

CHAPTER I

INTRODUCTION

1.1 Background of the Study

Child do not exist in vacuum, or merely within families, but in social world that are affected by broader social processes, the sociology of childhood involves moving beyond understandings of childhood as a period of socialization to a sociology that is interested in how children experience their lives in the here and now. Up-until mid-1980s, sociologists rarely thought about childhood, the process by which children become civilized, and functioning adults. The study of children was left to psychologists and sociologists focused instead on families. However, relationship between childhood and the specific social, political or economic contexts of children was concerned (Morrow, 2011). The sociology of adolescence focuses on biological, social, economic and psychological development of youth; during this period between childhood and adulthood adolescents undergo puberty, consolidate the cognitive reasoning abilities, and attain majority status and social privileges. Developmental sociologists examine these changes in the contexts of home, family, peer group, school, neighborhood, work, houses of worship, and extracurricular activities (Herman, 2012).

Adolescence is the transitional period in lifespan that occurs after childhood and before adulthood, and the period of rapid growth and development. They experience physical and sexual maturation, along with movement toward socioeconomic independence and development of identity (Shrestha, 2013). Giddens (1991) stressed that identity development is ongoing process and individualization can be understood as rooted in cultural and ideological patterns. A psychological definition distinguishes adolescence in terms of the developmental tasks, central task of achieving personal identity but the sociology defines adolescence in terms of their status in society, specifically a transitional period between childhood and adulthood (Cobb, 2010). Along with bodily changes, changes in behavior and emotional responses also occurs in adolescents. The risk-oriented, oppositional and aggressive behavior among

adolescents is understood as part of the development of independence as well as sense of personal identity that is functional for society at the macro level (Parsons & Bales, 1956). During this transition rapid demands for new social role takes place. The adolescents, due to these changes often face a number of crises and dilemmas. If adequate care and attention is not given adolescents are prone to develop various psychosocial problems with long standing impact (Sharma, Gupta, Luthra & Mishra, 2014).

Adolescents currently account for 1.2 billion of the world's population. Eighty-eight percent of them live in developing countries (United Nation's Children's Emergency Fund [UNICEF], 2011). Adolescents in Nepal cover 23.62 percent of the total population i.e. nearly a quarter of the population (Ministry of Health and Population, 2011). The environment in which some adolescents live, learn and grow can undermine their physical, psychosocial and emotional development—for example, where adolescents lack parental guidance and support, face food shortages, or are surrounded by violence, exploitation and abuse (WHO, 2017). Children in today's society face many stresses from a variety of sources that have a major impact on their psychosocial adjustment and academic performance in school (Haynes, 2002). Under nutrition, pathogenic agents, and poor living conditions are of primary importance in the evaluation of adverse environmental conditions' effects on human growth; but child labor (an equally significant factor, especially in underdeveloped countries) is generally overlooked or ignored (Duyar & Ozener, 2005). Many adolescents hold part-time jobs during high school. However, is that the number of hours an adolescent works is critical for determining whether these positive benefits are offset by negative ones (American Psychological Association [APA] 2002).

Various Studies conducted in different parts of the world shows that prevalence of psychosocial problems ranges from 13% to 45% (Ahmad, Khalique, Khan, & Amir, 2007; Syed, Hussein, & Haidry, 2009; Suhail, Anees, Najam, Zulfia & Ali, 2012; Sharma, Parvan, Gupta, Ojha, & Goel, 2011; Saleem & Mahmood, 2013; Bista, Thapa, Sapkota, Singh and Pokhrel., 2016; Sharma, Gupta, Luthra & Mishra, 2014 and Sharma, 2014), whereas psychological problems are found more than of non-workers among child workers (Khan, 2000; O'Donnell & Rosati, 2002; Wolde-Giorgis, 2008; Joshi, shrestha & vaidya, 2012 and Banstola, 2015). Psychological and

social problems, particularly involving behavior and school issues, are more common during adolescence than at any other time during childhood (Levy, 2017). In this backdrop sociological studies on psychosocial problem and the associated factors among adolescent in developing country like Nepal becomes the matter of concern. various NGOs and INGOs are working in the sector of working children in collaboration with Government and most of the child laborers are enrolled in government school to meet the MDG goal of universal education but what these children feel and face in school with their dual role and what is the psychosocial status in association with various factors among both the working and nonworking children is one of the important matter that urges to investigate the magnitude.

1.2 Statement of the Problem

Theories of life courses are increasingly taking into account conditions in late-modern societies that make it necessary for people to undertake the process of individualization in the transition to, and through, adulthood (Cote, 2010). Psychology has, of course, continued to develop as a discipline since the days of Piaget and other early developmental psychologists. Importantly, Margaret Mead's seminal work on young people in Samoa (first published in 1928) is such an example of the sociological study incorporating adolescent psychology. After studying among 68 girl adolescents Mead concluded that the passage from childhood to adulthood in Samoa was a smooth transition and not marked by the emotional or psychological distress, anxiety or confusion seen in many other countries such as the USA. This was because Samoan girls belonged to a stable, monoculture society, surrounded by role models, where nothing concerning the basic human facts of copulation, birth, bodily functions, or death, was hidden and where Samoan girls were not pressured to choose from among a variety of conflicting values. However during the late 1980s and early 1990s, sociologists increasingly acknowledged that research specifically related to children and childhood was underdeveloped. There were plenty of sociologically relevant discussions of children's problem and problem children, but few studies that were grounded in children's experiences of their daily lives (Morrow, 2011).

Adolescence is a period of exploration and experimentation that needs adjustment to physical maturity, changing roles within families and with peers, and the emergence

of a more independent lifestyle. Compared to adults, adolescents show higher stress levels and fewer coping resources. The stressful process of differentiation and identity consolidation can result in significant psychological distress (Shiferaw, Fantahun & Bekele, 2006). Adolescents are not simply big children or small adults and a unique developmental processes take place both physical and psychosocial at different speeds and duration, even if the sequence is universal. Many of the health-related behaviours that arise during adolescence have implications for both present and future health and development (WHO, 2017).

Mental and behavioural disorders are estimated to account for 12% of the global burden of disease and these disorders of childhood and adolescence are very costly to society in both human and financial terms. The aggregate disease burden of these disorders has not been estimated, and it would be complex to calculate because many of these disorders can be precursors to much more disabling disorders during later life (WHO, 2001). In Ethiopia, compared to non-working school children the working school children had higher prevalence of psychosocial problems like feeling lonely, depressed mood, problem at school and problem with teachers (Hamdan-Mansour, Al-Gamal, Sultan, Matrouk & Nawaiseh, 2013). In South Asian countries, Saleem and Mahmood (2013), found the overall prevalence of 30% and the most frequently reported problem was Anxiousness (16%) followed by Feelings of Rejection (15%) and Academic Problems (15%) in Pakistan. Various Indian studies reported the prevalence of 18- 38% (Pathak et al., 2011; Suhail, Anees, Najam, Zulfia & Ali, 2012; Vijayaprakash, Venkatesan & Begum, 2013 and Sojan & Baby, 2015). In the context of Nepal, Bista, et. al., (2016) reported 17% prevalence of psychosocial problem among school children in Hetauda and Sharma, (2014) had found 30% prevalence in Pokhara. Whereas in working children Joshi et. al., (2012) reported that 92% of working children had one of the psychological problem in Kathmandu and Banstola (2015) found it as 26% in Pokhara.

Rao and Raju (2012), has stated that private schools were having emotional and behavioral problems but emotional problems were evident in government school adolescents. Early identification of mental health problems may lead to decreases in long-term disability rates (Hacker et al., 2006). Lack in prompt identification and proper management of these problems may have detrimental effect in their potential

adult life (Rimal & Pokharel, 2013). Mental disorder affects the lives and wellbeing of millions of people throughout the world. About 1 in every 4 persons in the planet will have a mental disorder in their lifetimes. With increasing number of studies uncovering the significant relationship between social factors and many psychiatric conditions, the study of mentally disturbed behavior has become an important area of research in sociology (Cockerham, 2017). In dearth of sociological studies on psychosocial problem among adolescent in developing country like Nepal where most of the studies oriented on separate entities (psychological and health point of view only) not in combination as social psychology, so the researcher felt the need for the study on psychosocial problem among both working and nonworking adolescents with sociological orientation.

Research Questions

What is the the prevalence of psychosocial problems among adolescents?

Is there any association between selected variables (age, gender, work related factors and family factors) and psychosocial problems among adolescents?

1.3 Objectives of the Study

General Objective

To identify the psychosocial problems among adolescents

Specific Objectives

- To assess the prevalence of psychosocial problems among adolescents (both working and not working);
- To identify the association between background variables such as age, sex, family, school, work related factors with psychosocial problems among adolescents.
- To assess the association between perceived social support and psychosocial problems among adolescents.

1.4 Significance of the Study

Psychosocial problem in children and adolescence is an important public health issues. However, childhood studies as field of inquiry, is still in its early stages and good deal of works remains to be done by people from all kinds of background and all walks of life. Childhood studies are having some notable effects on research across a range of disciplines and professions.

There is a growing trend, for example, toward interdisciplinary and multidisciplinary research whereby teams of researcher with diverse backgrounds and experiences approach issues and problems collaboratively, but all sharing a common commitment to improving the status of children and young people. There is currently limited sociological evidence in terms of psychosocial problem of adolescents in Nepal (like other developing countries), and limited evidence about the experience of children having such problems. There is a growing global interest in studying and understanding the physical, psychological and social consequences of child labor. Ensuring survival, development and protection of children will not be easy to achieve and today, it forms a great challenge for all the nations over the entire world. Therefore, this study on social-psychological approach came to identify the magnitude of psychosocial problems and associated factors among adolescents in Pokhara with special focus on child laborer and its impact on the child's psychosocial wellbeing.

The results of this study will be of interest not only to researchers but also it will provide a source or baseline to future researchers who are interested to this type of research combining the psychology with sociology. In term of its contribution to child labour research, the current work supplements previous studies by providing new insights into the phenomenon and the study will highlight gaps which have not been focused by previous studies.

The study assists in determining the magnitude of the problem, informing the public and generating awareness of its impact.

The information will be of great help to different organizations and government bodies for organizing various humanitarian and welfare programs.

The present study has wide influence on the child abusers, broken families, separated or divorced parents etc. They can understand "the fact that the best preparation for life is surely to live fully as a child with the parents".

1.5 Operational Definition

Adolescent: In this study adolescent means the school going children of age 11-17 years and both working and non-working children.

Working Children: In this study working children means those children who work in other's house, shop, restaurant for the monetary income or livelihood and those may or may not stay with employer. Psychosocial problem: In this study psychosocial problem means the problems associated with personalities and social factors of a child that is both the psychological and social factors which was measured as per the standard tool (Paediatric Symptoms Checklist Youth Report) with the cut off score 28.

1.6 Limitation of the Study

Given the large population of the higher secondary students of Pokhara, the sample size was relatively small. As well as the short period of data collection (four weeks) and monetary constraints placed shortcomings for the study.

The study is delimited to Pokhara Lekhnath Metropolitan City so that the results could not be generalized except Pokhara and only the age group 11- 17 years old children studying in class 7-9 were included in the study, the findings could not represent the psychosocial problem and associative factors of all age groups.

1.7 Organization of the Study

The thesis is divided into eight chapters: the first introductory, second review of literature, and third about methodology. The fourth, fifth, sixth and seventh chapters are concerned with findings of the study that is socio-demographic background information, prevalence of psychosocial problem and the association between perceived social support and psychosocial problem respectively, the eighth chapter is summary, conclusion and recommendations.

CHAPTER II

LITERATURE REVIEW

During the course of literature review many books, journals, internet, news, bulletin and articles were searched. The literatures have been arranged chronologically.

2.1 Concept Review

The concept of interaction has always been regarded as central to social psychology as well as to sociology. From birth on the survival of human being depends on intercession of another individual, normally his mother or mother surrogate. As he grows up he lives in social interaction with other members of family and later with individuals in other primary associations; finally he moves into the world of specialized secondary and segmentalized groupings. Thus from birth he is part and parcel of a series of interconnected, intersectional units, the model of which is the dyadic parent-child, child-child, adult relationship. Earlier sociologists and social psychologists dealt with various forms of interactions. This is amply clear in the writings of Ward, Small, and Giddins, to mention only three earlier American writers. Yet it remains for Park and Burgess in their Introduction to the Science of sociology (1921) to give us a more systematic statements of social processes. Drawing heavily upon the German philosopher and sociologist Simmel, they extended the analysis and stimulated various studies which used such concepts. Of the phenomenal developments in social psychology since World War I, the most important have been those in methodology. Whereas early social psychologists built their theoretical system on the basis of meager evidence collected informally, recent research tends to produce limited generalizations on the basis of systematic controlled study. Furthermore, a number of special research techniques have been devised that have enriched the repertory of the social psychologists. Yet early social psychologists attempted to construct universal encyclopedic schemes that had much in common with the social philosophy of the time. Spencer, Taylor, Dukheim and LeBon are examples of these encyclopedic theorists. Along with the shift in the relative emphasis on theory and data there is a second trend. Social psychologists have moved from the

descriptive presentation of data toward the analytic or explanatory that produces generalizations of covariance and cause (Young & Freeman, 2004).

Adolescents

To be complete, a definition of adolescence must consider biological, psychological and sociological changes. A biological definition emphasizes the events of puberty that transforms the bodies of children into those of sexually and physically mature adults. A psychological definition distinguishes adolescence in terms of the developmental tasks, to be accomplished, each of which relates to the central task of achieving personal identity but the sociology defines adolescence in terms of their status in society, specifically a transitional period between childhood and adulthood (Cobb, 2010).

The study of adolescence has long been dominated by psychologists, beginning with G. Stanley Hall (1904). In 1980s a great increase in research activity has occurred, culminating in the founding of society for research in adolescence. Whereas earlier research was limited to the study of individual adolescents carrying out their developmental tasks (Erikson, 1986), an increasing portion of research now places the biological, cognitive, and emotional development of adolescents in a broader social context. Biological determinism has been discredited, and concerned with the evaluation of adolescence development by social actors. Some of the changes in orientation within the field of adolescent research are a product of contributions by sociologists. Sociologists who have reshaped the research agenda include Zena Blau (1981), Orville G. Brim (1980), Albert K. Cohen (1955), James S. Coleman (1961, 1987), H. Elder (1974) and Joyce Epstein (1981) (Dornbusch, 1989).

Adolescence is a period of life that extends from 10 years to 19 years and it's a period of transition. According to Erickson it is the period to achieve sense of identity. The peers, family, community and society has great influence in the psychosocial development, if he cannot develop the sense of self then role confusion will arise. The successful resolution takes place in two stages namely group identity and the individual identity (Adhikari, 2014).

Adolescence is a unique developmental period that lies between childhood and adulthood. Adolescence begins with puberty and ends when the individual is physically and psychologically mature and able to assume adult responsibilities. The age when puberty begins and how long adolescence lasts varies individually and cross-culturally. Adolescents encounter significant amount of change physically and psychologically. During this unique developmental period, young people begin to focus on who they are, how they are similar or different from people around them and what they want to become when they reach adulthood. It is a time of exploration, excitement, discovery and sometimes confusion and despair (Potts & Mandleco, 2011).

Psychosocial Problems

Although the study of mental health is a sub field of medical sociology, it is a significant area of inquiry on its own. The focus on mental health issues by many medical sociologists has not only resulted in a large volume of research; it has also increased the number of courses taught on this subject in universities. Sociologists generally view mental disorder in terms of group or larger societal processes that have a highly adverse impact upon a person's mind. It is considered as significant deviation normal behavior in a group or society. Most sociological definitions describe this deviance as any act or behavior that violate social norms. Economic downturns, unemployment, poverty, crime and other disturbing social conditions can obviously be psychologically distressing to people experiencing them. These social processes occurring well beyond the control of most people that adversely affect their sense of wellbeing and mental health.

Psycho-social Problems refers to various problems of adolescents like behavioral problems, emotional problems, educational problems and social problems. Problems related to any or all the external activities of a person, which are observed directly, like behavior that harms or threatens to harm others, lying, violation of rules etc, are behavioral problems. Emotional problems are the problems related to any of the particular feelings that characterize the state of mind. Educational problems include problems related to cognitive skills, teachers' and parental motivation in academic field, adjustment with the school etc. Social problems are the problems related to

social environment such as social behavior, social participation, peer influence and adjustment with family, society and religion. Increasing independence from adult controls, rapidly occurring physical and psychological changes, exploration of social issues and concerns, increased focus on activities with a peer group and establishment of a basic self-identity contribute to adolescent maladjustment. Factors for adolescent maladjustment include economic instability, parental discord, inadequacy of school offerings, and lack of understanding of adolescent psychology on the part of parents and school faculties, and inadequate recreational facilities (Mumthas & Muhsina, 2014).

A constructive perspective assumes that reality is not a given, that we each construct our own reality, actively interpreting experiences and reacting to them on the basis of our interpretation. From a contextual perspective we see that development is influenced by the daily settings, or contexts, of adolescents lives-by where they spend their time and who they spend it with. It is not so much the actual, physical contexts that affect development, though, as it is how adolescents perceive these contexts that leaves its developmental footprint (Cobb, 2010).

There was a significant difference in the prevalence of emotional and behavioural difficulties between the children in child labour and those not in child labour. On emotional difficulties, a significant difference was found between child labour and the non-child labour group in that the child labour group indicated the higher incidences of emotional difficulties. The child labour group also showed difficulties in social conduct and lack of prosocial behaviours. Children in child labour stay away from school more frequently than children who are not in labour. There was however no significant difference in peer relations between the two groups. There was also no relationship between the self-rating and teacher rating of the two groups of children (Nshimbi, 2011).

Fekadu, Alem and Hagglo (2006) had found the aggregate prevalence of childhood emotional and behavioral disorders was 16.5%, with 20.1% and 12.5% among child laborers and controls respectively. Psychosocial stressors were one and half times more likely among the working children than controls.

Poverty/ Family Income and Child work linked with Psychosocial Problem

There is no “silver bullet” because there is no one single cause of child labour. Many underlying causes of child labour: poverty; inequality; entrenched social attitudes about the role and status of children; weak law enforcement and justice systems; and the lack of effective public services and social protection systems (Burke, 2014). Causes of child labour are divided into the supply side, which includes poverty, large family size, lack of education and cultural/social acceptability of child labour, and the demand side, which mostly includes demand for cheap labour (Nafees, Khan, Fatmi, & Aslam, 2012).

Child poverty and child developments are complex multidimensional phenomena. Poverty increases a child’s exposure to both biological and psychological risk that is most likely to affect child development and social opportunities which produces negative outcomes in long run. Reading across the studies, children’s narratives illustrate that the costs of poverty are not only material, but also profoundly psychosocial. Children are not passive victims of their circumstances. But their accounts demonstrate their inventiveness in coping with poverty. Despite their resourcefulness, however, some poor children experience a gradual narrowing of their horizons socially, psycho-somatically and economically (Shrestha, 2011).

Poverty and shocks play a key role in driving children to work. Poor households are more likely to have to resort to child labour to meet basic needs and deal with uncertainty. Exposure to shocks, resulting in loss of family income, can have a similar effect on household decisions. For example, economic shocks, such as an adult member of the family losing his/her job, health-related shocks like a serious illness or an employment injury, and agriculture-related shocks, such as drought, flood and crop failure, can dramatically reduce household incomes and cause children to drop out of school and go to work to contribute to the family income (ILO, 2014a).

Basic needs of Adolescents

According to United Nations child Rights convention (1991) children should enjoy right to survival, education, good health, to free expression, to be heard, to enjoy their own language. The children, whose needs are not met, have the risk of normal social, emotional and cognitive developmental processes (UNICEF, 2016).

Physical neglect involves not providing appropriate clothing, food, and cleanliness and living conditions which can have a damaging effect on all of the developmental needs of a child, including physical, socio-emotional, cognitive and behavioral development. There is also a higher rate of antisocial and violent behavior among adolescents who have experienced neglect (Moran, 2015). Child Poverty and Disparities in Nepal (2010) also indicated 69 percent children in Nepal are deprived of at least one of the seven basic human needs.

Academic and School Related Factors

For most adolescents, school is a prominent part of their life. It is here that they relate to and develop relationships with their peers and where they have the opportunity to develop key cognitive skills. For some youth, it is also a source of safety and stability. Some of the same qualities that characterize families of adolescents who do well—a strong sense of attachment, bonding, and belonging, and a feeling of being cared about—also characterize adolescents' positive relationships with their teachers and their schools. One additional factor, adolescent perception of teacher fairness, has also been found to be associated with positive adolescent development. These factors, more than the size of the school, the type of school (e.g., public, private), or teacher-pupil ratio, have been found to be strongly associated with whether adolescents are successful or are involved with drugs or delinquency or drop out of school (Resnick et al., 1997; Klein, 1997 in APA, 2002).

Some children are subjected to work activities, especially in the evenings after school that require long hours to finish. Such children are deprived of time to attend to any assignments given in school and others, due to fatigue they are unable to attend school the following day. Chronic absenteeism not only leads to poor academic performance but also promotes the affected children to eventually drop out of school. Poor academic performance and lack of completion of primary school (Ireru, 2013).

Family Factors

A study in Bangalore reported, with fast urbanization, changing social values, and excessive electronic media influence, psychosocial distress among adolescents is hypothesized to be high. Living with one parent was significantly associated with

distress levels. Students expressed helplessness in expressing their distress (Sojan & Baby 2015).

Shiferaw, Fantahun and Bekele, (2006) has indicated that a quarter of the students included in the study reported feeling of sadness which made them stop performing some regular activities. Six percent of the adolescents also reported having attempted suicide in the 12 months preceding the study. They study revealed that lower family connectedness and having a living arrangement separate from both biological parents (or living with friends, relatives or alone) were associated with increased odds of having a depressive symptom after controlling for observed covariate. The burden of psychosocial concerns including depressive symptoms, suicidal thoughts and suicide attempts are high and living with both biological parents and good parent-teen connectedness are related to better psychosocial status.

Perceived Social Support

An Indian study has reported that significantly more (34.4%) adolescents belonging to families with marital discord were found to be suffering from behavioral and emotional problems as compared to adolescents of families with good inter-parent relationship. Adolescents who perceived that they are not loved enough by their mothers showed behavioral and emotional problems twice more than those who felt loved by their mothers. This difference was found to be highly significant both on univariate and multivariate analysis (Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011).

Accepting and supportive family relationships during childhood and adolescence may have long-term associations with psychosocial functioning into adulthood. Almost one third (33%) adolescents were having parental and family dispute problems. These problems were significantly higher in middle adolescence (14-16 years), adolescents of large extended families (>8members) and in lower socioeconomic status. Residence had no significant relation to family problems in the adolescents. On correlation, poor and unhealthy family atmosphere had more chances in adolescents of having greater academic problems, depression, suicidal thoughts, substance abuse and more sexual activity. So the study concluded family involvement, family structure, parental values, parental monitoring and parent-child communication are

important factors influencing critical life choices in teens. The family support and communication should be improved through these education programs to develop healthy psychosocial and sexual attitudes (Chhabra & Sodhi, 2012).

Child Labour

Of all the world's children, one in seven is involved in child labour of some kind (ILO, 2014). An estimated 246 million children are engaged in child labour. They are everywhere, but invisible, toiling as domestic servants in homes, laboring behind the walls of workshops, hidden from view in plantations. Millions of girls work as domestic servants and unpaid household help and are especially vulnerable to exploitation and abuse. Millions of others work under horrific circumstances. Regional estimates indicate that the Asia and Pacific region harbors the largest number of child workers in the 5 to 14 age group, 127.3 million in total (UNICEF, 2016). Child labour and its worst forms in particular have emerged as a problem of immense global proportions and Nepal is no exception (ILO country Office, Nepal 2014). Of the 50 percent of total child population in the country 33.9 percent of children in 5-14 years age group working as laborers. It is estimated that the number of child laborers in Pokhara is in the range between 2,032 and 3,594. The major sectors of child labor found in Domestic Work, Garages, Workshop, Transport, Construction and Hotels. Child labour is considered to be damaging, and to violate children's rights as it hampers children's appropriate emotional, physiological, psychological and social development (CWISH, 2012).

A multi-country study into the psychosocial wellbeing of child domestic workers (CDWs) across three continent (Peru, Costa Rica, Togo, Tanzania, India and Philippines) during 2009 with around 3,000 children found that, the children were mostly between the ages of 10 and 17; half of whom work as paid or unpaid domestic workers, their hours of work, machinery they use, loads that they carry, neglecting the social and personal situations in which they live and work, their living and working environment was as much of a hazard as the work itself and the wider context of the CDW's working life can be extremely psychologically demanding. Combining domestic work and school is possible as results from the Philippines, Costa Rica and Peru indicate, but these children do not perform as well as other children in school;

Abuse and exploitation seem to go hand in hand. Domestic work often is the most obvious alternative left to children who live in extreme poverty or who have lost one or both parents. Children who live away from home usually live with their employer and often suffer from poorer psychosocial health than children who are closer to their families; 88% of girls and 92% of boys in domestic work said that they did not have anyone to go to in case of a personal problem and 19-24% experience sadness and stress daily (Anti-Slavery International, 2013).

Children as young as seven years old are routinely pressed into domestic service. They are isolated from their families and from opportunities to make friends, finding themselves under the total control of employers whose primary concern is often not in their best interest as children. Despite some children entering domestic work in the hope of continuing their schooling, many are deprived of opportunities for education and are working in conditions that can be considered amongst the worst forms of child labour. Worldwide, the majority of CDWs are girls. Many have been trafficked, or are in debt bondage. The International Labour Organization (ILO) estimates that there are more girls engaged in domestic work than in any other sector of work (Anti-Slavery International, 2014).

Most domestic workers and children working in hotels and restaurant in Nepal are aged between 10 and 14 years even though the minimum age for work under the law is 14. The CWISH survey was based on interviews with 347 child workers, 234 girls and 113 boys. Of these, about 58% said they worked because of their families' economic hardships. Around 68% said they wanted to go home, and only 28% said they wanted to continue working, perhaps at a new job. Altogether, 62% said they wanted to continue studying (Parajuli, 2013).

2.2 Review of Previous Studies

From the review of literatures, it was noted that psychosocial problems of adolescents is associated with a number of socio-demographic factors including their age, sex, religious and ethnic identity as well as their family type, size, number of siblings they have, education, occupation and marital relationship of their parents, school environment including and the adolescents working status. Not only family environment but also factors linked to the school environment like academic

performance and academic stress, the relationship with peers and teachers as well as amount of support they receive from their family, friends and others also play important part in psychosocial status of adolescents. Literatures related to these variables are discussed below.

International Studies

In mid-adolescence there is a change in the relative stress experienced by the two genders. Young boys have a personality trait, aggressiveness that tends to get them into trouble; girls have a trait, dependency that would appear to create problems for them in adolescence (Cockerham, 2017).

The result of a Nigerian study showed that there was a relationship between behavioural disorders and physical environment of the learners; in respect of students' age, environment is important in determining the behavioural disorder of learners. So study concluded that teacher must be sensitive to learners' difference such as their background, disabilities and ability to learn and Counsellors should be provided in all Nigerian secondary schools who will cater for emotionally and psychological stability of behavioural disorder students (Ayodele & Olanike 2015).

A study highlighted that, overall, both adults and children/teenagers who were exposed to maltreatment during childhood showed impairments on self-esteem, social competence, peer relationships, and school performance (Pacheco, Irigaray, Werlang, Nunes, & Argimon, 2014).

A study in Brazil by Fatori, Bordin, Curto and Paula, (2013), indicated two risk factors for child/adolescent mental health problem as child/adolescent physical punishment and aggravation of maternal anxiety/depression. So there is importance of considering child/adolescent physical punishment and maternal anxiety/depression in intervention models and mental health care policies.

Family-child relationship can be experienced more positively and behaviour problems are less often seen. Social support the students received from family, peer and teacher significantly predict the behaviour problems. In this way, as the family support increases the anxiety-depression, somatic complaints, thought problems,

social problems, attention problems, aggressiveness, destructive behaviours internalized problems and externalized problems in children decrease (Cakar, 2013).

The result of a study conducted in Ghana indicated that perceived social support buffered the effects of academic stress on psychological wellbeing. These results have policy implications in respect of the creation of a cordial school environment as well as encouraging a healthy interpersonal relationship between adolescents and their family and friends with the aim of reducing academic stress appraisal which is inimical to the psychological wellbeing of adolescents (Glozah, 2013).

Some children do combine work and school and earning an income may enable children to continue their schooling. Where the quality of education is poor or children are exposed to violence in schools, some children may prefer work to school (Thorsen, 2012).

A cross-sectional research study has been carried out on 365 working children at the Kocaeli Occupational Training Center. Data were collected on working conditions, smoking habits, work accidents, perceived health status and psychological status using General Health Questionnaire-12. Most working children usually have a low level of education, low income and extended families. The mean age for children to start working was 14.8 \pm 1.5 years and their daily working periods were 11.3 \pm 1.3 h on average. Girls were found to have more psychopathology compared to boys and the results were statistically significant. The mental health of children was found to be negatively affected, by having to work at an early age, and by long working hours (Caglayan, O.Hamzaoglu, Yavuz, & Yuksel, 2010).

The study to examine the effects of child abuse and domestic violence exposure in childhood on adolescent internalizing and externalizing behaviors showed that child abuse, domestic violence, and both in combination (i.e., dual exposure) increase a child's risk for internalizing and externalizing outcomes in adolescence (Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl, & Russo 2010).

The findings by Dzulkipli and Yasin, (2009) on the relationship between social support and psychological problems indicated that there exist significant negative correlations between social support and depression, social support and anxiety, and

social support and stress. It was found that the higher the social support, the lower is the psychological problems.

Similarly, Stirling, Amaya-Jackson and Amaya-Jackson (2008) also stated children who have suffered early abuse or neglect may later present with significant behavior problems including emotional instability, depression, and a tendency to be aggressive or violent with others.

Working children have specific characteristics such as inexperience and lack of physical and emotional maturity. Working children are also vulnerable to hazards due to their inability to recognize and assess potential risks and making appropriate decisions. Both non-school and school working children have various physical and psychosocial health problems. Psychosocial ones included feeling lonely, feeling depressed, problems at home and work, and high level of anger expression, smoking cigarettes and using drugs (Edmonds, 2007). Rudolph, Hostetter, Lister and Siegel (2003) also reported Children exposed to neglectful or abusive environments frequently manifest delays in language and personal social skills.

Parents are charged with an awesome responsibility by society. Through the family they create, parents must develop the human resources-the people-who will carry society forward into the future. The children that the parents rear constitute as a group this future. Society expects parents to do a good job, to create healthy and productive citizens. In most cases, parents fulfill these expectations. However, there are failures as well. We have seen that parents vary in their rearing styles, in the directions in which they socialized their youth, and in the types of relationships they have with, and behaviors and emotions they show to, their offspring. A good deal of this diversity is not only quite healthy but is, in fact, necessary to maintain the richness of culture and experience that enhances human life. On the other hand, other instance of this variation-involving for instance, indulgent, neglectful, or authoritarian rearing styles, hostile interactions marked by negative emotions, and the display of problem behaviors-can result in significant problems for youth. This diversity that exists in family functioning, in parenting, coupled with the diversity we have seen to exist in regard to family structure, together have pervasive implications for adolescent development. Families, in their structure and function, influence virtually all facets of

the youth's psychological and social functioning. This influence may be associated with both positive and negative characteristics of adolescent behavior and development (Lerner, Brennan, Noh & Wilson, 1998).

South Asian studies

The more the family and friends support better the psychological wellbeing will be (Lai & Ma, 2016). Psychosocial problems are highly prevalent and one of the hidden public health problems amongst the children and adolescents. Early diagnosis by primary care physicians and prompt referral to the specialist is very important for controlling it. Study among Indian adolescents observed that the proportion of psychosocial problems increased with the decrease of the socioeconomic status. The study reveals that students studying in government schools showed a significantly higher proportion (20.6%) of risk of psychosocial impairment than the proportion of students (4.7%) studying in private schools (Bhosale, Singru & Khismatrao, 2015).

According to Sojan and Baby (2015), 38% adolescent were noted to have significant distress over prior 6 months. Surprisingly, none of the parents' report reflected any distress levels for their wards, 15% children expressed suicidal ideas during prior three months though none had made any suicidal attempts. 21 out of 38 distressed children (55.26%) attributed family issues as important factor for their distress, 78.94% distressed children complained of inadequate time spent with parents whereas only 29.03% non-distressed group complained about the same and 25% children had academic difficulties with significant difference between distressed and non-distressed children.

An Indian study found academic stress and mental health of high school students and the associations between various psychosocial factors and academic stress. Academic stress was positively correlated with parental pressure and psychiatric problems, while examination-related anxiety also was positively related to psychiatric problems. Academic stress is a serious issue which affects nearly two thirds of senior high school students Academic stress was positively correlated with parental pressure and psychiatric problems, while examination-related anxiety also was positively related to psychiatric problems. Academic stress is a serious issue which affects nearly two thirds of senior high school students (Deb & Sun, 2015).

Another Indian study reported the overall prevalence of psychosocial problems amongst adolescent was found to be 41.43%. Most of them had conduct disorder (4.51% males & 35.88% females) followed by depression (30.38% males & 26.72% females). The maximum males and females who had no psycho-social problems were late adolescent boys and mid adolescent girls (Jain, Singh, Muzammil & Singh, 2014).

The study on the psychosocial impact of child domestic work: a study from India and the Philippines showed, in India the CDWs score lower than controls, while there is no significant difference in the scores for CDWs and controls in the Philippines. Dichotomizing the total score shows that 67% of CDWs in India and 36% in the Philippines could be classified as vulnerable, compared to 25% and 30% in the control groups, respectively. Consistent correlates across the two countries are non-attendance at school, long working hours, poor self-reported health and lack of support through peers or adults, or through attendance at a community Centre. In India, in addition, young age and not having a day off, living-in and non-verbal punishment (beating, withholding food) were also significantly correlated with a low psychosocial score (Hesketh et.al., 2012).

Haider, (2010) found a higher prevalence of Internalizing Problems as compared to Externalizing Problems. Somatic Problems were the most prevalent. Similar to other cultures, there were significant gender differences with a higher degree of Externalizing Problems scores among boys as compared to girls. The converse was true for Internalizing Problems. Consistent with other cultures, Internalizing Problems increased with age whereas Externalizing Problems decreased with age.

Another Indian study also reported family as the source of support of any individual and one of the motivating factors for human being to grow and achieve. The result revealed a significant effect of type of family and gender on self-efficacy. The interaction between type of family and gender was also found to be significant (Singh & Udainiya 2009).

A study in India has reported 42% children were found to have psychosocial problem. Most common behavior problems in these subjects were "cannot sit still, restless, hyperactive" shown by 62% of the subjects. Female children had behavior problems

like "too concerned with neatness or cleanliness", "self-conscious or easily embarrassed" and "feels she has to be perfect" whereas male children had behavior problems like. "Does not feel guilty after misbehaving", cannot concentrate" and "restless". The analysis of pattern of distribution of behaviour problems in the subjects revealed them to be more of externalizing ones. Female children had more of internalizing behaviour problem (Prakash, Mitra & Prabhu, 2008).

National studies

Children who received physical punishment were more likely to experience anger related problems, physical aggression, marital dispute, problems with substance use, involvement in violence, antisocial behaviour and criminal activities. Both infrequent and frequent use of corporal punishment were positively associated with higher youth problem behaviour, but the frequent corporal punishment had stronger relationship with externalizing behaviour than the infrequent corporal punishment (Rimal & Pokharel, 2013).

A cross-sectional study among adolescents studying at a private and a government school in Pokhara by Sharma (2014) to find out the emotional and behavioural problem has reported that, the overall prevalence of 33%, regarding gender boys had more problems than girls, the more the age the more problem had prevalent and adolescents from joint family had more problem than from nuclear family. Another study by Banstola (2015) among child domestic workers in Pokhara found the prevalence of psychosocial problem as 26%, children who were not satisfied with their working conditions, who had more working hours had more problems.

A cross-sectional study in Hetauda by Bista et.al., (2016) has reported that overall, 17.03% of the adolescent students were found to have psychosocial dysfunction. Students in the 14-15 years age group were more likely to have psychosocial dysfunction than their 11-13 year counterparts. Family type was one of the associated factors. Those students from nuclear family, living with single parents were more likely to encounter psychosocial dysfunction. Parental education and family dispute were also associated with the problem.

2.3 Theoretical Overview

Sociology includes three major theoretical perspectives: the functionalist perspective, the conflict perspective, and the symbolic interactionist perspective (sometimes called the interactionist perspective or simply the micro view). Each perspective offers a variety of explanations about the social world and human behavior.

The functionalist perspective

It is based largely on the works of Herbert Spencer, Emile Durkheim, Talcott Parsons, and Robert Merton. According to functionalism, society is a system of interconnected parts that work together in harmony to maintain a state of balance and social equilibrium for the whole. For example, each of the social institutions contributes important functions for society: Family provides a context for reproducing, nurturing, and socializing children; education offers a way to transmit a society's skills, knowledge, and culture to its youth; politics provides a means of governing members of society; economics provides for the production, distribution, and consumption of goods and services; and religion provides moral guidance and an outlet for worship of a higher power.

The conflict perspective

Conflict theory views society as composed of different groups and interest competing for power and resources. The conflict perspective explains various aspects of our social world by looking at which groups have power and benefit from a particular social arrangement. The origins of the conflict perspective can be traced to the classic works of Karl Marx. Marx suggested that all societies go through stages of economic development. Industrialization leads to the development of two classes of people: the bourgeoisie, or the owners of the means of production (e.g., factories farms, businesses); and the proletariat, or the workers who earn wages. The division of society into two broad classes of people—the "haves" and the "have-nots"—is beneficial to the owners of the means of production. The workers, who may earn only subsistence wages, are denied access to the many resources available to the wealthy owners. According to Marx, the bourgeoisie use their power to control the institutions of society to their advantage.

Marx's approach was inevitably philosophical. For him, human nature was the "normal" mode of behaviour and mental outlook in any given society at any given period and being determined by external material circumstances (physical but above all social), varied over type of society, time and place. For him, then, human nature was not fixed, but variable. Actually, what he was talking about was what we would now call rather "human behaviour". Thus, when he wrote in the Poverty of Philosophy in 1847 that "all history is nothing but the continuous transformation of human nature" he was really talking not about human nature in the biological sense but about human behaviour. Marx recognized that in different social and historical circumstances, human behavior and psychology can vary dramatically, just as in different physical circumstances water can be a solid, a liquid, or a gas. As he put it, "the human essence is no abstraction inherent in each single individual. In its reality it is the ensemble of the social relations." Nevertheless, the range of potential human behaviors has limits, ultimately rooted in human biology and psychology. If such limits did not exist, then it would be possible for there to be class societies in which the majority of the population was socially conditioned to accept its exploitation and oppression (Gasper, 2017).

Micro sociology (Symbolic interactionism)

Another level of sociological analysis, is concerned with the social psychological dynamics of individuals interacting in small groups. Symbolic interactionism reflects the micro-sociological perspective, and was largely influenced by the work of early sociologists and philosophers, such as George Simmel, Charles Cooley, George Herbert Mead, and Erving Goffman. Symbolic interactionism emphasizes that human behavior is influenced by definitions and meanings that are created and maintained through symbolic interaction with others. Sociologist W.I. Thomas (1966) emphasized the importance of definitions and meanings in social behavior and its consequences. He suggested that human respond to their definition of a situation rather than to the objective situation itself. Hence Thomas noted that situations that we define as real become real in their consequences. Symbolic interactionism also suggests that our identity or sense of self is shaped by social interaction. We develop our self-concept by observing how others interact with us a label us. By observing

how others view us, we see a reflection ourselves that Cooley calls the "looking glass self" (Mooney, Knox & Schacht, 2007).

Although symbolic interactionism traces its origins to Max Weber's assertion that individuals act according to their interpretation of the meaning of their world, the American philosopher George Herbert Mead introduced this perspective to American sociology in the 1920s. Symbolic interaction theory analyzes society by addressing the subjective meanings that people impose on objects, events, and behaviors. Thus, society is thought to be socially constructed through human interpretation. People interpret one another's behavior and it is these interpretations that form the social bond (Crossman, 2017).

Charles Horton Cooley (1902), in the theory **Looking Glass Self** describes, the social self is simply any idea, or system of ideas, drawn from the communicative life, that the mind cherishes as its own. Self-feeling has its chief scope *within* the general life, not outside of it; the special endeavor or tendency of which it is the emotional aspect finds its principal field of exercise in a world of personal forces, reflected in the mind by a world of personal impressions. As we see our face, figure, and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be; so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it. A self-idea of this sort seems to have three principal elements: the imagination of our appearance to the other person; the imagination of his judgement of that appearance, and some sort of self-feeling, such as pride or mortification. The thing that moves us to pride or shame is not the mere mechanical reflection of ourselves, but an imputed sentiment, the imagined effect of this reflection upon another's mind. This is evident from the fact that the character and freight of that other, in whose mind we see ourselves, makes all the difference with our feeling. We are ashamed to seem evasive in the presence of a straightforward man, cowardly in the presence of a brave one, gross in the eyes of a refined one, and so on. We always imagine, and in imagining share, the judgements of the other mind. The tendency of the self, like every aspect of personality, is expressive of far-reaching hereditary and social factors, and is not to be understood or predicted except in connection with the general life.

Theory of Psychosocial Development

Although Erik Erikson was a clinical psychologist, sociologists consider Erikson 1959 and Erikson 1968 to be important introductory works on adolescence, along with Hall 1904. The first sociologist to give great attention to adolescents was James Coleman, who broadened the focus from individuals to social groups in schools. Coleman's later work on educational inequality, and public policy recommendations for reducing it, were also significant. Bronfenbrenner is based in psychology, but the theory is appealing to scholars of all disciplines, including ecology, sociology, and human development (Herman, 2012).

Erik Erikson first published his eight stage theory of human development in his 1950 book *Childhood and Society*. Erikson extends on Freudian thoughts by focusing on the adaptive and creative characteristic of the ego, and expanding the notion of the stages of personality development to include the entire lifespan. Erik Erikson focused on the socializing of children, instead of cognitive development, believing children develop in a predetermined order. He was interested in how socialization affects a child's sense of self. The Theory of Psychosocial Development has eight different stages and every stage has two possible outcomes; of those, the five stages are significant up to adolescent. Acquiring a healthy personality and thriving relations with others comes when successfully completing a stage. However, failing a stage makes it more difficult to complete further stages, resulting in an unhealthy personality and sense of self. Nevertheless, these stages can be successfully resolved later (Shrestha, 2013; Adhikari, 2014).

Erik Erikson (1902-1994) acknowledged the contribution of biologic factors to development, but felt the environment, culture, and society were also important. His psychosocial (epigenetic) theory of development stresses the complexity of interrelationships existing between emotional and physical variables during one's lifetime. His theory helps us realize the importance of societal influences on health and behavior, and that psychosocial development is a lifelong process (Potts & Mandleco, 2011).

Maslow's (1943, 1953, 1954) Hierarchy of Need Theory

Maslow's (1943, 1954) hierarchy of needs is a motivational theory in psychology comprising a five tier model of human needs, often depicted as hierarchical levels within a pyramid. The four levels (lower-order needs) are considered physiological needs, while the top level of the pyramid is considered growth needs. The lower level needs must be satisfied before higher-order needs can influence behavior. A tired and hungry student will find it difficult to focus on learning. Students need to feel emotionally and physically safe and accepted within the classroom to progress and reach their full potential. Maslow suggests student must be shown that they are valued and respected in the classroom and the teacher should create a supportive environment. Students with a low self-esteem will not progress academically at an optimum rate until their self-esteem is strengthened. Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower level needs. Life experiences may cause an individual to fluctuate between levels of the hierarchy. Therefore, not everyone will move through the hierarchy in a uni-directional manner but may move back and forth between the different types of needs. Abraham Maslow states that psychological health is not possible unless the essential core of the person is fundamentally accepted, loved and respected by others and by her or his self. Self-esteem allows people to face life with more confidence, benevolence and optimism, and thus easily reach their goals and self-actualize (Maslow, 1987).

If we begin with a theory of rational action, in which each actor has control over certain resources and interests in certain resources and events, then social capital constitutes a particular kind of resource available to actor. Social capital is defined by its function. It is not a single entity but a variety of different entities, with two elements in common: they all consists of some aspects of social structures, and they facilitate certain actions of actors. Unlike other forms of capital, social capital inherits in the structure of relations between actors and among actors. Social capital within the family that gives the child access to the adult's human capital depends both on the physical presence of adults in the family and on the attention given by the adults to the child. The physical absence of the adults may be described as a structural deficiency in family social capital. The most prominent element of structural

deficiency in modern families is a single parent family. However, the nuclear family itself, in which one or both parents work outside the home, can be seen as structurally deficient, lacking the social capital that comes with the presence of parents during the day, or with grandparents or aunts and uncles in or near the household. Even if adults are physically present, there is a lack of social capital in the family if there are not strong relations between children and parents. The social capital that has value for a young person's development does not reside solely within the family. It can be found outside as well in the community consisting the social relationships that exist among parents, in the closure exhibited by this structure of relations, and in the parent's relations with the institutions of the community (Coleman, 1988).

Durkheim, the founder of the school, bases sociology on what he calls collective representations. The role of these representations is in a sense all encompassing. Everything that the individual can conceive—even everything he observes that is capable of expression—is not individual but social in origin. It is all a sort of baggage that the individual receives from society. Yet it is difficult to see how the group could subsist without the cement of those ways of feeling, those rhythms which serve to create concord between individuals; or without those harmonizing chain reactions between one individual and the next which Durkheim himself observed and reported on when studying religious phenomena among primitive peoples. It is these beliefs that provide the basis in each individual for the development of ideas; and this is why such developing ideas are necessarily underpinned by individual psychology. Durkheim, however, is interested only in ritual or conceptual uniformities. For him individual behavior is merely an expression of the community. And if individuals appear at a higher stage to have developed ideas of a more personal kind, this is simply an illusion. To begin with, in human societies, ideologies were simply much less complex. With their increased sophistication, it has become possible for individuals to appropriate them in some sense or another. But the fact remains, for Durkheim, that their source is entirely social. In his opinion, everything that is susceptible to linguistic expression, including ways of feeling, is collective in its genesis. Nothing could be more radically opposed to Durkheim's view than the view of individualist psychology (Wallon, 1984). The ideal of what the child should become, for Durkheim, arises from the common beliefs of society's members, even though individuals and groups may have different beliefs. To an extent Durkheim

says, there is a set of underlying beliefs common enough among all stratum of society to allow their manifestation, though sometimes the manifestation takes a slightly altered form to suit the nature of the institutions (Hoenisch, 2005).

The Problem Behavior Theory (Social-psychological Approach)

The Problem Behavior Theory by Jessor (1977) has contributed to knowledge and understanding about adolescence along the way. Its current protection/risk formulation is predicated on fundamental social-psychological processes that underlie behavior and shape the course of development both positively and negatively. Although its early focus was on problem behavior, its applications to pro-social domains, including health enhancing behavior, have been equally illuminating. Recent concern for articulating risk and protective factors in the social contexts of daily adolescent life, theorists have sought to embrace the social environment in an interdisciplinary formulation for understanding adolescent behavior and development. That approach insists on the joint consideration of social environment and individual-level determinants of action. As successful as Problem Behavior Theory may have been—its social-psychological variables accounting in some cases for as much as half the variance in risk behavior—it is sobering to realize that fully half the variance remains unexplained; therein lies the challenge for the developmental science of adolescence in future years. One promising avenue to pursue in response to that challenge is engaging additional disciplines in the explanatory scheme. In this regard, it has been salutary to see the burgeoning attention to neuroscience and genetics in contemporary adolescent research. A caveat about following that course is in order, however; findings from those disciplines are too often considered as somehow more fundamental and more causal than findings at the social-psychological level, a kind of reductionist fallacy that can seriously skew scientific progress. Another promising direction to pursue is gaining a deeper understanding of the social context of adolescent life. It is now clear to everyone that the standard demographic attributes—the so-called "social addresses" are too distal to be helpful. Developing a more sensitive and differentiated theoretical language to describe the contexts of adolescent daily life, one that could better capture the learnings and rewards and opportunities and sanctions that exist in those settings, should yield a stronger grasp on the role of the social environment than we have yet achieved. The social psychological theory of

problem behavior is developed through nine years of longitudinal study of youth. From the cross-sectional findings alone, it was clear that Problem Behavior Theory provided a useful grasp on variation in adolescent problem behavior in both the High School Study and the College Study. The research also generated several important problem behavior concepts that have since entered the literature. It became possible to think of personality proneness, and perceived environment proneness, as well as psychosocial proneness, based on both systems of predictors taken together (Jessor, 2014).

Park and Burgess expanded the study of social organization by introducing ecological analysis or the study of interrelationships of people and their environment. Park and Burgess (1936) studied the geographic locations of high crime rates rather than criminals and developed the notion that urban development is patterned socially and develops naturally in concentric zones. Five zones were outlined, each with its own structure, organization, and culture, spreading outward from a “central business district” toward the “commuters zone”. Notable among the zones was the “zone of transition” in which deteriorating housing, constant displacement of residents, and the influx of immigrants weakened family and communal ties and resulted in social disorganization, and later, crime. Hirschi (1969) identified four social bonds to explain conformity- attachment, commitment, involvement, and belief that are external in nature and tie people to conventional society where in these bonds involve conventional activities, behavior, and conduct. First the attachment bond relates to family, school and peers. For families the strength of bond between parent and child is seen as the main deterrent to delinquent behavior and the mechanism for inculcating conventional norms and values. For the school, the ability to perform well in school is linked to delinquency such that poor academic performance begins as the chain of disrespect for the school, teachers, staff and later, authority as a whole. For peers, loyalty and solidarity are important characteristics of delinquent behaviors and personal sacrifices for the “requirements for the group”. Second, commitment is the degree to which the individual’s self-interest in a set of activities connect the individual to society’s moral code. Third, involvement relates to the amount of time and energy devoted to a particular set of activities, such as homework that reflects the values of conventional society. Fourth, belief is the degree of approval and consent to certain values and norms of a society. When considering all the bonds in relationship

to deviant behavior, Hirschi pointed out that “the chain of causation is thus from attachment to parents, through concern for the approval of persons in the positions of authority, to belief that the rules of society are binding on one’s conduct” (Zembroski, 2011).

2.4 Theoretical Framework

The theoretical model in this study is based on **Urie Bronfenbrenner's (1979) Ecological Systems Theory**, Also called development in context theory or human ecology theory, the ecology systems theory specifies five different types of nested environmental systems: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. Each of these systems exerts influence on an individual, particularly children as they are robustly socialized. Bronfenbrenner's ecological systems theory focuses on the quality and context of the child's environment. He states that as a child develops, the interaction within these environments becomes more complex. The microsystem refers to the institutions and groups that most immediately and directly impact the child's development, including the child's family, school, religious institution, neighborhood, and peer group. The mesosystem recognizes that no micro system can be entirely discrete and refers to the relationship between Microsystems. For example, a child who has been completely abandoned by his family might find it difficult to bond with teachers. The exosystem describes the link between a social setting in which the individual does not have an active role and the individual's immediate context. For example, a child's experience at home may be impacted by a mother's experience at work. The macro system refers to the culture in which individuals live. A child, his school, and his parents are all part of a cultural context whose constituents are united by a sense of common identity, heritage, and values. Microsystems, and therefore mesosystems and exosystems, are impossible to understand when divorced from their macrosystemic context. The chronosystem refers to the patterning of environmental events and transitions over one's life course, as well as broader socio-historical development.

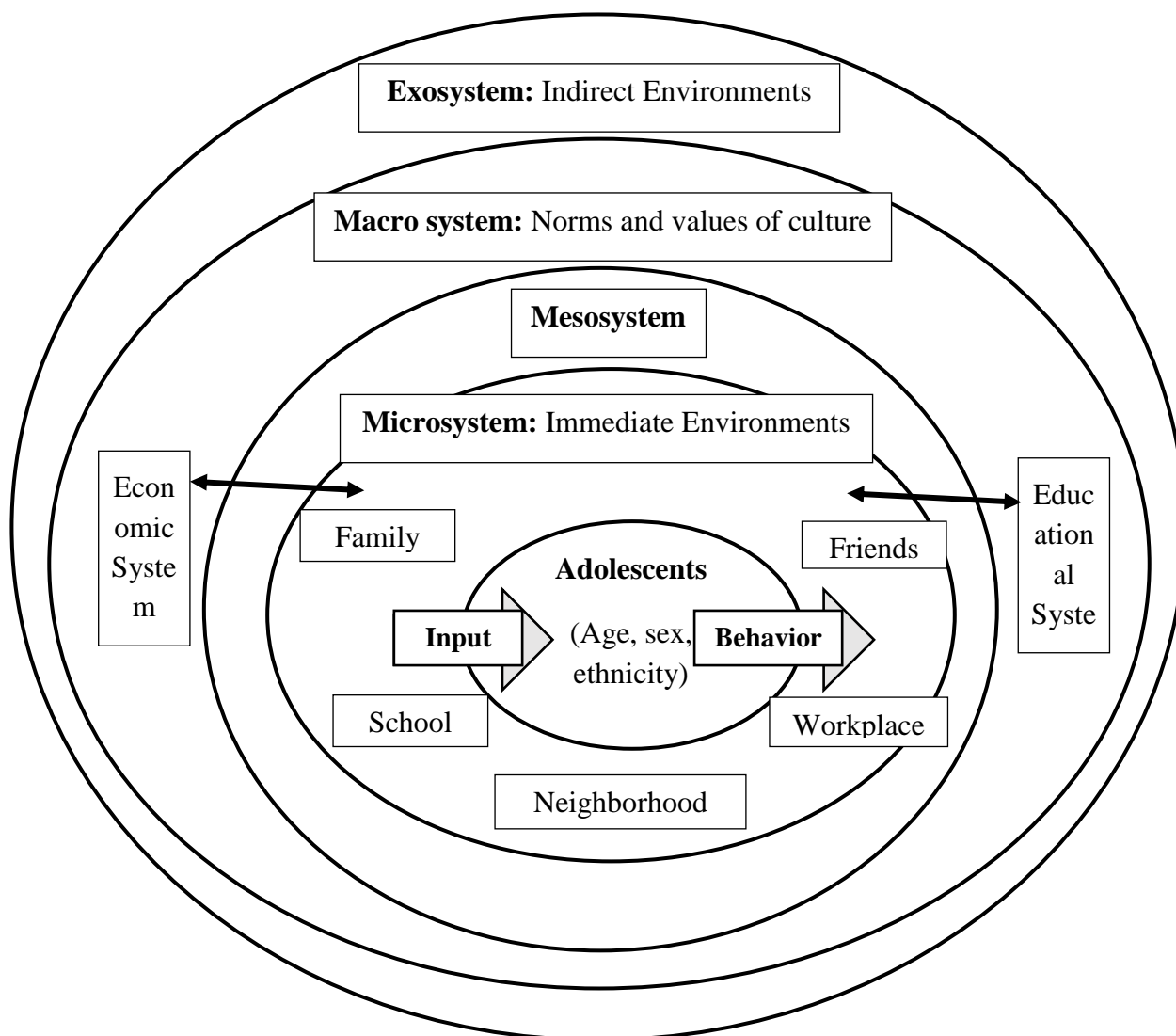


Fig: 2.1 Theoretical Framework based on Urie Bronfenbrenner's (1979) Ecological Systems Theory

[Source: Fernandez, & Nichols, 1996 and Theoretical Perspectives on Childhood Socialization, 2017].

Drawing from Bronfenbrenner's ecological perspective and typology of systems, present study identifies family, ethnicity, school, work, economic status and perceived support from family, friends and others as critical ecological systems in the lives of the adolescent which inputs stimuli in the individual that is adolescents and it causes changes in behavior that is the output. The output may be either positive or negative, however, the study has examined the negative outcome as psychosocial problems among adolescents due to the influences of various social factors during the

socialization process of the adolescents. The study is guided and analyzed on the basis of theories mentioned above as, Marx's conflict perspective to discuss problem related to working condition of children and socio-economic status of the family, Durkheim's functionalist perspective to explore the function and the influence of family to the adolescents, Jessor's problem behavior theory as social-psychosocial approach and most importantly the theory of interactionism to assess and discuss about the personality and psychological development of children.

2.5 Summary of Literature Review

Up until the mid-1980s, sociologists rarely thought about childhood apart from as a phase of the life course that simply involved socialization; that is the process whereby children became civilized and functioning adults. The study of children was essentially left to psychologists-sociologists focused instead on families. The Danish sociologist, Jens Qvortrup, was the first to break from the emphasis on the sociology of the family in the mid-1980s. He noted that family sociology tended to be about parents, or at best parent-(usually mother-) child relationships, and not about children as a separate social group. There were plenty of 'sociologically relevant discussions of children's problems and problem children', but few studies that were grounded in children's experiences of their daily lives. This relatively small but significant amount of activity has developed into a discrete sub-discipline within sociology; the 'Sociology of Childhood'.

CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the methodology adopted in the study including research design, setting, population, sampling, instruments, data collection procedure with ethical consideration and data analysis procedure.

3.1 Rationale of Selection of Study Area

The study was conducted in public schools of Pokhara Metropolitan City. Public schools within the urban/city area of Pokhara were selected because they represent adolescents from low-socioeconomic group and the working children among whom psychosocial problem is common. Another reason for purposively selecting these schools instead of probability sampling was that, as per the information given by Child Labour Elimination Programme (CLEP), Pokhara Chamber of Commerce and Industry, these schools represent more working children.

3.2 Research Design

The research design is an overall framework for the activities to be undertaken during the course of research. It describes the general process and plan for collecting, analyzing the data and interpreting the findings. The design of research in this study formed both quantitative and qualitative that is mixed method. Quantitative and qualitative study design was used. For Quantitative study descriptive cross-sectional design and the case study as qualitative approach was adopted. The study was mainly based on descriptive cross-sectional in nature.

3.3 Population and setting

The study setting was public schools of Pokhara Lekhnath Metropolitan City. There are in total 16 public schools within Pokhara Valley. Number of students in class seven, eight and nine of these schools ranged from 150 to 200. Most of them had over hundred students. Study population was the adolescent students of class 7, 8 and 9 of the public schools with age range of 11-17 years.

3.4 Sampling

Nonprobability Purposive sampling technique was used in the study to select four schools (Kalika Higher Secondary School, Mahendra Higher Secondary School, Amarsingh Higher Secondary School and Navaprabhat Higher Secondary School) in Pokhara Valley. From the purposively selected schools, all students of class 7, 8 and 9 who were available and willing to participate, were included in the study. Class ten was not taken because they had finished their final examination and already left the school before data collection period.

Sample size:-

Considering the prevalence of Psychosocial Problem as 30% (Sharma, 2014; Banstola, 2015) allowable error 5% and Z value 1.96, the sample size was calculated by using the formula: $n = (z^2 p q)/e^2$ (Kothari, 2011). The sample size calculated was 323, adding the non-response rate of 10% the final estimated sample size was 360.

According to the school administration, there were total 521 registered students of class seven, eight and nine of the four selected schools. Out of them, 360 students were available during data collection time and all consented to participate in the study. Hence, actual sample size was 360.

For qualitative in- depth interview had done with 4 child laborers involved in different types of work.

Inclusion Criteria

For quantitative study the respondents aged 11-17 years and studying in class 7-9 were included in the study. And for qualitative study child laborers who are child domestic workers; working in hotel, restaurant; and construction site having age between 11-17 years were included in the study. Psychosocial problem was higher among working children than the non-working children so that in-depth interview was done with working children to explore their experiences and response.

3.4 Data Collection Technique and Tools

Semi structured self-administered questionnaire was used for quantitative data collection and unstructured interview guideline for qualitative exploration was executed. There was two research instruments which were developed on the basis of review of literature. The **first instrument** for quantitative data was consisted of three parts:

Part I- semi-structured questions related to socio-demographic information; and questions on work, family and school related factors; (Appendix- A)

Part II- Paediatric Symptom Checklist – Youth Report, a standard tool to measure psychosocial status was used as per the objective of the study (Appendix- B)

Part III - Multidimensional Scale of Perceived Social Support (Appendix- C)

The second instrument for qualitative data was the in-depth interview schedule (Appendix- D)

Data collection was done through self-administered questionnaire and interview technique by the researcher herself. Around 25-30 minutes had taken to collect data from each respondent with self-administered questionnaire. The questions were read out first by the researcher and told the respondents to tick or give response for their easiness and understanding as well as to get complete responses from the respondents without any ambiguity. For qualitative information the interview was conducted in the separate room of the school, maintaining privacy.

The Pediatric Symptom Checklist (Y-PSC) is a brief screening questionnaire that is used by pediatricians and other health professionals to improve the recognition and treatment of psychosocial problems in children. The Y-PSC can be administered to adolescents ages 11 and up. The PSC surveys major areas of the child's functioning and screens for problems with attention, hyperactivity, depression, conduct disorder, anxiety, etc. The PSC consists of 35 items that are rated as "Never," "Sometimes," or "Often" present and scored 0, 1, and 2, respectively. The total score is calculated by adding together the score for each of the 35 items. For children and adolescents ages 6 through 16, a cutoff score of 28 or higher indicates psychological impairment. Items

that are left blank are simply ignored (i.e., score equals 0). If four or more items are left blank, the questionnaire is considered invalid. A positive score on the PSC or Y-PSC suggests the need for further evaluation by a qualified health (e.g., M.D., R.N.) or mental health (e.g., Ph.D., L.I.C.S.W.) professional (Jellinek, Murphy, & Robinson, 1988).

A study on Use of the Pediatric Symptom Checklist for the detection of psychosocial problems in preventive child healthcare conducted among 687 children (response 84.3%) aged 7-12 undergoing routine health assessments in nine Preventive Child Health Services across Netherlands, reported the consistency of the Dutch PSC was good (Cronbach alpha 0.89). The study concluded that the PSC is also useful for the early detection of psychosocial problems in preventive child healthcare outside the USA, especially with an adjusted cut-off (Reijneveld, Vogels, Hoekstra, & Crone, 2006). This scale showed high internal reliability (cronbach's alpha-0.89 and 0.75) when used with Nepalese adolescents studying in various school and non-school settings (Banstola, 2015 and Bista et.al., 2016). The PSC-may be used without explicit permission for educational and professional research.

Multidimensional Scale of Perceived Social Support (MSPSS) is a 12 item instrument which measures perceived social support from three sources: family, friends and significant others. Items are scored on a 7 point rating scale ranging from 1(very strongly disagree) to 7 (very strongly agree) with possible scores 12 to 84. For convenience score can be divided by 12 and converted into 1 to 7. Score between 1-2.9 will be regarded as low support, 3-5 will be regarded as medium support and 5.1-7 will be regarded as high support. The MSPSS is simple, easy to understand, can be administered in short time and is psychometrically sound. It makes it suitable for use in research that requires assessing a number of variables within a limited time. The MSPSS as a measure of social support has been used among varied populations (Zimet, Powell, Farley, Werkman & Berkoff, 1988). This instrument has already been translated in Nepali version (MSPSS-N) and used among Nepali population living in HongKong. The factor analysis of the MSPSS-N confirmed the three factors of the original MSPSS, namely, Family, Friend, and Significant Others. Cronbach's alpha for the total MSPSS-N was .90. The Family, Friends, and Significant Others subscales

demonstrated coefficient alphas of .86, .84 and .80, respectively (Tonsing, 2012). MSPSS-N was used in this study with some modifications to simplify language.

3.6 Ethical Consideration

Data was collected after getting approval from the research committee of Prithvi Narayan Campus, Pokhara. Formal permission was obtained from the selected schools by submitting a written request letter from Prithvi Narayan Campus, Pokhara. The purpose of the study was explained to the respondents. Informed verbal consent was taken from each respondent prior to data collection. Precaution were taken throughout the study in every step to safeguard the right and welfare of all respondents in the study. The respondents was given full authority to withdraw their participation from the study without any fear or clarification any time during the investigation. Confidentiality was maintained throughout the study. Obtained data was used for research purpose only.

3.7 Data Analysis and Presentation

Collected data was checked, reviewed, organized daily for completeness and accuracy. Coding and organizing was done before data entry and entered into Statistical Package for Social Science (SPSS) version 20. Data was analyzed by using descriptive as well as inferential statistical method. Mean, median, standard deviation and percentage were used as descriptive statistics and chi-square test and odds ratio was used as inferential statistics. Qualitative data obtained through in-depth interview and analyzed by coding and transcribing field notes. The qualitative findings obtained were explained in greater detail by case description.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

This chapter deals with the analysis and interpretation of the data collected from 360 adolescents studying in public schools of Pokhara Lekhnath Metropolitan City. The chapter presents the findings of background variables. The descriptive analysis of socio-demographic background characteristics, academic characteristics of adolescents in terms of frequency, percentage, mean and standard deviation as relevant are presented.

4.1 Age of the Respondent

The age is one of the important factors during the childhood as different period of development has its own unique characteristics and follows the pattern of behavior achievement and personality development. According to Cobb, (2010) industrialization in the mid-19th century prompted the emergence of adolescence from childhood, where several social conditions required the prolongation of childhood. The industrialized society demanded new skills and larger numbers of workers, prompting a population shift to the cities. With large numbers of youth of the same age concentrated in urban settings, it became possible to have separate classes and schools for youths of different ages, and a noticeable new age group was born. Erik Erikson identified the central and most pressing question of adolescence as a search for personal identity. Adolescents are aware that they are not the children they once were, but they are equally sure they are not the adults they see around them. So who are they? Answers become organized around the developmental tasks confronting them. Adolescence is a unique developmental period that lies between childhood and adulthood. The age when puberty begins and how long adolescence lasts varies individually and cross-culturally. Adolescents encounter significant amount of change physically and psychologically. It is a time of exploration, excitement, discovery and sometimes confusion and despair. Changes in behavior and aggressiveness, oppose

the parents are mostly seen in this period (Potts & Mandleco, 2011). So that age is an important factor to be considered in social-psychological study of childhood.

Table 4.1 Age of the Respondents

n=360

Age	Frequency	Percentage
11-13 years	90	25.0%
14-16 years	270	75.0%
Total	360	100%

Mean \pm SD = 14.2 \pm 1.675

Source: Field Survey, 2017

Table 4.1 shows that majority of respondents were in the age group 14-16 years with mean age of 14.2 with standard deviation 1.6.

4.2 Gender of Respondents

According to the gender the roles carried out by the child are different as they are learnt and followed during the process of socialization, in the other hand during the pubertal change due to the influence of hormones males become more aggressive, hostile and more outgoing whereas females starts to shy and calm. So that there could be the difference in psychological and social behavior in adolescents. Figure 4.1 depicts that the proportion of females (56.1%) is slightly higher than males (43.9%). Few differences are more important to adolescents, from either their perspective or that of their society, than those associated with being male or female. Both sex differences, which are biologically based, and gender differences, which are socially determined, influence adolescent development.

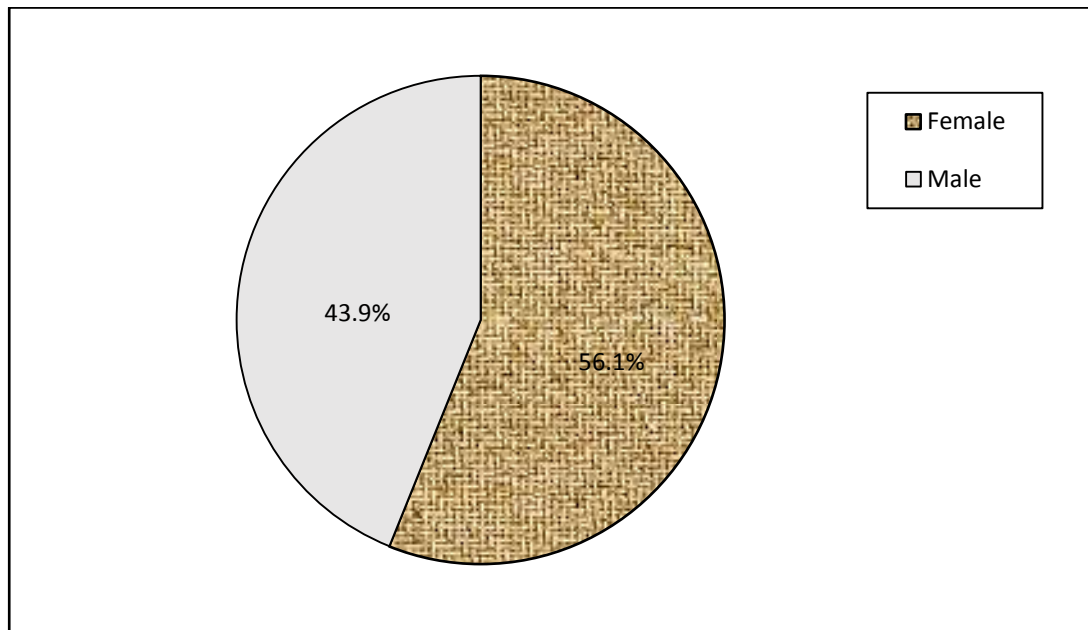


Fig 4.1: Gender Distribution of Respondents

Source: Field Survey, 2017

4.3 Distribution of the Respondents according to Ethnicity

A study of ethnic-racial socialization in early and middle childhood found that cultural socialization was associated with fewer behavior problems in both genders. Discrimination of cultural values or ethnicity has a negative effect (depression and aggression) on psychosocial development and behavior. It also effects self-esteem, academic achievement, stigmatization and psychosocial functioning. Today's adolescents are growing up in an ethnically diverse society. The strength of their identification as a member of a particular ethnic group depends on the extent to which they share the cultural values and attitudes of the group, feel they belong to the group, and experience being a member of a minority.

Table 4.2 Ethnicity of the Respondents

n=360

Ethnicity	Frequency	Percentage
Brahmin/Chhetri	145	40.3%
Mongolian	148	41.1%
Dalit	67	18.6%
Total	360	100%

Source: Field Survey, 2017

Table 4.2 reveals that there was almost equal representation among Brahmin/Chhetri (40.3%) and Mongolian (41.1%) ethnic groups.

4.4 Distribution of the Respondents according to Religion

Religion is also a factor that contributes to the moral and social development of children. It may not come as a surprise that a person's gender or cultural heritage can shape who they are and what they do in life. It also affects psychosocial development in positive and negative ways and religion is one of the important socio-cultural heritage.

Table 4.3 Religion of the Respondents

n=360

Ethnicity	Frequency	Percentage
Hindu	294	81.7%
Buddhist	40	11.1%
Muslim	24	6.7%
Christian	2	6%
Total	360	100%

Source: Field Survey, 2017

Table 4.4 shows that most (81.7%) of the respondents were Hindus followed by Buddhists, Muslims and Christians.

4.5 Distribution of the Respondents according to whom they are Staying-With

Accepting and supportive family relationships during childhood and adolescence may have long-term associations with psychosocial functioning into adulthood. Adolescents across all sections of the society thus have a family as an 'anchor' that supports them to cope with challenges of transition to adulthood. Family as an institution in Nepal therefore, has a potent role in influencing adolescents. The figure 4.2 shows 29.7% of the respondents are staying with other than their biologic parents. From a contextual perspective we see that development is influenced by the daily settings, or contexts, of adolescents' lives—by where they spend their time and who they spend it with. It is not so much the actual, physical contexts that affect development, though, as it is how adolescents perceive these contexts that leaves its

developmental footprint. Bronfenbrenner describes these contexts as a set of five overlapping spheres of influence, each of which can affect conditions in another sphere.

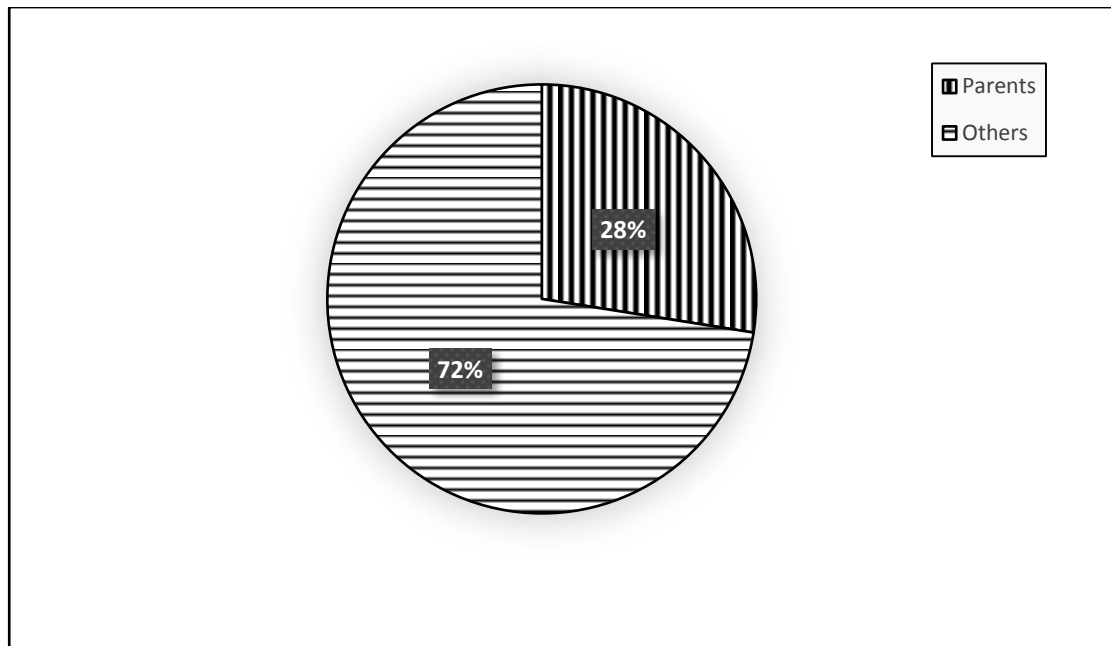


Fig 4.2 Respondents with whom they are staying

Source: Field Survey, 2017

4.6 Type of Family of the Respondents

The ecological context of the family affects family life and children's outcomes. Each member of the family is important to one another and more specifically family influences the behavior of the children growing over there. Child learn and grow inside the house before the contact with outer world so that first socialization starts from home and how the child socialize depends upon how his/her personality developed and with whom they grew up. So that both the psychological and social development grossly depend on family factors.

Table 4.4 Type of the family of the Respondents

n=360

Type of Family	Frequency	Percentage
Nuclear	243	67.5%
Joint	117	32.5%
Total	360	100%

Source: Field Survey, 2017

Table 4.4 shows that representation of adolescent from nuclear family is more than from joint family system (67.5% vs 32.5%). It shows that our society is changing from the large family structure to nuclear family system and the bond between the grand parents and children, relation with uncles and aunt are in reducing trend.

4.7 Family Dynamic of the Respondent

A study in Hetauda, Nepal by Bista, et.al., (2016) found students living with single parents were three times more likely to encounter psychosocial dysfunction than those living with both parents. Figure 4.3 reveals that, highest proportion (76.6%) had both parents live and staying together but rest were not together i.e. separated or divorced or widow or widower. A poor parent–adolescent relationship–perceived lack of maternal affection and support increased the likelihood of depression (Pilgrim & Blum, 2012).

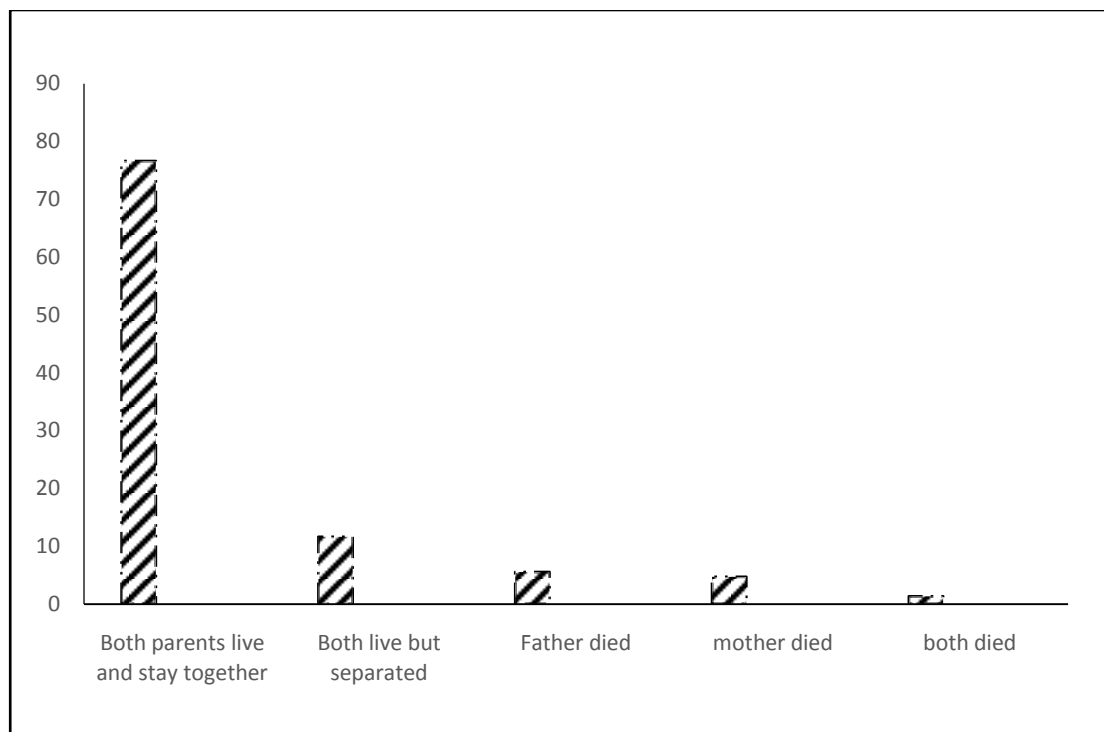


Fig 4.3 Respondents Family Dynamic

Source: Field Survey, 2017

4.8 Parents' Educational Status of the Respondents

Parental education and occupation greatly influence the psychosocial wellbeing of their children. Parental education and occupation directly linked with the economic status of the family, on the other hand how much quality time they spend with their children is also detrimental. Study found mothers were more illiterate than fathers. Figure 4.5 depicts that, higher proportion of both the father and mother had attended primary level education (27.7% and 30.7%).

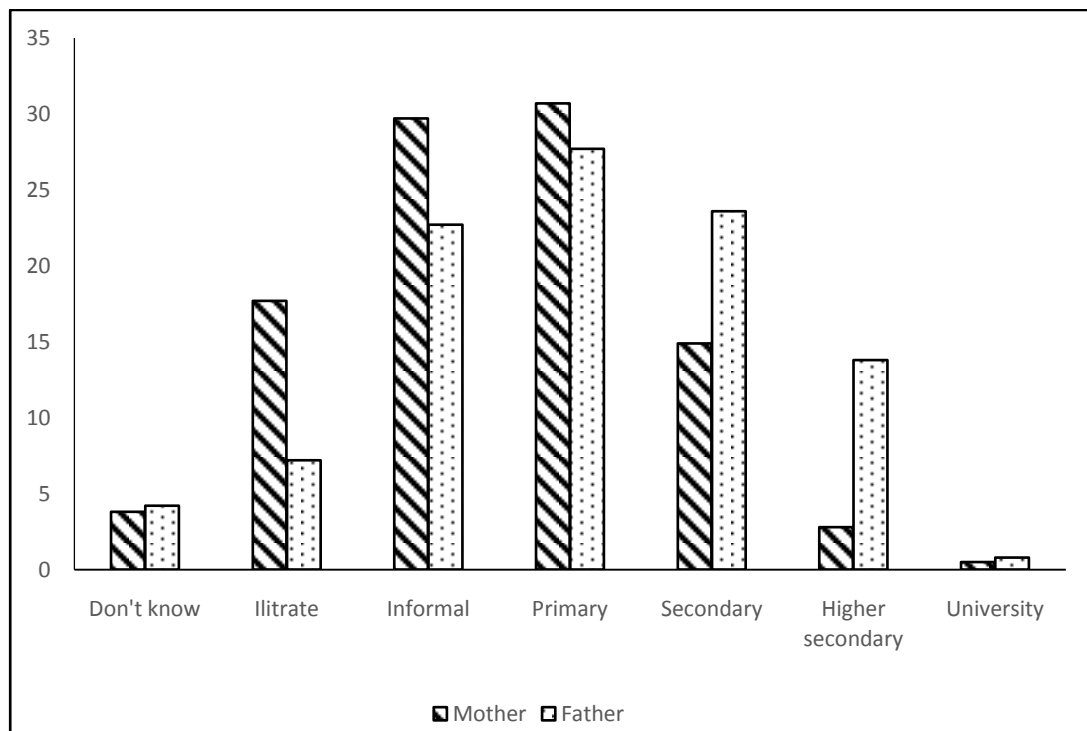


Fig 4.4 Respondents' Parent's Educational Status

Source: Field Survey, 2017

4.9 Respondent's Parental Occupational Status

Figure 4.5 reveals, majority of fathers engaged in agriculture 28.8% followed by self-owned business 22.7% and only 34 worked at home. On the contrary, higher proportion of the mothers 43.6% were homemaker followed by 19.4% self-owned business and daily wages 14.4%.

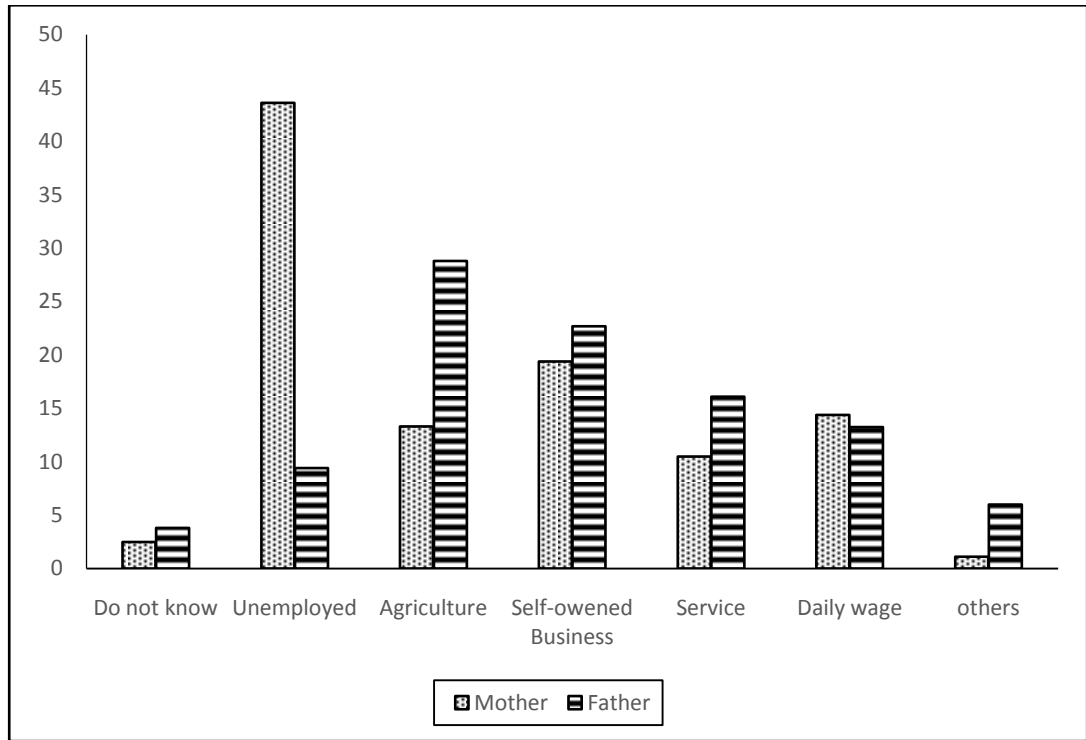


Fig 4.5 Respondent's Parental Occupational Status

Source: Field Survey, 2017

4.10 Economic Status of the Respondent's Family

As family income is concerned, children who live in poverty are exposed to more extreme living situations than those who are not living under similar circumstances. These conditions may have a more pronounced effect or influence on children. Studies have also shown that poverty has a direct effect on cognitive functioning and development, which has a direct impact on psychosocial development. The figure 4.6 shows 56% respondent's family income was just sufficient and 21.1% had hardly sufficient economic status.

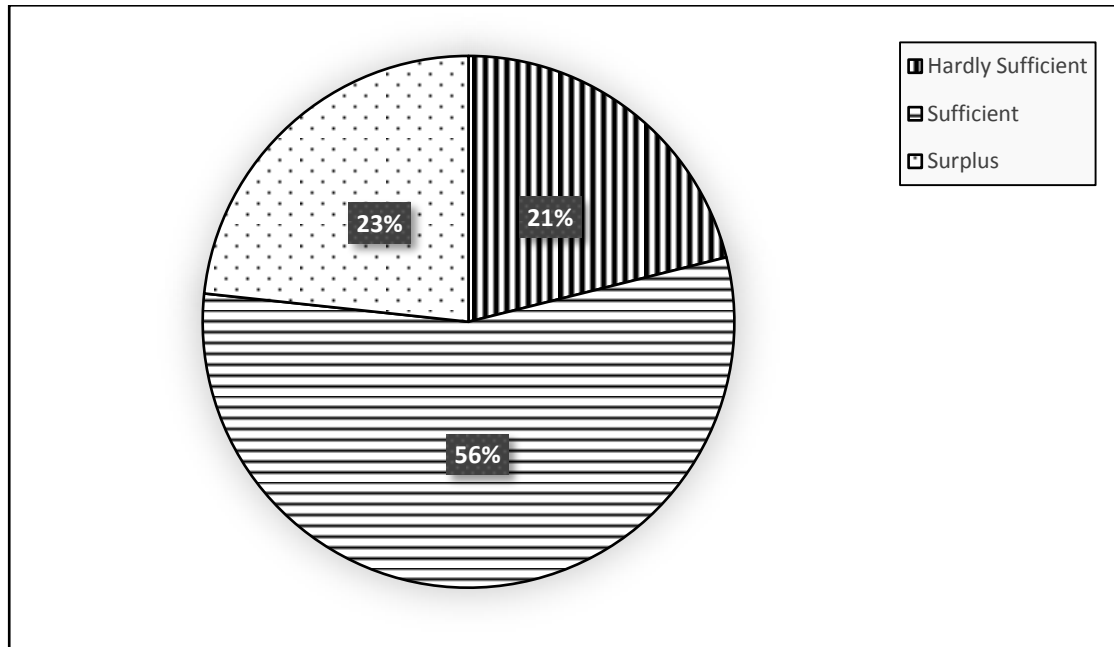


Fig 4.6 Respondent's Family Economic Status

Source: Field Survey, 2017

Bhosale et.al, (2010), has also found the proportion of psychosocial problems increased with the decrease of the socioeconomic status. Pilgrim and Blum (2012) also reported that, children from the low family socio-economic status had more psychosocial problems.

4.11 Basic Need Requirements of the Respondents

Stressors such as unsafe or life-threatening living conditions and violence play a part as contributing to psychosocial problem. Deprivation of other essential necessities that are needed, such as food, medicine and a safe home. Deprivation of any of these things, especially in childhood has a marked effect on psychosocial development.

Table 4.5 Basic Need Requirements of the Respondents**n=360**

Characteristics	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Sufficient/Regular meal	355	98.6%	5	1.4%	360	100%
Same/better food	336	93.3%	24	6.7%	360	100%
Appropriate and sufficient clothes as per weather	339	94.2%	21	5.8%	360	100%
Adequate sleep	338	93.9%	22	6.1%	360	100%
Own comfortable bed/bedroom	324	90.0%	36	10.0%	360	100%
Get treatment and concern when sick	347	96.4%	13	3.6%	360	100%
Get rest when not feeling well	336	93.3%	24	6.7%	360	100%
Have time to play and watch TV	288	80.0%	72	20.0%	360	100%
Get study time	341	94.7%	19	5.3%	360	100%
Get pocket money for school tiffin/other	312	86.4%	48	13.6%	360	100%

Source: Field Survey, 2017

Table 4.5 reveals that, 98.6 percent children get regular and sufficient food but 6.7 percent are not getting same food as their employer's family member eat, 5.8 percent children do not have appropriate and sufficient clothes as per weather. Majority, 93.9 percent sleep 8 hours or more but 6.1 percent do not get adequate sleep, 10 percent children do not have own warm and sufficient bedding, 20.0 percent children do not get time for recreational activities i.e. play, watching TV and 13.6 percent do not get money (for school tiffin or to go with friends etc.). In support to these findings Child Poverty and Disparities in Nepal (2010) also indicated 69 percent children in Nepal are deprive of at least one of the seven basic human needs.

CHAPTER V

PSYCHOSOCIAL PROBLEM AMONG ADOLESCENTS

This chapter presents analysis and interpretation of the data collected from 360 adolescents studying in public schools of Pokhara Metropolitan City. The descriptive analysis of psychosocial problem of adolescents in terms of frequency, percentage as relevant are presented in the tables.

5.1 Prevalence of Psychosocial problem

Childhood psychosocial disorders exhibit as iceberg phenomenon and are one of the hidden public health problems. These problems are of transient nature and are often not noticed. Furthermore, children may exhibit these problems in one setting and not in other (e.g. home, school). Several key transitional periods (moving from early elementary to middle school, moving from middle school to high school or moving from high school to college) can present new challenges from these adolescents and symptoms or dysfunction may occur. Many epidemiological surveys on school going children and adolescents have reported a wide variation in the prevalence of psychosocial going children and adolescents have reported a wide variation in the prevalence of psychosocial problems. This problem has not only the health consequences but also social problems and affects the normal socialization of children.

Table 5.1. Overall Prevalence of Psychosocial problem among Adolescents

n=360

Psychosocial Problem	Frequency	Percentage
Problem not present	282	78.3
Problem present	78	21.7
Total	360	100%

Source: Field Survey, 2017

Table 5.1 shows that there was overall 21.7% prevalence of psycho-social problem with the cut off score 28 of PSC-Y and twenty three percent had internalizing problem. This finding is also supported by various other studies (Sojan & Baby, 2015;

Sharma, 2014; Rimal & Pokhrel 2013; Pathak et.al., 2011; Syed et.al., 2009; Jain et.al., 2009; Ahmad et.al., 2007; Al-Gamal et.al., 2013; Joshi et.al., 2012; Hamdan-Mansour et.al.,2010; and Uddin et.al., 2009).

Table 5.2 Prevalence of Psychosocial problem among working and non-working children

Characteristics	Child Labour (n=87)	Non-Labour (N=273)
Psychosocial Problem	37 (42.5%)	41 (15.0%)
Internalizing Problem	36 (41.4%)	47 (17.2%)
Externalizing Problem	11 (12.6%)	19 (7.0%)
Attention Problem	6 (6.9%)	4 (1.5%)

Source: Field Survey, 2017

Table 5.2 indicates that, among 360 respondents 87 were child labourer and the rest 273 were non labourer. While analyzed separately among 87 and 273, great difference in prevalence of psychosocial problem was found between two groups i.e. 42.5 percent among laborer and only 15.0 percent among non-laborer children. The finding is supported by Pathak et.al.,(2011), as there was overall prevalence of 30 percent and Internalizing syndrome was the most common (28.6%) psychiatric problem. Haider, (2010) also found a higher prevalence of Internalizing Problems as compared to Externalizing Problems. Bista, et.al., (2016) reported 17% prevalence of psychosocial problem among school children in Hetauda and Sharma, (2014) had found 30% prevalence in Pokhara. Whereas in working children Joshi et.al., (2012) reported that 92% of working children had one of the psychological problem in Kathmandu and Banstola (2015) found it as 26% in Pokhara. Psychological problems are found more than of non-workers among child workers (Khan 2000; O'Donnel & Rosati, 2002; Wolde-Giorgis, 2008; and Uddin et.al., 2009). Internalizing disorders were found significantly higher among the laborers than the non-laborers (Fekadu, Alem, & Hagglof, 2006). The ILO has identified a number of hazards to child in work situation (abuse, lack of qualitative food, health services) and they can have an irreversible physical, psychological and moral impact on the development, health and wellbeing of a child (ILO, 2012).

5.2 Psychosocial problem of the Respondents based on Subscales

Various responses related to psychosocial problem are presents in the table. Not all the 35 but only 17 responses as per the subscales are mentioned.

Table 5.3 Psychosocial problem of the Respondents based on Subscales

n=360

Psychosocial Problem	Never	Sometimes	Often
Fidgety, unable to sit still	152 (42.2%)	189 (52.5%)	19 (5.3%)
Act as if driven by motor	205 (56.9%)	150 (41.7%)	5 (1.4%)
Daydream too much	169 (46.9%)	175 (48.6%)	16 (4.4%)
Distract easily	134 (37.2%)	208 (57.8%)	18 (5.0%)
Have trouble concentrating	181 (50.3%)	166 (46.1%)	13 (3.6%)
Feel sad, unhappy	129 (35.8%)	207 (57.5%)	24 (6.7%)
Feel hopeless	98 (27.2%)	239 (66.4%)	23 (6.4%)
Down on yourself	235 (65.3%)	114 (31.7%)	11 (3.1%)
Worry a lot	154 (42.8%)	169 (46.9%)	37(10.3%)
Seem to be having less fun	177 (49.2%)	164 (45.6%)	19 (5.3%)
Fight with other children	235 (65.3%)	120 (33.3%)	5 (1.4%)
Do not listen to rules	246 (68.3%)	92 (25.6%)	22 (6.1%)
Do not understand other people's feelings	247 (68.6%)	98 (27.2%)	15 (4.2%)
Tease others	230 (63.9%)	123 (34.2%)	7 (1.9%)
Blame others for your troubles	293 (81.4%)	58 (16.1%)	9 (2.5%)
Take things that do not belong to you	249 (69.2%)	83 (23.1%)	28 (7.8%)
Refuse to share	267 (74.2%)	76 (21.1%)	17 (4.7%)

Source: Field Survey, 2017

Table 5.3 shows responses related to attention showed that 57.8 percent distract easily and 46.1 percent have trouble concentrating sometimes; regarding externalizing 33.3 percent sometimes and 1.4 percent often fight with others, 34.2 percent sometimes and 1.9 percent often tease others. In regard to internalizing 57.5 percent sometimes and 6.7 percent often feel sad and unhappy; 66.4 percent sometimes and 6.4 percent often feel hopeless; and 46.9 percent sometimes and 10.3 percent often worry a lot.

CHAPTER VI

ASSOCIATION OF BACKGROUND CHARACTERISTICS WITH PSYCHOSOCIAL PROBLEM

The age, sex, religion, ethnicity, type of family, education and occupation of parents and with whom the adolescent is residing were statistically tested to find out whether they were associated or not for the occurrence of psychosocial problem.

6.1 Association between Age and Psychosocial problem

Chhabra and Sodhi, (2012) reported psychosocial problems were significantly higher in middle adolescence (14-16 years). Sharma (2014) also found psychosocial problem were increased with increasing age of the adolescent. Theory of Eric Erikson also tells that as the adolescent has to develop sense of identity, initially group identity followed by individual identity the behavior problems appears more in later years of adolescence. However, this study did not find the association between age and psychosocial problem.

Table 6.1 Association between Age and Psychosocial problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Age	Number	Percent	Number	Percent	Number	Percent
11-13 years	22	23.3%	70	76.7%	92	100%
14-16 years	55	20.5%	213	79.25%	268	100%

Source: Field Survey, 2017

p —value: 0.564, Odds Ratio: 0.845, Confidence Interval: (0.477-1.498)

6.2 Association between Gender and Psychosocial problem

Due the changes in body system especially the hormonal changes and starting of puberty brings drastic changes in the behavior and emotions of the adolescents along with physical changes. In this turmoil stage adolescent has to develop the sense of identity in one hand and to fulfill the societal demand as well being fit into the social norms and boundaries. The time of pubertal change is earlier in females and the pattern of change in behavior in males and female is different (Shrestha, 2013 &

Adhikari, 2014). However, the study has not found the association between gender and psychosocial problem.

Table 6.2 Association between Gender and Psychosocial problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Gender	Number	Percent	Number	Percent	Number	Percent
Male	33	20.9%	125	79.1%	158	100%
Female	45	22.3%	157	77.7%	202	100%

Source: Field Survey, 2017

p —value 0.751 not significant at < 0.05; Odds Ratio 1.086, Confidence Interval: (0.654-1.802)

6.3 Association between Religion and Psychosocial problem

According to functionalism, society is a system of interconnected parts that work together in harmony to maintain a state of balance and social equilibrium for the whole. Religion provides moral guidance and an outlet for worship of a higher power. Table 6.3 displays that there is significant association between religion and psychosocial problem of adolescents. Table 5.3 shows there is a significant association between religion and psychosocial problem. The problem is more among Hindus than others. Similarly, Ahmad, et.al. (2007) also found the prevalence of psychosocial problem higher in Hindus than others.

Table 6.3 Association between Religion and Psychosocial problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Religion	Number	Percent	Number	Percent	Number	Percent
Other than Hindu	21	31.8%	45	68.2%	66	100%
Hindu	57	19.4%	237	80.6%	294	100%

Source: Field Survey, 2017

**p* —value 0.027*significant at 0.05; Odds Ratio 0.515, Confidence Interval: (0.285-0.933)

6.4 Association between Ethnicity and Psychosocial problem

Ethnicity and poverty are two macro system factors that are critical in the lives of many adolescent. The nested nature of the relationships between the microsystems and these distant systems suggest that the impact of ethnicity and poverty will be seen

at all system levels (Farnandez & Nicholas, 1996). Table 6.4 reveals that ethnicity is not associated with psychosocial problem.

Table 6.4 Association between Ethnicity and Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Ethnicity	Number	Percent	Number	Percent	Number	Percent
Brahmin/Chhetri	33	22.8%	112	77.2%	145	100%
Mongolian	28	18.9%	120	81.1%	148	100%
Dalit	17	25.4%	50	74.6%	67	100%

Source: Field Survey, 2017

**p* —value 0.521 not significant at < 0.05

6.5 Association between with whom they are Staying and Psychosocial problem

The interactionist perspective was an important theoretical orientation in sociology during the 1920s and 1930s when family studies was establishing itself as a legitimate social science. A major concept in the interactionist perspective is the self-concept (the basic feelings people have about themselves, their abilities and characteristics, and their worth) and the related concept of identity (a sense of uniqueness and inner sameness). The self is developed initially in a family setting. Parents especially, siblings and other relatives are the most influential or significant figures in a young child's life. Structure functional perspective emphasized the heterosexual nuclear family as the normal and functional family structure. Furthermore Structure — functional perspective argued the functionality of specialized gender roles: instrumental husband-father, who supports the family economically and wields authority inside and outside the family, and the expressive wife-mother-homemaker, whose main function is to enhance emotional relations at home and socialize young children (Morrow, 2011).

Table 6.5 Association between with whom staying and psychosocial**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Staying with	Number	Percent	Number	Percent	Number	Percent
Parents	34	13.4%	219	86.6%	92	100%
Others (relatives, employer)	44	41.1%	63	58.9%	268	100%

Source: Field Survey, 2017

**p* —value 0.000* significant at < 0.05; Odds Ratio 4.499, Confidence Interval; (2.653-7.628)

Table 6.5 displays that there is significant association between with whom they are staying and the occurrence of psychosocial problem among adolescents. Findings of Sojan and Bbaby (2015), stated similar to present study finding as family issues as important factor for their distress, 78.94% distressed children complained of inadequate time spent with parents whereas only 29.03% non-distressed group complained about the same and 25% children had academic difficulties with significant difference between distressed and non-distressed children. Lower family connectedness and having a living arrangement separate from both biological parents (or living with friends, relatives or alone) were associated with increased odds of having a depressive symptom. Shiferaw et.al., (2006) reported living with both biological parents and good parent-teen connectedness are related to better psychosocial health.

6.6 Association of Family Type with Psychosocial Problem

Bronfenbrenner's theory defines complex "layers" of environment, each having an effect on a child's development. The interaction between factors in the child's maturing biology, his immediate family/community environment, and the societal landscape fuels and steers his development.

Table 6.6 Association of Family Type with Psychosocial Problem**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Family Type	Number	Percent	Number	Percent	Number	Percent
Nuclear	42	17.3%	201	82.7%	243	100%
Joint	36	30.8%	81	69.2%	117	100%

Source: Field Survey, 2017

**p* —value 0.004* significant at < 0.05; Odds Ratio: 2.127, Confidence Interval: (1.272-3.558)

Table 6.6 indicates the significant association between family type and the psychosocial problem, different than the findings by Sharma (2014), this study shows children of joint family are two times more likely to develop problem than those of nuclear family. This finding urges for the further exploration in this matter.

6.7 Association of Education level of parents with Psychosocial Problem

Parental education has great impact on development and socialization including healthy psychological and personal development of children. Better the education of parents better will be the rearing, guidance, socialization and development of children.

Table 6.7 Association of Educational Level of Parents with Psychosocial Problem**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Father's education	Number	Percent	Number	Percent	Number	Percent
Literate	66	20.0%	257	80.0%	323	100%
Illiterate	14	34.6%	23	65.4%	37	100%
Mother's education						
Literate	56	18.8%	233	81.2%	289	100%
Illiterate	24	31.2%	47	68.8%	71	100%

Source: Field Survey, 2017

p —value 0.081, not significant, OR: 2.109; CI: (0.899-4.951) for father's education and **p* value 0.027* significant, OR:1.964; CI: (1.070-3.604) for mother's education

Table 6.7 indicates mother's education is significant to prevent adolescent from psychosocial problem as those adolescents whose mother are illiterate are 1.9 times more likely to develop psychosocial problem. Similar to this finding Bista et. al., (2016) also reported adolescents whose mothers could not read or write were 2.77 times more likely to have psychosocial dysfunction than those having literate mothers. In affirm to this study India by Rahi, Kumavat, Garg, and Singh (2005), in India has observed that prevalence of psychopathological disorders was highest in children of illiterate mothers.

6.8 Association of Father's & Mother's Employment Status with Psychosocial Problem

According to Algur (2012), children with financial hardship in the family and children of unemployed parents were found to experience higher levels of stress, socially inept behaviors, low self-image and peer rejection. Table 6.8 shows that parental employment status is not significantly associated with psychosocial problem.

Table 6.8 Association of Father's & Mother's Employment Status with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Father's employment						
Unemployed	7	20.6%	27	79.4%	34	100%
Employed	70	22.4%	242	77.6%	312	100%
Mother's employment						
Unemployed	30	19.1%	127	80.9%	157	100%
Employed	44	22.7%	150	77.3%	194	100%

Source: Field Survey, 2017

p -value 0.806, OR (CI at 95%): 0.896 (0.374-2.145) for Father's Employment and p -value 0.806, OR (CI at 95%): 0.805 (0.478-1.356) for Mother's Employment.

6.9 Association of Family's Income with Psychosocial Problem

The conflict perspective explains various aspects of our social world by looking at which groups have power and benefit from a particular social arrangement. Marx suggested that all societies go through stages of economic development. As societies evolve from agricultural to industrial, concern over meeting survival needs is replaced by concern over making a profit, the hallmark of a capitalist system. Industrialization leads to the development of two classes of people: the bourgeoisie, or the owners of

the means of production (e.g., factories, farms, businesses); and the proletariat, or the workers who earn wages. The division of society into two broad classes of people—the "haves" and the "havenots"— is beneficial to the owners of the means of production. The workers, who may earn only subsistence wages, are denied access to the many resources available to the wealthy owners. so that family income might leads to psychological and social problems.

Table 6.9 Association of Family's Income with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Family Income	Number	Percent	Number	Percent	Number	Percent
Sufficient/Surplus	48	16.8%	237	83.2%	243	100%
Hardly Sufficient	30	40.0%	45	60.0%	117	100%

Source: Field Survey, 2017

**p* –value 0.000* significant, OR (CI at 95%): 3.292 (1.887-5.742)

Table 6.9 reveals socioeconomic status in terms of family income is significantly associated with psychosocial problem of adolescents. Adolescents whose family income is hardly sufficient for livelihoods are three times more likely to get psychosocial problem. From a study in India by Bhosale, et.al., (2015) also observed that the proportion of psychosocial problems increased with the decrease of the socioeconomic status. Similar to this Ahmed et.al, (2007) also found the prevalence of psychosocial problems are higher in lower social class. According to Apollo Hospital Report (2016), poor economic condition is a risk factor for problem. Chhabra and Sodhi, (2012) reported psychosocial problems were significantly higher in adolescents of lower socioeconomic status.

6.10 Association of Parental Marital Status with Psychosocial Problem

According to the ecological theory, if the relationships in the immediate microsystem break down, the child will not have the tools to explore other parts of his environment. Children looking for the affirmations that should be present in the child/parent (or child/other important adult) relationship look for attention in inappropriate places. These deficiencies show themselves especially in adolescence as anti-social behavior, lack of self-discipline, and inability to provide self-direction. A

report of Apollo Hospitals India, (2016) also affirmed the fact that marital conflict, family disharmony are the risk factor for psychological and social problems in children.

Table 6.10 Association of Parental Marital Status with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Parental Marital Status	Number	Percent	Number	Percent	Number	Percent
Staying together	53	19.2%	223	80.8%	276	100%
Seperated, Widow,	25	29.8%	59	70.2%	84	100%

Source: Field Survey, 2017

**p* —value 0.040* significant, OR (CI at 95%): 1.783 (1.023-3.107)

Table 6.10 displays that there was statistically significant association of parental marital status with psychosocial problem. Adolescents whose parents are not together i.e. either separated or divorced or widow/widower are (1.7 times) more likely to have psychosocial problem. The finding is supported by Pathaket.al., (2011), family environment and parental marital discord were statistically significant with psychosocial problem.

6.11 Association of Home Environment with Psychosocial Problem

The quality of relationships that children experience in their social environment have a profound effect on their socio-emotional development, personality formation and social competence.

Table 6.11 Association of Home Environment with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Home environment	Number	Percent	Number	Percent	Number	Percent
Feel good	45	15.5%	246	84.5%	291	100%
Does not feel good	33	47.8%	36	52.2%	69	100%

Source: Field Survey, 2017

**p* —value 0.000*, OR (CI at 95%): 5.011 (2.836-8.855)

Table 6.11 depicts students from families having disputes everyday were 13.24 times more likely to have psychosocial dysfunction than those without daily familial disputes. Pathak et.al., (2011) has also reported family environment and parental marital discord were statistically significant with psychosocial problem of adolescent.

6.12 Association of Academic/School Related Stress with Psychosocial Problem

The factors responsible for adolescent maladjustment include economic instability, parental discord, inadequacy of school offerings, lack of understanding of adolescent psychology on the part of parents and school faculties, unwholesome neighborhood or community conditions, inadequate recreational facilities etc (Mumthas & Muhsina, 2014). Pathak,et.al. (2011) found psychosocial problems were more (41%) among physically abused adolescents. The role of teachers and friends has also been equally appreciated. It is felt that the environment at school is an extension of the home environment and some of the needs that remain unfulfilled at home are fulfilled by teachers in the school. However, the differential treatment, though unappreciated and unexpected, by the teachers or from the parents affects the girls in a number of ways. Assurance and appreciation by them, including friends, has been found to help the girls to tide over a number of problems (Algur, 2012).

Table 6.12 Association of School related Stress with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
School/Academic Stress	Number	Percent	Number	Percent	Number	Percent
Low	24	10.8%	198	89.2%	291	100%
High	54	39.1%	84	60.9%	69	100%

Source: Field Survey, 2017

\hat{p} —value 0.000+, OR (CI at 95%): 5.304 (3.077-9.141)

Table 6.12 shows that school related stress are associated with psychosocial problem, adolescents who have high stress are five times more likely to suffer from psychosocial problem. The school environment, relationships with teacher and peers are the great influential factors.

(CASE STUDY-1)

Rama (name changed) said *“I am 17 years old now and I am staying here (in Pokhara) with my father, mother and younger brother. Due to poor economic condition in village my parents shifted here in search of livelihood through labour work in city. My parents used to work as daily wage earner in construction site and I used to study but when I was in class 8, electric shock hazard occurred in our rented room, my parents became severely injured. Even now my father cannot work because his one hand is amputated. We had no money even for treatment of parents, to fees my younger brother and I discontinued my education for 4 years for earning my family’s livelihood. I started to work as labourer in construction site. I and my mother have to work because my father can’t. This year only I have joined in the morning session of class 9 and I use to work in the afternoon. My school fee is paid by Child Labour Elimination Programme. I have a dream to become a police in future. I have felt the pain of being poor, extreme when both of my parents were sick and brother was only 4 years of age. I feel sad, unhappy, due to discontinuation of my education and now it’s becoming very difficult to secure good marks and my academic grades are markedly reduced.*

6.13 Association of Working status with Psychosocial Problem

Children in child labour are usually exposed to maltreatment and emotional abuse, this lack of nurturance and support from individuals who are normally expected to provide for them, makes children develop fear, easily lose confidence and develop feelings of worthlessness. Bandedali et al., (2008) in Pakistan and Nshimbi (2011) in Zambia had also found significant association between child working condition and psychosocial problem in their studies. The significant association between child labour status and mental health problem was also found by Fekadu et al., (2006) in Ethiopia. Children in child labour are usually exposed to maltreatment and emotional abuse, this lack of nurturance and support from individuals who are normally expected to provide for them, makes children develop fear, easily lose confidence and develop feelings of worthlessness.

Table 6.13 Association of Working status with Psychosocial Problem**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Working	Number	Percent	Number	Percent	Number	Percent
No	42	15.3%	232	84.7%	274	100%
Yes	36	41.9%	50	58.1%	86	100%

Source: Field Survey, 2017

p —value 0.000, OR (CI at 95%): 5.304 (3.077-9.141)

Table 6.13 shows working children are four times more likely to develop psychosocial problem. Children who work do not have opportunity to participate in activities that are crucial part of growing up, such as playing, attending school regularly and socializing with their peers (Nshimbi, 2011). The ILO (2012) has identified a number of hazards to child in work situation (abuse, lack of qualitative food, health services) and they can have an irreversible physical, psychological and moral impact on the development, health and wellbeing of a child.

(CASE STUDY-2)

Ramesh (name changed) is 16 years old boy states, " my permanent address is Darchula but I stay here in Mahendrapool, Pokhara with my elder brother. We have no parents, as they were died when I was only 3-4 years. My sisters (2) and one brother cared me, when both the sisters got married I came to Pokhara last year with my brother and started to work as painter (house), I have completed up to class 7 in Darchula and joined in class 8 here. My brother also studying in class 12 and he is very good in study as he is the class topper. He recalls that "in the village I was addicted in smoking because my friends used to smoke and drink alcohol. Sisters were married, my brother came Pokhara 3 years back and I had nothing to bother. My brother made me realize that it is really a bad habit and I left the habits as well as left the village with my brother. We both work and pay for our expenses. I study in morning class and go to work from 9 am to 5 pm for 8 hours. I have interest in arts and painting and in future I wish to be an actor. In answering how he feels of his family life, he stated with full of tear in his eyes and seeing towards the ceiling and down without making eye contact "I even don't know who my parents were, how was they and how they looked. I don't know what the love is and care of parents, I only listened about my father and mother from my sisters. I feel that i f I had the parents how lucky I would be. "

6.14 Association of working hour with Psychosocial Problem

Engagement in economic activities at an early age and participation especially in hazardous and exploitative work could have a devastating effect on children's physical and mental development and might also cause irreversible damage leading to permanent disability. Children engaged in such activities are deprived of their childhood and potential by the demands of long hours and exposure to physical, social or psychological stress. Inadequate pay, high responsibility and lack of access to education all contribute to undermining the dignity and self-esteem of children.

Table 6.14 Association of Working hour with Psychosocial Problem**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Working Hour	Number	Percent	Number	Percent	Number	Percent
Up to 4 hours	56	18.1%	254	81.9%	310	100%
5 hours and more	22	44.0%	28	56.0%	50	100%

Source: Field Survey, 2017

**p* —value 0.000*, OR (CI at 95%): 3.564 (1.900-6.684)

Table 6.14 depicts the working hour is significantly associated with psychosocial problem of adolescents. Working children are three times more likely to suffer from psychosocial problem than the non-workings. Major Psychosocial impacts of child labour especially the long working hours has been also mentioned by Uddin et al., (2009). Similarly, adolescents who work more than 20 hours per week have higher rates of problem behaviors (Clark-Bennett et al., 2004).

6.15 Association of Basic Need with Psychosocial Problem

The ILO (2012) states the denial of fundamental rights of the child can have an irreversible physical, psychological and moral impact on the development, health and wellbeing of a child

Table 6.15 Association of Basic Need with Psychosocial Problem**n=360**

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Basic Need	Number	Percent	Number	Percent	Number	Percent
>Average met	69	20.0%	276	80.0%	345	100%
≤Average met	9	60.0%	6	40.0%	15	100%

Source: Field Survey, 2017

**p* —value 0.000*, OR (CI at 95%): 6.000 (2.066-17.425)

Table 6.15 shows the significant association between basic need requirement of the adolescents and psychosocial problem. Adolescents whose needs are met below average level are six times more likely to suffer from psychosocial problem. There is also a higher rate of antisocial and violent behavior among adolescents who have experienced neglect (Moran, 2015). The children, whose needs are not met, have the risk of normal social, emotional and cognitive developmental processes (UNICEF, 2016).

Case Study 3

Asha (name changed) said that, I am 18 years old now, though my permanent address is Myagdi District I am staying in Pokhara since my childhood as my father passed away and mother also left me. At the age of 4 years I came to the uncle 's house. My work life was started from the childhood what I can remember, the uncle is not my own but he was the neighbor. At the age of .14 I went Kathmandu and started to work in Buddha Mall near Bus Park. But after the earthquake, in search of safe residing place I came back to Pokhara. Now I stay with aunt in rent. I work in a hotel near Pokhara bus park as a waiter. The money earned from the job is only sufficient for hand to mouth living. Sometimes my mother send some money, otherwise I have to manage by myself I am studying in 9 class in morning session and working at day time in the restaurant. With full of tear in her eyes she says, "there is no one to support, share and understand my feelings. I wish to study and take some trainings so that life later will be of less struggle. Since childhood, there is no happy moments in my life and I don't know how much struggle I have to do". In the workplace, Hotel owner behaves nicely but as a labourer everyone have to listen some kind of bitter word. Sometimes I feel very sad and want to stay alone. Living alone away from own village without families is painful. At times I feel lonely and think that I have no one to share my problems with.

CHAPTER VII

ASSOCIATION OF PERCEIVED SOCIAL SUPPORT WITH PSYCHOSOCIAL PROBLEM

This section presents the findings related to perceived social support. Overall perceived support, perceived social support from family, friends and significant others were statistically tested to find out whether they were associated or not for the development of psychosocial problem among adolescents.

7.1 Association of Perceived Social Support with Psychosocial Problem

Symbolic interactionism emphasizes that human behavior is influenced by definitions and meanings that are created and maintained through symbolic interaction with others. Symbolic interactionism also suggests that our identity or sense of self is shaped by social interaction. We develop our self-concept by observing how others interact with us a label us. By observing how others view us, we see a reflection ourselves that Cooley calls the "looking glass self."

Table 7.1 Association of Perceived Social Support with Psychosocial Problem
n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Perceived Social Support	Number	Percent	Number	Percent	Number	Percent
High	38	14.8%	225	85.2%	264	100%
Low & Medium	39	40.6%	57	59.4%	96	100%

Source: Field Survey, 2017

**p* —value 0.000* significant at < 0.05; Odds Ratio (95% Confidence Interval) : 3.947 (2.3226.710)

Table 7.1 shows there is significant association between Perceived Social Support and Psychosocial Problem. Those who perceive low or medium support are four times more likely to develop psychosocial problem. The findings of the study conducted by Dzulkifli and Yasin (2009) also revealed that there were significant negative relationship between social support and psychological problems, suggesting that the higher the social support, the lower is the psychological problem Caker (2013), also

reported that social support perceived from the different sources is the significant predictor of behavior problems in children. Glozah (2013), also reported perceived social support is one of the predictors for psychological wellbeing.

7.2 Association of Perceived Social Support from Family with Psychosocial Problem

According to functionalist theory a major function of the family is the socialization of new members of society. Parsons (1956) argued that the family fulfils a number of functions within society, but identified two of these as key. The first was the socialization of children into the appropriate values and norms of society. Focusing on North American culture in particular, Parsons theorized that the role of the family was to ensure that 'independence and a motivation to achieve was instilled in children's personalities. The second function of the family was the stabilization of the adult personality through marriage, which served as the antidote to the emotional stresses and strains of everyday life. The theory, based on social philosophers such as Comte and Durkheim, suggests society (the family) is like the human body, which is made of various parts that need to function properly together so it can remain healthy. The family, as a social system, performs functions that serve the individual and society, act in accordance with a set of internalized norms and values that are learned primarily in the family through socialization. The affective function is one of the most vital functions for the formation and continuation of the family unit. This function refers to the family meeting the need for love and belonging of each member. The family is a home base where the individuals can express their true feelings and thoughts without fear of rejection. It is the social milieu for the generation and maintenance of affection, where one is first loved and given to, and learns to love and give in return. Although the affective function is important for all families, those who must focus on providing the basic physical necessities of life have minimal energy remaining to meet the affective needs (Potts & Mandleco, 2011).

Table 7.2 Association of Perceived Social Support from Family with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Perceived social support from family	Number	Percent	Number	Percent	Number	Percent
High	36	16.4%	183	83.6%	219	100%
Low & Medium	42	29.8%	99	70.2%	141	100%

Source: Field Survey, 2017

*p —value 0.003*significant at < 0.05; Odds Ratio (95% Confidence Interval) : 2.157 (1.298-3.584)

Table 7.2 depicts that family support is significant factor, those who have low support from family are two times more likely to suffer from psychosocial problem than those who have high support from their family. Accepting and supportive family relationships during childhood and adolescence may have long-term associations with psychosocial functioning (Chhabra & Sodhi, 2012).

7.3 Association of Perceived Social Support from Friends with Psychosocial Problem

Friends have long been considered to be of central importance to adolescents. Erikson (1968) believed the peer group provides a sanctuary of group identity while a young person is passing between the dependency of childhood and the independence of adulthood. Piaget considered peer relationships crucial to youths' understanding of rules and moral behavior and argued while young children's interactions with adults and siblings tended to emphasize the divine structure of rules, the informal and unsupervised play among peers during childhood and adolescence fosters the kind of spontaneous, flexible rule making and rule enforcing necessary in developing a mature moral orientation. During the transitional period of development adolescent develop sense of group identity from the strong bond in his peer groups which helps to develop further individual identity. If the friend circle is good the adolescent will develop good behaviors to be fit with societal norms and rules, if not so vice versa will occur and the adolescent develops the role confusion.

Table 7.3 Association of Perceived Social Support from Friends with Psychosocial Problem

n=360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Perceived social support from	Number	Percent	Number	Percent	Number	Percent
High	26	15.1%	146	84.9%	172	100%
Low & Medium	52	27.7%	136	72.3%	188	100%

Source: Field Survey, 2017

**p* —value 0.004*significant at S 0.05; Odds Ratio (95% Confidence Interval) : 2.147 (1.269-3.631)

Table 7.3 shows, perceived support from friends is significantly associated with psychosocial problem. Adolescent who perceive low or medium support from friends are two times more likely to develop psychosocial problem.

During the transition into adolescence, they rely more and spend more time with peers/friends than any other group. These interactions are important for self-esteem, development and learning the hidden curriculum. Peers can however have both a positive and negative influence on adolescent development. As stated in the above segment, Steinberg found through a study that the effects of negative peer influence can be blunted by authoritative parenting. The major influence of peers on development is their contribution to identity development. This is because peers influence the way an adolescent may view themselves and the world around them. Peers can effect self-esteem and establish norms for their peer group. Peer rejection can negatively impact psychosocial development.

7.4 Association of Perceived Social Support from Significant Others with Psychosocial Problem

Symbolic interactionism emphasizes that human behavior is influenced by definitions and meanings that are created and maintained through symbolic interaction with others. Ecological theory states that to study a child's development then, we must look not only at the child and her immediate environment, but also at the interaction of the larger environment as well.

Table 7.4 Association of Perceived Social Support from Significant Others with Psychosocial Problem

n=-360

Characteristics	Psychosocial Problem					
	Yes		No		Total	
Perceived social support	Number	Percent	Number	Percent	Number	Percent
High	26	20.2%	103	79.8%	129	100%
Low & Medium	52	22.5%	179	77,5%	231	100%

Source: Field Survey, 2017

p —value 0.603 not significant at < 0.05; Odds Ratio (95% Confidence Interval): 1.151 (0.6781.954)

Relationships adolescents have with their parents or other significant adult caregivers is also acknowledged as important today (Potts & Mandelco, 2011). However, table 7.4 shows no significant association between perceived support from significant others and psychosocial problem.

CASE STUDY-4

Rita (name changed) states "I am 15 years old. I am staying in the employer's house since past 4 and halfyears. My permanent address is Ramechap. I don't have father because he passed away. My brother is 23 years old. He is a painter. I have 2 sisters they study at class 5 and 3. My little sister is deaf, and my brother don't help us much on household expenses. Thus, I and my mother work as a domestic servant in different houses. I have to do washing clothes and dishes, cleaning house, work in garden and kitchengarden of my employer. The owner of house where I work behave different/ discriminate her. They don't eat with me, don't sit with me. They give me stale food to eat. Regarding the clothes I am given old clothes of the employer's daughters. I am not allowed to sit in the sofa of sitting room. Sometime I am scolded for spilling. Sometimes glasses are broken. That, makes me so frustrated day by day. I feel so depressed. This makes me feel inferior and second class human. At one time I think the life of a pet dog is even better than being a poor girl and on the other I feels a bit satisfaction that because of work her livelihood is possible, and got the opportunity to study in morning school. I am very interested to continue my study, I wish to become a nurse but there is no one to support me, I even do not get time to do homework or review my books after school. As I have to attend school at 6:0 am and after school all the pending house hold work should be completed, I have to work till late night in my master 's home, I feel very tired of rising early in the morning, going school as well as completing all the chores in the house. I still secured first division in the examination, I wish to secure A+ but it will be the dream only to get the marks and to be a nurse. It's my fate that I have aspirations but no supporting hand whereas my non-working friends have opportunities but neither realize nor like to work hard "

CHAPTER VIII

SUMMARY, CONCLUSION AND RECOMMENDATIONS

8.1 Summary

This study was conducted in Pokhara Lekhnath Metropolitan City, Kaski district to find out the psychosocial problem among adolescents. Data was collected from 360 school going adolescents of 11-17 years of age group in four public schools by using self-administered questionnaire and interview. Pediatric Symptom Checklist Youth Report tool was used as the main tool to find out the psychosocial problems. In-depth interview was carried out with 4 respondents who were engaged in different kinds of child labor activities.

8.2 MAJOR FINDINGS

8.2.1 Socio-demographic Background

- The mean age of the respondents was 14.2 years with standard deviation of ± 1.6 .
- There was higher representation of female than male i.e. 56 percent and 44 percent respectively.
- Almost equal representation found among Brahmin/Chhetri (40.3%) and Mongolian (41.1%) ethnic groups.
- In terms of parental marital status, 76.7 percent of them had both parents live and staying together but rest were not i.e. separated/divorced or widow/widower and 70 percent of the respondents were staying with their parents and rest were not (with relatives, employer).
- Sixty eight percent of the respondents were from nuclear family but 61.7 percent had more than four members in their family.
- Higher proportion (64.7%) of respondents work after school, among these 36.4 percent work daily, of the working 47.5 percent were child laborer but only 1.5 hours with ± 1.80 among non-laborer children (37.9%) child laborer work 5 or more hours in a day whereas its (6.2%) among the other.

- Regarding home environment 19.2 percent do not feel good in recently staying home. Similarly 48.3 percent child labor reported they do not feel good about their presently residing home environment but its only 6.6 percent among their counter parts.
- In terms of socioeconomic status, (21.2%) respondents' family income was hardly sufficient for livelihood. Higher proportion (35.6%) of child laborers' family income was hardly whereas it's only 16.1 percent among non-laborer group.
- Regarding parental education and occupation, higher proportion of both the father and mother had attended primary level education i.e. (27.5%) and (32.5%) respectively. Majority of fathers engaged in self owned business, followed by daily wages (14.4%).
- In relation to basic need requirements 15 percent had below average need met, i.e. 6.7 percent are not getting same food as other members family eat, 5.8 percent children do not have appropriate and sufficient clothes as per weather, 93.9 percent children do not have own warm and sufficient bedding, 20.0 percent children TV and 13.6 percent do not get money (for school tiffin or to go with friends etc).
- Higher proportions (38.3%) had high academic/school stress level.

8.2.2 Prevalence of Psychosocial Problem

- The prevalence of psychosocial problem among adolescents with the cutoff score 28 of PSC-Y was found 21.7 percent.
- While analyzed comparatively there was great difference in prevalence of psychosocial problem between two groups i.e. 42.5 percent among laborer and only 15.0 percent among non-laborer children.
- In both groups internalizing problem was the higher (41.1% and 17.2%) than externalizing (12.6% and 7.0%) and attention problem (6.9% and 1.5%).

8.2.3 Association between Socio-demographic Background Variables with Psychosocial Problem

- Among the different socio-demographic variables there was significant association between adolescents' religion and with whom they are staying

with the occurrence of psychosocial problem. Children who were staying with relatives or employers other than their parents were 4 times more likely to suffer from psychosocial problem.

- There was statistically significant association of family type, family income, mother's education and parental marital status with psychosocial problem.
- Adolescents living in joint family are twice more likely to have psychosocial problem.
- Similarly, adolescents whose mothers are illiterate (1.9 times) more likely to have psychosocial problem.
- Whose family income was hardly sufficient (3.2 times) more likely to have psychosocial problem.
- Adolescents with parental disharmony i.e. parent not together i.e. either separated or divorced or widow/widower are (1.7 times) more likely to have psychosocial problem.
- Adolescents who experienced high academic and school related stress were five times more likely to develop psychosocial problem than those who had low academic stress level (or 5.304, 95% CI: 3.077-9.141).
- Moreover, working children were 4 times more likely to develop psychosocial problem than who do not work after school.
- With an increased working hour there is more prevalence of psychosocial problem i.e. 3.5 times higher.
- Children with less than average basic needs fulfilled found to have increased problem (6 times).
- Those who felt the home environment is not good were 5 time more likely to suffer from psychosocial problem.

8.2.4. Perceived Social Supports and Psychosocial Problem

- Majority (73.3%) had high perceived social support, however, rest (26.6%) perceived medium and low support.
- The perceived social support score was higher among non-laborers (79.9%) and high family support (68.1%) as well.

- There was significant association between perceived social support psychosocial problems. Those who perceive low or medium support are four times more likely to develop psychosocial problem.
- Family support and support from friends were found as significant factors, those who had low or medium support from their family and friends were two/two times more likely to suffer from psychosocial problem than those who have high support from their family and friends.

8.2.5 Findings from in-depth interview with 4 children engaged in child labor

To sum up, the research data and experiences presented above confirm that child workers run a high risk of experiencing human rights violation in one way or the other. Types of exploitation and hazards that they commonly face include:

- Working in isolation and/or being confined to the premises of the employers;
- Long working hours; open-ended and ill-defined working hours; being “on stand-by” 24 hours a day;
- No regular break times or rest days;
- Limited or no opportunities for education;
- Vulnerable to ill health due to physical and mental exhaustion, emotional trauma etc;
- Trafficking into domestic labour;
- Being allowed no or limited contact with outsiders and their own families; no channels to discuss or alert others to their problems;
- Denied their rights as children to special protection and care;
- Poverty has been defined as one of the major root cause of child work. Most child workers come from poor and disadvantaged rural areas. Other factors such as cultural attitudes to child labour, traditions of foster caring and lack of access to education also came into play. Moreover, in many urban centers of Nepal the increasing need for both men and women to go outside the home to work means that an increasing number of young women and children are pulled into domestic work.
- High education levels and religious adherence among employers do not guarantee that children will be well- treated.

- Most child laborers live away from their immediate families and get little or no chance to go home.
- In some prevailing circumstances, child labor infringes on children's rights, leaves them open to all kinds of abuse-including physical, sexual and emotional abuse-and deprives them of education opportunities. Children are constantly "on call", and thus deprived of sleep, do not get adequate food, and may be required to do hazardous job, or live and work in inhumane and intolerable conditions.

8.3 Conclusion

As the study suggests, about one fourth of the school going adolescents are suffered from psychosocial problem. There is notable difference in the prevalence of psychosocial problem between children engaged in child labor than non-labor. In both groups internalizing problem was most commonly found. Furthermore, adolescents who are most likely to develop psychosocial problem are those who has less fulfilled basic needs, followed by not feel good about home environment, have high academic/school stress, not staying with their parents, who were not satisfied with their work/living condition, increasing work hours, perceive lower level of social support from family and friends, hardly sufficient family income, who are from joint family, adolescents whose mothers are illiterate and having disrupted marital status of parents respectively. Thus, these factors sought for the special concern and need to be addressed. The study provides the impetus on the fact that the best preparation for life is surely to live as fully as a child with their parents as far as possible and free from abuse, deprivation and discrimination of any kind. Finally, it can be summed up that work related variables have the significant negative impact on psychosocial status of children engaged in child labor. The need based approach should receive priority while addressing child labor issues. Moreover, these groups of adolescents should be targeted while planning adolescent mental health activities.

As familial, social and academic factors are found to have major impact on psychosocial status of adolescents, combined efforts of family, school team and school health service provider is essential to timely identify and protect adolescents from developing serious psychological and social ill consequences.

These results have policy implications in respect of the creation of a cordial school environment as well as encouraging a healthy interpersonal relationship between adolescents and their family and friends with the aim of reducing these risk factors which is inimical to the psychological well-being of adolescents.

8.4 Recommendations

Study has found the significant prevalence of psychosocial problem among adolescents, and it's more among the working children. Various factors are found to be associated with psychosocial problem. Family, school, work and social support related factors are identified, so that in light of these findings following recommendations can be made:

- The schools should establish cordial environments i.e. encouraging a healthy interpersonal relationship between adolescents and their family, friends and teachers.
- School based mental health screening and counseling services needs to be started so the early identification and prevention of serious consequences will be possible.
- As part of the concerted effort Government, NGOs and INGOs, social workers, employers and the community must share the responsibility for controlling the special risk factors for child workers.
- Further study could be conducted to explore why the religion, family, school related factors are associated for the occurrence of psychosocial problem among adolescents.

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APPENDIX A

INSTRUMENT: I (English Version)

Self- Administered Questionnaire on Psychosocial Problem of Adolescents

Objective of the questionnaire: To obtain information regarding psychosocial status, socio-demographic, school/academic stress, social support, work and family related matters of adolescents.

Direction:

You are requested to express some of your background information, feeling and experiences through this questionnaire. The questionnaire is divided into three parts. First part consists of questions about socio-demographic characteristics, family factors, school and academic performance and stress; and work related factors.. Second part consists of questions about psychosocial status and third part consists of questions about social support. Please tick (✓) mark your answer or write your answer in the space provided.

Code No..... Date:.....School Name:..... Grade:.....

PART I (Socio-demographic, school/Academic and work related information)

1. Personal information:

1.1 Age:.....completed years

1.2 Sex: A. Male B. Female

1.3 Religion:

A. Hindu B. Buddhist C. Muslim D. Christian

E. Others(Specify).....

1.4. Ethnicity/ Surname:.....

2. Information about family and work

2.1 Family Type: A. Nuclear B. Joint

2.2 Father’s educational status :

 A. Illiterate B. literate

2.3 If literate, mention the level of education:

 A. Informal education B. Primary C. Secondary D. Higher secondary
 E. University level

2.4 Mother’s educational status :

 A. Illiterate B. Literate

2.5 If literate, mention the level of education:

 A. Informal education B. Primary C. Secondary D. Higher secondary
 E. University level

2.6 Father’s employment status:

 A. Employed (working outside home) B. Unemployed (working inside home)

2.7 If employed, mention father’s occupation:

 A. Service B. Business/Self employed C. Wage earner/labor
 D. Farmer E. Others.....

2.8 Mother’s employment status:

 A. Employed (working outside home) B. Unemployed (Homemaker)

2.9 If employed, mention mother’s occupation:

 A. Service B. Business/Self employed C. Wage earner/labor
 D. Farmer E. Others.....

2.10 how sufficient is your family income to manage daily expenses?

- A. Hardly sufficient B. Sufficient C. Surplus

2.11 How is the marital status of your parents?

- A. Both alive and staying together B. Both alive but separated/divorced
C. father not alive D. mother not alive E. both not alive

2.12 At present with whom are you staying?

- A. Parents B. Relatives C. Employer
D. others (please specify).....

2.13 if you are not staying with parents, do you meet them in holidays?

- A. Yes B. No

2.14 if no, why? Please specify.....

2.15 For what reason are you staying here?

- A. for education B. for education and work both

2.16 for how long are you staying here?

.....months

2.17 do you work after school?

- A. Yes B. No

2.18 if yes, what type of works do you perform?

Works	Daily	Sometimes
Cooking		
Washing dishes		
Caring of small children		
Washing clothes (other than self)		
Cleaning house		
Other (specify).....		

2.19 how many hours do you work daily?

.....hours

2.20 are you satisfied with your work and living conditions?

A. Yes

B. No

2.21 How do you feel about your presently residing home environment?

A. Good

B. Not good

2.22 Basic need requirements	Yes	No
I get sufficient and regular food		
The food is same or better than my house		
I have my own bed/room to sleep comfortably		
I get adequate sleep		
I have sufficient clothes to wear (school dress, warm clothes)		
I get treatment or concern when I'm sick		
I get time to rest when I feel not well		
I have time to play, watch T.V		
I get time for study/scholastic activities		
I get pocket money for school tiffin/to go with friends		

3. Academic and school related stress

The statements given below are about your feelings towards your education and school. Please indicate how often you experience each of them by putting tick mark(√) on one appropriate box among the given alternatives.

Statements	Alternatives				
	Never	Rarely	Sometimes	Often	Always
I feel there is too much school work/ homework.					
I feel pressure because my parents/ teachers have high expectation from me.					
I feel difficulty in understanding and concentrating on studies.					
Its difficult for me to complete my homework because I have more work at home					
I'm interested but home environment is not supportive for study but teacher doesn't understand it					
I feel dissatisfied with exam results.					
I am worried about future education and employment.					
I feel pressure because there is high competition among classmates.					
I'm frequently scolded by teacher/teachers					
I feel the teacher's behavior is somewhat different towards me than others					
I'm teased by friends/ others in school					
I feel insulted in class/school					

APPENDIX B

PART–II: Pediatric Symptom Checklist-Youth Report (PSC- Y)

Please give the answer to what extent the following responses best fits you:

S.N.	Response	Never	Sometimes	Often
1.	Complain of aches or pains			
2.	Spend more time alone			
3.	Tire easily, little energy			
4.	Fidgety, unable to sit still			
5.	Have trouble with teacher			
6.	Less interested in school			
7.	Act as if driven by motor			
8.	Daydream too much			
9.	Distract easily			
10.	Are afraid of new situations			
11.	Feel sad, unhappy			
12.	Are irritable, angry			
13.	Feel hopeless			
14.	Have trouble concentrating			
15.	Less interested in friends			
16.	Fight with other children			
17.	Absent from school			
18.	School grades dropping			
19.	Down on yourself			
20.	Visit doctor with doctor finding nothing wrong			
21.	Have trouble sleeping			
22.	Worry a lot			
23.	Want to be with parent more than before			
24.	Feel that you are bad			
25.	Take unnecessary risks			

26.	Get hurt frequently			
27.	Seem to be having less fun			
28.	Act younger than children your age			
29.	Do not listen to rules			
30.	Do not show feelings			
31.	Do not understand other people's feelings			
32.	Tease others			
33.	Blame others for your troubles			
34.	Take things that do not belong to you			
35.	Refuse to share			
	TOTAL SCORE			

APPENDIX C

Part III: Perceived Social Support Related Information

Instructions: Please read the statements given below and indicate how you feel about each statement by tick (√) marking one of the boxes among the seven alternatives.

SN	Statements	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1	There is a special person who is around when I am in need.							
2	There is a special person with whom I can share joys and sorrows.							
3	My family really tries to help me.							
4	I get the emotional help & support I need from my family.							
5	I have a special person who is a real source of comfort to me.							
6	My friends really try to help me.							
7	I can count on my friends when things go wrong.							
8	I can talk about my problems with my family.							
9	I have friends with whom I can share my joys and sorrows.							
10	There is a special person in my life who cares about my feelings.							
11	My family is willing to help me make decisions.							
12	I can talk about my problems with my friends							

Thank You!!!

APPENDIX D

INSTRUMENT: II

In-depth Interview Schedule

Objective of the interview schedule: to explore the information regarding psychosocial status, socio-demographic including work, school and family related matters of adolescents.

Direction: you are requested to express some of your background information, feeling and experiences throughout the interview process. Please don't hesitate to express with me, and I would be very much grateful to your time and effort.

Code No..... Date:..... School

Name:..... Grade:.....

1. Opening Question: Namaste, how are you?
2. Ice Breaking: how you feeling the weather today?
3. Thematic Questions
 - 3.1 What do you do nowadays?
 - 3.2 Oh, what is your permanent address? For how long are you staying in Pokhara?
 - 3.3 Could you tell me with whom you are staying here and for what reason? (for study, work, type of work)
 - 3.4 Um, then what about your parents? (live- what they do, died- when, separated- for how long then with whom he/she was cared in childhood)
 - 3.5 How you feel to stay as a child worker in the city? Please tell me your feelings and what difficulties you are facing?
 - 3.6 How you feel about your dual role? (work and study in school), please tell me the stress/ problems in your daily life.....um, um,
 - 3.7 Would you some time stay alone or not like to talk with any one or the problems like this.....(feeling sad, hopeless, helpless)
 - 3.8 How is your relation with the family members with whom you are presently residing?

- 3.9 How you feel the home environment (what are the problems.....um, um, basic need requirements.....abuse- verbal, physical.....)
- 3.10 How do you feel in school, how is the relation with teachers, friends? Is there any difficulties/bad feelings in the school? (like teacher scolds, discriminate..., friends behave differently to you as you are the working child..., difficult to complete school task, more work in the house or outside, lack of learning materials, lack of time)
- 3.11 How you are managing the livelihood, school fees and learning materials? What you feel about these scarcity...?
- 3.12 Are there any close friends or significant others to whom you can share your problems? (who are they, how they help you)
- 3.13 Please explain what is your future plan i.e. what you want to become or do in the future, why you want to be or do that?
4. Closing question: you are a good person, who are independent and strong to manage daily life, there are so many opportunities if you keep trying. Finally, I have asked you so many things, is there anything to ask or tell me from your side?

Thank you very much for your kind cooperation and participation

APPENDIX E

Instrument in Nepali version

किशोरकिशोरीहरुको मनोसामाजिक समस्या सम्बन्धी प्रश्नावली

प्रश्नावलीको उद्देश्य: किशोर किशोरीहरुको मनोसामाजिक, जनसाङ्ख्यिक विशेषता, पढाइ तथा सामाजिक सहयोग सम्बन्धी विषयमा जानकारी हासिल गर्नु ।

निर्देशन : तपाईंलाई यो प्रश्नावली माफत आफ्ना केही जानकारी भावना तथा अनुभवहरु व्यक्त गरिदिनु हुन अनुरोध गरिन्छ । प्रश्नावलीको प्रथम भागमा सामाजिक जनसाङ्ख्यिक विशेषता तथा पढाइ सम्बन्धी प्रश्नहरु रहेका छन् । दोस्रो भागमा सामाजिक सहयोग सम्बन्धी प्रश्नहरु रहेका छन् । त्यस्तैगरी तेस्रो भागमा मनोसाँमाजिक समस्या सम्बन्धी प्रश्नहरु रहेका छन् । कृपया आफ्नो जवाफमा ठीक (√) चिन्ह लगाउनुहोस् वा दिइएको खाली ठाउँमा उत्तर लेख्नुहोस् ।

कोड नं.

मिति

कक्षा.....

प्रथम भाग (सामाजिक जनसाङ्ख्यिक विशेषता तथा पढाइ सम्बन्धी प्रश्नहरु)

१. व्यक्तिगत जानकारी

१.१ उमेर : पुरा भएको वर्ष

१.२ लिंग : () पुरुष () महिला

१.३ धर्म : () हिन्दु () बौद्ध () क्रिश्चियन () मुस्लिम () अन्य
भए लेख्नुहोस्

१.४ जाति :

२. पारिवारिक जानकारी

२.१ परिवारको किसिम : एकल () संयुक्त () विस्तारित ()

२.२ यदि साक्षर भए, बाबुको शैक्षिक योग्यताको स्तर :

() अनौपचारिक शिक्षा () प्राथमिक () माध्यमिक () उच्च माध्यमिक
() विश्वविद्यालय

२.३ तपाइँको आमाको शैक्षिक योग्यता : () निरक्षर () साक्षर

२.४ यदि साक्षर भए, आमाको शैक्षिक योग्यताको स्तर :

() अनौपचारिक शिक्षा () प्राथमिक () माध्यमिक () उच्च माध्यमिक
() विश्वविद्यालय

२.५ तपाइँको बुबाको रोजगारीको अवस्था:

() रोजगार (घर बाहिरको काम गर्ने) () बेरोजगार (घर भित्रको काम गर्ने)

२.६ यदि रोजगार भए, बाबुको पेशा लेख्नुहोस् :

() नोकरी () व्यापार/स्वरोजगार () ज्यालादारी/श्रमिक ()
कृषक

() अन्य भए लेख्नुहोस्

२.७ तपाइँको आमाको रोजगारीको अवस्था :

() रोजगार (घर बाहिरको काम गर्ने) () बेरोजगार (गृहिणी)

२.८ यदि रोजगार भए, आमाको पेशा लेख्नुहोस् :

() नोकरी () व्यापार/स्वरोजगार () ज्यालादारी/श्रमिक
() कृषक () अन्य भए लेख्नुहोस्

२.९ दैनिक खर्च व्यवस्थापन गर्न तपाईंको परिवारको आय कति पर्याप्त छ ?

() अपर्याप्त () पर्याप्त () बचत

२.१० तपाईंको आमा बुबाको वैवाहिक अवस्था कस्तो छ ?

दुबै जीवित र सँगै बसेको () छुट्टिएर बसेको () सम्बन्ध विच्छेद भएको ()
() विधुवा/विदुर () दुबै जीवित हुनुहुन्छ ()

२.११ हाल तपाइ को सँग बस्दै हुनुहुन्छ ?

आमा बुबा () नातेदार () रोजगारदाता ()
अन्य भए लेख्नुहोस्

२.१२ यदि आमा बुबासँग बस्नु हुन्न भने, के तपाईं विदामा वहाँहरुलाई भेट्न जानुहुन्छ ?

जान्छु () जान्न ()

२.१३ यदि जानु हुन्न भने किन ? कृपया लेख्नुहोस्

.....

२.१४ तपाइ यहाँ बस्नुको मुख्यकारण के हो ?

पढ्नका लागि () काम गर्न र पढ्न दुबैकालागि () अन्य भए लेख्नुहोस्

.....

२.१५ तपाइ यहाँ कहिलेदेखि बस्दै हुनु हुन्छ ?

..... महिना

२.१६ के तपाइ स्कूल बाहेक बिहान बेलुका काम गर्नुहुन्छ ?

गर्छु () गर्दिन ()

२.१७ यदि गर्नुहुन्छ भने के के काम गर्नु हुन्छ चिन्ह लगाउनुहोस्

काम	दिनहूँ	कहिलेकाँहि
खाना पाउने		
लुगाधुने (आफ्नो बाहेक अरुको)		
घर सफा गर्ने		
बच्चाको स्याहार गर्ने/बच्चा हेर्ने		
पसल वा घर बाहिर काम गर्ने		
अन्य भए लेख्नुहोस्		

२.१८ तपाइ दिनमा कति घण्टा काम गर्नु हुन्छ ?

..... घण्टा

२.१९ के तपाइ आफ्नो काम र जीवन स्थितिसँग सन्तुष्ट हुनु हुन्छ ?

छु ()

छैन ()

२.२० तपाइलाइ हालबस्ने घरको वातावरण कस्तो लाग्छ ?

राम्रो ()

नराम्रो ()

२.२१ आधारभूत आवश्यकता सम्बन्धि प्रश्न

आधारभूत आवश्यकता	हो	होइन
मैले नियमित र पुग्नेगरी खाना खान पाउँछु		
खाना मेरो घरको जस्तै वा घरको भन्दा राम्रो छ		
मेरो आफ्नै कोठामा आरामसँग सुत्ने बिस्तारा छ		
म निद्रा पुग्नेगरी सुत्न पाउँछु		
म सँग स्कूल तथा घरमा लगाउने लुगाहरु पुग्नेगरी छन्		
म बिरामि हुँदा परिवारका सदस्यले ध्यान दिनु हुन्छ र उपचार पनि गरिदिनुहुन्छ		
मलाइ बिसन्चो महसुस हुँदा आराम गर्ने समय पाउँछु		
मैले टि.भि. हेर्न, साथी सँग घुम्न र खेलन समय पाउँछु		
मैले पढ्ने समय पाउँछु		
मैले साथीसँग घुम्न जान वा स्कूलमा खाजा खान पैसा पाउँछु		

३. शैक्षिक तथा स्कूल सम्बन्धी तनाव

निर्देशन : तल दिइएका भनाईहरु तपाईंको पढाइप्रतिको भावनाहरु सम्बन्धी छन् । कृपया दिइएका विकल्पहरु मध्येको एक मिल्दो कोठामा ठीक (√) चिन्ह लगाएर प्रत्येक भावना तपाईंलाई कततिको महशुस हुन्छ, जनाउनुहोस्

भनाईहरु	विकल्पहरु				
	कहिल्यै हुदैन	विरलै हुन्छ	कहिलेकाँही हुन्छ	प्रायजसो हुन्छ	सधै हुन्छ
मलाई स्कूलमा गर्ने कार्य/गृहकार्य धेरै भएको महशुस हुन्छ					
मेरो आमाबुबा/शिक्षकहरुले म सँग धेरै अपेक्षा राखेकोले मलाई दबाव महशुस हुन्छ					
घरमा धेरै काम हुने हुँदा मलाई स्कूलको होमवर्क पुरा गर्न र पढ्न गाह्रो पर्छ					
मलाई पढाइमा ध्यान दिन र बुझ्न गाह्रो महशुस हुन्छ					
मलाई पढ्ने मन हुँदाहुँदै पनि घरको बातावरणले साथ नदिएको कुरा शिक्षकले बुझ्नु हुन्न					
म परीक्षाको नतिजासँग असन्तुष्ट भएको महशुस गर्छु					
म भविष्यको पढाइ र रोजगारीको बारेमा चिन्ता महशुस गर्छु					
सहपाठीहरुबीच कडा प्रतिस्पर्धा भएकोले मलाई दबाव महशुस हुन्छ					
मलाई शिक्षकले बारम्बार गालि गरिरहनुहुन्छ					
मलाई शिक्षकले अरुलाईभन्दा फरक व्यवहार गरेको/हेपेको महशुस हुन्छ					
मलाई स्कूलमा साथीहरु तथा अरुले गिज्याउँछन्					
मलाई स्कूलमा हेपेको वा इन्सल्ट गरेको महशुस हुन्छ					

द्वितीय भाग: बाल सङ्केत जाँच सूची युवा प्रतिवेदन (वाई.पी.एस.सी.)

निर्देशन : कृपया तल दिइएका भनाइहरु पढनुहोस् अनि दिइएका तीन वटा

विकल्पहरुमध्येको एक कोठामा ठीक

(√) चिन्ह लगाएर प्रत्येक भनाइप्रति तपाईं कस्तो महशुस गर्नुहुन्छ, जनाउनुहोस् ।

क्र.सं.	वाक्यांश (बयान)	कहिले पनि होइन	कहिलेकाँहि	सँधै
१.	दुखाई वा पीडाको सीकायत			
२.	प्रायः एकलै बस्ने			
३.	छिट्टै थाक्ने, तागत नहुने			
४.	चञ्चल, अस्थिर हुने			
५.	गुरुहरूसँग समस्या			
६.	विधालय जान मन नलाग्ने			
७.	अन्य केहि चीजले चलेको भै भान हुने, छटपटी हुने			
८.	ट्वाल्ल परिरहने, टोलाउने			
९.	सजिलै अल्मलिने, ध्यान हट्ने			
१०.	नौलो परिस्थितिबाट डराउने			
११.	दुःखी बेखुसी हुने			
१२.	भर्को मान्ने, रिसाउने			
१३.	निराशा महशुस हुने			
१४.	एकाग्रतामा समस्या			
१५.	साथीहरूसँगको रुचिमा कमि			
१६.	अरु केटा-केटीहरूसित भगडा गर्ने			
१७.	विधालय नजाने			
१८.	पढाईको स्तर घट्ने			
१९.	आफूप्रति हिन भावना हुने			

२०.	डाक्टरकहाँ जाने तर समस्या पत्ता नलाग्ने			
२१.	निदाउनमा समस्या			
२२.	अधिक चिन्ता लाग्ने			
२३.	परिवारसंग धेरै बस्न रुचाउने			
२४.	आफूलाई खराब (नराम्रो) ठान्ने			
२५.	अनावश्यक जोखिम मोल्ने			
२६.	बारम्बार दुःखित हुने			
२७.	मनोरञ्जनमा कम भएको महशुस गर्ने/खुशि नहुने			
२८.	आफ्नो उमेरको भन्दा कम उमेरको भै व्यवहार गर्ने			
२९.	नियम पालना नगर्ने			
३०.	दया माया नदर्शाउने			
३१.	अरुको भावना नबुझ्ने			
३२.	अरुलाई जिस्काउने			
३३.	आफ्नो समस्याको लागि अरुलाई दोष देखाउने			
३४.	अरुको सामान लिने			
३५.	बाड्न नरुचाउने			
	पूर्णाङ्क			

तृतीय भाग : अनुभव गरिएको सामाजिक सहयोग सम्बन्धी जानकारी

निर्देशन : कृपया तल दिइएका भनाइहरु पढनुहोस् अनि दिइएका सातवटा विकल्पहरुमध्येको एक कोठामा ठीक

(√) चिन्ह लगाएर प्रत्येक भनाइप्रति तपाईं कस्तो महशुस गर्नुहुन्छ, जनाउनुहोस् ।

सि.नं.	भनाईहरु	अतिनै ज्यादा असहमत छु	एकदमै असहमत छु	अलिअलि असहमत छु	न सहमत न असहमत नै छु	अलिअलि सहमत छु	एकदमै सहमत छु	अतिनै ज्यादा सहमत छु
१.	मलाई आवश्यकता परेको बेला एकजना विशेष व्यक्ति मेरो वरिपरी हुन्छ							
२.	एकजना विशेष व्यक्ति छु जो सँग म आनन्द र दुःख बाँड्न सक्छु							
३.	मेरो परिवारले साँच्चै नै मलाई सहायता गर्न कोशिश गर्छ							
४.	मलाई आवश्यकता परेको भावनात्मक सहयता र सहयोग परिवारबाट प्राप्त गर्छु							
५.	मसँग एकजना विशेष व्यक्ति छ, जो मेरो दिलासा आडभरोसको साँचो स्रोत हो							
६.	मेरा मित्रहरुले साँच्चै नै मलाई सहायता गर्न कोशिस गर्छन्							
७.	अवस्थाहरु बिग्रदा म आफ्ना							

	मित्रहरुमाथि भरोसा / भर गर्न सक्छु							
८.	म मेरो समस्याहरुको बारेमा आफ्नो परिवारसँग कुरा गर्न सक्छु							
९.	मसँग मित्रहरु छन् जो सँग म मेरो आनन्द र दुःख बाँड्न सक्छु							
१०.	मेरो जीवनमा एकजना विशेष व्यक्ति छ जसले मेरो भावनाको कदर गर्छ							
११.	मेरो परिवारले मलाई निर्णयहरु लिन सहायता गर्न चाहन्छ							
१२.	म मेरो समस्याहरुको बारेमा आफ्ना मित्रहरुसँग कुरा गर्न सक्छु							

सहयोगका लागि धन्यवाद !