

Psychosocial Problems among Adolescents in Selected Schools of Pokhara

Suhani Phuyal¹, Sunita Sharma¹, Sirjana Tiwari¹

¹ School of Health and Allied Sciences, Pokhara University, Pokhara, Nepal

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Abstract

Introduction: Adolescence is a period when an individual experiences a variety of biological, psychological, and social changes. These multiple changes during the developmental period can make adolescents vulnerable to mental health problems. Therefore, early detection of psychosocial problems and addressing the needs of adolescents are crucial for promoting their mental health. The objective of this study was to assess the psychosocial problems among adolescents.

Methods: A cross-sectional survey was carried out among 140 adolescents studying in grades 9 and 10 in selected schools of Pokhara using self-administered technique. Simple random method was used to select representative sample. Data were collected by using structured questionnaire and Pediatric Symptom Checklist-Youth Report (Y-PSC). Analysis was done by using the statistical package for social science version-16 using descriptive statistics and inferential statistical tests (chi-square test and Fisher's exact test).

Result: Out of 140 adolescent students, a total of 17.1% of the adolescents were found to have psychosocial problems. While categorizing psychosocial problems, the adolescents had internalizing problems (24.3%), externalizing problems (16.4%) and attention problems (13.6%). There was a significant association between psychosocial problems and respondents' variables like parental educational status, last examination achievement and academic stress.

Conclusion: The study concluded that about one-sixth of the respondents were affected by psychosocial problems, with internalizing problems being the most common followed by externalizing and attention problems respectively. Early identification and adequate counseling might help to prevent adverse consequences. So, family, school and health care provider combined effort play an important role.

Keywords: Adolescents, Pediatric symptom checklist-youth report, Psychosocial problems, School.

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Corresponding Author

Sirjana Tiwari

School of Health and Allied Sciences, Pokhara University.

Email: sirjanatiwari@pu.edu.np

ORCID ID: [0009-0000-0581-0350](https://orcid.org/0009-0000-0581-0350)

Introduction

Adolescents experience rapid physical, emotional, and social changes, making them particularly vulnerable to psychosocial problems.¹⁵ The prevalence of mental disorders among adolescents has increased in the past 20-30 years. Globally, mental health issues among adolescents are a growing concern, with studies showing that one in ten adolescents suffers from at least one behavioral or mental health disorder. Early detection and timely intervention are

critical, as half of lifetime mental disorders begin before the age of 14 years, and 75% begin by the age of 24 years.⁴ In 2023, CDC found that 40% adolescents had persistent feelings of sadness or hopelessness, (20%) adolescents seriously considered attempting suicide and nearly (9%) attempted suicide.¹⁶ In Nepal, the National Health Survey 2020 reported a 5.2% prevalence of mental disorders among adolescents.⁸

Various studies conducted in different parts of the world shows that prevalence of psychosocial problems among adolescent's ranges from 12% to 45%. Common mental health disorders in adolescence include those related to anxiety, depression, attention deficit-hyperactivity, and eating disorders.⁵ In the context of Nepal, a study conducted in Pokhara revealed that 21.7% of adolescents had psychosocial problem. So, to protect adolescents from developing psychosocial problem combined effort of family and school team is essential.⁹ Another cross-sectional study conducted in Dhulikhel municipality among adolescents revealed that 25.9% of the adolescents were found to have psychosocial problems. Thus overall study concluded that early intervention focusing on awareness and modification of stressful life events is required.¹⁴

A recent study conducted in Rupandehi showed that that one third of the adolescents (33.6%) had psychosocial problems. Therefore, early identification and adequate counseling might help to prevent adverse consequences. So, family, school and health care provider combined effort plays an important role.¹⁷

Despite the growing burden of psychosocial problems among adolescents, there are limited nationwide studies conducted in Nepal. There is a need for research to address these increasing mental health challenges and for better understanding of the mental health needs of this vulnerable population. Early detection of psychosocial problems during adolescence is crucial for healthy social and emotional development. This research aim to o assess the prevalence of psychosocial problems among adolescents and its association in selected school of Pokhara.

Materials and Methods

A cross sectional descriptive study design was used to assess the psychosocial problems among adolescents in Shree Tribhuvan Shanti secondary school of Pokhara. There are total of 57 government schools of secondary level in Pokhara and only one school was selected purposively, using the lottery method to select representative sample for the study due to its diverse socio-cultural population. Total sample population is 140.⁴ Data were collected using a structured questionnaire. The research question consiste 3 parts, first regarding sociodemographic information, 2nd School related information and 3rd psychological problem related question. A structured pediatric symptom checklist-youth version (Y-PSC) was used to assess psychosocial problems in respondents. The Y-PSC form consist of 35 items and each item is rated as "Never" (scored 0), "sometimes" (scored 1), or "often" (scored 3). The total score was calculated by adding together the score for each of the 35 items, with a possible range of scores from 0 to 70. Cut-off score is ≥ 30 indicating presence of psychosocial dysfunction. Subscale scores were calculated to assess the type of problems: internalizing problems subscale score of ≥ 5 , while externalizing problems and attention deficit/

hyperactivity problems subscale scores of ≥ 7 .^{18,15}

The validity of the instrument was determined by consulting subject matter experts, research advisors, peer discussion and extensive literature review. Instrument was evaluated by five experts for content validity and suggestions given by them were subsequently incorporated in the study. The pretesting of the instruments was done among 14 students of Shree Laxmi Mavi Secondary School to assess the reliability of the tool. The data from pretesting were excluded from main study. The reliability of the instrument was calculated using Cronbach's alpha, which was 0.75 and the reliability of standard tool Y-PSC 35 was found to be in range of 0.84-0.91.⁴¹ As the value was greater than 0.7 the instrument was considered reliable.⁴⁰

Data were collected after obtaining ethical approval from institutional review committee (IRC) of Pokhara university. Subsequently, written permission was obtained from the concerned authority of the school. The sealed questionnaire with pre-code was provided to the participants selected through simple random sampling method. The purpose of the study was explained to the respondents and informed consent and assent were obtained from the both parents and participants respectively before data collection. Respondents dignity was maintained by giving right to discontinue their participation at any time without questioning. Privacy, confidentiality and anonymity was maintained throughout the study.

Data was edited, coded and entered in Epidata version 3.1. The entered data was exported to Statistical Package for social sciences (SPSS) version 16 for statistical analysis. Data was analyzed by using descriptive statistics (interpreted such as frequency, percentage, mean and standard deviation).

Results

The data depicted in Table 1 shows that out of 140 respondents, more than half of the respondents (55.7%) were in the age group of 15–17 years. The minimum age is 12 years while the maximum age is 17 years with a mean and standard deviation of 14.68 ± 1.008 years. Proportion of females (50.7%) was slightly higher than males. In regard to religion, majority of the respondents (85%) follow Hinduism and more than half of respondents (55%) belonged to the Brahmin/Chhetri ethnic group. Half of the respondents (50%) belonged to nuclear family while most of respondents (68%) have either one or two siblings. Additionally, more than half of the respondents (56.4%) lived with both parents. Regarding economic status, less than half of the respondents (40%) has monthly family income between 30,000 and 50,000.

Table 1: Distribution of Respondents on the Basis of Socio-Demographic Characteristics n = 140

Variables	Frequency (f)	Percentage (%)
Age		
12-14 years	62	44.3
15-17 years	78	55.7
Mean $\pm$ SD(Min-Max) 14.68 $\pm$ 1.008 (12-17)		
Sex		
Male	69	49.3
Female	71	50.7
Ethnicity		
Brahmin/Chhetri	77	55.0
Dalit	32	22.8
Janajati	26	18.6
Madhesi	5	3.60
Religion		
Hindu	119	85.0
Buddhist	11	7.80
Muslim	5	3.60
Christian	5	3.60
Type of family		
Nuclear	70	50.0
Joint	70	50.0
Number of siblings		
No siblings	22	15.7
One	50	35.7
Two	47	33.6
Three	21	15.0
Living arrangement		
Living with both parents	79	56.4
Living with single parent	36	25.7
Living with grandparents	7	5.00
Living with other relatives	18	12.9
Monthly income		
<30000	36	25.7
30000-50000	56	40.0
50001-70000	26	18.6
>70000	22	15.7

Table 2 depicted that in terms of respondent's fathers educational status (35.7%) had basic level of education. Likewise, (35.0%) of respondent's fathers were involved in foreign employment.

Table 2: Distribution of Respondent's Fathers Socio-Demographic Variable n= 140

Variables	Frequency (f)	Percentage (%)
Educational status of father		
Illiterate	30	21.4
Basic education (upto 8)	50	35.7
Secondary education (upto 12)	41	29.3
Higher education (Bachelor and above)	19	13.6
Occupation of father		
Government/Private service	20	14.3
Business	41	29.3
Agriculture	23	16.4
Homemaker	7	5.00
Foreign employment	49	35.0

Table 3 shows that maximum (40%) of respondent's mothers had basic level of education and majority (59.3%) of respondent's mothers were homemaker.

Table 3: Distribution of Respondent's Mothers Socio-Demographic Variable n =140

Variables	Frequency(f)	Percentage (%)
Educational status of mother		
Illiterate	37	26.4
Basic education (upto 8)	56	40.0
Secondary education (upto 12)	34	24.3
Higher education (Bachelor and above)	13	9.30
Occupation of mother		
Government/Private service	22	15.7
Business	10	7.10
Agriculture	19	13.6
Homemaker	83	59.3
Foreign employment	6	4.30

Data presented in Table 4 shows that nearly half of the respondents (50.7%) were from grade ten. A majority of respondents (82.7%) had passed their most recent examination. Additionally, more than half of the respondents were satisfied with their exam results (56.4%) and majority of respondents had sometimes experienced academic stress (88.57%).

Table 4: Distribution of Respondent's School Related Information
n = 140

Variables	Frequency (f)	Percentage (%)
Grade		
Nine	69	49.3
Ten	71	50.7
Last exam achievement		
Pass	116	82.9
Fail	24	17.1
Satisfaction with exam results		
Satisfied	79	56.4
Dissatisfied	61	43.6
Academic stress		
Sometimes	124	88.57
Often	16	11.43

Table 5 represents prevalence of psychosocial problems which shows a total of 17.1% of the respondents have significant psychosocial problems with mean and standard deviation of 19.87 ± 8.276 with the lowest score being 7 and highest 43.

Table 5: Psychosocial Problems of Respondents

Characteristics	Frequency(f)	Percentage (%)
Psychosocial problem		
No	116	82.9
Yes	24	17.1
Mean $\pm$ SD(Min-Max)		
19.88 $\pm$ 8.28 (7-43)		

Table 6 shows that 24.3% of the respondents have internalizing problems which is higher than the proportion with externalizing and attention problem.

Table 6: Categorization of respondent's psychosocial problems
n = 140

Characteristics	Frequency (f)	Percentage (%)
Internalizing problems	34	24.3
Externalizing problems	23	16.4
Attention deficit problems	19	13.6

Table 7 shows that more than half of the respondents sometimes feel hopeless (55.0%) and sad or unhappy (53.6%). Nearly half of the participants sometimes having less fun (46.4%) and feeling down on themselves (42.1%) while 20% of the respondents reported that they often worry a lot.

Table 7: Distribution of Respondents Internalizing Problems
n=140

Characteristics	Never f (%)	Sometimes f (%)	Often f (%)
Feel sad, unhappy	55(39.3)	75(53.6)	10(7.1)
Worry a lot	58(41.4)	54(38.6)	28(20.0)
Feel hopeless	53(37.9)	77(55.0)	10(7.10)
Seem to be having less fun	61(43.6)	65(46.4)	14(10.0)
Down on yourself	65(46.5)	59(42.1)	16(11.4)

The data depicted in table 8 shows that nearly half of the respondents (46.4%) sometimes tease others and did not understand other people's feeling (40.7%) while a total of 15% of respondents often fight with other children.

Table 8: Distribution of Respondents Externalizing problems
n=140

Characteristics	Never f (%)	Sometimes f (%)	Often f (%)
Fight with other children	86(61.4)	33(23.6)	21(15.0)
Tease others	69(49.3)	65(46.4)	6(4.30)
Do not listen to rules	81(57.9)	43(30.7)	16(11.4)
Refuse to share	77(55.0)	46(32.9)	17(12.1)
Do not understand other people's feeling	72(51.4)	57(40.7)	11(7.9)
Blame other for your troubles	93(66.4)	41(29.30)	6(4.30)
Take things that do not belong to you	98(70.0)	36(25.7)	6(4.30)

Data depicted in table 9 shows that nearly half of the respondents (47.1%) are sometimes easily distracted and daydreaming too much (40.7%) Similarly, 14.3% of respondents are often fidgety, unable to sit still.

Table 9: Distribution of Respondents Attention related problems
n=140

Characteristics	Never f (%)	Sometimes f (%)	Often f (%)
Fidgety, unable to sit still	61(43.6)	59(42.1)	20(14.3)
Distract easily	58(41.5)	66(47.1)	16(11.4)
Act as driven by a motor	81(57.9)	42(30.0)	17(12.1)
Daydream too much	67(47.9)	57(40.7)	16(11.4)
Have trouble concentrating	62(44.3)	59(42.1)	19(13.6)

Data presented in table 10 shows that there is a statistically

significant association between parental illiteracy and psychosocial problems among respondents ($p < 0.05$).

Table 10: Association Between Respondent's Socio-Demographic Characteristics with Psychosocial Problems

$n = 140$

Variables	Psychosocial problems		Chi-square(χ^2)	p-value
	No(f/%)	Yes(f%)		
Educational status of father				
Illiterate	10(33.3)	20(66.7)	65.928	0.001*
Literate	106(96.4)	4(3.60)		
Educational status of mother				
Illiterate	21(56.8)	16(43.2)	24.120	0.001*
Literate	95(92.2)	8(7.80)		
Occupation of father				
Services/ Business	52(85.2)	9(14.8)	2.442	0.295
Agriculture/ Homemaker	22(73.3)	8(26.7)		
Foreign employment	42(85.7)	7(14.3)		
Occupation of mother				
Homemaker	68(81.9)	15(18.1)	0.125	0.725
Others	48(84.2)	9(15.8)		

*= significant, p -value < 0.05 is considered statistically significant, $d.f = 1$

Others represents services, business, foreign employment, agriculture.

Table 11: Association of Respondent's School Related Information with Psychosocial Problems $n = 140$

Variables	Psychosocial problems		Chi-square(χ^2)	p-value
	No(f/%)	Yes(f/%)		
Grade				
Nine	59(85.5)	10(14.5)		0.412
Ten	57(80.3)	14(19.7)		
Last exam achievement				
Pass	101(92.7)	8 (7.30)	33.307	0.001*
Fail	15(48.40)	16(51.6)		
Satisfaction with exam results				
Satisfied	69(87.30)	10(12.7)	2.567	0.109
Dissatisfied	47(77.0)	14(23.0)		
Academic stress				
Sometimes	110(88.7)	14(11.3)	26.19	0.001*
Often	6(37.5)	10(62.5)		

*= significant, p -value < 0.05 is considered statistically significant.

The data presented in Table 11 reveals a statistically significant association between psychosocial problems and respondents' last examination achievement as well as academic stress.

Discussion

The present study showed that 17.1% of respondents were found to have psychosocial problems which is consistent with the study conducted in central region of Nepal, Hetauda (17.03%).⁴ A similar prevalence was reported in Pune, India which showed that 15.2% respondents were found to be at risk of psychosocial problems.²⁰ Likewise, the present finding is similar to a study conducted in rural school respondents in Egypt, which found that 18.5% of the respondents have psychosocial problems.²² Furthermore, the finding is close to the study conducted in Pokhara, which revealed that 21.7% of respondents had psychosocial problems.⁹ However, the finding of present study was lower compared to the studies conducted in Rupandehi (33.6%), Ghorahi sub metropolitan city of Dang (26.8%), Dhulikhel Municipality (25.9%), Banepa (32.4%) and Kolkata, West Bengal (30.95%).^{17,3,14,26,11} The observed variation across the studies could be due to differences in geographical distribution, socio-cultural context, sample characteristics and methodological approach.

With regard to associated factors, the present study found no statistically significant association between psychosocial problems and age of the respondents which contradicts findings from studies conducted in Nepal.^{4,14,15} Similarly, no significant association was observed with gender, religion, type of family, grade level and parental occupational status with psychosocial problems which is consistent with the findings of a study conducted in Dhulikhel, Nepal.¹⁵ However, the present study revealed a statistically significant association between parents' illiteracy and psychosocial problems which is in line with previous studies conducted in Nepal.^{4,14} In addition, a statistically significant association was found between psychosocial problems and last exam achievement, academic stress. This finding is supported by the study done in Pokhara.⁹ Moreover, no significant association is identified between psychosocial problems and, satisfaction with exam result, which is consistent with the study conducted in city of Dang.³

The study further revealed that there is no significant association between number of siblings and psychosocial problems which is consistent with finding from a study conducted in Nepal.⁹ Similarly, no significant association was observed between family income and psychosocial problems. The result contrasts with the findings of a studies conducted in Nepal^{9,17}, which reported a significant association between family income and psychosocial problems.¹⁷ Likewise, the present study found no significant association between living arrangements and psychosocial problems, which is similar to the finding of the study conducted in Rupandehi, Nepal.¹⁷

Conclusion

The study concluded most of the respondents were affected by psychosocial problems. Respondents experiencing high academic stress, examination failure, and parental illiteracy are significant risk factors for the psychosocial problems. necessitating targeted public awareness and mental health intervention should be emphasized to promote mental health of respondents.

Recommendation

To effectively address psychosocial problems, schools and policymakers must implement regular screening, mental health awareness campaigns, and strengthened counseling services, creating a collaborative foundation for future research and improved healthcare policy.

Integrity and compliance statements

Ethics approval

Approved by the Institutional Review Board of the Institute of Health Research, Kathmandu (Ref: MIHS-IRC/081/082-014) on 7th Sept 2025.

Informed consent

Written informed consent was obtained from all participants for data collection and publication of anonymized data.
Trial registration (if applicable) Not applicable (descriptive cross-sectional study design).

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Conflict of Interest

The authors declare no competing interests.

Data availability

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Provenance and Peer Review

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AI/LLM disclosure

No AI-assisted tools were used in this manuscript.

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Author Contributions (CRediT)

Suhani Phuyal: Design, concept, data collection, literature search, data analysis, Report writing.

Sunita Sharma: Design, concept, literature search, data analysis, manuscript review and editing.

Sirjana Tiwari: literature search, Data Analysis, manuscript preparation, review and editing.

Bios

Suhani Phuyal was the Bsc.Nursing students of School of Health and Allied Sciences, Pokhara University. She is currently working as Nursing officer in Chautara Hospital, Sindhupalchok.

Sunita Sharma is an assistant professor of School of Health and Allied Sciences, Pokhara University. She Did MN from Tribhuvan University. She has a keen interest in teaching learning activities and research.

Sirjana Tiwari is Currently working in School of Health and Allied Sciences, Pokhara University. She Did MPH from the same University. She has been actively participating in research activities apart from here studies.

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