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Factors Associated with Perceived Psychosocial Problems and Help-Seeking Practices among Adolescents in Nepal

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Abstract

Adolescents' psychosocial problems are a growing public health concern in both developed and developing countries. Research on this subject is limited in low- and middle-income countries. This paper examines the national scenario for psychosocial problems among adolescents in Nepal using data from the Nepal Adolescents and Youth Survey (NAYS) 2010/11. Findings suggest that approximately 14% of adolescents are suffering from at least one type of psychosocial problem. Common predictors of such problems are female gender, older age and the past experience of physical violence. These problems give rise to anxious feelings, restlessness, hopelessness and suicidal thoughts, yet only a small proportion (21.2%) of adolescents sought help for their problems. This low proportion suggests that adolescents' psychosocial problems deserve greater attention from the government and non-governmental sectors.

Keywords

Adolescents; psychosocial problems; predictors; help seeking; Nepal

Background

Adolescents between ages of 10 and 19 face many internalizing and externalizing problems attributable to the transition from childhood to adulthood (Moilanen, Shaw & Maxwell, 2010). Externalizing problems include hyperactivity, substance abuse and conduct disorder while internalizing problems include anxiety, depression and post-traumatic stress disorder (Ahmad, Khalique, Khan & Amir, 2007). Mental, neurological and behavioral disorders contribute to about 12% of the global burden of disease (Murray et al., 2013) and most neuropsychiatric disorders are likely to commence from the age of 14 (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005). Global estimates for mental health problems of children and adolescents range from 10% to 20% (Atilola, Balhara, Stevanovic, Avicenna & Kandemir, 2013; Kieling et al., 2011; Srinath, Kandasamy & Golhar, 2010) with suicide one of the leading causes of death among adolescents (WHO, 2014).

The availability of mental health and psychosocial services for adolescents is limited in low and middle countries (WHO, 2009) where traditional healing is the most frequently sought remedy (Abdulmalik & Sale, 2012). Family awareness and social support systems play an important role in determining the help-seeking behavior of adolescents (O'Connor, Martin,

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Weeks & Ong, 2014). Similarly, the socioeconomic status of households, family factors (Cortina, Sodha, Fazel & Ramchandani, 2012), physical disability (Atilola et al., 2013) and physical punishment have significant impacts upon family and social relationships, school performance and the personal well-being of adolescents (Patel, Flisher, Hetrick & McGorry, 2007).

In Nepal, the root causes of psychosocial problems for adolescents are family separation, changes from joint family to nuclear family structure, parental substance abuse (Chhabra & Sodhi, 2012), domestic violence, forced labor, caste/ethnic discrimination and lack of access to basic education and medical treatment (National Human Rights Commission, 2008). In addition to these historically embedded structural problems, the 10-year armed conflict between the Government of Nepal and the Communist Party of Nepal (Maoist) has created more risk for poor psychosocial well-being of adolescents (Kohrt, Jordans, Tol, Perera, Karki, Koirala & Upadhaya, 2010; United Nations Office of the High Commissioner for Human Rights, 2012).

Adolescent psychosocial problems and help-seeking behaviors are not studied at the national level in Nepal. A few studies conducted with specific populations have documented help-seeking pathways which include visiting traditional healers, going to an astrologer, conducting purification ceremonies at home and visiting health facilities as a last resort (Adhikari et al., 2015). Therefore, this national-level survey that covers 72 out of 75 districts in Nepal aims to comprehensively map the causes and impacts of adolescent psychosocial problems, as well as associated help-seeking behaviors, so that culturally appropriate and cost-effective psychosocial interventions can be developed and implemented.

Methods

Nepal is a small, landlocked Himalayan country situated between the cultures of two major Asiatic civilizations: India to the South and Tibet, an autonomous region of China, to the North. The topography of Nepal can be divided into three main ecological regions: Mountain, Hill and Terai. The latest Population Census conducted in 2011 (Central Bureau of Statistics, 2012) classifies the entire population into 125 caste/ethnic categories. However, this study when designed in 2010 used the 2001 census, in which only 109 caste/ethnic categories were recorded. In the study, we broadly group these castes/ethnicities into three overarching categories: Brahmin/Chhetris (so-called higher castes), Janajati (indigenous ethnic groups) and Dalits (traditionally regarded as untouchable) (Kohrt et al., 2009).

This paper is based on a nationally representative cross-sectional household survey known as the Nepal Adolescent and Youth Survey (NAYS) 2010/11. This survey provides information on health and socioeconomic status as well as psychosocial status of adolescents. A national consulting firm, Rural and Alternative Energy Pvt. Ltd., conducted the survey for the Ministry of Health and Population.

This survey adopted a two-stage selection process. In the first stage, 300 enumeration areas (clusters) were selected with a probability proportion-to-size (PPS) method, of which 63 were from urban and 237 from rural areas. In the second stage, 30 households with at least one adolescent age 10-24 was selected from each sample cluster by using a systematic random sampling procedure. In total, this survey successfully interviewed 14,754 adolescents and

youths from 8,974 sample households. Of these, 11,477 were adolescents ages 10-19 (Ministry of Health and Population, 2012).

Five situations experienced by the adolescents in the last 12 months preceding the survey were analyzed to assess the perceived psychosocial problems. The situations preceding the survey were (a) felt sad and depressed for several days; (b) loss of interest for several days; (c) not interested to meet anyone for several days; (d) felt weak and exhausted for several days; (e) felt angry on small issues. When the response to any of these situations was yes, survey administrators asked follow-up questions related to duration of problem, impact, causes and help-seeking behavior. In this paper, we analyzed responses to the questions related to distressful situations, causes and impacts of psychosocial problems and help-seeking behavior of the adolescents.

The responses to the five situations related to psychosocial status were combined to a composite term, "psychosocial problems," and re-coded into dichotomous outcomes (1=have a problem; 0=do not have a problem) and treated as dependent variables. Bivariate logistic regression was used to identify predictors of psychosocial problems considering independent variables such as age, sex, marital status, caste/ethnicity, wealth status of the household, level of education, current working status, urban/rural residence and ecological belt. All analysis was performed with SPSS 16.

Results

Sociodemographic status

There were 11,477 adolescents of whom 5,720 (49.8%) were girls. Ages ranged from 10 to 19 at the time of data collection, with a mean age of 14.2 (standard deviation 2.7). The overwhelming majority of respondents were unmarried (95%) and living in rural areas (81.3%). Nearly half (42.5%) had a secondary level of education, and 50.7% belong to Janajati caste/ethnic groups.

Table 1: Sociodemographic status of the adolescents

Background characteristics	Male	Female	Total
Age			
10-14	60.1	55.7	57.9
15-19	39.9	44.3	42.1
Marital status			
Unmarried	98.2	91.9	95.0)
Married	1.8	8.1	5.0
Education			
No education	4.9	7.7	6.3
Primary	38.6	37.3	38.0
Secondary	42.9	42.1	42.5
Above secondary	13.5	12.9	13.2
Urban/rural residence			
Rural	81.1	81.5	81.3
Urban	18.9	18.5	18.7
Ecological belt			
Mountain	7.0	7.6	7.3
Hill	43.6	47.2	45.4
Terai	49.4	45.2	47.3

Caste/Ethnicity			
Dalit	10.2	11.3	10.8
Janajati	50.9	50.5	50.7
Brahmin/Chhetri	38.9	38.2	38.6
Total	**100.0**	**100.0**	**100.0**
N	**5,757**	**5,720**	**11,477**

Perceived psychosocial problems of adolescents

Of the 11,477 adolescents, the most commonly reported problem 9.1% (n=1,041) was that of feeling sad and depressed for several days. In response to the other situations, 8.4% (n=962) expressed the problem of feeling weak and exhausted, 7.8% (n=892) reported loss of interest in work, 7.7% (n=881) expressed feeling angry at small issues, and 5% (n=576) were not interested to meet anyone (Table 2). When collapsed, 1.9% (n=223) reported experiencing four problems, 2.2% (n=253) reported three problems, 2.8% (n=325) reported two problems, and approximately 14% (n=1,570) reported one problem.

Table 2: Perceived psychosocial problems of adolescents in last 12 months

Background variables	Felt sad and depressed for several days	Loss of interest for several days	Not interested to meet anyone for several days	Felt weak and exhausted for several days	Felt angry on small issues	Total	N
Gender							
Male	8.0	6.8	4.6	7.6	6.4	100.0	5,757
Female	10.1	8.8	5.5	9.1	9.0	100.0	5,720
Age							
10-14	5.2	4.4	2.6	5.4	4.1	100.0	6,647
15-19	14.4	12.4	8.3	12.5	12.5	100.0	4,830
Marital status							
Unmarried	8.5	7.3	4.8	7.9	7.2	100.0	1,0905
Married	19.5	17.1	9.8	18.3	16.1	100.0	572
Education							
No education	8.0	7.0	3.4	8.7	5.2	100.0	726
Primary	5.5	4.8	2.7	5.9	4.7	100.0	457
Secondary	10.6	8.9	6.2	9.3	9.1	100.0	4,878
Above secondary	15.1	13.1	8.8	12.6	12.9	100.0	1,517
Urban/rural residence							
Rural	8.8	7.6	4.6	8.4	7.2	100.0	9,333
Urban	10.0	8.7	6.6	8.5	9.6	100.0	2,145
Ecological belt							
Mountain	11.2	10.4	8.4	9.0	12.5	100.0	837
Hill	8.8	7.8	4.9	8.1	8.0	100.0	5,210
Terai	9.0	7.4	4.6	8.6	6.6	100.0	5,430
Caste/Ethnicity							
Dalit	10.7	9.6	6.7	11.1	10.2	100.0	1,234
Janajati	8.2	6.7	4.0	7.4	6.5	100.0	5,818
Brahmin/Chhetri	9.8	8.6	5.8	8.9	8.6	100.0	4,425
Wealth status							
Lowest	9.1	7.9	5.0	8.8	8.4	100.0	2,219
Second	9.6	8.0	4.9	8.0	7.3	100.0	2,423
Third	9.4	7.8	4.7	9.1	7.5	100.0	2,422
Fourth	8.9	7.8	5.4	9.2	7.4	100.0	2,322
Highest	8.3	7.2	5.1	6.6	7.9	100.0	2,091
Total	**9.1**	**7.8**	**5.0**	**8.4**	**7.7**	**100.0**	**11,477**

Factors associated with psychosocial problems of adolescents

Being female, older, having past experience with physical violence (being beaten by family members or outsiders in last 12 months), being injured to the point of requiring medical treatment in the last 12 months and having an illness in the last two weeks were common predictors for all five psychosocial problems. Likewise, having primary and secondary levels of education, currently not being enrolled in school, having higher household wealth quintiles and belonging to the Dalit caste were other significant predictors for the majority of the problems.

Table 3: Factors associated with psychosocial problems of adolescents

Background variables	Felt sad and depressed		Loss of interest in work		Not interested to meet anyone		Felt weak and exhausted		Felt angry	
	OR	CI	OR	CI	OR	CI	OR	CI	OR	CI
Gender										
Female (ref)										
Male	0.73**	0.64-0.84	0.72**	0.62-0.83	0.80*	0.67-0.96	0.80**	0.70-0.92	0.63**	0.54-0.73
Age	1.23**	1.18-1.28	1.23**	1.18-1.28	1.26**	1.20-1.32	1.20**	1.15-1.25	1.30**	1.25-1.35
Marital status										
Unmarried (ref)										
Married	1.17	0.87-1.56	1.25	0.92-1.68	1.04	0.71-1.51	1.34*	1.04-1.88	1.22	0.90-1.66
Birth of child										
No										
Yes	0.86	0.53-1.38	0.82	0.50-1.35	0.83	0.44-1.56	0.87	0.54-1.42	0.58*	0.34-1.00
Education										
No education (ref)										
Primary	0.41**	0.28-0.63	0.53**	0.34-0.81	0.45**	0.26-0.79	0.68	0.44-1.03	0.50**	0.31-0.81
Secondary	0.66**	0.50-0.88	0.72*	0.53-0.98	0.69*	0.48-1.01	0.85	0.63-1.14	0.92	0.67-1.25
SLC and above	1.01	0.82-1.24	1.01	0.82-1.26	1.11	0.86-1.44	1.03	0.83-1.28	1.20	0.96-1.49
Current schooling										
No										
Yes	0.65**	0.52-0.81	0.75*	0.59-0.96	0.78	0.58-1.06	0.85	0.66-1.08	0.87	0.68-1.12
Receiving vocational training										
No										
Yes	1.59**	1.29-1.96	1.45**	1.16-1.82	1.32*	1.00-1.73	1.38**	1.10-1.73	1.56**	1.24-1.95
Urban-rural residence										
Rural (ref)										
Urban	1.27**	1.05-1.53	1.26*	1.03-1.54	1.57**	1.25-2.00	1.19	0.98-1.45	1.42**	1.16-1.73
Ecological belt										
Mountain (ref)										
Hill	0.76*	0.59-0.98	0.72*	0.56-0.94	0.51**	0.38-0.69	0.96	0.73-1.25	0.57**	0.44-0.72
Terai	0.81	0.63-1.05	0.72*	0.55-0.94	0.52**	0.38-0.70	1.03	0.78-1.38	0.50**	0.39-0.65
Caste/Ethnicity										
Dalit (ref)										
Janajati	1.08	0.87-1.35	1.13	0.90-1.43	1.27	1.00-1.68	1.19	0.96-1.49	1.30*	1.03-1.64
Brahmin/Chhetri	0.84*	0.72-0.97	0.80**	0.68-0.94	0.74**	0.61-0.90	0.80**	0.69-0.94	0.81**	0.69-0.95
Wealth quintiles										
Lowest (ref)										
Second	1.59**	1.22-2.08	1.47**	1.12-1.96	1.40*	1.00-1.98	1.72**	1.30-2.28	1.42**	1.06-1.86
Middle	1.70**	1.32-2.19	1.57**	1.20-2.01	1.45*	1.05-2.01	1.57**	1.20-2.05	1.29	0.98-1.69
Fourth	1.48**	1.16-1.89	1.37*	1.06-1.78	1.23	0.90-1.67	1.67**	1.30-2.16	1.21	0.93-1.57
Highest	1.22	0.97-1.55	1.24	0.98-1.59	1.29	0.97-1.73	1.57**	1.23-2.00	1.10	0.86-1.41
Medical treatment for accident and injuries in last 12 months										
No (ref)										
Yes	1.53**	1.30-1.81	1.63**	1.36-1.94	1.28*	1.02-1.60	1.56**	1.32-1.85	1.67**	1.40-1.99
Sickness in last two weeks										
No (ref)										
Yes	1.87**	1.56-2.21	1.77**	1.48-2.12	2.02*	1.64-2.49	2.18**	1.85-2.57	2.03**	1.70-2.43
Beaten by family members last 12 months										
No (ref)										
Yes	1.64**	1.39-1.94	1.49*	1.25-1.78	1.35**	1.08-1.69	1.51**	1.27-1.79	1.61**	1.34-1.93
Beaten by outsiders in last 12 months										
No (ref)										
Yes	1.46**	1.17-1.83	1.47**	1.15-1.87	1.75**	1.31-2.33	1.43**	1.14-1.79	1.72**	1.35-2.17

* Statistically significant at 0.05 level; ** statistically significant at 0.01 level; OR= Odd Ratio, CI= Class Interval

Major causes of adolescents' psychosocial problems

The major causes perceived by adolescents as responsible for psychosocial problems were sickness in the family, marital problems between parents, anxiety relating to failure in education and career development, relationship problems with lovers and relatives, physical violence by teachers and parents, and death of loved ones.

Table 4: Major causes of adolescents' psychosocial problems

Major causes	Male	Female	Total
Sickness in the family	37.2	34.7	35.8
Marital problems between parents	18.7	27.2	23.3
Anxiety of failure in education and career development	20.2	18.3	19.2
Relationship problems	11.8	8.3	9.9
Physical violence	1.1	2.0	1.6
Death of loved ones	1.1	1.9	1.5
Others (stress, discrimination, geography, shattered dreams)	9.9	7.5	8.6
Total	**100.0**	**100.0**	**100.0**
N	**722**	**848**	**1570**

Impact of the problems

Feeling anxious and restless (73.1%), fed up with life (39.2%), occurrence of negative thoughts and loss of self-confidence (38%), feelings of hopelessness (32.1%) and suicidal ideation (12%) were the primary perceived impacts of psychosocial problems on adolescents.

Table 5: Impact of the psychosocial problems

Major impacts	Male	Female	Total
Feeling anxious and restlessness	72.3	73.7	73.1
Occurrence of negative thoughts and loss of self-confidence	35.2	40.4	38.0
Feeling of hopelessness	24.9	38.2	32.1
Fed up with life	29.8	47.2	39.2
Suicidal ideation	5.0	18.0	12.0
Total	**100.0**	**100.0**	**100.0**
N	**722**	**848**	**1570**

Pathway for treatment

Around one fifth (21.2%) of the respondents received help and treatment for their problems. Major treatment places were government hospitals, private hospital/clinic, pharmacy, and government primary health care facilities (locally known as Health Post (HP)/Sub Health Post (SHP)).

Table 6: Pathway and place of treatment of psychosocial problems

Receive support and treatment	Male	Female	Total
Yes	22.4	20.2	21.2
No	77.6	79.8	78.8
Total	100.0	100.0	100.0
N	722	848	1570
Place of treatment			
Government hospital	44.5	40.3	42.3
Private hospital/clinic	25.2	22.8	23.9
HP/SHP	14.7	12.3	13.4
Pharmacy	12.7	16.4	14.6
Home	2.5	2.9	2.7
Traditional healer (Dhami/Jhankri)	0.5	3.5	2.0
Total	**100.0**	**100.0**	**100.0**
N	**162**	**171**	**333**

Discussion

This study has identified several predictors of adolescent psychosocial problems, causes and impacts of the problems, and help-seeking behaviors in Nepal.

Adolescents suffer from different psychosocial problems such as feeling sad and depressed for several days; feeling weak and exhausted; losing interest in work; feeling angry at small issues and not being interested to meet anyone. In many cases, adolescents had more than one of the above problems. The study's findings suggest that around 14% of adolescents have at least one of the five major psychosocial problems. This figure is similar to non-clinical based epidemiological studies conducted in 51 Asian countries, which suggested that 10%-20% of children and adolescents suffered from various kinds of psychosocial problems (Srinath et al., 2010). However, the percentage reported here is slightly higher compared to a study conducted in India, Serbia, Nigeria, Turkey and Indonesia, which reported that 10.5% of adolescent lived with mental health problems (Atilola et al., 2013).

The odds ratio suggests that geographic situation, family violence, health status and demographic characteristics were significant predictors of psychosocial problems. Adolescents who experienced physical violence, felt sick in the last two weeks and those who received medical treatment for accident and injuries in the last 12 months were more likely to report vulnerability to psychosocial problems. These findings are similar to studies conducted in other low- and middle-income countries. For example, Ribeiro and colleagues (2009) also found in low- and middle- income countries that domestic violence was highly related to child mental health problems (Ribeiro, Andreoli, Ferri, Martin Prince & Mari, 2009). Similarly, a study conducted in Brazil found that not only violence within the household, but also socioeconomic status determines the mental health status of children (Fleitclich & Goodman, 2001). Likewise, the injury due to accident was the determining factor for psychosocial and mental health outcome of adolescents (Saxena, Jane-Llopis & Hosman, 2006).

In terms of gender, this study's findings are in agreement with Reed and colleagues (2012) who found higher psychosocial problems among adolescent girls from five low- and middle-income countries (Atilola et al., 2013) and displaced and refugee populations (Reed, Fazel, Jones, Panter-Brick & Stein, 2012). In terms of caste group, the findings are in agreement with Kohrt and colleagues (2008) who reported higher problems among Dalit children associated with armed forces and armed groups in Nepal (Kohrt et al., 2008).

Contrary to the general assumptions that poor households are more vulnerable to psychosocial problems (Fleitlich & Goodman, 2001) this study suggests that adolescents from rich households in Nepal are more susceptible to psychosocial problems. This may be because the adolescents in rich households might not get enough time and emotional support from their parents and others family members due to their busy schedule in a family business or other professional work.

The major causes of adolescents' psychosocial problems differed by geographic region and wealth quintile. For those adolescents living in the Hill and Terai regions, family sickness was the major cause while for those living in the Mountain region, marital problems between parents were more likely to be reported as the cause of psychosocial problems. Regarding wealth quintiles, those from the richest families reported anxiety of failure in education and career development as the major causes of the problems. This might be because of the family pressure to achieve excellent professional career goals to maintain social prestige. The impact of the psychosocial problems also differed based on adolescents' residence status, household economic status, age, sex and caste/ethnicity. Those living in Mountain regions, from the poorest households, belonging to the Dalit caste group, and ages 15-19 were more likely to report higher impacts of psychosocial problems in their lives. Likewise, suicidal ideation was one impact revealed mostly among adolescents from urban settings, the Mountain region and the poorest households, as well as those who were ages 15-19, female and who experienced violence and injuries.

Among the five major problems, those feeling weak and exhausted reported the highest prevalence of help-seeking behavior. This might be because that in Nepal people feel easy to seek health care services for their physical health problems compare to psychosocial and mental health problems. Similarly, the adolescents from rural areas, the Terai region and the Dalit caste group, as well as those ages 10-14, who are male and come from the poorest household sought the help the most. However, those adolescents who felt angry even at small issues sought help the least. Despite the higher proportion of adolescents from Mountain regions, from female gender, ages 15-19 and urban residents having problems, the help seeking of these groups was the lowest. Similarly, it is interesting to note that the problem is higher in the richest household while help seeking is better in the poorest households.

Limitations

This paper is based on secondary survey data that only had questions related to five psychosocial problems. Due to the general nature of the survey, this study will not have captured all the psychosocial problems of adolescents in Nepal. When the study was designed and conducted in 2010, there were only 58 municipalities in Nepal representing the urban areas but the government in 2014-2015 increased the number of municipalities to 191. So the findings cannot be generalized to the new urban areas declared by the government in 2014-2015. Similarly, classification of caste/ethnic composition is based on the 109 caste/ethnic groups as per the 2001 census rather than 125 as categorized in the 2011 census (Central Bureau of Statistics, 2012).

Conclusion

The findings suggest that 14% of the adolescents in Nepal are suffering from one or more psychosocial problems. The main predictors of adolescents' psychosocial problems are female gender, older age and the past experience of physical violence. The impact of these problems on adolescents was diverse and included feeling of anxiety and restlessness, loss of confidence, hopelessness and suicidal ideation. Though there were a high proportion of adolescents reporting problems, only a small proportion of them sought help.

These results suggest adolescents' psychosocial problems are a public health issue. If not appropriately addressed, they can have further ramifications not only for the adolescents but also for their families, communities and for the nation as a whole. Therefore, this data suggests there is a need for greater governmental attention to the promotion of early identification, referral and management of adolescents' psychosocial problems.

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