

**Psychosocial Problems and its Associated Factors among
Adolescents in Selected Public Schools, Barbardiya Municipality,
Bardia district, Nepal**

Saraswati Nai 

Assistant Lecturer

Department of Child Health Nursing,

TUIOM Nepalgunj Nursing Campus, Nepalgunj, Nepal

thakursanju2011@gmail.com

Type of article: Original Article

Received: April 17, 2026;

Revised & Accepted: June 23, 2026

Copyright: Author(s), (2026)



This work is licensed under a [Creative Commons Attribution-Non Commercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Abstract

Introduction: Adolescence is a critical period of rapid physical, cognitive, and psychosocial development that affects the thinking, decision making and interactions of adolescents with the world around them which contributes to the higher rates of psychosocial problems in them. Despite having mental health issues, adolescents feel reluctant to seek for professional mental health. This study aims to determine the prevalence and associated factors of psychosocial problems among adolescents in public schools of Barbardiya Municipality, Bardia, Nepal.

Methods: A descriptive cross sectional research design was used to conduct this study among 499 adolescents studying in grade nine and ten using two-stage random sampling technique. A structured self-administered questionnaire using the validated Youth Pediatric Symptom Checklist (YPSC) was used to collect data. The findings were analyzed by using SPSS Version 21 by descriptive statistics like number, percentage, mean, median, standard deviation and inferential statistics like logistic regression.

Results: The study findings revealed that nearly one fifth (19.4%) of adolescents had psychosocial problems. Psychosocial problems was found to be significant among late adolescents (AOR= 2.13, 95% CI=1.30-3.48), females (AOR=1.66, 95% CI: 1.01-2.71), not receiving pocket money (AOR=1.81, 95% CI: 1.12-2.92), high occurrence of family disputes (AOR=2.35, 95% CI: 1.38-4.02) and average relationship with their teacher (AOR=1.95, 95% CI: 1.21-3.16).

Conclusions: The findings of the study concluded that psychosocial problems is prevalent in significant number of adolescents. It is recommended that mental health awareness programs should be implemented in schools to address psychosocial problems among the adolescents.

Novelty: This study is the first to assess psychosocial problems using YPSC among adolescents in public schools of Bardiya district, providing evidence for school-based mental health interventions in rural Nepal.

Keywords: Adolescents, Psychosocial problems, Youth Pediatric Symptom Checklist

Introduction

Adolescence is a distinct period of neurological, behavioral, and biological change that starts with puberty and ends when people reach adulthood ([Sisk & Gee, 2022](#)). Based on Erik Erikson's theory of psychosocial development, adolescents during this time are trying to establish a firm sense of identity and independence. When they struggle to do so, it often results in role confusion, leading to poor mental health and strained relationships ([Dhabhai, 2025](#)). These overlapping challenges typically manifest as psychosocial problems, which include a mix of social, emotional, and behavioral difficulties ([Bosgraaf et al., 2020](#)). Comprising the world's 16% of the population; one in seven adolescents experiences a mental disorder, most commonly anxiety, depression, ADHD, conduct disorders, eating disorders, psychosis, suicide, substance use and sexual risk taking behaviours, accounting for 15% of the global burden of disease in this age group ([UNICEF, 2026](#)); ([World Health Organization, 2025](#)). Data from Centres for Disease Control and Prevention, (CDC) has reported rise in students' experiences of violence, signs of poor mental health, and suicidal thoughts and behaviors in the United States from 2013 to 2023 ([CDC, 2025](#)).

A number of factors, such as being 13 years of age or older, being female, experiencing food insecurity, experiencing physical violence, having been bullied, engaging in physical altercations, suffering serious injuries, missing school without parental permission, lacking parental support or monitoring, parents who did not understand their child's problems, and high levels of sedentary behavior, are linked to higher rates of psychosocial health problems in adolescents worldwide ([M. A. Rahman et al., 2023](#)).

Anxiety and depression being the major mental health problems among adolescents in South Asian countries while protective factors included increased physical activity, adequate nutrition, safe/positive homes/family environments, being unmarried females, higher maternal education, peer support/friendship, higher education level, and participating in extracurricular activities were protective of mental well-being ([Weerasinghe et al., 2025](#)). Research on school mental health is essential for improving overall student well-being, reducing stigma, and tailoring interventions to the unique needs of the varied student body ([Balamurugan et al., 2024](#)).

The population of adolescents makes up 20.1% of the total population according to the 2021 census of Nepal ([National Statistics Office, 2024](#)). A National Mental Health Survey by Nepal Health Research Council (NHRC), reported that the prevalence of mental disorders among

adolescents was found to be 5.2% in which neurotic and stress related disorders were the most prevalent with the prevalence of 2.8% whereas among the seven provinces, Lumbini Province had a 6.1% prevalence of mental disorders among adolescents, but community-based studies show higher rates when using screening tools like Youth Pediatric Symptom Checklist (YPSC) ([Dhimal et al., 2022](#)). A research study in Nepal reported the prevalence of mental health problems between 5% and 25% among secondary school students ([Chhetri et al., 2021](#)). Despite these alarming trends across Nepal, empirical data regarding adolescent mental health remains conspicuously absent for the Bardiya district. This study addresses this geographic and literature gap by utilizing the YPSC scale to determine the prevalence and status of psychosocial problems among public school-going adolescents in this unexamined region.

Research Objectives:

- (1) Determine the prevalence of psychosocial problems among adolescents in selected public schools of Bardiya Municipality;
- (2) Identify sociodemographic, lifestyle, family, and academic factors associated with psychosocial problems

Review of literature

Worldwide, mental health problems affect a large number of adolescents with the mean prevalence of 11.63% for mental disorders and 1.22% for substance use disorders while 58.1% teenagers with any mental illness have unmet needs for mental health care. The prevalence of mental disorders has escalated from 6.80% to 13.96% among 5 to 24 years of age groups ([Ghafari et al., 2022](#)). In Mozambique, a study reported that the prevalence of psychosocial problems was 21.2% (24.1% females and 18.5% males) among 1918 school going adolescents ([Amu et al., 2020](#)). A nationwide study in Bangladesh revealed the overall prevalence of no or minimal, mild, moderate, moderately severe and severe depression to be 75.5%, 17.9%, 5.4%, 1.1% and 0.1%, respectively ([Mridha et al., 2021](#)). The prevalence of psychological distress and depression was found to be 24.3% (95% CI = 21.5–27.2) and 12.6% (10.5–14.4) among school going adolescents in Indonesia ([Pham et al., 2024](#)). Various Indian studies have showed significant prevalence of psychosocial problems among adolescents ranging from 11.2% to 33.03% with 15.02% of the adolescents having significant impairment to internalizing problems, 17.24% to attention deficit problems, 18.62% to externalizing problems using standard tools like Pediatric symptom checklist. Psychosocial problems was found to be high among males, middle age adolescents and low academic performance ([Nimje et al., 2023](#); [A. Sharma et al., 2020](#); [Sikandar & Kavitha, 2024](#)).

In Nepal, the prevalence of adolescent psychosocial, emotional, and behavioral problems varies widely across geographic regions, ranging from 12.9% in Kathmandu to as high as 44.2% in Pokhara ([Bhattarai et al., 2020](#); [Timalisina et al., 2018](#)). Localized studies frequently report much higher morbidity: psychosocial problems were detected in 21.7% of a general school groups ([Banstola, 2018](#)), 25.9% in Dhulikhel ([B. Shrestha et al., 2021](#)), 26.8% in Dang ([Devkota et al., 2020](#)), 30.0% in Pokhara ([B. Sharma et al., 2019](#)), and 32.4% in Banepa ([N.](#)

[Shrestha et al., 2022](#)). Across these groups, internalizing disorders consistently outpaced externalizing behavioral problems ([B. Sharma et al., 2019](#); [Timalsina et al., 2018](#)).

Several factors are associated with psychosocial problems among adolescents. A Mozambiquan study identified that older adolescents [AOR = 1.681, 95% CI = 1.233–2.292], adolescents who experienced bullying [AOR = 1.451, 95% CI 1.150–1.831], physical attacks [AOR = 1.802, 95% CI 1.404–2.313], and physical fights [AOR = 1.376, 95% CI 1.070–1.769] were more likely to experience psychological distress as whereas, adolescents with close friends [AOR = 0.503, 95% CI 0.372–0.681] and males were less likely than females to experience psychosocial distress [AOR = 0.755, 95% CI 0.601–0.950] ([Amu et al., 2020](#)). Bullying, on the other hand, is found to be highly prevalent in Bangladesh (24.5%) and Nepal (50.9%) is associated with 9.83 times more likely to attempt suicide among those who are bullied (AOR: 9.83; 95% CI: 4.17–23.16) ([Md. M. Rahman et al., 2020](#)). Factors associated with depression with higher age, higher maternal education, paternal occupation, food insecurity, insufficient physical activity (AOR: 1.24 for boys, 1.44 for girls) and increased television viewing time e.g., ≥ 121 minute/day (AOR: 1.95 for boys, 1.99 for girls) in Bangladesh ([Mridha et al., 2021](#)). In an Indonesian study, social anxiety, depression, and suicidality were prevalent psychiatric morbidities among school going adolescents where male in-school adolescents reported lower rates of psychological distress (16.9% (13.1–20.7) vs. 30.4% (26.4–34.4)) and depression (10.1% (7.2–13.1) vs. 14.6 (11.4–17.8)) than female in-school adolescents ([Pham et al., 2024](#)).

Several studies in Nepal have also identified significant association between psychosocial problems and respondents' variables like age, grade, parental education status, respondents' living status, perceived family disputes, perceived marital problems of parents, relationship problem with family, working position of the parents, stress of failure in study, punishment faced in home and school, experienced sexual harassment and death of loved ones ([B. Shrestha et al., 2021](#)) Students who had low perceived social support (UOR: 3.604; 95% CI 2.088 to 6.220), did not share their problems with anyone (UOR: 1.931; 95% CI 1.228 to 3.038) and had low self-esteem (UOR: 5.282; 95% CI 2.994 to 9.319) were at higher odds of being depressed according to a study done in Pokhara ([Bhattarai et al., 2020](#)). A study in Banepa have reported that there was a significant association between the bad relationships with siblings (OR=5.840, 95% CI=1.820-18.735, p value=0.003), neighbors (OR=4.46, 95% CI=1.36-14.60, p value=0.013), classmates (OR=3.630, 95% CI=1.060-12.424, p value=0.040) and fine relationship with teachers (OR=5.091, 95% CI=2.223-11.658, p value) ([N. Shrestha et al., 2022](#))

Psychosocial problems were more common among adolescents who experienced physical or verbal abuse (p=0.000, OR: 13.54), felt unsatisfied with their home environment (p=0.000, OR: 5.01), had high academic/school-related stress (p=0.000, OR: 5.304), did not live with their parents (p=0.000, OR: 4.49), came from families with barely enough money (p=0.000, OR: 3.29), were in a joint family (p=0.004, OR: 2.12), had illiterate mothers (p=0.027, OR: 1.96), and had a disrupted marital status of parents (p=0.040, OR: 1.78) ([Banstola, 2018](#)). The

prevalence of EBPs was substantially correlated with family type (OR=1.8 p=0.035), school type (private: public OR=2.1 p=0.004), and sex (OR=2.2 p=0.001) ([B. Sharma et al., 2019](#)). From the above literatures, it is evident that psychosocial problems are emerging as a major health threat among adolescents. In Nepal, vast majority of psychosocial research has been heavily skewed toward urbanized or hilly areas, such as Kathmandu, Pokhara, and Dhulikhel (Bhattarai et al., 2020; B. Shrestha et al., 2021; Timalisina et al., 2018). These settings do not reflect the lived realities of adolescents residing in the rural plains of the Terai region, specifically within districts like Bardiya in Lumbini Province. Hence, the findings of this study will help to assess the prevalence of psychosocial problems among adolescents and its associated factors, providing basis for appropriate interventions and fulfilling the existing knowledge gap.

Methods

A descriptive cross-sectional study with quantitative approach was conducted at 7 public schools of Barabardiya municipality of Lumbini Province. All the students studying in grade nine and ten were the study population. Those students in grades 9 and 10, present on the day of data collection, willing to participate were included in the study while those students on long-term absence or with diagnosed mental health conditions already receiving treatment were excluded. The required sample size was calculated by using Cochran's formula, that is, $n = \frac{Z^2pq}{d^2}$ ([Cochran, 1977](#)). The prevalence was taken from the previous study of psychosocial problems among adolescents which was 26.8% ([Devkota et al., 2020](#)). At 95% Confidence interval, 5% allowable error, assuming a 10 % non-response rate and adding design effect 1.5 for cluster sampling, the calculated sample size was 499. Two-stage sampling technique was used to collect data from the students. At first, 7 public schools (Shree Kisan Secondary School, Shree Panchajanya Secondary School, Shree Simha Secondary School, Shree Janasewa Secondary School, Shree Janajyoti Secondary School, Shree DharmaBhakta Secondary School and Amar Sahid Shree Dasarath Chand Secondary School) of Bardiya were selected randomly and then, census method was employed to collect data from the students meeting the inclusion criteria of the study. A structured self-administered questionnaire was used to collect data from the students using the standard tool Youth Paediatric Symptom Checklist in Nepali version with the cut-off score of 30 or higher for adolescents of all ages indicating significant psychosocial impairment. The YPSC tool is freely available and is translated into multiple languages including Nepali and has been used in various Nepalese studies ([Jellinek et al., 1988](#); [Timalisina et al., 2018](#)). The content validity of the research instruments was maintained by the review of the literature and consultation with the research advisors and subject experts (pediatrician, and pediatric nurses). Every student in the 499-student sample had completed the questionnaire. Since the researcher was present when the students' data was being collected, there was no non-response rate.

Pretesting was conducted on 10% of the sample (approximately 50 students) at a public school not included in the main study meeting the inclusion criteria. Reliability of the instrument was tested through Cronbach's alpha coefficient and was found to be 0.82 ($\alpha > 0.70$ is acceptable). Ethical approval was obtained from TU Ethical Review Board Ref: 61/081/082. Data collection was done after obtaining written permission from administration of selected seven public schools. Each student was explained about the purpose of data collection and written informed assent was obtained from the students below 18 years of age and consent was obtained from the students above 18 years of age before data collection. Students were assured about the confidentiality of the information by not sharing with other person and the information was solely be used for the purpose of research only. Anonymity was maintained by assuring the students that their names will not be disclosed in the report. Precaution was taken throughout the study in every step to safeguard the right and welfare of all students in the study. The duration of data collection with each student was completed within 15 minutes. Data was collected from April 2025 to May 2025. Data was coded and recorded and analysed using SPSS version 21. Frequency, percentage, mean, median, standard deviation, and other descriptive statistics were employed in the analysis. The degree of correlation between the psychosocial issues and sociodemographic characteristics, lifestyle-related factors, family-related factors, and academic-related factors was assessed using inferential statistics, specifically logistic regression. A 95% confidence interval and a p value < 0.05 were used to establish the significance level.

Results

A total of 499 students studying in grade nine and ten in selected seven public schools were enrolled in the study. The sociodemographic characteristics of the students is shown in **Table 1**.

Table 1. Sociodemographic Characteristics of Respondents (n=499)

Characteristics	Number	Percent
Age		
10-14 years	262	52.5
15-19years	237	47.5
Median (Q1, Q3)= 14 (14, 15)		
Sex		
Female	273	54.7
Male	226	45.3
Religion		
Hindu	465	93.2
Islam	2	0.4
Christian	32	6.4
Ethnicity		
Dalit	64	12.8

Janajati	296	59.3
Madhesi	1	0.2
Muslim	2	0.4
Brahmin/Chhetri	116	23.2
Others(Giri, Puri, Yogi,Sanyasi,Thakuri)	20	4

Residence

Own home	467	93.6
With relatives	26	5.2
Hostel	4	0.8
Rent	2	0.4

Likewise, **Table 2** illustrates the lifestyle and family related characteristics of respondents. More than half (50.9%) of respondents did not get pocket money and more than half (52.3%) of respondents did not exercise for at least one hour for three times in a week whereas most (88.6%) of the respondents didn't spend more than two hours in screen. Similarly, almost all (97%) of the respondents were not involved in substance use. Majority (61.9%) of respondents lived in a nuclear family. Similarly, more than half (56.9%) of respondents mentioned that family dispute occurred sometimes in their family. Most (89.4%) of the respondents expressed that their family members understood their problems when they shared.

Table 2. Lifestyle and Family related Characteristics of Respondents (n=499)

Characteristics	Number	Percent
Pocket money available		
Available	254	50.9
Not available	245	49.1
Did exercise at least 1 hour, 3 times per week		
Yes	238	47.7
No	261	52.3
Screen time exposure (daily)		
Less than or equal to 2 hours	442	88.6
More than 2 hours	57	11.4
Involved in substance use (past 30 days)		
Yes	15	3
No	484	97
Type of Family		
Nuclear	309	61.9
Joint	190	38.1
Educational status of Father		
Literate	315	63.1
Illiterate	184	36.9
Educational status of Mother		
Literate	199	39.9

Illiterate	300	60.1
Occurrence of Family Dispute		
Never	85	17
Rarely	111	22.2
Sometimes	284	56.9
Frequently	16	3.2
Almost	3	0.6
Presence of chronic disease in the family		
Yes	114	22.8
No	385	77.2
Family's understanding of adolescent's problems		
Yes	446	89.4
No	14	2.8
Do not share	39	7.8

Table 3 represents the academic related characteristics of respondents. Most (88.8%) of the respondents has passed the last exam and most (82.2%) of them were satisfied with their exam results. Similarly, majority (68.3%) of the respondents has good relationship with their teachers whereas less than one fourth (17.8%) of the students has faced bullying in their school.

Table 3. Academic related characteristics of Respondents (n=499)

Characteristics	Number	Percent
Last exam achievement		
Pass	443	88.8
Fail	56	11.2
Satisfaction with exam result		
Yes	410	82.2
No	89	17.8
Relation with teacher		
Good	341	68.3
Average	158	31.7
Bullying faced		
Yes	89	17.8
No	410	82.2
Having Close friend		
Yes	466	93.4
No	33	6.6
Friends understanding of problem		
Yes	395	79.2
No	25	5
Do not Share	79	15.8

Table 4 shows the prevalence of psychosocial problems among respondents. Nearly one-fifth (19.4%) of respondents had psychosocial problems with Mean±SD 1.80±0.39.

Table 4. Psychosocial Problems among Respondents (n=499)

Level of Psychosocial Problems	Number	Percent	Mean±SD
Psychosocial Problems	97	19.4	1.80±0.39
No Psychosocial Problems	402	80.6	
Total	499	100.0	

Table 5 shows multivariate logistic regression analysis of the independent variables with psychosocial problems of adolescents. The age of the adolescents being statistically significant with p value 0.003, adolescents aged 15-19 years are more likely to develop psychosocial problems than those of 10-14 years of age (AOR = 2.13) at 95% CI (1.30-3.48). Likewise, the sex of the adolescents is statistically significant with p value 0.04. Females are 1.66 times more likely to develop psychosocial problems compared to males (AOR=1.66, 95% CI: 1.01-2.71). Similarly, adolescents who do not receive pocket money are 1.81 times more likely of experiencing psychosocial problems compared to those who receive pocket money (AOR=1.81, 95% CI: 1.12-2.92, p-value 0.001). Adolescents experiencing a high occurrence of family disputes have 2.35 times the odds of psychosocial impairment compared to those experiencing a low occurrence of family disputes (AOR=2.35, 95% CI: 1.38-4.02, p-value = 0.002). Adolescents with an average relationship with their teacher have 1.95 times the odds of experiencing psychosocial impairment compared to those with a good relationship (AOR=1.95, 95% CI: 1.21-3.16, p-value = 0.006). On the other hand, the variables like type of family and grade of the adolescents were not significantly associated with the psychosocial problems in the final model analysis of variables.

Table 5. Multivariate Logistic Regression analysis of Independent Variables of Psychosocial Problems among Adolescents (n=499)

Variables	AOR	95% CI	p-value
Age			
10-14 years(early-mid adolescence) (ref.)	1		0.003*
15-19 years (late adolescence)	2.13	1.30-3.48	
Sex			
Male (ref)	1		
Female	1.66	1.01-2.71	0.04*
Pocket Money			
Available (ref.)	1		
Not Available	1.81	1.12-2.92	0.01*
Occurrence of Family Dispute			
Low (Never/Rarely/Sometimes) (ref.)	1		0.002*
High (Frequently/Almost)	2.35	1.38-4.02	

Grade			
Ten (ref)	1		0.08
Nine	0.65	0.40-1.06	
Relation with teacher			
Good (ref)	1		0.006*
Average	1.95	1.21-3.16	
Type of Family			
Joint (ref)	1		
Nuclear	1.48	0.89-2.46	0.12

CI-Confidence Interval, AOR- Adjusted Odd Ratio, *p-value <0.05

Discussion

The findings of this study revealed that 19.4% of adolescent students were found to have of psychosocial problems. The 19.4% prevalence is comparable to global estimates of 10-20% for adolescent mental health condition ([Ghafari et al., 2022](#); [Kieling et al., 2024](#); [World Health Organization, 2025](#)). This finding was consistent to the findings of the studies done in Mozambique (21.2%) ([Amu et al., 2020](#)). Similar findings was observed in a Pokhara where the prevalence of psychosocial problems was 21.7% ([Banstola, 2018](#)). However, the prevalence of psychosocial problems in this study was lower in comparison to an Indonesian study (24.3%) ([Pham et al., 2024](#)). The findings also contrasted with the findings of other studies done in Dang (26.8%) ([Devkota et al., 2020](#)), Dhulikel (25.9%) ([B. Shrestha et al., 2021](#)) and Banepa (32.4%) ([N. Shrestha et al., 2022](#)). The lower prevalence (19.4%) compared to Dang, Dhulikhel and Banepa may reflect differences in screening tools, urban-rural differences, or variations in family and school environments.

The findings of this study also reported that the age of the adolescents being statistically significant with p value 0.003, adolescents aged 15-19 years are more likely to develop psychosocial problems than those of 10-14 years of age (AOR = 2.13) at 95% CI (1.30-3.48). Similar findings were observed in a study conducted in Mozambique where older adolescents [AOR=1.681, 95 CI=1.233–2.292] had higher odds of experiencing psychosocial distress, compared with younger adolescents ([Amu et al., 2020](#)). However, this findings were dissimilar with the findings in an Indian study where early adolescents were found to have more psychosocial problems (Nimje et al., 2023). This dissimilarity may be due to geographical, family and school environment factors. Studies in various parts of Nepal have found associations of age with the psychosocial problems ([Devkota et al., 2020](#); [B. Shrestha et al., 2021](#)).

Likewise, the present study also reported that the sex of the adolescents is statistically significant with p value 0.04. Females are 1.66 times more likely to develop psychosocial problems compared to males (AOR=1.66, 95% CI: 1.01-2.71) in this study. This findings is consistent with the findings obtained in Mozambique ([Amu et al., 2020](#)) and an Indonesian study where 30.4% of females were found to have psychological distress ([Pham et al., 2024](#)).

However, these findings are in contrast to the findings of the study conducted by [Chhetri et al \(2021\)](#) where boys experienced greater mental health issues than girls.

Similarly, the findings of this study also revealed that adolescents who do not receive pocket money are 1.81 times more likely of experiencing psychosocial problems compared to those who receive pocket money (AOR=1.81, 95% CI: 1.12-2.92, p-value 0.001). Lack of pocket money may limit adolescents' social participation and access to peer activities, contributing to feelings of exclusion and psychosocial distress. This finding is supported by findings from study in Pokhara where students who had low perceived social support (UOR: 3.604; 95% CI 2.088 to 6.220), were at higher odds of being depressed ([Bhattarai et al., 2020](#)).

The current study also showed that adolescents experiencing a high occurrence of family disputes had 2.35 times the odds of psychosocial impairment compared to those experiencing a low occurrence of family disputes (AOR=2.35, 95% CI: 1.38-4.02, p-value = 0.002). Family disputes was also associated in other Nepali studies in Dhulikhel and Banepa ([B. Shrestha et al., 2021](#); [N. Shrestha et al., 2022](#)).

The present study also showed that adolescents with an average relationship with their teacher had 1.95 times the odds of experiencing psychosocial impairment compared to those with a good relationship (AOR=1.95, 95% CI: 1.21-3.16, p-value = 0.006). The findings were consistent with the findings of another Nepalese study that reported the relation with teacher was highly associated with psychosocial problems ([Devkota et al., 2020](#); [N. Shrestha et al., 2022](#)). Positive teacher-student relationships provide emotional support and a sense of belonging, which may buffer against psychosocial problems.

In this study, the variables like type of family and grade of the adolescents were not significantly associated with the psychosocial problems. This findings contrasted with the findings from other studies where grade was associated ([Devkota et al., 2020](#); [A. Sharma et al., 2020](#)). This variations may be due to the difference in sample size and cultural variations in different places.

Conclusion

This study concludes that nearly one fifth of the school going adolescents had psychosocial problems. This study also showed that the factors associated with the psychosocial problems were age, sex, not receiving pocket money, frequent occurrence of family disputes, and average relation with the teachers.

These findings highlight the need for targeted interventions for late adolescents, females, students from conflict-prone families, and those with poor teacher relationships.

Recommendations

The school administrations are recommended to include mental health in the curriculum and train teachers to identify early signs of psychosocial problems.

The schools should conduct adolescent mental health screening and counselling services on timely basis so that cases can be detected early and high-risk individuals can be identified and

referred to mental health services. The schools should also conduct regular parent-teacher meetings to address family dispute impacts.

The present study is limited to the adolescents of public schools only so comparative study can be done further to assess the psychosocial problems in public and private schools among the adolescents.

Limitations

The present study adopted a cross-sectional design so causality cannot be established. Data collected is self-reported hence, social desirability bias can be expected. The study was done in only public schools of one municipality so possibility of generalizations is limited. The YPSC screen positives were advised for further treatment but clinical validation was not done.

Conflict of interest

The author declares that there is no conflict of interest.

Author contribution

The author is solely involved in all research process from conceptualization, data collection, analysis to manuscript drafting.

Acknowledgements

Author would like to extend heartfelt gratitude to Mr. Narayandutta Paudel, Mr. Sumit KC and Mr. Bibhav Adhikari for their support during this study.

References

- Amu, H., Seidu, A.-A., Agbemavi, W., Afriyie, B. O., Ahinkorah, B. O., Ameyaw, E. K., & Kissah-Korsah, K. (2020). Psychosocial distress among in-school adolescents in Mozambique: A cross-sectional study using the Global School-Based Health Survey data. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 38. <https://doi.org/10.1186/s13034-020-00344-4>
- Balamurugan, G., Sevak, S., Gurung, K., & Vijayarani, M. (2024). Mental Health Issues Among School Children and Adolescents in India: A Systematic Review. *Cureus*. <https://doi.org/10.7759/cureus.61035>
- Banstola, R. S. (2018). Psychosocial Problem among School-going Adolescents in Pokhara, Western Nepal. *Janapriya Journal of Interdisciplinary Studies*, 6, 121–133. <https://doi.org/10.3126/jjis.v6i0.19314>
- Bhattarai, D., Shrestha, N., & Paudel, S. (2020). Prevalence and factors associated with depression among higher secondary school adolescents of Pokhara Metropolitan, Nepal: A cross-sectional study. *BMJ Open*, 10(12), e044042. <https://doi.org/10.1136/bmjopen-2020-044042>
- Bosgraaf, L., Spreen, M., Pattiselanno, K., & Hooren, S. V. (2020). Art Therapy for Psychosocial Problems in Children and Adolescents: A Systematic Narrative Review on Art Therapeutic Means and Forms of Expression, Therapist Behavior, and Supposed Mechanisms of Change. *Frontiers in Psychology*, 11, 584685. <https://doi.org/10.3389/fpsyg.2020.584685>
- CDC. (2025, February 7). *YRBS Data Summary & Trends Report*. Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbs/dstr/index.html>
- Chhetri, U. M., Lamichhane, A., Pokhrel, S., & Sharma, B. (2021). Assessment of Mental Health Problems of School Children Using Self Report Strengths and Difficulties Questionnaire. *Journal of Lumbini Medical College*, 9(1). <https://doi.org/10.22502/jlmc.v9i1.392>
- Cochran, W. G. (1977). *Cochran, W.G. (1977) Sampling Techniques. 3rd Edition, John Wiley & Sons, New York. - References—Scientific Research Publishing.* <https://www.scirp.org/reference/ReferencesPapers?ReferenceID=1390266>
- Devkota, S., Adhikari, K., Ghimire, A., Koirala, S., & Chhetri, M. (2020). PSYCHOSOCIAL PROBLEMS AMONG SCHOOL GOING ADOLESCENTS IN GHORAHÍ SUB METROPOLITAN CITY OF DANG. *Journal of Chitwan Medical College*, 10(3). <https://doi.org/10.54530/jcmc.240>
- Dhabhai, I. (2025). Psychosocial Challenges of Adolescents: Exploring Identity Crisis through Erikson's Theory. *RESEARCH REVIEW International Journal of Multidisciplinary*, 10(5), 322–328. <https://doi.org/10.31305/rrijm.2025.v10.n5.035>
- Dhimai, M., Dahal, S., Adhikari, K., Koirala, P., Bista, B., Luitel, N., Pant, S., Marahatta, K., Shakya, S., Sharma, P., Ghimire, S., Gyanwali, P., Ojha, S. P., & Jha, A. K. (2022). A Nationwide Prevalence of Common Mental Disorders and Suicidality in Nepal: Evidence from National Mental Health Survey, 2019-2020. *Journal of Nepal Health Research Council*, 19(04), 740–747. <https://doi.org/10.33314/jnhrc.v19i04.4017>
- Ghafari, M., Nadi, T., Bahadivand-Chegini, S., & Doosti-Irani, A. (2022). Global prevalence of unmet need for mental health care among adolescents: A systematic review and meta-

- p analysis.
- Archives of Psychiatric Nursing*
- , 36, 1–6.
-
- <https://doi.org/10.1016/j.apnu.2021.10.008>
-
- Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric Symptom Checklist: Screening school-age children for psychosocial dysfunction.
- The Journal of Pediatrics*
- , 112(2), 201–209.
- [https://doi.org/10.1016/S0022-3476\(88\)80056-8](https://doi.org/10.1016/S0022-3476(88)80056-8)
-
- Kieling, C., Buchweitz, C., Caye, A., Silvani, J., Ameis, S. H., Brunoni, A. R., Cost, K. T., Courtney, D. B., Georgiades, K., Merikangas, K. R., Henderson, J. L., Polanczyk, G. V., Rohde, L. A., Salum, G. A., & Szatmari, P. (2024). Worldwide Prevalence and Disability From Mental Disorders Across Childhood and Adolescence: Evidence From the Global Burden of Disease Study.
- JAMA Psychiatry*
- , 81(4), 347.
- <https://doi.org/10.1001/jamapsychiatry.2023.5051>
-
- Mridha, M. K., Hossain, M. M., Khan, M. S. A., Hanif, A. A. M., Hasan, M., Mitra, D., Hossaine, M., Ullah, M. A., Sarker, S. K., Rahman, S. M. M., Bulbul, M. M. I., & Shamim, A. A. (2021). Prevalence and associated factors of depression among adolescent boys and girls in Bangladesh: Findings from a nationwide survey.
- BMJ Open*
- , 11(1), e038954.
- <https://doi.org/10.1136/bmjopen-2020-038954>
-
- National Statistics Office. (2024).
- National Population and and Housing Census 2021 Results*
- .
- <https://censusresults.nsonepal.gov.np/>
-
- Nimje, A. T., Gawande, A. V., & Narlawar, U. W. (2023). Prevalence of psychosocial problems in adolescents of central India: A descriptive cross sectional study.
- International Journal Of Community Medicine And Public Health*
- , 10(9), 3271–3275.
- <https://doi.org/10.18203/2394-6040.ijcmph20232689>
-
- Pham, M. D., Wulan, N. R., Sawyer, S. M., Agius, P. A., Fisher, J., Tran, T., Medise, B. E., Devaera, Y., Riyanti, A., Ansariadi, A., Cini, K., Kennedy, E., Wiweko, B., Luchters, S., Kaligis, F., Wiguna, T., & Azzopardi, P. S. (2024). Mental Health Problems Among Indonesian Adolescents: Findings of a Cross-Sectional Study Utilizing Validated Scales and Innovative Sampling Methods.
- Journal of Adolescent Health*
- , 75(6), 929–938.
- <https://doi.org/10.1016/j.jadohealth.2024.07.016>
-
- Rahman, M. A., Kundu, S., Christopher, E., Ahinkorah, B. O., Okyere, J., Uddin, R., & Mahumud, R. A. (2023). Emerging burdens of adolescent psychosocial health problems: A population-based study of 202 040 adolescents from 68 countries.
- BJPsych Open*
- , 9(6), e188.
- <https://doi.org/10.1192/bjo.2023.583>
-
- Rahman, Md. M., Rahman, Md. M., Khan, Md. M. A., Hasan, M., & Choudhury, K. N. (2020). Bullying victimization and adverse health behaviors among school-going adolescents in South Asia: Findings from the global school-based student health survey.
- Depression and Anxiety*
- , 37(10), 995–1006.
- <https://doi.org/10.1002/da.23033>
-
- Sharma, A., Aggarwal, S., Mohanty, S., Ohri, P., & Gupta, S. K. (2020). PSYCHOSOCIAL PROBLEMS AMONG ADOLESCENTS:A COMPARISON BETWEEN URBAN AND RURAL HIGH SCHOOL STUDENTS OF DEHRADUN.
- INDIAN JOURNAL OF APPLIED RESEARCH*
- , 1–3.
- <https://doi.org/10.36106/ijar/1707526>

- Sharma, B., Rai, M. K., Sharma, A., & Karki, S. (2019). Emotional and Behavioral Problems among Adolescents in Pokhara City in Nepal. *Journal of Nepal Health Research Council*, 16(41), 419–424.
- Shrestha, B., Gautam, S., Shrestha, J., & Shrestha, S. (2021). Psychosocial Problems among the Adolescent School Students of Dhulikhel Municipality. *Kathmandu University Medical Journal*, 19(3), 366–370. <https://doi.org/10.3126/kumj.v19i3.49718>
- Shrestha, N., Thapa, J. K., Chaudhary, P., & Sangroula, R. K. (2022). Impact of associated factors in adolescent's psychosocial problems in Banepa: A cross-sectional study. *International Journal Of Community Medicine And Public Health*, 9(12), 4341. <https://doi.org/10.18203/2394-6040.ijcmph20223190>
- Sikandar, B. J., & Kavitha, K. (2024). Prevalence of PsychoSocial Problems and their Risk Factors among School-Going Middle Adolescents: An Exploratory Study. *Indian Journal of Psychiatric Nursing*, 21(1), 2–9. https://doi.org/10.4103/iopn.iopn_17_23
- Sisk, L. M., & Gee, D. G. (2022). Stress and adolescence: Vulnerability and opportunity during a sensitive window of development. *Current Opinion in Psychology*, 44, 286–292. <https://doi.org/10.1016/j.copsyc.2021.10.005>
- Timalsina, M., Kafle, M., & Timalsina, R. (2018). Psychosocial Problems among School Going Adolescents in Nepal. *Psychiatry Journal*, 2018, 1–6. <https://doi.org/10.1155/2018/4675096>
- UNICEF. (2026). Adolescents Statistics. *UNICEF DATA*. <https://data.unicef.org/topic/adolescents/overview/>
- World Health Organization. (2025, September 1). *Mental health of adolescents*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Views and opinions expressed in this article are the views and opinions of the author(s), *Nepal Journal of Multidisciplinary Research* shall not be responsible or answerable for any loss, damage or liability etc. caused in relation to/arising out of the use of the content.