	100.0%	100.0%	100.0%
Future Plans			
Abroad studies	1	0	1
	0.7%	0.0%	0.4%
Going to abroad for higher study	1	0	1
	0.7%	0.0%	0.4%
Higher studies	41	24	65
	29.9%	24.5%	27.7%
Job/Business	74	42	116
	54.0%	42.9%	49.4%
Undecided	19	24	43
	13.9%	24.5%	18.3%
Vocational training	0	8	8
	0.0%	8.2%	3.4%
Want to build my own identity	1	0	1
	0.7%	0.0%	0.4%
Overall	**137**	**98**	**235**
	100.0%	**100.0%**	**100.0%**

The table 2 presents the cross-tabulation between pattern of perceived social support and barriers faced by study participants and gender. The findings reveal that emotional support was the most commonly perceived parental role among the respondents, particularly among female students. Among female respondents, 82 respondents (59.9%) perceived their parents mainly as providers of emotional support, indicating the importance of emotional bonding and understanding within families. In comparison, 36 male respondents (36.7%) also reported emotional support from parents, although the percentage was comparatively lower than females.

Financial support was another significant parental role perceived by the respondents. Among males, 30 respondents (30.6%) identified financial support as the primary role of parents, while 25 female respondents (18.2%) reported the same. This suggests that male students were more likely to emphasize the financial contribution of parents compared to females. A proportion of respondents also perceived their parents as having limited involvement or maintaining strict supervision. 17.3% of male respondents and 10.2% of female respondents reported limited parental involvement, while strict supervision was perceived by 15.3% of males and 9.5% of females. Only a very small number of respondents reported both emotional and financial support together, lack of parental awareness about mental health, or general parental support. The relationship between gender and awareness regarding the availability of a special place in the city for obtaining sex-related information. The findings reveal that a considerable proportion of respondents lacked awareness about such facilities or believed that such places were not available in their city. Among female respondents, the highest proportion, 63 respondents (46.0%), reported that there was no special place available for sex-related information, while 60 respondents (43.8%) stated that they did not know about the existence of such facilities. Only 14 female respondents (10.2%) were aware that such places existed in their city. In comparison, male

respondents demonstrated relatively greater awareness. Among males, 26 respondents (26.5%) reported the availability of such places, while 38 respondents (38.8%) did not know and 34 respondents (34.7%) believed no such place existed.

These findings indicate that awareness regarding sex-related information services is generally low among college-going students, especially among female respondents. Cultural hesitation, lack of open communication regarding sexual health, social taboos, and limited dissemination of information may contribute to this lack of awareness. The comparatively higher awareness among male respondents may reflect greater exposure to social networks, online information, or willingness to discuss such topics openly. The findings indicate that a majority of the respondents, irrespective of gender, reported feeling the need for support at some point in their lives. Among female respondents, 105 respondents (76.6%) stated that they had felt the need for support, while 32 respondents (23.4%) reported that they had not experienced such a need. Similarly, among male respondents, 67 respondents (68.4%) reported feeling the need for support, whereas 31 respondents (31.6%) stated otherwise. Overall, 73.2% of the total respondents acknowledged that they had required support, indicating that emotional, psychological, academic, or social assistance is an important need among college-going students.

The findings further suggest that female respondents reported a slightly higher need for support compared to male respondents. This may reflect greater emotional expressiveness and willingness among females to acknowledge personal difficulties and seek assistance. On the other hand, some male respondents may hesitate to express their need for support due to social expectations, fear of stigma, or cultural beliefs related to self-reliance. The Chi-square test results show that the association between gender and the need for support is not statistically significant ($\chi^2 = 1.994$, df = 1, p = .158). Since the p-value is greater than 0.05, the null hypothesis is accepted. This indicates that there is no significant relationship between gender and feeling the need for support among the respondents. Therefore, the need for support appears to be a common experience shared by both male and female college-going students The findings indicate that the majority of respondents sought support at home 130 (75.6%), followed by school 37 (21.5%), online platforms 25 (14.5%), and health facilities 22(12.8%). Community centres were reported by 15 (8.7%) respondents. A smaller proportion sought support from colleges and NGOs, with 2 (1.2%) respondents each, while 1 (0.6%) respondent each reported seeking support from friends or nowhere.

Gender-wise, support-seeking at home was more common among females 85(80.9%) than males 45(67.1%). Online support was reported by 14 (20.8%) males and 11 (10.5%) females. Support from health facilities was reported by 12 (17.9%) males and 10 (9.2%) females, while community centres were used by 12 (17.9%) males and 3 (2.8%) females. School-based support was reported by 24 (22.8%) females and 13 (19.4%) males. Support from colleges was reported by 2 (1.9%) females, while 2 (2.9%) males reported seeking support from NGOs. One (0.9%) female respondent reported seeking support from friends, and one (0.9%) female respondent reported not seeking support anywhere.

Overall, the findings suggest that home was the predominant source of support, while schools, online platforms, and health facilities were also notable sources. Differences between male and female respondents were observed in their reported sources of support. The reasons for not seeking support were mainly fear of stigma 36 (15.3%), followed by unwillingness to disclose the reason29(12.3%) and family restrictions 15 (6.4%). Among females, fear of stigma was the most frequently reported reason 28 (87.5%), followed by unwillingness to disclose the reason 14(43.7%) and family restrictions 9 (28.1%). Among males, unwillingness to disclose the reason was reported by 15 (15.3%) , followed by fear of stigma 8(8.2%) and family restrictions 6 (6.1%). Overall, fear of stigma emerged as the most commonly reported reason for not seeking support.

The cross-tabulation between perceived stigma associated with the need for help and gender of the respondents. The findings indicate varying perceptions of stigma among male and female students regarding seeking psychological or emotional support. Among female respondents, the majority of 61 respondents (44.5%) reported that they did not perceive any stigma associated with seeking help. In addition, 45 female respondents (32.8%) stated that they sometimes experienced stigma, while 31 respondents (22.6%) believed that stigma was present. This suggests that a considerable proportion of female students were comparatively more open and comfortable about seeking support when needed. In contrast, among male respondents, the highest proportion of 40 respondents (40.8%) reported that they perceived stigma associated with the need for help. Meanwhile, 35 male respondents (35.7%) stated that they did not perceive stigma, and 23 respondents (23.5%) reported experiencing stigma only sometimes. The higher percentage of males perceiving stigma may indicate greater hesitation or social pressure among male students in expressing emotional difficulties or seeking psychological support.

Table-2: Pattern of perceived social support and barriers faced by study participants by gender.

Pattern and barriers in perceived support	Male	Female	Total
Both financial and emotional support	1	0	1
	0.7%	0.0%	0.4%
Emotional support	82	36	118
	59.9%	36.7%	50.2%
Financial support	25	30	55
	18.2%	30.6%	23.4%
Limited involvement	14	17	31
	10.2%	17.3%	13.2%
Parental support	1	0	1
	0.7%	0.0%	0.4%
Strict supervision	13	15	28
	9.5%	15.3%	11.9%
They don't know about my mental health	1	0	1
	0.7%	0.0%	0.4%
Total	137	98	235
	100.0%	100.0	100.0%
Awareness of source of sex related information			
Don't know	60	38	98
	43.8%	38.8%	41.7%
No	63	34	97
	46.0%	34.7%	41.3%
Yes	14	26	40
	10.2%	26.5%	17.0%
Total	137	98	235
	100.0%	100.0	100.0%
Ever felt need of support			
No	32	31	63
	23.4%	31.6%	26.8%
Yes	105	67	172
	76.6%	68.4%	73.2%
Total	137	98	235
	100.0%	100.0%	100.0%
			P> 0.20
Place of seeking support			
College	2	0	2
	1.9%	0.0%	1.2%
Community canter	3	12	15
	2.8%	17.9%	8.7%
Friends	1	0	1
	0.9%	0.0%	0.6%
Health facility	10	12	22
	9.2%	17.9%	12.8%
Home	85	45	130
	80.9%	67.1%	75.6%
NGO	0	2	2
	0.0%	2.9%	1.2%
Nowhere	1	0	1
	0.9%	0.0%	0.6%
Online	11	14	25
	10.5%	20.8%	14.5%
School	24	13	37
	22.8%	19.4%	21.5%
Total	**105**	**67**	**172**
	100.0%	**100.0%**	**100.0%**
If no support, reasons of not seeking			
Not willing to tell the reason	14	15	29

	43.7%	15.3%	12.3%
Family restrictions	9	6	15
	28.1%	6.1%	6.4%
Fear of stigma	28	8	36
	87.5%	8.2%	15.3%
	32	31	63
	100.0%	100.0%	100.0%
Perceived stigma			
No	61	35	96
	44.5%	35.7%	40.9%
Sometimes	45	23	68
	32.8%	23.5%	28.9%
Yes	31	40	71
	22.6%	40.8%	30.2%
Total	**137**	**98**	**235**
	100.0%	**100.0%**	**100.0%**

DISCUSSION

The present study assessed perceived social support, sources of support, and barriers to help-seeking among 235 college-going students aged 18-25 years in Chandigarh. The findings indicate that social support is an important concern among young adults, with the majority of participants reporting a need for support at some point in their lives. Although the home environment emerged as the predominant source of support, barriers such as fear of stigma, reluctance to disclose personal concerns, and family restrictions were also reported. These findings highlight the importance of strengthening accessible, acceptable, and confidential support systems for college students.

Perceived Social Support and Parental Roles

In the present study, emotional support was the most frequently reported parental role, accounting for 50.2% of responses, followed by financial support (23.4%), limited parental involvement (13.2%), and strict supervision (11.9%). These findings indicate that parents continue to occupy an important position in the perceived support networks of college-going students. Emotional support may be particularly relevant during the transition to adulthood, when students encounter academic demands, career-related uncertainty, changing interpersonal relationships, and increasing expectations of independence. Previous research has highlighted the importance of supportive relationships in promoting psychological well-being and helping young people cope with stressful experiences.[10,12]

The gender-wise distribution showed that emotional support was reported more frequently by female students than male students (59.9% versus 36.7%). Conversely, male students more frequently identified financial support as the primary parental role (30.6% versus 18.2%). These differences may reflect variations in how students perceive and describe parental support within their family and social contexts. However, the present study does not establish the reasons underlying these differences, and the findings should not be interpreted as evidence that one gender receives greater overall support than the other. The distinction between emotional and instrumental support is important because the availability of financial assistance does not necessarily indicate the availability of emotional understanding or opportunities for open communication. The literature similarly emphasizes that social support is multidimensional and that its effects depend on the nature and context of the support provided.[16]

Notably, 13.2% of participants reported limited parental involvement, while 11.9% reported strict parental supervision. These findings suggest that parental relationships may not be uniformly experienced as supportive. Although parental involvement can provide reassurance and guidance, restrictive or insufficiently responsive relationships may complicate students' willingness to discuss sensitive personal concerns. Camara and colleagues have highlighted that interpersonal relationships can function as either sources of support or sources of stress, depending on the nature of the interaction.[11,13] Therefore, interventions to strengthen family support should emphasize empathetic communication, mutual trust, respect for autonomy, and non-judgmental responses rather than parental involvement alone.

Need for Support and Gender Differences

A substantial proportion of participants (73.2%) reported having felt the need for support at some point in their lives. The proportion was higher among female students than male students (76.6% versus 68.4%); however, the association between gender and perceived need for support was not statistically significant ($\chi^2 = 1.994$, df = 1, $p = 0.158$). Thus, the observed difference should be interpreted as a descriptive variation rather than evidence of a statistically significant gender association.

The finding that nearly three-quarters of participants had experienced a need for support underscores the relevance of support systems in college settings. Young adulthood is characterized by changes in educational

responsibilities, social relationships, career expectations, and personal identity. Such transitions may create circumstances in which students require emotional reassurance, practical assistance, guidance, or professional support. Previous studies have documented the relevance of social support to psychological well-being and quality of life among university students.[12] The literature on adolescents also emphasizes the contribution of social support to coping with stressful life events and maintaining well-being.[10,16]

The absence of a statistically significant association between gender and perceived need for support suggests that support-related needs should not be considered exclusive to either male or female students. Accordingly, student support services should be available to all students, while remaining responsive to differences in their experiences, preferences, and willingness to disclose difficulties. A universal and non-discriminatory approach may help ensure that students who are reluctant to identify themselves as needing assistance can also access appropriate support.

Sources of Support and Help-Seeking Behaviour

The home was the most frequently reported source of support among participants who indicated a need for support, accounting for 75.6% of responses. Schools were the second most frequently reported source (21.5%), followed by online platforms (14.5%), health facilities (12.8%), and community centres (8.7%). Colleges and non-governmental organisations were reported infrequently. These findings indicate that students relied predominantly on familiar and established sources of assistance, while formal institutional and community-based services were less frequently reported. The prominence of the home as a source of support is consistent with the importance attributed to family and other close relationships in the literature on social support among young people.[12,14] However, reliance on family may not be sufficient for every student, particularly when concerns involve family relationships, sexual health, psychological distress, or other sensitive matters. The finding that some students reported limited parental involvement or strict supervision further suggests that family-based support may vary in its perceived accessibility and acceptability.

The relatively low reported use of college-based support services is noteworthy because colleges provide an important setting for identifying students experiencing difficulties and facilitating access to appropriate assistance. Previous literature has discussed the gap that may exist between the availability of support systems and their actual utilization by adolescents.[14] Although the present study did not directly assess the availability, quality, or accessibility of institutional services, the low proportion reporting college-based support suggests that their role in students' help-seeking pathways warrants further investigation.

Online platforms were also reported as a source of support, particularly among male students, for whom the proportion was higher than among female students (20.8% versus 10.5%). Health facilities and community centres were likewise reported more frequently by male students in the descriptive findings. These differences may reflect variations in support preferences, awareness, or access; however, the study did not investigate the underlying explanations. Online platforms may provide an additional avenue for obtaining information or seeking assistance, but their usefulness depends on the reliability, confidentiality, and appropriateness of the information provided. A coordinated approach integrating family, educational institutions, community resources, and health services may therefore help broaden the range of support options available to students.

Barriers to Seeking Support and Perceived Stigma

Fear of stigma was the most frequently reported reason for not seeking support, identified by 15.3% of the total sample, followed by unwillingness to disclose the reason (12.3%) and family restrictions (6.4%). These findings indicate that barriers to help-seeking extend beyond the availability of services and may also involve concerns about disclosure, social judgement, and restrictions within the family environment. Stigma is particularly relevant when students experience psychological or emotional difficulties but are concerned about how others may perceive their need for assistance. The present findings are consistent with the broader concern identified in the literature regarding barriers to adolescent help-seeking and the underutilization of available support systems.[14] Reluctance to disclose personal concerns may further limit access to assistance, especially when students are uncertain about confidentiality or anticipate a negative response from family members, peers, or other individuals.

Gender-wise findings showed different patterns in reported barriers. Fear of stigma was frequently reported among female participants who indicated reasons for not seeking support, whereas unwillingness to disclose the reason was also prominent. Male students reported unwillingness to disclose personal concerns more frequently than fear of stigma. These findings should be interpreted cautiously because the reasons for not seeking support were reported by a subgroup of participants, and the table contains inconsistencies in the gender-specific percentages. Nevertheless, the overall findings identify stigma, disclosure concerns, and family restrictions as relevant issues for further investigation.

Perceived stigma also varied by gender. Among female students, 44.5% reported no stigma associated with seeking help, 32.8% reported experiencing stigma sometimes, and 22.6% reported stigma. Among male students, 40.8% reported stigma, 35.7% reported no stigma, and 23.5% reported experiencing stigma sometimes. The higher proportion of male students

reporting stigma may indicate that concerns about social judgement deserve attention in the design of student support programmes. However, the present study does not establish whether gender norms, expectations of self-reliance, or other sociocultural factors account for the observed pattern.

These findings support the need for non-judgmental and confidential mechanisms through which students can seek assistance without fear of discrimination or unwanted disclosure. Awareness activities, peer-support initiatives, counselling services, and clear communication about confidentiality may help make formal support more acceptable. Barrera and Prelow have discussed interventions designed to promote social support among children and adolescents, providing a relevant conceptual basis for strengthening supportive environments.[15] Such initiatives should complement, rather than replace, accessible professional services for students who require specialized assistance.

Awareness of Sexual Health Information Services

Awareness regarding the availability of a designated place for obtaining sex-related information was limited among the study participants. Only 17.0% reported awareness of such a place, while 41.7% did not know whether one existed and 41.3% reported that no such place was available in their city. Awareness was higher among male students than female students (26.5% versus 10.2%). These findings identify a potential information and service-awareness gap among college-going students.

Access to reliable sexual health information is an important component of young people's health and well-being. However, awareness of a service, actual service availability, accessibility, and utilization are distinct outcomes. The present study assessed participants' reported awareness and perceptions of availability; therefore, it cannot establish whether appropriate services were objectively available or whether students had attempted to access them.

The relatively low awareness observed among female students warrants particular attention. Limited awareness may reflect gaps in communication about available services, discomfort discussing sexual health, or other contextual barriers, although these explanations were not directly examined in the present study. The findings highlight the importance of providing students with clear information about reliable sexual health resources and ensuring that such services are accessible, confidential, and sensitive to their needs. Educational institutions and health facilities may serve as important settings for disseminating accurate information and directing students towards appropriate services.

Implications for Public Health and Student Support Services

The findings have several implications for public health practice. First, the high proportion of students reporting a need for support indicates the importance of integrating psychosocial support into college health initiatives. Support systems should address not only emotional concerns but also academic difficulties, interpersonal problems, career-related uncertainty, and other challenges associated with the transition to adulthood. Second, the predominance of the home as a reported source of support highlights the importance of strengthening family communication while recognizing that not all students experience parental relationships in the same way. Family-oriented awareness programmes could promote empathetic listening, respect for privacy, and appropriate responses to students' emotional and psychological concerns. Third, the relatively low reported use of college-based support suggests that institutions should assess the awareness, accessibility, and acceptability of their existing services. Clearly communicated referral pathways, confidential counselling, trained faculty members, and peer-support initiatives may provide additional routes for students to seek help. These measures should be implemented with safeguards to protect privacy and ensure referral to qualified professionals when necessary. Fourth, the reported barriers of stigma, unwillingness to disclose personal concerns, and family restrictions indicate that increasing service availability alone may not be sufficient. Efforts should also focus on reducing negative perceptions of help-seeking and creating environments in which students feel comfortable discussing sensitive concerns. Finally, the limited awareness of sexual health information services highlights the need for better dissemination of information about reliable and confidential sources of guidance.

Strengths and Limitations

An important strength of the present study is its examination of perceived parental support, the need for support, sources of help, barriers to help-seeking, and awareness of sexual health information services within a single study population. The inclusion of students from different academic backgrounds also provides a broader perspective on support-related experiences among college-going youth in the study setting. Nevertheless, several limitations should be acknowledged. First, the cross-sectional design limits the ability to establish temporal relationships or causal associations. Second, the study was conducted in an urban setting in Chandigarh; therefore, the findings may not be generalizable to students in other geographical or institutional contexts. Third, the data were based on participants' self-reports and may have been influenced by recall or social desirability bias, particularly for sensitive topics such as stigma, psychological support, and sexual health information. Fourth, although the methods describe the use of quantitative and qualitative approaches, the presented results primarily report quantitative findings.

Qualitative findings would be required to provide a deeper understanding of students' experiences and the reasons underlying their help-seeking preferences. Finally, some inconsistencies in the reported tables and gender-specific percentages require verification before publication. The study also does not provide sufficient information to determine the availability or quality of formal support services, nor does it establish the reasons for the observed gender differences. Future studies using validated measures of perceived social support, appropriate inferential analyses, and qualitative interviews could provide a more comprehensive understanding of the relationship between perceived support, stigma, and help-seeking behaviour.

Strengths

The study examines perceived social support and barriers to help-seeking among college students from diverse academic backgrounds. Stratified random sampling and the inclusion of both male and female participants provide insights into gender differences in support-seeking patterns and barriers.

Limitations

The cross-sectional design limits causal inference. The study's urban setting in Chandigarh may limit generalisability to other populations. The study assessed only perceived support and not the actual support availed. Self-reported data may be subject to recall and social desirability biases, particularly regarding sensitive issues.

CONCLUSION

The present study demonstrates that perceived social support is an important concern among college-going students in Chandigarh, with most participants reporting a need for support at some point in their lives. The home was the predominant reported source of support, while fear of stigma, reluctance to disclose personal concerns, and family restrictions emerged as important barriers to help-seeking. Awareness of designated sexual health information services was also limited. Although some gender differences were observed, the association between gender and the perceived need for support was not statistically significant. These findings underscore the importance of strengthening family communication, improving awareness of available services, promoting confidential and non-judgmental help-seeking environments, and enhancing the role of educational institutions and health services in supporting young adults.

ACKNOWLEDGEMENTS

Authors are thankful to all youths participating in the study and university authorities for granting permission to conduct the study. We are also grateful to the Centre for Public Health, Panjab University Chandigarh for providing approval and infrastructure to conduct the present study.

Funding: None.

Competing interests: None declared.

REFERENCES

1. Adolescent Health and Development. WHO Regional Office for South-East Asia, 2004.
2. Jekielek S, Brown B. The Annie Casey Foundation, Population Reference Bureau, and Child Trends. Washington, DC: 2005. The Transition to Adulthood: Characteristics of Young Adults Ages 18 to 24 in America. Kids Count/PRB/Child Trends Report on Census, 2000.
3. Hankin BL, Mermelstein R, Roesch, L. Sex differences in adolescent depression: Stress exposure and reactivity models. Child development, 2007; 78: 279–95.
4. MezulisAH, FunasakiKS.Charbonneau, AM, HydeJS. Genderdifferencesin the cognitive vulnerability-stress model of depression in the transition to adolescence. Cognitive Therapy and Research, 2010; 34: 501–13.
5. Pettit JW, Lewinsohn PM, Seeley JR, Roberts RE, Yaroslavsky I. Developmental relations between depressive symptoms, minor hassles, and major events from adolescence through age 30 years. Journal of Abnormal Psychology, 2010; 11: 811–24.
6. De Coster S. Depression and law violation: Gendered responses to gendered stresses. Sociological Perspectives, 2005; 48: 155–87.
7. Kort-Butler, LA. Coping styles and sex differences in depressive symptoms and delinquent behavior. Journal of Youth and Adolescence, 2009; 38: 122–36.
8. Moksnes UK, Moljord IEO, Espnes GA. Byrne DG. The association between stress and emotional states in adolescents: The role of gender and self-esteem. Personality and Individual Differences, 2010; 49: 430 –35. doi:10.1016/j.paid.2010.04.012.
9. Walia DK, Kumar A, Bakshi RK, Vashisht D. Social Support Systems and Psychosocial Health Conditions: Utilization and Satisfaction among College Students in Chandigarh. Indian J Community Health, 2025; 37(1): 70-8.
10. Brady SS, Dolcini MM, Harper GW, Pollack LM. Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. Health Psychology, 2009; 28: 238–48. doi:10.1037/a0013240.
11. Camara M, Bacigalupe Padilla P. The role of social support in adolescents: are you helping me or stressing me out? International Journal of Adolescence and Youth, 2017; 22: 123–36. https://doi.org/10.1080/02673843.2013.875480
12. Alsubaie MM, Stain, HJ Webster, LAD Wadman, R. The role of sources of social support on depression and quality of life for university students. International Journal of Adolescence and Youth,

2019; 24: 484–96. https://doi.org/10.1080/02673843.2019.1568887

13. Maria C, Gonzalo B, Patricia P.Therole of social support in adolescents: are you helping me or stressing me out?, International Journal of Adolescence and Youth, 2017; 22:, 123-36, DOI:10.1080/02673843.2013.875480
14. Parker G. (2007). Adolescents, social support and help-seeking behaviour: An international literature review and programme consultation with recommendations for action. Geneva: World Health Organization.
15. Barrera M, Jr., Prelow H. Interventions to promote social support in children and adolescents. In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.), The promotion of wellness in children and adolescents, 2000; 309–39. Child Welfare League of America.
16. Schwarzer R, Knoll N. Functional roles of social support within the stress and coping process: a theoretical and empirical overview. Int J Psychol, 2007; 42: 243–52.
17. Kumar P, George B. Life events, social support, coping strategies, and quality of life in attempted suicide: A case-control study. Indian Journal of Psychiatry, 2013; 55: 46–51. https://doi.org/10.4103/0019-5545.105504
18. Ibrahim, N et al. The role of social support and spiritual wellbeing in predicting suicidal ideation among marginalized adolescents in Malaysia. BMC Public Health, 2019; 19: 553. https://doi.org/10.1186/s12889-019-6861-7.
19. Khan MA. Impact of Social Support on Life Satisfaction among Adolescents. The International Journal of Indian Psychology, 2015; 2: 97–04.
20. Prabhu SG, Shekhar R. Resilience and perceived social support among school-going adolescents in Mangaluru. Indian J Soc Psychiatry, 2017; 33: 359-64.
21. Harikrishnan U, Salio GL. Assessment on social support among school going adolescents: A School based survey. International Journal of Multidisciplinary Educational Research, 2020; 9: 130-35.