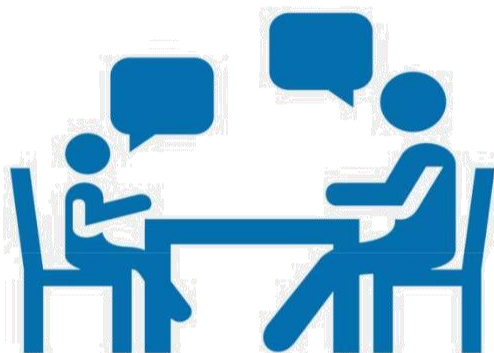


2021



**SAMBHAVYA
FOUNDATION**



**We stand
to understand**

Sambhavya foundation

Maitrinagar, Kirtipur,
Nepal.

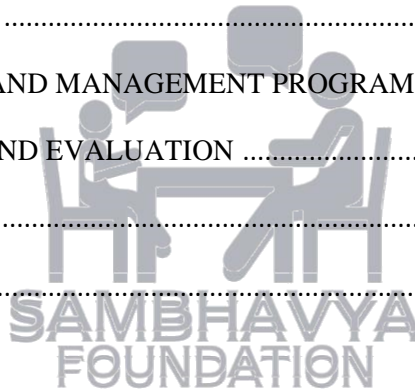
Phone: 015154173

sambhavyafoundation.nepal@gmail.com

www.sambhavya.org.np

Contents

1. BACKGROUND	3
1.1 Sambhavya Foundation	3
Major Programs	3
2. STATEMENT.....	5
3. MAJOR OBJECTIVES	7
3.1 Other Objectives are;	7
3.2 Expected Project Outcomes	8
4. PROJECT ACTIVITIES AND WORK PLAN.....	9
Human Resource and Responsibilities	11
5. PROJECT BENEFICIARIES	12
6. IMPLEMENTING AGENT AND MANAGEMENT PROGRAM.....	14
7. PROJECT MONITORING AND EVALUATION	15
References	15
Appendix I	17



1. BACKGROUND

1.1 Sambhavya Foundation

sambhav_yafoundation.nepal@gmail.com

Sambhavya Foundation is a school mental health organization located in Kathmandu District. Established in the year 2018, it has operated in areas of school mental health awareness and services related to mental health, counseling and well-being. With a total of 16 schools and over 3500 students benefited inside and outside Kathmandu Valley, Sambhavya Foundation envisions to reach each and every school throughout the nation. The program of Sambhavya Foundation targets students and teachers, as well as parents. It primarily provides comprehensive psychosocial intervention program and counseling services, followed by consultation and training programs with parents and teachers. In the subsequent year 2019, a Social Emotional Learning (SEL) program was initiated in collaboration with Rethink Mental Health Incorporated, an organization based on Nevada State, USA. The programs were conducted in reference to H.E.A.R.T workbook; psychology based workbook with SEL curriculum, in Kathmandu Valley and Sindhupalchowk district.

Major Programs

The major programs of Sambhavya Foundation till the date are given in details below:

i. School mental health and counseling program supported by Father Joe Thaler and Friends - 2019

As a part of “School mental health and Counseling program”, mental health counselors have been assigned to 16 schools, contracted for a year on a renewal basis to provide mental health and counseling services in the school once a week. Schools from Kathmandu, Bhaktapur, Lalitpur and Sindhupalchok were part of the program. Students, parents, teachers and overall school systems have benefitted from the services of Sambhavya Foundation. More than 3500 students have received our services till date. School Counselors have been providing following major services:

- a. Individual Counseling
- b. Group Counseling

- c. Classroom lessons
- d. Parents-Counselors interaction
- e. Teachers-Counselors interaction/collaboration

Baglung Project 2021 in collaboration with Rotaract Club of Mount Everest

Baglung Project 2021 in collaboration with Rotaract Club of Mount Everest was a 4 days outreach program in schools designed to aware students and teachers on topics such as mental health, counseling and psycho-social well-being. In addition, it was planned as a pilot survey regarding the level of awareness about mental health, well-being status of students and teachers, and prevalent psycho-social and mental health problems in the community. The program benefitted 7 schools with school mental health orientation program and focused group discussion sessions in Galkot Municipality, Baglung.

ii. H.E.A.R.T Program in collaboration with Rethink Mental Health Incorporated

H.E.A.R.T, a SEL curriculum developed by Rethink Mental Health Incorporated, Nevada, USA has been one of the major parts of the program run by Sambhavya Foundation. More than 3500 students from grade 6-10 of contracted schools have benefitted from this curriculum in the year 2020. The curriculum focuses on **promoting humanity, empathy, advocacy, responsibilities and toughness** in students through various related lessons and activities. Sambhavya Foundation and its counselors have been facilitating this workbook using it as a reference for twice a month in classroom intervention sessions. The workbooks distributed to the students are free of cost and allow students to freely explore through the subjects mentioned above.

iii. Online Counseling and workshops – 2020 and 2021

Mental health professionals; counselors and counseling psychologists have provided online counseling services to large number of people which comprises of school students, young adults and adults through telephone and virtual medium during COVID-19 pandemic and lockdown. Similarly, different mental health workshops were conducted for different groups of students, teachers and organization focusing on their mental well-being and developing their resilience considering of the pandemic. The program was able to reach 3000 individuals in a period of 3

months and has benefitted 214 through individual counseling and 1,283 through group counseling methods.

Sambhavya Foundation has been operating virtually since 29th April, 2021. The ‘secondary wave’ of Covid-19 and a surge in infection rate forced the government of Nepal to impose a lockdown that has been ongoing. In an attempt to contribute towards prevention and management of psychological problems during the pandemic, free online counseling program is being conducted.

Other Programs

i. Awareness Programs in collaboration with Kiwanis International– 2018

Besides major programs and services, Sambhavya Foundation has conducted awareness programs inside and outside valley in collaboration with different organizations. 2-day awareness program at Juniya, Gulmi was one of the major awareness programs outside Kathmandu valley in collaboration with Kiwanis Rupnadehi. Besides, awareness programs have been carried out in schools and community inside valley too.

ii. Mental Health Canvas – Art Competition – 2020

Mental Health Canvas – Art Competition is a fund raiser aimed to support the Baglung Project 2021 and other programs. The secondary objective being raising awareness on mental health through art shared in online social media platforms such as Facebook.

2. STATEMENT

“To ask the right question is already half the solution of a problem.” – Carl Jung. The awareness of a problem leads to formulating plans directed towards the solution – one of many interpretations that could be made from the statement by the Swiss Psychiatrist and Psychoanalyst, Jung. A derivation of this context in our country would be recognition and awareness of mental health by the Government of Nepal. Over two decades of recognition is evident in the mental health policies of 1996. The key components include; (1) ensure the availability and accessibility of minimum mental health services for all the population of Nepal; (2) to prepare human resources in the area of mental health; (3) to protect the fundamental human rights of the mentally ill; and (4) to improve awareness about mental health (WHO and Ministry of Health, 2006). The actions were stated to be completed by the year 2000 with each individual receiving minimum form of mental health service (Upadhyaya, 2013). At present times, the government of Nepal has allocated 1% of the healthcare budget to mental health and 2% of medical and nurse training for mental health (Uprety & Lamichhane, 2016).

However, herein lays the issue, 1% of budget allocation and 2% of trained medical manpower. The consequent result being over 90 percent of the population without access of treatment and a gap of 85% between treatment and the magnitude of the mental health problem. Statistically stated, there are 0.22 psychiatrists and 0.06 psychologists per a population of 100,000. A figure accounted to approximately 50 psychiatric clinics and 12 psychological counseling centers concentrated in urban and big cities of Nepal (Uprety & Lamichhane, 2016). The implications of these figures state that, provisions of mental health counseling services towards areas, such as schools (government or private), other than hospital centric mental health services remain unconsidered and unavailable. The budget allocation towards educational institutions is not inclusive, thus, imminent unavailability of school counselors and facilities that provide mental health services are obvious. Moreover, the majority of mental health services in urban areas and areas other than hospitals have been covered by NGO trained para-professional due to lack of mental health professionals and by witch doctors and traditional healers leading to further stigmatization of mental health illnesses (Luitel et al., 2015). At recent times, due to Covid-19 pandemic and subsequent lockdown produced an array of mental health problems throughout all ages and especially students. Here, with over 35,000 schools and universities closed down since

19th of March 35,000 schools are currently closed leading to over 8 million staying at home (Neupane - a, 2020).

On a psychological level, approximately 30% of the population of Nepal is suffering from psychiatric problems. In school going adolescents and children, emotional and behavioral disorders were found to range between 12.9 and 17.03%, whereas 28.6% was prevalent in homeless children (Chaulagain, Kunwar, Watts, Guerrero, & Skokauskas, 2019). In the context of Covid-19 induced problems, majority of the Nepalese students had normal status of depression (69.6%), anxiety (71.4%) and stress (71.4%) (Karmacharya et al., 2020). The guidelines of WHO explains some of the major factors that affect mental health in lockdowns. In children it is stated that fear of dying, a fear of their relatives dying, or a fear of what it means to receive medical treatment, closed schools leading to loss of sense of structure and stimulation that is provided by that environment, and now they have less opportunity to be with their friends and get that social support that is essential for good mental well-being. Being at home can place some children at increased risk of, or increased exposure to, child protection incidents or make them witness to interpersonal violence if their home is not a safe place (WHO, 2020).

Hence, it is clear that the issue of unavailability of mental health professionals due to budget allocation exclusive of educational institutes like government schools stands. A general prevalence of emotional, behavioral and psycho-social problems in adolescents and children, especially in the post-Covid-19 lockdown scenario can be found. And, lack of awareness amongst the general population is evident through the stigmatization of mentally ill individuals being labeled „mad“ (Rijal, 2018).

Sambhavya Foundation aims to intervene these issues with its project of „One School-One Mental Health Counselor“. This fellowship program, in line with School Mental Health Program of Sambhavya Foundation, is an extension of the program, wherein the aim stands; to establish a counseling room for the schools under contract with Sambhavya Foundation and house one counselor for each school. A counseling room is designed to house a counselor for in order to conduct individual counseling sessions or mini-group counseling sessions. The ultimate purpose is to maintain ethical standards of a counseling program. This addition signifies a safe zone for students to comfortably visit and interact with the counselor about their issues. The presence of a counselor in the vicinity, twice a week, allows students and teachers to openly communicate at

their convenience about their problems. With formation child friendly school environment, inclusion of expression supportive programs about stresses, failures and pressures at school level, anti-bullying programs, awareness on drugs and anti-drug programs, provision of counseling sessions for students and training teachers on identifying symptoms and necessary skills to handle such issue allow supportive environment against mental health (Rijal, 2018).

3. MAJOR OBJECTIVES

The major objectives of, ‘One School, One Mental Health Counselor’ project are, provision of mental health awareness and psycho-social/mental health counseling services in government schools. The subsequent major objectives derive from these 2 major objectives and are as follows:

- i. To deploy atleast one counselor in each to-be-contracted schools of the targeted areas.
- ii. To establish a counseling room in the schools under contract with Sambhavya Foundation and to-be-contracted schools of the targeted areas.

3.1 Other Objectives are;

- i. Deployment of one male and one female counselor for gender appropriate sessions.
- ii. Provision of consultation and counseling services to teachers and parents of the students of under-contract and to-be-contracted schools
- iii. De-stigmatization of concept of mental health and mental illness within the community and school systems.
- iv. Orientation of counseling and its importance that aids students to understand and develop appropriate expectations from a counselor and the counseling program.
- v. Training of Trainers to identify individuals in need and provide psychological first aid (PFA) at times of crisis. Specially target towards community leaders and teachers who have the greatest influences towards students and community.
- vi. Study of prevalent psycho-social problems and stigmas for further development of intervention approaches and treatment plans.

SAMBHAVYA
FOUNDATION

3.2 Expected Project Outcomes

The project, aligning with the objective, will give the following results in probable chances;

- i. Each school will have an added infrastructure in the form of counseling room within the vicinity. A counseling room allows for ethical considerations to be made regarding appropriate and safe environment for students to express their issues in a secure and comfortable environment.
- ii. Each school will house atleast one counselor, available on multiple days of the week. The students and teachers can visit the counselor at a time appointed. This allows easy access to mental health services at time of need.
- iii. The objective of two counselors (male and female) has been enlisted in order to provide both genders of students (males and females) gender-specific services and maintain culture-bound appropriateness. Availability of counselor of both genders allows clients of both genders to express themselves comfortably to the counselor of respective gender.
- iv. The various topics dealt with, in the sessions, allows for awareness regarding mental health and the related topics. The frequent contact with teachers and parents allow a holistic level of mental health awareness that might translate to a communal level as well.
- v. The awareness regarding mental health topics also influences attitude towards mental illness and other psycho-social issues leading to de-stigmatization.
- vi. A detailed account of culture specific psycho-social problems will be obtained through the prolonged manner of our program. This will aid in developing culture specific approaches in intervention.
- vii. Improvement in parent-child and teacher-student relationship which is an important aspect in well-being and productivity of students.
- viii. Management of prevalent psycho-social problems amongst students and even teachers and parents.
- ix. A group of PFA trained community leaders competent in identifying, referring and providing PFA towards those in need.

4. PROJECT ACTIVITIES AND WORK PLAN

The activities are planned to achieve the objectives of the project and ensure expected results are produced. The action plan is given below.

Phases	Time Duration	Action Summary
<p>Orientation (For Areas with no contracted schools)</p>	<p>10 days</p>	<p>A program divided to student and teacher group.</p> <p>Initially, a team of representatives of Sambhavya Foundation (Program Director, Supervisor and Program Officer) will approach district authorities for the <i>(1) selection of schools, (2) gather information about prevalent psycho-social issues and (3) culturally appropriate aspects</i>. The smooth running of the project requires permission from the district authorities as well as appropriation of approach.</p> <p>The remaining team of counselors and Liaison officer will reach the targeted areas and begin orientation program in the selected schools of the district. The orientation programs will cover <i>(1) mental health awareness program, (2) orientation regarding school mental health program and (3) orientation about the H.E.A.R.T curriculum</i>.</p> <p>The mental health awareness program with students deals with topics such as; <i>(1) definition of mental health, (2) importance of having good mental health (3) importance of expressing selves and (4) importance of counseling</i></p> <p>The program with teachers will simply be a <i>Focused Group Discussion (FGD)</i> session to assess their perspective on mental health and problems in students.</p>
<p>School Mental Health Program</p>	<p>1 year initial contract</p>	<p>Each counselor in their recruited school will enter with a year-long flexible plan. Throughout the year the counselor</p>

(For Areas with no contracted schools)	with option to extend for 5 years	<p>will conduct different classroom lessons both planned and need-based.</p> <p>Counselors will also take individual sessions with students to help them with academic and emotional betterment.</p> <p>Simultaneously, H.E.A.R.T. curriculum will be carried out as a classroom lesson plan.</p> <p><u>Monthly theme basis work plan</u></p> <p>Counselor will work with a planned framework which consists of monthly theme. Such themes are as examples given below;</p> <ul style="list-style-type: none"> • Meet your counselor • Humanity • Empathy • Relationships • Responsibility • Psychological resilience <p><u>Individual counseling sessions</u></p> <p>Counselor will provide individual counseling session to students as per need, teachers’ referrals and as observed.</p> <p><u>FGD/ Training/ Collaboration with teachers</u></p> <p>During the year long program counselor will collaborate with teachers and school management for frequent assessment process for students.</p> <p><u>Parents and counselors interaction programs</u></p> <p>Possibly monthly or under mutual discussion face to face interaction with parents will be conducted to work on the behavioral and emotional issues of children. Counselor provides possible solutions for children’s issues to parents.</p>
Counseling	Within the	The counseling room will be designed in consideration of

Room Development	tenure of 1 year of the contract	ethical principal of counseling; Non-maleficence (Forester-Miller & Davis, 2016); “do no harm”, with a safe space that allows protection of privacy, feeling of autonomy of visit and duration of stay, anonymity and confidentiality of information maintained.
Follow Up Phase	Post School Mental Health Program	The follow up phase allows us to revisit the schools after the completion of school mental health counseling program. It allows us to find out our progressive aspects of the program and the sustainability of positive changes.

Human Resource and Responsibilities

Roles	Responsibilities
Project Supervisor	The project supervisor will monitor and supervise the program supervisors designated to different target areas to ensure the smooth running of the project.
Program Supervisor	<p>Counselors involved in the program division of one target area, once assigned will be under monitoring and supervision of the supervisor in the field for smooth implementation of the program/project. Supervisor will work in coordination with school management and counselors during the visit. Monthly/Semi-monthly supervision reporting will be done by the assigned supervisor to the school management of the school and concerned department of Sambhavya Foundation. Besides, Supervisor will be carrying out following major responsibilities for the effective implementation of the program:</p> <ul style="list-style-type: none"> • Program Supervisor will work together with the counseling department and counselors assigned in the field for the development of necessary plans and outline the resources required. • Program Supervisor will liaise with counselors in gathering valuable feedbacks needs, and issues faced by counselors in the field and will

	<p>be communicated to the concerned department of the organization.</p> <ul style="list-style-type: none"> • Program supervisor will perform all the tasks necessary to implement plans of project/services on time and within the allocated budget for the field. • Program supervisor will be providing necessary performance report of counselors to the concern department of the organization. • Other responsibilities as assigned after final confirmation of the program.
<p>Counselors</p>	<p>The role of the counselor are stated as follows:</p> <ul style="list-style-type: none"> • Conducting classroom lessons related to mental and emotional health of students • Taking individual session with students as per need • Carrying out H.E.A.R.T. curriculum in school • Collaborating with teachers to assess mental and emotional health of students • To prepare yearly report of his/her work

5. PROJECT BENEFICIARIES

The primary demography of this particular study will be students above the age 12 years till 17 years from government schools. The tentative age selected will cover grades 6 to 10. However, flexibility can be shown at directing the concerns toward other age groups as well, when needed. The selected demography will consist of majority of teenagers who can be considered as children according to CRC (Convention on the Rights of Children); individuals under 17 years of age.

The secondary demography of this study will be the respective teachers and parents.

The campaign will initiate in 13 schools already under contract with Sambhavya Foundation in Kathmandu, Lalitpur, Bhaktapur and Sindhupalchowk districts as well as those to-be-contracted across various provinces of Nepal. The total number of projected schools, students and teachers

are listed below, taken from an online report by Government of Nepal, Ministry of Education, Science & Technology in the year 2017.

The Project starts with an initial phase where **Baglung** is the selected district. The selected target area marks as our first inter zonal target area for a long term counseling project followed by our Gulmi project, which acts as our motivational factor in prioritizing Baglung district.

Table 5.1: Target Demography by District of Community/Government Schools

Province No.	District	Community Schools	No. of Students			No. of Teachers	
			[Community Schools and Institutional Schools]			Lower Secondary	Secondary
			Boys	Girls	Total		
1	Morang	544	96,775	102,855	199,630	791	555
2	Dhanusha	385	73,760	79,515	153,275	308	349
3	Sindhupalchowk	546	38,848	41,985	80,833	419	342
4	Kathmandu Valley (Kathmandu, Lalitpur, Bhaktapur)	807	302,884	291,574	594,458	1,698	1,467
5	Baglung	524	45,714	48,692	94,406	435	368
6	Gulmi	554	39,802	40,795	80,597	455	399

7	Surkhet	497	58,904	59278	118182	402	264
8	Achham	479	52,513	54927	107440	299	230
Total		4,336	709,200	719,621	1,428,821	4807	3974

(Ministry of Education, Science & Technology (Statistics, Policy and Research Section), 2017)

The project beneficiaries of this project are initially selected areas from 7 Provinces of Nepal with representational studies and planned intervention programs in schools of selected districts. The Table shows the total no. of community schools by district and province respectively along with total no. of students enrolled and teachers available by district and province.

The districts within the Provinces were selected as representational data for mental health and psychosocial well-being related issues affecting school children directly or indirectly. The selected districts show a history of studies with evident issues mentioned in the Appendix 1.

6. IMPLEMENTING AGENT AND MANAGEMENT PROGRAM

The project will be managed and implemented Sambhavya Foundation who will be contacting, contracting with and gathering schools as well as deploying counselors. The counselors who are already students or practitioners of Clinical and Counseling Psychology will be trained further by lecturers and veteran professionals in the field of psychology before being deployed.

Every session of counseling and programs will have to be reported to Sambhavya Foundation where a team of senior counselors and a team of TU professors present will discuss and aid in modifying and improving the strategies that the deployed counselors have applied in the field. The project management team and supervisors will also time and again visit the field to ensure effective coordination and also be a part of the counseling sessions.

7. PROJECT MONITORING AND EVALUATION

The reporting of this project will consist of observational data, results of questionnaires from pre and post phases of the school mental health program, information from case histories from parents and teachers as well as feedbacks taken from the students. The changes will accordingly be noted down using these various strategies. The collected data will be presented to supervisors and advisory team consisting of TU professors and experts supporting Sambhavya Foundation in evaluation.

The project management and evaluation team consisting of child psychologists, counseling psychologists, clinical psychologists and research expert, will be in continuous contact with the school and parents of the students in order to supervise and check if the programs are being run smoothly and as mentioned above, through involvement in the sessions occasionally as well.

References

- Chaulagain, A., Kunwar, A., Watts, S., Guerrero, A. P., & Skokauskas, N. (2019). Child and adolescent mental health problems in Nepal: A scoping review. *International Journal of Mental Health Systems*, 13(1). doi:10.1186/s13033-019-0310-y
- Forester-Miller, H., & Davis, T. E. (2016). *Practitioner's guide to ethical decision making* (Rev. ed.). Retrieved from <http://www.counseling.org/docs/default-source/ethics/practitioner's-guide-to-ethical-decision-making.pdf>
- Karmacharya, I., Shrestha, S., Paudel, S., Adhikari, L., Bhujel, K., & Shakya, K. L. (2020). Mental Health Status of Nepalese Students during Novel Coronavirus Disease (nCOVID-19) Pandemic. *Europasian Journal of Medical Sciences*, 2(2). doi:10.46405/ejms.v2i2.172
- Luitel, N. P., Jordans, M. J., Adhikari, A., Upadhaya, N., Hanlon, C., Lund, C., & Komproe, I. H. (2015). Mental health care in Nepal: Current situation and challenges for development of a district mental health care plan. *Conflict and Health*, 9(1). doi:10.1186/s13031-014-0030-5

Ministry of Education, Science & Technology (Statistics, Policy and Research Section).

(2017). *Education in Figures 2017 (At A Glance)*. Kathmandu, Bagmati: Ministry of Education, Science & Technology (Statistics, Policy and Research Section).

Neupane, A. R. (2020, May 7). Virtual learning during lockdown. *MyRepublica*. Retrieved from <https://myrepublica.nagariknetwork.com/news/virtual-learning-during-lockdown/>

Rijal, A. (2018). Mental Health situation in Nepal and priorities for interventions. *Health Prospect*, 17(1), 1-3. doi:10.3126/hprospect.v17i1.19662

Upadhaya, K. (2013). National mental health policy – 1996, what has been achieved: A review. *Journal of Psychiatrists Association of Nepal*, 2(1), 2-6. doi:10.3126/jpan.v2i1.8567

Uprety, S., & Lamichhane, B. (2016, April 6). *Mental Health in Nepal* [PDF]. Kathmandu: Health Research and Social Development Forum.

WHO. (2020, March 27). Mental health and psychological resilience during the COVID-19 pandemic. Retrieved from <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/mental-health-and-psychological-resilience-during-the-covid-19-pandemic?fbclid=IwAR1421VomVrRcZEGajQF-xKRAhKxT9c8WlraTlfgAKV-30FacSJNe7knjdw>

Appendix I

Representational statistical data regarding mental health issues in selected districts.

A 2003 study by Save the Children Norway in Nepal and CWIN, reported nearly 13.7 percent of the 5,000 interviewed students suffering from severe sexual abuse in Kathmandu valley where 8% of girls and 6% of boys named family members as abusers. Further, interviews with teachers and children in Kathmandu on corporal punishment revealed children viewed as normal. In a study done to identify children's motivational patterns in academic activities and level of their autonomy need fulfillment, lack of the latter was observed leading to adverse effects in mental health of the students (Mishra, et al., 2010).

A devastating combination of decade-long war and frequent disasters, including the 2015 quake, resulted in mental health problems among the Nepalese people evident by the 2016 study conducted by the International Medical Corps that showed 25 percent of the people in Gorkha and Sindhupalchowk prone to suicidal tendencies (Gautam, 2017).

A study covering provinces that touch Terai region during the period of 2001 to 2003 on 212 teachers (from Eastern Terai, Western Terai and the mid hills) dealing with 23,320 students to find the different symptoms suggesting emotional and behavioural problem, showed that 8999 (38.58%) were found to have some sort of psychological problem like „Slow learners“ was reported to be present by 77.83% of teachers in 4.98% of their students, suddenly degrading school performance was reported by 75% of teachers in 3.65% of students (Sharma & Sharma, 2014).

A qualitative case report from Morang district showed prevalence of “Mass Hysteria” among school girls that is reported to begin when a 16 years old girl, daughter of the head master of a school began developing brief spells of disorganized behavior which then were followed by 70 girls out 300 afflicted with problem. The report suggests that out of 15 such incidents

investigated; only 3 cases were precipitated by stressful events and others through belief of the effect of the evil spirit of the “mad woman” (Shakya, 2005).

A study done on areas covering districts Morang, Baglung, Kathmandu Valley and Dhanusha on Gender Based Violence, entitled 'A Study on Linkages Between Domestic Violence and Pregnancy' conducted by SAMANATA in 2005 reported prevalence of violence of women. It showed that 79 % of women participants reported economic reasons for conflict between husband and wife, and 52 % cited fights over children and tense relationships with in laws as the cause of conflict. Further adding, alcohol and drug abuse, low income and lack of employment (including being prevented from engaging in employment and lack of opportunities) were some of the major reasons for violence against women in rural communities. The researchers also assume that the percentage of women experiencing such violence may be higher than indicated by some reports as many cases go unreported (The Asian Foundation - Nepal, 2010) . The inclusion of this statistics is crucial to relate to affects of such conflicts on children in their households.

A study done of 40 nodal adolescents in Morang district showed that

- Older adolescent boys drop out due to the frustration of being humiliated by teachers, corporal punishment (which, though illegal, is widely practised) and dissatisfaction with the school system, such as its teaching methods. They also face family pressure to start earning and contributing to the household and thus drop out of school.
- Older adolescent girls drop out because they have to do unpaid care work or housework. Social norms constrain girls’ agency as they are expected to be subservient, not to question elders, nor voice their opinion if they do not agree with elders.
- They are also restricted from being in public spaces and interacting with the wider society.
- Older adolescent girls and girls from Madhesi and Dalit communities face severe restrictions in what is a strict hierarchical system, whereby younger people have to obey anything that elders say without question; if girls challenge this, they will be known as girls gone „bad“ and „out of control“ and thus bringing shame on the family.

- Older boys and mid-adolescent boys can defy norms more easily than girls and younger adolescent boys.
- Older adolescent girls are the least resilient, because the fact that gender norms are more stringent for this group.
- The most important support networks for girls are mothers; for boys, it is their peers.
- Schools do not provide any psychosocial support to adolescents, either through informal programmes or daily interactions with teachers (Ghimire, Samuels, Tiwari, & Bhujel, 2018).

A study carried out among 114 students of grade 9 and 10 in Tribhuvan Secondary School at Baglung Municipality on sexual abuse awareness, showed almost 51 percent had low level of awareness on sexual abuse, and prevalence rate of sexual abuse was 18.4 percent. The studies showed that more than half (59.6%) respondents define „try to rape“ as a sexual abuse, concluding the significant association between education of respondents with awareness on sexual abuse. The study revealed low awareness on sexual abuse and suggests counseling, awareness program and education as a must (Sharma & Magar, 2018).

This study done in Eastern Development Region of Nepal covering Provinces 1 and 2 on 1500 school going adolescents from 11 to 17 year old stated the prevalence of total (overall) behavioral problem was found among 35.0 % adolescents along with other revelation of 13.3% suffering from emotional disorder, 11.20% from conduct problem, 7.2% from 4.9% from peer relationship problem and 2.1% from prosocial activities. In multivariate analysis, female adolescents, adolescents of uneducated or less educated parents (less than 10+2), residing in mountain ecological belt and adolescents without parents (dead or separated) were found positively associated with behavioral disorders (Kafle, et al., 2019).

A study done in Kathmandu among the 962 students showed that, 88.88% had experience of at least one form of abuse throughout their lifetime where psychological abuse was the most prevalent form of abuse (previous year: 75.19%; lifetime: 76.15%) followed by physical abuse, exposure to violence, neglect and sexual abuse with adult perpetrators (37.55%). The male and female students were subject to forms of abuse with females being neglected a well. The at-risk students were those living with a single parent (Neupane, et al., 2018).

The above studies show statistical data on prevalence of mental health problems in the selected districts, the additional data in the Appendix segment includes further details on issues faced by females in Nepal and also adds the effects of counseling on trauma and psychosocial issues.

References

- Gautam, M. (2017, April 7). World Health Day: Growing suicide rates major cause for concern. *The Kathmandu Post*. Retrieved from <https://kathmandupost.com/national/2017/04/07/growing-suicide-rates-major-cause-for-concern>
- Ghimire, A., Samuels, F., Tiwari, R., & Bhujel, S. (2018). *Gendered experiences of adolescents Baseline findings from World Vision's Rupantaram adolescent lifeskills curriculum*. London: GAGE.
- Kafle, T. K., Kafle, T. K., Mashreky, S., Rimal, H. S., Sapkota, D., & Pokhrel, A. (2019). Behavioral Problems among School Going Adolescents in Eastern Development Region of Nepal. *Birat Journal of Health Sciences*, 4(2), 712–717. doi: 10.3126/bjhs.v4i2.25442
- Mishra, N., Thakur, K. K., Koirala, R., Shrestha, D., Poudel, R., & Jha, R. (2010). Corporal Punishment in Nepalese School Children: Facts, Legalities and Implications. *Journal of Nepal Paediatric Society*, 30(2), 98–109. doi: 10.3126/jnps.v30i2.2929
- Neupane, D., Bhandari, P. M., Thapa, K., Bhochhibhoya, S., Rijal, S., & Pathak, R. P. (2018). Self-reported child abuse in the home: a cross-sectional survey of prevalence, perpetrator characteristics and correlates among public secondary school students in Kathmandu, Nepal. *BMJ Open*, 8(6). doi: 10.1136/bmjopen-2017-018922
- Shakya, R. (2005). *Epidemic of Hysteria in a School of Rural Eastern Nepal: A Case Report* (4th ed., Vol. 1). Dharan: Department of Psychiatry B.P. Koirala Institute of Health Sciences.
- Sharma, A., & Magar, K. R. (2018). Awareness on Sexual Abuse among Adolescents in Baglung District of Nepal. *Janapriya Journal of Interdisciplinary Studies*, 7(1), 14–25. doi: 10.3126/jjis.v7i1.23046

Sharma, N., & Sharma, V. (2014). Behavioral problems in school children as recognized by untrained teachers. *Journal of Psychiatrists Association of Nepal*, 2(2), 26–28. doi: 10.3126/jpan.v2i2.9722

The Asian Foundation - Nepal. (2010). *Preliminary Mapping of Gender Based Violence*. Kathmandu, Bagmati: The Asian Foundation - Nepal.

