

Original Research Article

Impact of associated factors in adolescent's psychosocial problems in Banepa: a cross-sectional study

Nishal Shrestha*, Janak K. Thapa, Pramodh Chaudhary, Raj K. Sangroula

Department of Public Health, Little Buddha College of Health Science, Purbanchal University, Nepal

Received: 07 September 2022

Accepted: 02 November 2022

*Correspondence:

Dr. Nishal Shrestha,

E-mail: Nishalshrestha7@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Adolescence is the lifespan between childhood and adulthood from ages 10 to 19 years. Psychological problem is a state of emotional and behavioral disorders, including depression, anxiety, aggression, educational difficulties, etc. The study aimed to assess the impact of associated factors on adolescents' psychosocial problems.

Methods: Analytical cross-sectional and quantitative method was used. The study population was adolescents in grades 8 and 9. Purposive sampling was used to select the schools and the census technique was used to collect the data from respondents. A structured questionnaire was designed and administered to study participants. Data collected from respondents were analysed and expressed using Epidata 3.1 and SPSS 26.

Results: The study shows that the prevalence of psychosocial problems among adolescents was 32.4%. The adolescent age group was greatly dominated by the age group 14-15 years (72.1%) and most of the respondents were female (52%). 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<0.001) and those not satisfied with pocket money (OR= 2.833, 95% CI=1.227-6.544, p value=0.015) with the psychosocial problem.

Conclusions: The update and revision of mental health policy and increment in the allocation of the health budget are crucial for improving mental health. The school can help by introducing child to parent approach to decrease the prevalence of psychosocial problems through a different awareness program and proper knowledge.

Keywords: Adolescents, Banepa, Family, Nepal, Psychosocial problems, School

INTRODUCTION

Adolescence is the lifespan between childhood and adulthood from ages 10 to 19, which is a precious moment of the human development period. They experience rapid physical, cognitive and psychosocial growth. This factor affects how the way they think, make a decision and interact with the world around them.¹ There are about 1.2 billion adolescents of the world's population, and 88% are from developing countries.² In Nepal, 23.62% of the total population are adolescents.³ Psychosocial problems are the difficulties faced by adolescents during many personal and social functioning events. Adolescents are vulnerable to psychosocial

problems because of physical and physiological changes that occur in their bodies during this developmental stage.⁴ Psychological problem is a state of emotional and behavioral disorders, including depression, anxiety, aggression, educational difficulties, etc.⁵

Various studies show that psychosocial problems among adolescents range from 13% to 45%.⁶⁻¹⁰ About half of all mental disorders start by the age of 14 years and three-quarters before the age of 25.^{11,12} Psychosocial problems, such as behavioral, emotional, and educational, are highly prevalent among children and adolescents. They are vulnerable to psychosocial dysfunction when they suffer from physical injuries, psychological trauma, or major

changes in their environments, especially in the absence of a strong support system.¹³⁻¹⁶ Detection of psychosocial dysfunction in early adolescence can be fruitful for the individual's quality of life.¹⁷ The government of Nepal was developed a mental health policy in 1997 for the commitment to providing basic mental health services to the entire population. The mental health legislation which ensures the human rights of people with mental illness was drafted in 2006, but its endorsement by the government is still pending. Available data indicates that less than one percent of the total health budget is spent in mental health.¹⁸ The study aimed to assess the impact of associated factors on adolescents' psychosocial problems.

METHODS

An analytical, quantitative cross-sectional study was carried out in the schools among the adolescents studying grades 8 and 9 of Banepa, Kavre district. The research was carried out from December 2021 to July 2022. Ethical approval was taken from the Public Health Department of Little Buddha College of Health Science, Purbanchal University, Nepal and the respective schools. Verbal and written informed consent were taken from respondent's parents after purpose and objective of the study was clearly explained to principal and respondents of sample schools.

The study included the students of grade 8 and 9 who were between the ages 11-19 years that were present during the data collection and the respondents who wanted to participate voluntarily. Purposive sampling was used for selection of schools in the study area. Then, the census technique was used for collecting data from my respondents. The total sample size was 244.

Standard tools were used for data collection. The tools used for assessing the psychosocial status of adolescents was youth- pediatric symptom checklist (Y-PSC) and other questionnaire prepared based on socio-demographic, socio-economic, family, school environment and individual factors. Self-administrative techniques were used for data collection. The question was printed in the Nepali language and was guided in case they needed any help while filling up the answers to the questions. The Y-PSC was administered to adolescents aged between 11 and 19. Y-PSC is the psychosocial screening checklist consisting of 35 questions. It included questions of cognitive, emotional and behavioral problems. The questions were rated as "never", "sometimes" or "often" and scored as 0, 1 and 2 respectively. The items score was added together, and if the total score exceeded 30 or was equal to 30 then positive. Items left blank were simply ignored and scored as 0 whereas four or more items left blank on that questionnaire were considered invalid.¹⁹

The collected data were input into the Epidata version 3.1 and processed, modified, and verified. Errors for inconsistency or incompleteness of responses connected

to questionnaire questions were verified and corrected before labeling and analysing the data. The entered data were exported to the statistical package for social science (SPSS) for further processing and analysis. A Chi-square test and odd ratio were used to show an association between variables. Privacy, confidentiality and anonymity of each respondent were maintained.

RESULTS

Socio-demographic information

It was found that more than half (52%) of respondents were female compared to male (48%). The majority (72.1%) of participants were from age groups from 14-15 years followed by age groups 16-17 and 12-13 years, at 20.9% and 7.0%. More than half (57.4%) respondents belonged to Janjati ethnicity followed by 18.4% Brahmin and least were from Dalit 6.1%. More than two-thirds (70.9%) of respondents were Hindu and the least were Christian 4.5%. Nearly two-thirds (60.7%) of participants were from class 9 (Table 1).

Table 1: Socio-demographic information.

Characteristics	Number	Percentage
Age group (years)		
12-13	17	7.0
14-15	176	72.1
16-17	51	20.9
Sex		
Female	127	52.0
Male	117	48.0
Ethnicity		
Brahmin	45	18.4
Chettri	44	18.0
Janjati	140	57.4
Dalit	15	6.1
Religion		
Hindu	173	70.9
Buddhist	60	24.6
Christian	11	4.5
Educational status		
Class 8	96	39.3
Class 9	148	60.7

Family and relationship information

The majority (76.2%) of the participants were from a nuclear family. More than one quarter (35.7%) of the respondent's fathers had secondary level education whereas in mothers' education most of them (31.6%) could only read and write. More than one quarter (27.5%) of respondent's fathers were businessmen, while nearly half (47.1%) of the participant's mothers were homemakers. Almost half (49.6%) had an excellent relationship with their father, whereas more than half (54.5%) of them had excellent relationships with their

mother. The majority (88.9%) had siblings and nearly half (45.2%) and excellent relationships with their siblings. More than one quarter (37.7%) of the respondents spent 2-4 hours with their parents in a day and the majority (80.3%) shared their problems with their family members. Nearly half (44.7%) of participants said

their family members had fought sometimes and more than half (51.2%) of participants' families had good relationships with their neighbors. In addition, both around half (45.5%) of participants got academic pressure from their parents and received punishment for doing mistakes (Table 2).

Table 2: Family and relationship information.

Characteristics	Number	Percentage
Family type		
Nuclear	186	76.2
Joint	58	23.8
Father's education		
Illiterate	15	6.1
Can read and write	39	16
Primary education	39	16
Secondary level education	87	35.7
Higher secondary level education	45	18.4
Bachelor level and above	19	7.8
Mother's Education		
Illiterate	43	17.6
Can read and write	77	31.6
Primary education	19	7.8
Secondary level education	64	26.2
Higher secondary level education	28	11.5
Bachelor level and above	13	5.3
Father's occupation		
Agriculture	24	9.8
Business	67	27.5
Services	41	16.8
Daily wages worker	26	10.7
Foreign employment	33	13.5
Others	53	21.7
Mother's occupation		
Agriculture	40	16.4
Business	39	16
Services	24	9.8
Daily wages worker	11	4.5
Housewife	115	47.1
Others	15	6.1
Relationship with father		
Excellent	121	49.6
Good	86	35.2
Fine	24	9.8
Bad	13	5.3
Relationship with mother		
Excellent	133	54.5
Good	81	33.2
Fine	19	7.8
Bad	11	4.5
Siblings		
Yes	217	88.9
No	27	11.1
If yes, relationship with siblings		
Excellent	98	45.2
Good	86	39.6
Fine	18	8.3

Continued.

Characteristics	Number	Percentage
Bad	15	6.9
Spent time with your parents in a day		
Less than 1 hour	36	14.8
2-4 hour	92	37.7
5-6 hour	44	18.0
More than 7 hours	72	29.5
Share your problems with family members		
Yes	196	80.3
No	48	19.7
Family members fight often		
Daily	13	5.3
Sometimes	109	44.7
Rarely	67	27.5
Never	55	22.5
Relationship of your family with neighbors		
Good	125	51.2
Fine	83	34.0
Bad	13	5.3
Don't Know	23	9.4
Academic pressure from family		
Yes	111	45.5
No	133	54.5
Punishment for doing mistakes		
Yes	111	45.5
No	133	54.5

School environment and individual factors

Nearly half (46.3%) of respondents had good relation with their teachers. Similarly, less than half (43%) had good relation with their classmates. More than half (57.8%) don't share their problems with their teachers. Almost all (93.9%) said they had best friends, and more than two-thirds (76.4%) shared their problem with their best friends. Less than one quarter (21.3%) had faced violence or bullying in their school and less than 8% faced it daily or sometimes. Almost two-third (63.5%) didn't receive academic pressure from their school. More than two-third 75.8% received pocket money and the majority (85.4%) are satisfied from their pocket money. Nearly half (47.5%) had access to gadgets and internet and more than half (59.7%) used it for less than 3 hours.

According to this study, it was found that more than one quarter (32.4%) were at risk of psychosocial problems whereas 67.6% were at safe (Table 3).

Analytical study

Age group 14-15 years were 1.210 times at risk of psychosocial problem compared to age group 16-17 years (CI=0.614-2.386). Female were 1.152 times at risk of psychosocial problem than male (CI=0.673-1.972). Respondents from Dalit/Madhesi were 2.406 times at risk of psychosocial problem than Brahmin (CI=0.717-8.074) followed by Janajati by 1.435 times (CI=0.680-3.029).

There was no associated significance between religion, educational level, family type with psychosocial problem.

The participants whose father were illiterate were 1.143 times (CI=0.284-4.595) at risk of psychosocial problem than those whose father had bachelor level of education whereas those whose other mother had education of bachelor and above was 2.214 times (CI=0.617-7.947) at risk of psychosocial dysfunction compared to illiterate mother. There was no associated significance between father's and mother's occupation with psychosocial problem. Those who had bad relationships with their father were 2.286 times (CI=0.715-7.302) and with their mother was 3.360 times (CI=0.965-11.704) risk of psychosocial problem than those who had excellent relationships with their father and mother (Table 4).

The participants with bad relationships with their siblings were significantly associated with psychosocial problems (COR=5.840, CI=1.820-18.735, p=0.003). The children who spent less than 1 hour time were 1.196 times (CI=0.523-2.736) at risk of psychosocial dysfunction than those who spent more than 7 hours with their parents. The children whose family had bad relationship with their neighbours was statistically significant with psychosocial problems (COR=4.46, CI=1.36-14.60, p=0.013). However, there was no associated significance between those whether their family member fought and whether they received academic pressure from their parents with psychosocial problems. The student who had fine relationship with their teachers (COR=5.091, CI=2.223-

11.658, $p < 0.001$) and those who had bad relationships with their classmates (COR=3.630, CI=1.060-12.424,

$p=0.040$) was statistically significance with psychosocial problem.

Table 3: School environment and individual factors.

Characteristics	Number	Percentage
Relationship with teachers		
Excellent	69	28.3
Good	113	46.3
Fine	48	19.7
Bad	14	5.7
Relationship with class mates		
Excellent	97	39.8
Good	105	43.0
Fine	30	12.3
Bad	12	4.9
Share your problems with teachers		
Yes	103	42.2
No	141	57.8
Do you have best friend		
Yes	229	93.9
No	15	6.1
Share everything with your best-friend		
Yes	175	76.4
No	54	23.5
Faced violence / bullying in school		
Yes	52	21.3
No	192	78.7
If yes,		
Daily	10	4.1
Sometimes	19	7.8
Rarely	23	9.4
School pressure in your academics		
Yes	89	36.5
No	155	63.5
Get any pocket money		
Yes	185	75.8
No	59	24.2
Satisfied with pocket money		
Yes	158	85.4
No	27	14.6
Have access to gadgets/internet		
Yes	226	92.6
No	18	7.4
Have scheduled time for using gadgets		
Yes	116	47.5
No	110	45.1
Use gadgets and internet *		
Less than 3 hours	135	59.7
3-6 hours	63	27.9
7-9 hours	18	8.0
More than 9 hours	10	4.4
Psychosocial problem		
At risk	79	32.4
At safe	165	67.6

Note*-Multiple choice

Table 4: Analytical study 1.

Variables	Psychosocial problem		OR (95% CI)	P value
	At safe (%)	At risk (%)		
Age group (years)				
12-13	12 (70.6)	5 (29.4)	1.000 (0.300-3.336)	1.000
14-15	117 (66.5)	59 (33.5)	1.210 (0.614-2.386)	0.582
16-17	36 (70.6)	15(29.4)	Ref	
Sex				
Female	84 (66.1)	43 (33.9)	1.152 (0.673-1.972)	0.607
Male	81 (69.2)	36 (30.8)	Ref	
Ethnicity				
Brahmin	33 (73.3)	12 (26.7)	Ref	
Chhetri	32 (72.7)	12 (27.3)	1.031 (0.404-2.630)	0.949
Janajati	92 (65.7)	48 (34.3)	1.435 (0.680-3.029)	0.344
Dalit/Madhese	8 (53.3)	7 (46.7)	2.406 (0.717-8.074)	0.155
Religion				
Hindu	116 (67.1)	57 (32.9)	Ref	0.200
Buddhist	44 (73.3)	16 (26.7)	0.740 (0.385-1.423)	0.367
Christian	5 (45.5)	6 (54.5)	2.442 (0.715-8.342)	0.154
Education level				
Class 8	69 (71.9)	27 (28.1)	Ref	
Class 9	96 (64.9)	52 (35.1)	1.384 (0.792-2.420)	0.254
Family type				
Nuclear	128 (68.8)	58 (31.2)	Ref	
Joint	37 (63.8)	21 (36.2)	1.253 (0.675-2.326)	0.476
Father's education				
Illiterate	9 (60)	6 (40)	1.143 (0.284-4.595)	0.851
Can read and write	29 (74.4)	10 (25.6)	0.591 (0.182-1.918)	0.381
Primary education	27 (69.2)	12 (30.8)	0.762 (0.240-2.415)	0.644
Secondary education	58 (66.7)	29 (33.3)	0.857 (0.305-2.409)	0.770
Higher secondary	30 (66.7)	15 (33.3)	0.857 (0.280-2.625)	0.787
Bachelor and above	12 (63.2)	7 (36.8)	Ref	
Mother's education				
Illiterate	31 (72.1)	12 (27.9)	Ref	
Can read and write	50 (64.9)	27 (35.1)	1.395 (0.618-3.149)	0.423
Primary education	14 (73.7)	5 (26.3)	0.923 (0.273-3.123)	0.897
Secondary education	45 (70.3)	19 (29.7)	1.091 (0.464-2.566)	0.842
Higher secondary education	18 (64.3)	10 (35.7)	1.435 (0.517-3.982)	0.488
Bachelor and above	7 (53.8)	6 (46.2)	2.214 (0.617-7.947)	0.223
Father's occupation				
Agriculture	18 (75)	6 (25)	Ref	
Business	44 (65.7)	23 (34.3)	1.568 (0.547-4.493)	0.402
Services	26 (63.4)	16 (36.6)	1.731 (0.564-5.312)	0.338
Daily wages worker	19 (73.1)	7 (26.9)	1.105 (0.311-3.923)	0.877
Foreign employment	26 (78.8)	7 (21.2)	0.808 (0.233-2.805)	0.737
Others	32 (60.4)	21 (39.6)	1.969 (0.672-5.771)	0.217
Mother's occupation				
Agriculture	28 (70)	12 (30)	Ref	
Business	29 (74.4)	10 (25.6)	0.805 (0.300-2.159)	0.666
Services	15 (62.5)	9 (37.5)	1.400 (0.481-4.073)	0.537
Daily wages worker	6 (54.5)	5 (45.5)	1.944 (0.496-7.621)	0.340
Housemaker	77 (67.0)	38 (33)	1.152 (0.528-2.512)	0.723
Others	10 (66.7)	5 (33.3)	1.167 (0.328-4.149)	0.812
Relationship with father				
Excellent	88 (72.7)	33 (27.3)	Ref	
Good	54 (62.8)	32 (37.2)	1.580 (0.874-2.858)	0.130
Fine	16 (66.7)	8 (33.3)	1.333 (0.522-3.407)	0.548

Continued.

Variables	Psychosocial problem		OR (95% CI)	P value
	At safe (%)	At risk (%)		
Bad	7 (53.8)	6 (46.2)	2.286 (0.715-7.302)	0.163
Relationship with mother				
Excellent	98 (73.7)	35 (26.3)	Ref	
Good	50 (61.7)	31 (38.3)	1.736 (0.961-3.136)	0.106
Fine	12 (63.2)	7 (36.8)	1.782 (0.640-4.957)	0.068
Bad	5 (45.5)	6 (54.5)	3.360 (0.965-11.704)	0.269

Table 5: Analytical study 2.

Variables	Psychosocial problem		OR (95% CI)	P value
	At safe (%)	At risk (%)		
Relationship with siblings				
Excellent	73 (74.5)	25 (25.5)	Ref	
Good	54 (62.8)	32 (37.2)	1.730 (0.921-3.250)	0.088
Fine	12 (66.7)	6 (33.3)	1.460 (0.496-4.300)	0.492
Bad	5 (33.3)	10 (66.7)	5.840 (1.820-18.735)	0.003*
Time spent with family				
Less than 1 hour	22 (61.1)	14 (38.9)	1.196 (0.523-2.736)	0.671
2-4 hour	63 (68.5)	29 (31.5)	0.865 (0.450-1.666)	0.665
5-6 hour	33 (75)	11 (25)	0.627 (0.271-1.448)	0.274
More than 7 hours	47 (65.3)	25 (34.7)	Ref	
Relationship with neighbours				
Good	92 (73.6)	33 (26.4)	Ref	
Fine	55 (66.3)	28 (33.7)	1.419 (0.77-2.59)	0.256
Bad	5 (38.5)	8 (61.5)	4.46 (1.36-14.60)	0.013*
Don't know	13 (56.5)	10 (43.5)	2.145 (0.85-5.35)	0.102
Family fights				
Daily	8 (61.5)	5 (38.5)	1.184 (0.340-4.125)	0.791
Sometimes	72 (66.1)	37 (33.9)	0.974 (0.429-1.927)	0.939
Rarely	49 (73.1)	18 (26.9)	0.696 (0.321-1.511)	0.359
Never	36 (65.5)	19 (34.5)	Ref	
Academic pressure from family				
Yes	77 (69.4)	34 (30.6)	Ref	
No	88 (66.2)	45 (33.8)	1.158 (0.675-1.988)	0.594
Relationship with teacher				
Excellent	56 (81.2)	13 (18.8)	Ref	
Good	79 (69.9)	34 (30.1)	1.854 (0.898-3.828)	0.095
Fine	22 (45.8)	26 (54.2)	5.091 (2.223-11.658)	<0.001*
Bad	8 (57.1)	6 (42.9)	3.231 (0.955-10.926)	0.059
Relationship with classmates				
Excellent	70 (72.2)	27 (27.8)	Ref	
Good	74 (70.5)	31 (29.5)	1.086 (0.590-2.000)	0.791
Fine	16 (53.3)	14 (46.7)	2.269 (0.976-5.274)	0.057
Bad	5 (41.7)	7(58.3)	3.630 (1.060-12.424)	0.040*
Academic pressure from school				
Yes	58 (65.2)	31 (34.8)	1.191 (0.685-2.072)	0.535
No	107 (69)	48 (31)	Ref	
Violence/bullying in school				
Yes	34 (65.4)	18 (34.6)	1.137 (0.595-2.171)	0.697
No	131 (38.2)	61 (31.8)	Ref	
Pocket money				
Satisfied	119 (75.3)	39 (24.7)	Ref	
No satisfied	14 (51.9)	13 (48.1)	2.833 (1.227-6.544)	0.015*
Access to gadgets/internet				
Yes	153 (57.7)	73 (32.3)	Ref	
No	12 (66.7)	6 (33.3)	1.048 (0.378-2.903)	0.928

Continued.

Variables	Psychosocial problem		OR (95% CI)	P value
	At safe (%)	At risk (%)		
Use of gadget/internet				
Less than 3 hours	94 (69.6)	41 (30.4)	Ref	
3-6 hours	42 (66.7)	21 (33.3)	1.146 (0.605-2.173)	0.676
7-9 hours	12 (66.7)	6 (33.3)	1.146 (0.403-3.264)	0.789
More than 9 hours	5 (50)	5 (50)	2.293 (0.629-8.352)	0.208

*P value less than 0.05 are significant.

The participants who received academic pressure from their school were 1.191 times (CI=0.685-2.072) and faced violence/bullying in their school were 1.137 times (CI=0.595-2.171) at risk of psychosocial problems. The respondents who were not satisfied with their pocket money was statistically significant with a psychosocial problem (COR=2.833, CI=1.227-6.544, p=0.015) whereas there was no association of access to gadget/internet and uses of it with a psychosocial problem (Table 5).

DISCUSSION

From the study, it was seen that the prevalence of psychosocial problems among adolescents was found to be 32.4%. Similar study published in 2018 revealed that 12.9 percent of adolescents had psychosocial problems.⁶ The study conducted in Pokhara showed 21.7 % of adolescent psychosocial problems and likewise, the study conducted on central region of Nepal published in 2016 showed 17.03%.^{17,20} Another study conducted in Dehradun, India showed a prevalence of 40.5% whereas a cross-sectional study in Muzaffarnagar, India, revealed that the overall prevalence of psychosocial problems among adolescent was found to be 41.43%.^{21,22}

There was no association found between age group, sex, ethnicity and educational status of participants with psychosocial problems. This finding was similar to the study conducted by Banstola (2017) which showed no association with psychosocial problem however the study showed an association between religion and psychosocial problem but in our study it was not associated (p=0.027, COR=0.515, CI=0.285-0.933).²⁰ Likewise, a study conducted by Bista et al showed no association between gender and educational status with psychosocial problem as found in this study however the study showed age group was associated and Indian and American studies also revealed same findings of age group being associated as mentioned by Bista et al in his study but our study doesn't show such association.¹⁷ Another study conducted by Timalsina et al showed age group and psychosocial were statistically significant.⁴

Current study doesn't show any statistical significance of family type and mother education with psychosocial problems however, this significance was strongly shown by the study conducted by Bista et al (COR=3.71, CI=1.47, 9.32) and (COR=2.93, CI=1.96, 4.37) and Banstola (2017) (p=0.004, COR=2.127, CI=1.272-3.558)

and (p=0.027, COR=1.964, CI=1.070-3.604).^{17,20} A study conducted by Bista et al showed father education (COR=1.75, CI=1.0, 2.94) was significant with psychosocial problem however our study shows no significant of father education with psychosocial problem and in the same way our study reflect no any association between mothers and father's occupation along with mother and father's education which was reported by similar study conducted by Timalsina et al.⁴

According to this study, there was no association between relationship of students with their family and time spend with them however there was associated significant between relationship with siblings (COR=5.840, CI=1.820-18.735, p=0.003), relationship of family with neighbours (COR=4.46, CI=1.36-14.60, p=0.013), relationship of student with teacher (COR=5.091, CI=2.223-11.658, p<0.001) and classmates (COR=3.630, CI=1.060-12.424, p=0.040) with psychosocial problems. Another study showed that relationships with siblings that mentioned love, affection, irritation and fight were statistically significant with psychosocial problems.²³

Our study reflects no association between types of punishment, bullying/violence in school with psychosocial problems. Similarly, there was no statistically significant difference between academic pressure from school and psychosocial problems in our study, whereas a similar study reflects statistical significance.²⁰

Our study reports no association between family fights and psychosocial problems risk to student however a similar study showed significant association between family dispute and parents fight with psychosocial problems.^{17,23}

The study found that those who were unsatisfied with their pocket money were statistically significant with psychosocial problem (COR=2.833, CI=1.227-6.544, p=0.015). Another study also showed same association between pocket money the student gets (COR=2.15, CI=1.41, 3.27) and psychosocial problems.¹⁷

The study's limitation was desirability and recalled bias since the questionnaire was self-administered and couldn't include the student of grade 10 because of their upcoming SEE examination.

CONCLUSION

The prevalence of psychosocial problems among adolescents was found to be 32.4%. There was statistical significance between relationships with siblings, relationships of a family with neighbours, relationships with teachers and classmates and pocket money with psychosocial problems. Similarly, there was no association between family education, occupation, relationship with father, mother, time spent with them, family fights, types of punishment received by students, and psychosocial problems. There was no association of academic pressure from school, violence/bullying and access and use of gadgets and the internet with psychosocial problems. Schools should provide more awareness of psychosocial dysfunctions to children through different media and parents should be aware through child to parents' approach.

ACKNOWLEDGEMENTS

The researchers are indebted to all the schools (Shikshya Sadan Secondary School, Innovative academy and Gyankunj Shaikshik Pratishthan) and all the respondents and friends who helped during data collection.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. WHO. Adolescent health. Available from: https://www.who.int/health-topics/adolescent-health#tab=tab_1. Accessed on 14 January 2022
2. The State of the World's Children 2011. UNICEF Available from: <https://www.unicef.org/reports/state-worlds-children-2011>. Accessed on 14 January 2022.
3. Nepal Population Report 2011. Government of Nepal Ministry of Health and Population Population Division Ramshahpath, Kathmandu, Nepal. Available from: http://www.nhssp.org.np/NHSSP_Archives/monitoring/Nepal_Population_Report_2011.pdf. Accessed on 14 January 2022.
4. Timalcina M, Kafle M, Timalcina R. Psychosocial problems among school going adolescents in Nepal. *Psychiatry J*. 2018;2018:1-6.
5. Ahmad A, Khalique N, Khan Z, Amir A. Prevalence of psychosocial problems among school going male adolescents. *Indian J Community Med*. 2007;32(3):219.
6. Timalcina M, Kafle M, Timalcina R. Psychosocial problems among school going adolescents in Nepal. *Psychiatr J*. 2018;2018:1-6.
7. Lenters LM, Wazny K, Webb P, Ahmed T, Bhutta ZA. Treatment of severe and moderate acute malnutrition in low- and middle-income settings: a systematic review, meta-analysis and Delphi process. *BMC Public Health*. 2013;13(3):1-5.
8. Syed EU, Hussein SA, Haidry SEZ. Prevalence of emotional and behavioural problems among primary school children in Karachi, Pakistan- multi informant survey. *Indian J Pediatr*. 2009;76(6):623-7.
9. Pathak R, Sharma RC, Parvan UC, Gupta BP, Ojha RK, Goel NK. Behavioural and emotional problems in school going adolescents. *Australas Med J*. 2011;4(1):15.
10. Saleem S, Mahmood Z. Risk and protective factors of emotional and behavioral problems in school children: A prevalence study. *Pakistan J Psychol Res*. 2013;28(2):239-60.
11. Chaulagain A, Kunwar A, Watts S, Guerrero APS, Skokauskas N. Child and adolescent mental health problems in Nepal: A scoping review. *Int J Ment Health Syst*. 2019;13(1):1-8.
12. Klasen H, Crombag AC. What works where? A systematic review of child and adolescent mental health interventions for low and middle income countries. *Soc Psychiatr Psychiatr Epidemiol*. 2013;48(4):595-611.
13. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatr*. 2005;62(6):593-602.
14. Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the national comorbidity survey. *Arch Gen Psychiatr*. 1994;51(1):8-19.
15. Reijneveld SA, Vogels AG, Brugman E, Van Ede J, Verhulst FC, Verloove-Vanhorick SP. Early detection of psychosocial problems in adolescents: how useful is the Dutch short indicative questionnaire (KIVPA)? *Eur J Public Health*. 2003;13(2):152-9.
16. Pratt HD. Principles of psychosocial assessment of adolescents. *Indian J Pediatr*. 2003;70(10):775-80.
17. Bista B, Thapa P, Sapkota D, Singh SB, Pokharel PK. Psychosocial problems among adolescent students: an exploratory study in the central region of Nepal. *Front Public Health*. 2016;4(August):1-7.
18. Luitel NP, Jordans MJD, Adhikari A, Upadhaya N, Hanlon C, Lund C, et al. Mental health care in Nepal: Current situation and challenges for development of a district mental health care plan. *Confl Health*. 2015;9(1):1-11.
19. Bright futures tool for professionals. Pediatric Symptom Checklist. Available https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklist.pdf. Accessed on 15 January 2022.
20. Banstola RS. Psychosocial problem among school-going adolescents in Pokhara, Western Nepal.

- Janapriya J Interdiscip Stud. 2018;6(December):121-33.
21. Sharma A, Gupta S, Luthra M, P.Mishra. Psychosocial Problems of Adolescents: Influence of Age, Sex and area of residence. *J Adv Res Med Sci*. 2014;6:130-3.
 22. Jain V, Singh M, Muzammil K, Singh J. Prevalence of psychosocial problems among adolescents in rural areas of District Muzaffarnagar, Uttar Pradesh. *Indian J Community Health*. 2014;26(3):243-8.
 23. Arumugam B, Rajendran S, Nagalingam S. Mental health problems among adolescents and its psychosocial correlates. *Indian J Res*. 2013;2:284-7.

Cite this article as: Shrestha N, Thapa JK, Chaudhary P, Sangroula RK. Impact of associated factors in adolescent's psychosocial problems in Banepa: a cross-sectional study. *Int J Community Med Public Health* 2022;9:4341-50.