

Socio-cultural Drivers of Psychosocial Distress and Resilience among Adolescent Girls in Nepal

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Abstract

Psychological stress on adolescent girls in Nepal are shaped by socio-cultural factors such as gendered socialization, rapid changes in development and constricted access to mental health services. This study investigates how the nature of these challenges pose a threat to the girls' mentality and identifies effective intervention ways for promoting their psychological, emotional and social improvement. Applying a mixed method approach, information has been collected from 32 adolescent girls aged 14-19 from two child care centers in Bhairahawa through counseling based observation, thematic discussion and In-depth Interview. The findings reveal that adolescent girls possess high level of emotional distress including anxiety, disturbances in sound sleeps and high family expectation of academic achievement. Moreover, patriarchal stereotypes, responsibilities for household works, digital media pressures—such as comparing body image with the videos shown such media and cyberbullying and cyberbullying—further complicates the psychological distress. Though remarkable challenges prevails, a few participants had a reach to professional counselling that highlights significant gaps in mental health facilities. However, structured group interventions such as the WHO's Early Adolescent Skills for Emotions (EASE) program demonstrated positive outcome in enhancing emotional exposure, coping mechanism and garnering peer support.. The study concludes that socio-cultural contests rather than individual alone produce particular situation of psychological distress among girls. This sheds light on necessity of culturally fit intervention and gender-sensitive strategies in schools, families and communities to foster psychological and social aspects and strengthen resilience.

Keywords: Academic pressure, coping mechanisms; digital media, psychosocial distress, Digital, Resilience

Introduction

WHO defines adolescents as persons between the age of 10 and 19 marking transitional phase of childhood and adulthood (Dehne & Riedner, 2001). But, the ages to mark the adolescence varies by organizations such as Unites Nations considers the ages between 15 and 19, FOCUS identifies the ages of 15 and 24 and Common Wealth Youth Programme classifies the ages from 10 to 24 (Dehne

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& Riedner, 2001). The age group does not merely define an adolescence. Rather, it is viewed as the psychological and social terrain, not only as physical maturity. Adolescence as a transformative phase is marked by rapid physical, emotional, and cognitive development. For girls, this period is often compounded by gender-specific expectations, societal norms, and limited autonomy, especially in traditional and patriarchal societies (Yuve, 2023).

In such societies, the growing gap between increasing psychosocial challenges and insufficient support systems highlights a pressing demand for holistic, practically applicable approaches that foster resilience, enhance emotional understanding, and ensure accessible, inclusive mental health services. Addressing this gap is essential for safeguarding the holistic development of adolescent girls and ensuring their active participation in society

Mainly rooted in the old traditional cultural setup, mental health is still considered a secondary issue and treated as normalcy. However, as society goes through rapid change due to advancement, the role and responsibilities of female are overburdening them, especially in their mental health. The young females are competing with different constraints in their own houses. However, they are supposed to maintain silence (Shah, 2025). Still, the psychosocial well-being of adolescent girls is a critical yet often overlooked dimension of public health and social development in Nepal.

Global Context

Today, mental health issues among youths have emerged as a significant public health concern. Recent studies across Europe reveal a high and rising rate of psychological distress in youth, especially among young women. A major Norwegian study conducted in 2019 found that 33% of girls aged 18–19 exhibited symptoms of mental distress, compared to 14% of boys in the same age group (Johansen, et al., 2021). This research finding pinpoints that in developed countries, mental health problems are also becoming more common among young people, and it's a growing concern for public health. In similar light, in developing countries including India, after the beginning of puberty, the risk of depression and anxiety rises significantly, especially among young girls diagnosis of depression is 1.5 to 2 times more likely than boys noting gender gap persisting across life –course (Beattie et al., 2019). These Studies demonstrates that many young people feel stressed, anxious, or depressed—especially young women. Around 1 in 3 young women and 1 in 6 young men report these kinds of mental health symptoms. These present that the level of symptoms exhibited of distress in girls is much higher than that of boys suggesting urgency of mental health support for youth.

Other recent studies have underscored the growing prevalence of psychosocial distress among adolescent girls, particularly in low- and middle-income countries. Factors such as gender-based discrimination, academic pressure, and limited access to mental health resources contribute to heightened vulnerability. Research by the WHO (2021) indicates that adolescent girls are disproportionately affected by anxiety and depression compared to their male counterparts. While various intervention models, ranging from school-based counseling to peer support groups, have shown promise, there remains a significant gap in culturally sensitive and gender-responsive approaches tailored to South Asian contexts.

Health Behavior in School-aged Children survey (2021/2022) also reflects that Adolescent girls consistently reported worse mental health outcomes than boys across all indicators, including

life satisfaction, self-rated health, and emotional well-being. About 25% of 15-year-old girls reported feeling lonely most of the time or always in the past year, compared to about 14% of boys.

As these young individuals navigate the complexities of identity formation, emotional regulation, and social integration, they are frequently confronted with challenges rooted in gender norms, cultural expectations, and systemic inequalities. According to Yadav (2021), in recent years, there has been a noticeable rise in mental health concerns among young females, including anxiety, depression, and low self-esteem, issues further exacerbated by peer pressure, social media exposure, and academic stress.

According to the World Health Organization & UNICEF (2021), recent trends indicate a troubling rise in anxiety, depression, and self-esteem issues among adolescent girls, with many suffering in silence due to stigma and lack of support systems. While schools, families, and community organizations have begun implementing intervention programs, the effectiveness and reach of these efforts remain uneven. Understanding the psychosocial dynamics affecting adolescent girls and evaluating the interventions designed to support them is essential for fostering resilience, promoting mental well-being, and ensuring equitable development.

Nepali Context

In developing countries, such as Nepal and other south-Asian countries, the scenario of mental health and its care system is worse compared to developed countries. Similarly, there is also a lack of mental health-related evidence in the Nepalese context; available evidence from hospital settings does not represent the situation accurately, and this situation highlights a lack of serious effort on adolescent health. In the Indian context, 14–40% of adolescent students are assumed to have mental health problems (Bista, et al, 2016).

This study emphasizes the need for early recognition and intervention by families, schools, and communities to support adolescents' mental and emotional well-being to help them combat the challenges adolescents face during their transition from childhood to adulthood, particularly in terms of psychosocial development. Banstola (2017) studying on young females in Pokhara, Nepal reveals that they face distinct psychosocial challenges during adolescence, shaped by social, cultural, and environmental factors. These challenges include higher internalizing issues: Girls were more prone to internalizing problems such as social withdrawal, thought problems, somatic complaints, and anxious depression. These challenges are compounded by social factors such as peer relationships, family expectations, and gender-based social norms.

Adolescents encounter multifaceted psychosocial challenges rooted in sociocultural dynamics. Prevailing cultural expectations impose stricter social norms and limitations on their personal freedom, often resulting in heightened feelings of isolation and anxiety (Yadav, 2023). Furthermore, access to mental health support remains limited due to pervasive stigma and a lack of awareness, which discourages help-seeking behavior among young females. Compounding these issues is the academic pressure they face, which is frequently exacerbated by role conflict arising from the need to balance educational responsibilities with domestic obligations. These intersecting stressors contribute significantly to the psychosocial vulnerability of school-going girls (Lamichhane, 2015).

In Nepal, adolescent girls often face a complex array of psychosocial stressors, including academic pressure, body image concerns, early marriage, gender-based violence, and limited access to mental health resources. These issues are heightened by socio-economic disparities, cultural taboos about emotional expression, and the increasing influence of digital media. Therefore, it is clear that gender-based violence, early marriage, academic pressure, restricted access to mental health services, along with body image concerns and social media influence, are key factors contributing to psychological distress among adolescent females. UNICEF and the Nepal Health Research Council (2024) report that adolescent girls, especially in marginalized communities, have limited access to mental health services, and stigma around emotional distress prevents many from seeking help.

These findings highlight the need for gender-sensitive mental health programs in schools and communities to support adolescent girls more effectively. Adolescent girls experiencing psychosocial distress benefit from a range of targeted intervention strategies that promote emotional resilience, social support, and mental well-being. One effective approach is the Early Adolescent Skills for Emotions (EASE) program developed by WHO and United Nations Children's Fund (2025), which offers structured group sessions focused on stress management, problem-solving, and behavioral activation, supported by caregiver involvement. Family-based interventions, such as parenting workshops and family therapy, enhance communication and emotional support within the home (Kaslow et al., 2012). Schools play a crucial role in integrating mental health promotion through peer support groups, teacher training, and providing safe spaces for counseling. Skill-building workshops that teach mindfulness, emotion regulation, and self-esteem development further empower girls to manage distress effectively (Stephan et al., 2007). Community outreach and digital platforms expand access to support, especially for marginalized groups, while crisis and developmental counseling provide tailored responses to acute and ongoing challenges. Together, these strategies form a comprehensive framework for addressing the psychosocial needs of adolescent girls in diverse settings.

Adolescent girls are increasingly facing complex psychosocial challenges that threaten their emotional well-being, academic performance, and social development (Murry, 2010). Factors such as gender-based discrimination, societal expectations, limited access to mental health resources, and the growing influence of digital media have intensified issues like anxiety, depression, low self-esteem, and identity confusion (Arif et al., 2005). Despite the critical nature of these challenges, psychosocial support systems remain fragmented, under-resourced, and often culturally insensitive. Current intervention efforts, whether implemented through schools, communities, or families, often fall short in terms of uniformity, broad applicability, and sensitivity to gender-specific needs (Eiraldi et al., 2015). These programs frequently lack the structured design and adaptability required to address the distinct psychosocial challenges faced by adolescent girls.

Objectives

This article aims to address the following objectives.

1. To explore psychosocial challenges faced by young girls.
2. To explore the effective intervention strategies that can help promote the mental and emotional well-being of the young girls.

Significance

This study holds critical importance in understanding and addressing the multifaceted psychosocial challenges faced by young girls in contemporary society. As they navigate formative years marked by rapid emotional, cognitive, and social development, young girls often encounter pressures stemming from family dynamics, peer relationships, academic expectations, societal norms, and digital influences. These stressors can significantly impact their mental and emotional well-being if left unaddressed.

By exploring these challenges in depth, the study can be helpful to illuminate the lived experiences of young girls, giving voice to their struggles and resilience. This study can also be insightful to identify gaps in existing support systems, both formal (e.g., school counseling, healthcare) and informal (e.g., family, community). Not only this, but it can also add a brick to understanding the importance of empowering educators, parents, mental health professionals, and policymakers with actionable insights to foster environments that nurture emotional strength and psychological safety.

By identifying the root causes of distress, such as social pressure, gender norms, academic stress, and digital influences, the study seeks to provide a detailed understanding of how these factors impact adolescent girls' development. Furthermore, it aims to evaluate current support mechanisms and propose culturally sensitive, gender-responsive approaches that can be implemented in schools, families, and communities.

Research Methods

The method of this study is mixed- methods approach, integrating both qualitative and quantitative research strategies to explore socio-cultural factors of psychosocial distress among adolescent girls. Data were collected through in-depth interview schedule comprising closed-ended questions, targeting a sample of 32 female students selected from a total population of 65 at two different child care centers in Siddharthanagar municipality- 4 at Bhairahawa using purposive sampling method. Likewise, counselling based observation has also been applied to examine the psychological trauma of the participants that include their behavior, situation of fear and anxiety. Though the age range of adolescence varies by international organizations, we have selected the participants aged between 14 to 19 considering their willingness and maturity to engage in interview. These participants are school going who are protected by the child care centers. Their families are poor to earn livelihood. Therefore, they are placed temporarily in the child care centers who are schooled and financed by these institutions until they complete school education. One of the researchers is engaged in psychological counselling among the adolescent girls though we are basically sociologists. Being psychological counsellor, it became feasible to conduct individual assessments and therapeutic sessions to identify distress factors and guide participants in applying appropriate coping mechanisms. The researcher's academic background, including a diploma in psychosocial counseling, provided a strong foundation for engaging deeply with the subject matter. The field survey spanned between April and August in 2025 AD allowing for comprehensive data collection and contextual understanding of the psychosocial challenges faced by the participants. Data analysis was conducted using thematic discussion, ensuring clarity and enhancing the accuracy

of findings. This methodological rigor supports the study's aim of identifying effective intervention strategies to address psychosocial distress among adolescent girls.

Results and Discussion

Gendered Emotional Suppression and Internalized Distress

Many participants (72%) shared that they felt frequent sadness, loneliness, or emotional exhaustion at care centers because of pressure of study, especially achieving grades in examinations according to family expectation. Among them, 41% reported having recurrent anxiety episodes mostly during examinations and at evenings almost every day. Notably, still among them, 51% revealed that they felt disturbances in sound sleeps due to overthinking, self-doubt and fear of family responses if failed in examinations.

Responding to the level of their emotional well-being, only 22% reported that they were mostly happy, while 43% shared that they often remained anxious, and 35% described themselves as frequently sad, lonely and alienated. A participant, Rina aged 18 shared, "Sometimes I feel heavy inside, like I cannot explain what's wrong. I smile outside, but my heart feels tight. When my parents scold me or when I think about my marks, I can't sleep. I just keep thinking about what I did wrong" (Field Interview, Participant 01, 2025). Another participant, Asmita aged 16 reported, "I don't share my problems with anyone. I fear they will think I'm weak or overreacting. My mother says, 'You are still young, don't think too much.' But sometimes, I just want someone to listen" (Field Interview, Participant, 03, 2025).

The previous literature supports that adolescent girls encounter distress and sadness due to socio-cultural practices engrained in traditions. Anxiety, sadness and withdrawal prevails among participants that aligns with global results of various research. For instance, WHO (2021) revealed that adolescent girls are variously affected by psychosocial distress. This emotional distress often finds roots in social and cultural anticipation that sabotage open emotional discussion among the adolescent girls (Shah, 2025).

The participants' stories reveal an incessant struggle with emotional and psychological invisibility: they are destined to keep composure, loyalty and silence intact even during the phase of psychological trauma. The research findings of Yadav (2021) find pace with this which emphasizes that emotional suppression among south Asian adolescent girls produces chronic anxiety and loss of self-dignity.

Moreover, participants feeling 'heavy inside' finds similar pattern with Lamichhane's (2015) observations that restricted space with safety for emotional discussion and articulation among girls tend to internalize distress. Psychological fragility prevails among girls caused by obligatory silence, frightening of unjust judgment and lack of sincerity in listening what they express in families.

Above all, emotional strain and anxiety that exists among participants arises out of not only personal psychological phenomenon but also exposure of gendered socialization and constricted emotional literacy in households and schools. Therefore, application of early intervention strategies through adaptation of emotional openness, counselling and family sensitization programs are requires as soon as possible.

Academic Pressure and Performance Anxiety

Nearly two-thirds (66%) of participants shared that they experienced extremely high academic pressure especially in achieving grades from parents and teachers as they are students. They felt that their self-dignity overtly linked to their success in academic field. Moreover, 47% reported physically sick as the exam approaches while 59% revealed that they were frightened of disappointing their parents or teachers. Manisha aged 21 said, “If I get low marks, my father doesn’t talk to me. He compares me with my brother who always scores better. Sometimes I study late at night, but still, my mind doesn’t stay focused”(Field Interview, Participant,04, 2025). Similarly, Sabina aged 17 shared, “During exams, I feel like my whole body shakes. I can’t eat properly. I imagine failing and how everyone will think I’m useless (Field Interview, Participant, 03, 2025).

Academic anxiety comes as one of the most significant instigators to psychosocial strain among adolescent girls. This finding aligns with Johansen et al. (2021), who found a correlation between mental health challenges and academic achievement among female students in Europe. Nevertheless, our observation confirms that academic pressure is compounded by expectations of family based on gendered stereotypes where to achieve academic performance indicates family dignity and moral value.

Performance based anxiety that gets internalized shows a form of conditional acceptance existing in traditional families where girls get emotionally fulfilled only after proving themselves in academic success rather than behavioral compliance. Research findings such as Banstola (2017) points that adolescent girls often demonstrate achievement anxiety due to fear of failure and inadequacy of emotional attachment.

Our observation shows that academic distress also emerges out of overcrowded classroom size, inadequate counselling services, and rigidity in educational hierarchies. As Eiraldi et al. (2015) highlight that lack of integrated mental health mechanism in schools exacerbates silent suffering among adolescent girls.

Therefore, structural reform such as routinizing psychological counselling in schools education, providing training to teachers concerning emotional support and psychological wellbeing and reaffirming emotional and psychological character alongside grades in schools is need of time to address academic distress.

Gendered Academic Expectations and Performance-Induced Anxiety

81 percent of participants reported that their personal freedom is limited due to gendered expectations within the families. Of them, 68% shared that they are expected to engage in household works daily, frequently at the cost of their entertainment and study time. In addition, 28% reported that they are destined to face emotional pressure for confirmation of ideal girl character characterized by loyalty, modesty and silence. Sunita aged 18 reported, “When my brother comes home from school, he can rest or play games. But I have to cook, clean, and then study. My mother says, ‘This is what girls should learn.’ I feel angry, but I can’t say anything”(Field Interview, Participant 07, 2025). Another participant, Laxmi at the age of 17 reveals, “Sometimes I want to speak about my ideas, but my father says, ‘Girls should not argue.’ I stop talking. Slowly, I started believing my opinions don’t matter” (Field Interview, Participant 06, 2025).

Participants' experiences indicate oppression internalized within them undermining emotional freedom and confidence. The notion of the ideal girl' requiring obedience, silence and self-sacrificing acts to impose psychological constraints that contributes to block their self-expression.

These findings resonate with what Yuve's (2023) observed that girls in conventional set up are trained to conceal self-revelation giving rise to suppressed agency and unrecognized distress. Similarly, Lamichhane (2015) found domestic expectations based on gender roles as a key instigator for distress among Nepali adolescent girls.

Our observation in the field found that role conflict, that includes shaping the girls for domestic household duties on one hand and expecting high academic achievements on the other produces chronic cognitive dissonance. They tend to internalize guilt for emphasizing recreation and self-care. This finding in our studies sticks with Arif et al. (2005) linking domestic expectation with depressive behavior among south Asian adolescent girls.

This observation further reflects what Murry (2010) considers 'cultural dissonance stress,' where cultural loyalty gets conflated with individual aspirations. Equitable household gender roles and emotional articulation can be normalized by applying effective community interactions and discriminatory behavior based on gender in school education if psychological interventions are used effectively.

Digital Body Surveillance and Emotionally Distressed Self-Image

Around 69% of the participants are engaged in social media like Facebook, Instagram and Tiktok daily. Among them, 62% admitted that they compared themselves with the videos displayed in social media and felt low. They do not find them compatible with these videos that distressed them. They have fantasy to maintain their daily activities that meet virtual standard. While 38% participants reported that they loathed digital media portrayal of body image. Moreover, 37% participants among the daily users reported that they had experienced cyberbullying and negative comments on exposing body image posts that further deteriorated their psychological mindset hampering their social engagement. 15 years old participant named Aarati expressed her distress, "When I see other girls on TikTok looking perfect, I feel small. I start thinking I'm not beautiful enough. Sometimes I delete my photos" (Field Interview, Participant 05, 2025). Similarly, Puja, 16 years old participant revealed her disappointment, "A classmate made fun of my dark skin on Facebook. I cried the whole night and didn't want to go to school the next day"(Field Interview, Participant 10, 2025).

Adolescent girls are heavily influenced by digital culture today that has deteriorated their mental health condition. Participants' experiences shed lights on evolving internalization of beauty ideals and pressures stemming from social media to compare themselves what they happen to observe in such platforms. These findings reflect WHO (2021) and UNICEF (2024) reports, highlighting rise in anxiety and low dignity being linked to digital exposure among adolescent girls globally.

According to our observation as per the engagement with girls in interaction, digital media produces the landscape for both an opportunity of self -exposure on one hand and self-surveillance on the other when globalized beauty norms and traditional modesty intersect. Girls constantly search

better chance to seek validation and fall victim of emotional instability when they find incompatible comparing themselves with digital standard of attractiveness.

This sense of duality is mirrored in Stephan et al. (2007), who observe that emotional vulnerability and negative self-appraisal are reinforced through peer comparison with the images in digital media. Moreover, the persistence of cyberbullying and body shaming produces insecurities and instability engrained in gendered socialization.

Remarkably, digital platforms produces their identity hampering sound socio-emotional environment. Intervention strategies could be applied to train the girls to tackle with digital media content critically while restriction in usage is next to impossible at the moment in which digital platforms define life to a large extent. Thus, promoting digital body image education, digital literacy and media resilience probably support the girls to scrutinize and critically contemplate digital platform content.

Collective Coping, Culturally Adaptive Support, and Socially Nurtured Resilience

Concerning coping mechanism, 39% of participants reported keeping silence while 31% tries to seek friends support. Only 12% had engaged in professional counselling. Those engaged in counselling sessions participated in guided reflection reported that they felt remarkable change in their mood and awareness.

Those who participated in informal group discussion guided by the framework of The Early Adolescent Skills for Emotions (EASE) demonstrated positive reaction. For instance, 84% of participants through emotions articulating programs felt more relaxed and more connected. Bimala, a 19 years old participant shared, “When we started talking in the group, I realized others also feel the same. Before that, I thought only I had problems. Now I try to breathe slowly when I’m angry or sad”(Field Interview, Participant 09, 2025). Another participant aged 15, Kritika reported, “After the sessions, I started writing my feelings in a diary. It helps me to release tension. Earlier, I used to cry alone, but now I try to understand my emotions”(Field Interview, Participant 11, 2025).

Therefore, from the participants’ perceptions, we can conclude that resilience built by guided psychological interventions ensure efficiency in emotional education. Moreover, they highlighted the affordability and cultural adoptability of EASE based sessions

The findings of this research aligns with Kaslow et al. (2012) observe that family and groups based therapeutic approaches reduces emotional alienation and give rise to effective communication. Similarly, Banstola (2017) pinpointed that peer based emotional sharing remarkably supports adolescent girls in Nepal promoting the sense of belonging.

However, a significant gap prevails due to availability of constricted professional mental health programs. Only a small fraction of participants (16%) experienced conducting interactions and discussion with the counsellor that reflects their negligence in seeking psychological support.

Resilience, according to our observation, does not refer to only personal strength but evolving capacity supported by the social surrounding such as family and community environment. Resilience gets transformed from personal tendency to collective resources only through the engagement of family members, empathetic teachers and solidarity among peers.

The results reveal that psychological wellbeing has multidimensional nature. Emotional wellbeing can be maintained through effective interventions. Such interventions also promote culturally adoptive community participation and provides the spaces which are secured. Adolescent girls can develop emotional intelligence and self-awareness through operation of peer mentorship activities, effective and mindful exercises and narrative therapy.

Conclusion

This study illuminates that adolescent girls profoundly experience emotional distress engrained in confluence of academic pressures, family expectations, digital media pressures and restricted intervention strategies. They face higher rates of sleep disturbances, alienation from social engagement, emotional and psychological stress. The experiences of participants- concealing internal stress, frightening parental negative responses and disappointment and lacking emotional exposure emphasize their psychological invisibility and vulnerability of their suffering. Structural aspects- overloaded household responsibilities, role expectation of patriarchal stereotypes, inadequate time for academic engagement and emotional pressures to exposing themselves to suit displayed digital media content that portrays ideal girl persona further perpetuates their hidden burden. This research concludes that adolescent girls are profoundly victimized by academic stress and family expectation. The distress is not sole individual phenomenon but it is tightly embedded with social and cultural landscape which requires intervention strategies surpassing personal, familial and institutional domains.

Recommendation

Future research should further study the intersectionality of psychosocial distress among adolescent girls by involving longitudinal and cross-cultural approaches to comprehend the changing nature of emotional problems in transforming socio-digital contexts. Such research may explore how resilience and emotional stability can be achieved tackling the combined effect of gendered socialization, communication dynamics and academic environments within the school. In addition, future research should pay attention on how culturally adoptive interventions can be more effective highlighting regular counseling in school, family sensitive activities and peer mentorship that would promotes emotional literacy and weakens distress. It would also examine the effect of digital platforms in mitigating cyberbullying and body image exposure led anxiety.

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