

Stressors and Coping Strategies among Adolescents Studying Public Schools in Kathmandu

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Abstract

Background: Adolescence is a pivotal phase marked by physical, emotional, and psychological changes, often accompanied by stress from academic, social, and family pressures. Globally, 20% of adolescents face mental health issues, with depression and anxiety being common. In Nepal, stressors like socioeconomic disparities and limited mental health resources further compound challenges.

Methodology: Using a cross-sectional design, this study explores stress levels and coping strategies among 239 adolescents in government schools in Tokha Municipality, Kathmandu. Data were collected via the Perceived Stress Scale (PSS-10) and Brief Cope Inventory, analyzed using descriptive and inferential statistics, and gender differences examined.

Results: Results show 84% of adolescents experienced moderate stress, with females reporting higher levels than males. Stress stemmed more from regret and unmet expectations than nervousness. Problem-focused strategies like planning and active coping were most common, alongside emotion-focused approaches such as emotional support and acceptance. Avoidant

coping was less frequent, though more prevalent among females. Humor was rarely used. While stress levels varied by gender, both employed similar adaptive coping methods.

Conclusion: The study highlights the need for targeted interventions, especially for females, to promote adaptive strategies like problem-solving and emotional support. Incorporating humor into stress management programs could also be beneficial. By fostering resilience and reducing avoidant coping, educators and policymakers can better support adolescent mental health.

Novelty: This research offers valuable insights into stress and coping in low-resource settings, guiding culturally relevant interventions in Nepal and similar contexts.

Keywords: Adolescent, stress, emotion-focused strategies, problem-focused strategies, stress coping strategies

Introduction

Adolescence is a transformative stage of human development, marking the modulation from childish nature to maturity, which is exemplified by profound changes not only in physical and emotional, but also psychological changes. This process is often accompanied by significant stress. During this phase, teenagers face numerous challenges, such as academic stress, peer interactions, family relationships, and self-identity development. Coping with these stressors effectively is essential for healthy development and long-term psychological well-being. However, many adolescents lack the necessary skills and resources to manage these challenges, primarily the incidence of mental health disorders like anxiety and obsessive-compulsive behaviors.

Globally, around 20% of adolescents are estimated to experience mental health or behavioral issues ([Robson et al., 2025](#)), with depression being the leading contributor to the global burden of disease among individuals aged 15 to 19. Alarming, approximately half of all lifetimes mental health disorders begin before the age of 14, with 75% developing by the age of 24 ([Ostinelli et al., 2025](#)). Suicide, one of the most tragic outcomes of adolescent mental health struggles, accounts for an estimated 71,000 adolescent deaths annually worldwide. These statistics underscore the urgent need to recognize and step forward to resolve the mental health challenges faced by this vulnerable population.

Adolescents today encounter a complex interplay of stressors, ranging from academic competition and parental expectations to social pressures and the influence of digital media. The academic environment often pressures students to excel, with high-stakes examinations and an overwhelming workload contributing to chronic stress ([Jiang et al., 2022](#)). Socially, adolescents face challenges such as peer pressure, bullying, and the need to fit into societal norms, which are further exacerbated by the pervasive impact of social media ([Nesi et al., 2018](#)). Parents and relatives set rigid academic and progress expectations from their children. They have a strong socio-cultural value system for evaluating a person's progress in terms of so-called higher positions and valued job professions which are supposed to be the consequences of academic achievements. Likewise, the students may have stress because of

the pressure of maintaining the social status of their parents. Personal factors, including hormonal changes, low self-esteem, and family conflicts, add another layer of complexity ([Merino et al., 2024](#)). Moreover, environmental factors such as economic instability, overcrowded classrooms, and urban stressors like pollution and long commutes further compound the stress experienced by adolescents ([Bikomeye et al., 2021](#); [Maheshwari et al., 2014](#); [Michelson & Roberts, 1979](#)).

Stress, a critical aspect of mental health, arises when the demands placed on an individual exceed their capacity to cope. While manageable stressors can build resilience, chronic and excessive stress often leads to psychological difficulties. Adolescents are particularly vulnerable to the adverse effects of stress due to their developmental stage and limited coping skills ([Sachser et al., 2011](#)). Without adequate coping mechanisms, they may resort to maladaptive behaviors such as substance abuse, self-harm, or avoidance strategies, which can have long-term implications on their overall well-being through strengthening their mental health.

Coping mechanisms have a central role in managing stress and promoting psychological resilience. Coping strategies, which refer to the mental and behavioral techniques employed to handle stress, can differ significantly from person to person. Despite the critical importance of coping strategies during adolescence, there is a lack of comprehensive data on their use and effectiveness, particularly in developing countries like Nepal. Adolescents in Nepal face unique challenges, including social and economic disparities, limited access to resources to promote mental health, and expectations that prioritize academic success. These factors create a high-stress environment for adolescents, particularly those attending government schools in urban areas. Understanding the specific stressors and coping strategies employed by this demographic is critical for mounting interventions to support mental health. By examining the prevalence and perception of stress among these adolescents and the gender-based differences in coping mechanisms, the research aims to identify adaptive coping strategies that can be promoted in enhancing liveliness and psychological well-being among adolescents.

Theoretical Review and Empirical Evidence

Adolescence is a pivotal period marked by significant transformations, heightening susceptibility to stress. This phase involves biological changes, such as hormonal fluctuations, brain maturation, and emotional and social adjustments. These internal shifts, combined with external pressures like academic expectations and peer dynamics, create a complex landscape for stress ([Zhou et al., 2023](#)). For instance, the physical changes associated with puberty often lead to self-esteem issues and disrupted sleep patterns, further exacerbating stress levels ([Roberts & Lopez-Duran, 2018](#)). Additionally, the ongoing development of cognitive functions, including decision-making and risk assessment, can result in impulsive behaviors and emotional instability. At the same time, the heightened need for social acceptance can amplify feelings of stress during conflicts or setbacks.

Theoretical frameworks provide valuable insights into how stress manifests and is managed during this stage. Selye's General Adaptation Syndrome (GAS) outlines stress as a three-phase

physiological response—alarm, resistance, and exhaustion—suggesting that prolonged exposure to stressors, such as academic or social pressures, can lead to adverse mental health outcomes like anxiety or depression ([Selye, 1951](#)). Similarly, [Lazarus and Folkman's transactional model \(1984\)](#) emphasizes role of reasoning appraisal in stress perception, proposing that individuals evaluate situations as either threatening or manageable based on their coping resources. Adolescents often employ two primary coping strategies: problem-focused approaches, which involve direct action to address stressors, and emotion-focused methods, which aim to regulate emotional responses. However, the effectiveness of these strategies can vary depending on contextual aspects, such as social and economic stage or approach to support systems.

In contexts like Nepal, where cultural and economic factors play a significant role, broader environmental systems further influence stress and coping mechanisms. [Bronfenbrenner's ecological systems theory \(1958\)](#) highlights the interconnectedness of various environmental layers—from pressing backgrounds like extended family and educational institutions to broader social contexts—in shaping adolescent experiences. For example, in Kathmandu, cultural norms and socioeconomic disparities can intensify stress, particularly for those from marginalized backgrounds who may lack access to mental health resources. This theory underscores the importance of multi-level interventions, such as family support programs and school-based mental health initiatives, to address stress effectively.

Research in Nepal has revealed that adolescents often rely on a mix of coping strategies, including seeking social support, engaging in religious practices, or employing avoidance techniques. However, the availability and effectiveness of these strategies are often constrained by individual and contextual factors. For instance, social support can benefit adolescents from low-income families, who may have limited access to supportive networks, leading to a greater reliance on emotion-focused coping ([Shrestha et al., 2020](#); [Gautam et al., 2023](#)). Gender differences also play a role, with studies indicating that girls are more likely to experience higher stress levels and prefer emotion-focused strategies, whereas boys tend to adopt problem-solving approaches ([Olah, 1995](#); [Hampel & Petermann, 2006](#)).

The impact of stress during adolescence extends beyond immediate emotional distress, possibly leading to long-enduring mental health concerns, risky conduct, and academic difficulties. For example, academic stress in unsupportive environments has been linked to severe outcomes like self-harm and suicidal ideation ([Patrick et al., 2019](#)). Early identification of stress and promoting adaptive coping mechanisms, such as mindfulness and cognitive-behavioral techniques, are crucial for mitigating these risks. Additionally, cultural and gender-specific factors must be considered when designing interventions, as these influence both the experience of stress and the effectiveness of coping strategies ([Raheel, 2014](#); [Wilhsson et al., 2016](#)).

Recent studies in Nepal have highlighted the prevalence of stress among adolescents, particularly concerning academic pressures and socioeconomic challenges. For instance, research by [Bhattarai et al. \(2017\)](#) found that nearly half of the surveyed adolescents reported

high stress levels, with females experiencing greater stress than males. Similarly, [Pokhrel \(2024\)](#) noted that students in higher grades and those attending private schools faced heightened educational stress, often exacerbated by social media use. These findings underscore the need for coordinated efforts among families, schools, and healthcare providers to support adolescents in developing effective coping strategies and reducing stress-related risks.

Methods

This research followed a cross-sectional design to investigate stress levels and coping mechanisms among adolescents attending government schools in Tokha Municipality, Kathmandu. The cross-sectional approach is suitable for evaluating stress prevalence and identifying common coping strategies at a specific time. The study focuses on students from two government schools in Tokha Municipality: Manohar Secondary School and Tilingatar Higher Secondary School. 239 adolescents (aged 13–19 years) from grades eight and nine were selected using purposive sampling, ensuring representation across urban, semi-urban, and rural areas within Kathmandu. The respondent selection was purposive in that they need to understand the measurement items and scales, experience overall stress, and may have experience of making the coping strategies. The sample included 127 males (53.10%) and 112 females (46.90%).

Adolescence is a pivotal developmental phase characterized by exposure to various stressors, making it essential to examine coping strategies. The sample size is deemed adequate to ensure statistical validity and generalizability.

Data collection involved two standardized tools: the [Cohen et al. \(1983\)](#)'s Perceived Stress Scale (PSS-10) and the [Carver \(1997\)](#)'s Brief Cope Inventory. The PSS-10, developed by [Cohen et al. \(1983\)](#), measures perceived stress using a 5-point Likert scale (0 = "Never" to 4 = "Very Often"), with scores ranging from 0 to 40. The Brief Cope Inventory (Carver, 1997) includes 28 items on a 4-point Likert scale (1 = "I have not been doing this at all" to 4 = "I have been doing this a lot").

Data was collected over one month in August 2024. Two schools were selected based on the sampling plan, and consent was acquired from the school executives. Notified agreement was secured from students and school authorities, ensuring respondents were fully informed about the purpose of the research, their rights, and confidentiality. Questionnaires were administered in a classroom setting, with each student taking approximately 30–40 minutes to complete them. For clarity, the questionnaires were provided in both Nepali and English.

After collecting data, data were checked for errors and missing responses, anonymized, and entered a secure database for analysis using SPSS. Descriptive statistics summarized demographic characteristics, stress levels, and coping strategies. Independent Sample t-test was used to compare and infer stress levels and coping strategies between male and female students. Simplicity and applicability in small sample size of Independent Sample t-test increased the significance of using it.

Cronbach's Alpha ([Nunnally & Bernstein, 1994](#)) for the stress scale was 0.762, exceeding the threshold of 0.70, indicating adequate reliability. Similarly, the coping strategy scale had an Alpha value of 0.71, confirming its reliability. The study also ensured content validity using dimensions and scale items from established theoretical frameworks and previous research. Ethical considerations were strictly followed. Participants provided informed consent and maintained anonymity throughout data collection and analysis. Data were aggregated to ensure individual identities were not disclosed.

Results and Findings

Stress level among adolescents. Ten items were used to measure respondents' perceived stress level with five scales (never (zero) to very often (four)). The statements on this scale were designed to help us understand feelings and thoughts during the previous months of data collection (Table 1).

Table 1. Descriptive Statistics of Stressful Situation

SN	Statements	Min.	Max.	Mean	Std.
1	In the last month, how often have you been upset because of something that happened unexpectedly?	0	4	0.96	1.18
2	In the last month, how often have you felt you could not control the important things in your life?	0	4	1.97	1.43
3	In the last month, how often have you felt nervous and stressed?	0	4	1.76	1.34
4	In the last month, how often have you felt confident about your ability to handle your problems?	0	4	2.31	1.36
5	How often have you felt that things were going your way in the last month?	0	4	2.26	1.37
6	In the last month, how often have you found that you could not cope with everything you must do?	0	4	2.18	1.28
7	In the last month, how often have you been able to control irritations in your life?	0	4	2.15	1.41
8	How often have you felt that you were on top of things in the last month?	0	4	2.38	1.25
9	How often have things outside your control angered you in the last month?	0	4	2.16	1.36
10	In the last month, how often have you felt difficulties piled up so high that you could not overcome them?	0	4	1.91	1.42
Weighted Average				2.04	1.34

Each statement was analyzed using mean and standard deviation (Table 1). A higher standard deviation in responses indicates more significant variability among participants. For all responses, the standard deviation exceeded one, suggesting that perceived stress levels varied

significantly among the adolescents. A mean response below two was interpreted as low stress, while the above two indicated higher stress. Based on this criterion, the adolescents reported low to moderate stress during the one-month study period.

The lowest stress level (mean = 0.96, sd = 1.189) was associated with unexpected events occurring within the month. Similarly, respondents reported minimal nervousness and stress (mean = 1.76, sd = 1.347). However, participants regret not being on top of things (mean = 2.38, sd = 1.258), such as failing to stay aware of or control situations. Additionally, respondents reported lower stress (mean = 2.16, sd = 1.369) related to feeling angered by events beyond their control. They also felt less stressed (mean = 1.91, sd = 1.425) about difficulties piling up to an overwhelming level.

The Perceived Stress Scale (PSS) scores were divided into three categories: low stress (scores between 0 and 13), moderate stress (scores between 14 and 26), and high stress (scores between 27 and 40). Furthermore, stress levels were analyzed by considering the moderating effect of the respondents' sex (Table 2).

Table 2. Sex * Level of Stress Cross tabulation

		Stress Level			Total
		Low	Moderate	High	
Sex	Male	8	109	10	127
	Female	9	91	12	112
Total		17	200	22	239

Table 2 presents the distribution of individuals by gender (male and female) across different stress levels: low, moderate, and high. The data reveals that eight males reported low stress, while the majority, 109 males, reported moderate stress, and 10 males reported high stress. On the other hand, 91 females reported moderate stress, and 12 females reported high stress. To determine whether the average stress levels between male and female respondents were statistically similar, an Independent Sample t-Test was conducted to examine the mean difference (Table 3).

Table 3. Differences in stress level between male and female adolescents

		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	95% CI of the Difference	
								Lower	Upper
Stress Level	Equal variances assumed	1.306	0.254	-0.21	237	0.834	-0.011	-0.114	0.092
	Equal variances not assumed			-0.21	221.63	0.835	-0.011	-0.115	0.093

Table 3 highlights the stress levels among male and female adolescents attending government schools. The data indicates that female adolescents experienced higher stress levels compared

to their male counterparts, as evidenced by an insignificant F-value and t-value, suggesting that the difference, while present, is not statistically significant.

Stress coping strategies. The study investigated the stress-coping strategies employed by adolescents attending government schools. As suggested by Carver (1997), 30 statements were utilized, covering various coping mechanisms such as active coping, seeking informational support, positive reframing, planning, emotional support, acceptance, religion, self-blame, venting, and humor.

Table 4. Descriptive Statistics of Coping Strategies

S N	Coping Variables	No. of Respondents	Minimu m	Maximu m	Mea n	Std. Deviation
1	Acting Coping	239	1	4	2.80	0.87
2	Use of Informational Support	239	1	4	2.55	0.94
3	Positive Reframing	239	1	4	2.51	0.91
4	Planning Items	239	1	4	2.69	0.90
5	Emotional Support Items	239	1	4	2.24	0.78
6	Acceptance Items	239	1	4	2.15	0.77
7	Religion Items	239	1	4	2.53	0.89
8	Self-Blame	239	1	4	2.20	0.82
9	Venting Items	239	1	4	2.13	0.88
10	Humor Items	239	1	4	1.59	0.85
Weighted Average		239			2.33 9	0.863

Table 4 presents scores across ten dimensions, allowing specific assessment to identify adaptive coping modes. This detailed analysis can facilitate meaningful discussions with respondents. Scores are provided for each facet, with all variables measured on Likert scale ranging from 1 (Never) to 4 (Always).

Active Coping ($M = 2.803$, $SD = 0.869$) has the highest mean value, suggesting that adolescents are leaning towards action-oriented coping strategies. The weighted average mean ($M = 2.339$) provides an overall measure of coping strategy usage, with scores near two indicating moderate usage across the board.

Dimensions such as Use of Informational Support ($SD = 0.941$), Positive Reframing ($SD = 0.906$), and Planning Items ($SD = 0.904$) exhibit higher standard deviations, reflecting more significant variability in how respondents employ these strategies. In contrast, Emotional Support Items ($SD = 0.783$) and Acceptance Items ($SD = 0.774$) show lower standard deviations, indicating more consistent use among respondents.

Venting (Emotion-Focused, $\text{mean}=2.134$, $\text{sd}=0.882$), suggests that respondents moderately use venting as a coping strategy. A mean around 2.13 implies occasional use, while the moderate

standard deviation indicates variability in how frequently venting is employed. Some respondents use venting more often, while others rarely rely on it.

Overall, adolescents in the sample tend to use active coping and planning strategies more frequently, while humor is less commonly employed as a coping mechanism. Specific strategies, particularly informational support and positive reframing are moderately variable. The weighted average of 2.339 reflects moderate overall usage of coping strategies.

When analyzing stress-coping strategies, the study examined patterns across three subscales: problem-focused, emotion-focused, and avoidant. Low scores across these subscales may indicate that the respondent perceives few stressors to cope with, a lack of reflective ability or reluctance to share personal information, or limited coping skills.

Table 5. Descriptive statistics of types of coping strategies

S.N.	N	Sum of scores	Mean
1. Problem-focused coping	239	21.10	2.64
2. Emotion-focused coping	239	25.66	2.12
3. Acting coping	239	15.35	1.92

Table 5 presents the Coping Strategies Scores across three predominant coping styles, calculated as mean scores. These scores reflect the respondents' engagement in each coping style. An average score of 2.5 was used as the cutoff point, with scores above this threshold considered high and below it considered low.

Problem-focused coping includes active, positive reframing, use of informational support, and planning dimensions. A mean value (2.64) suggests that respondents primarily employ strategies to alter stressful situations. Adolescents in government schools were found to rely on problem-focused coping to address and change stressful circumstances.

Emotion-focused coping encompasses aspects like the use of emotional support, acceptance, humor, venting, self-blame, and religion. A low mean score ($2.14 < 2.5$) indicates strategies focused on regulating emotions tied to stressful situations. It is important to note that high or low scores in this category are not equivalently linked to psychological vigor or weakness but can provide insights into broader coping patterns.

Avoidant coping, represented by dimensions such as denial, self-distraction, substance use, and behavioral disengagement, showed low mean value (1.92). This typically reflects adaptive coping, as the results suggest adolescents avoid using physical or cognitive efforts to disengage from stressors.

Gender differences in stress coping strategies. The study also examined the mean differences between male and female adolescents in selecting stress-coping strategies. Independent sample t-statistics were used to examine the statistical significance of the differences in coping strategies among genders (Table 6).

Table 6. Mean difference in stress coping strategies between male and female adolescents

S.N/Coping strategy	Sex	N	Mean	Std. Deviation
1. Problem-focused coping	Male	127	20.78	5.09

	Female	112	21.48	5.28
	Male	127	25.19	5.43
2. Emotion-focused coping	Female	112	26.20	5.27
	Male	127	14.87	3.72
3. Avoidant coping	Female	112	15.89	4.09

Table 6 reveals that female adolescents have higher stress-coping scores than their male counterparts. This indicates that females are more proactive in altering stressful situations, managing emotions-related to stress, and making more significant efforts to disengage from stressors. The Levene's Test of Equality of Variance was employed to conclude whether these differences are significant statistically.

Table 7. Levene's Test for Equality of Variances

Coping		F	Sig.	t	df	Sig. (2-tailed)	95% CI of the Difference	
							Lower	Upper
Problem-focused coping	Equal variances assumed	0.47	0.49	-1.05	237	0.297	-2.026	0.62
	Equal variances not assumed			-1.04	230.90	0.3	-2.03	0.62
Emotion-focused coping	Equal variances assumed	1.34	0.248	-1.46	237	0.145	-2.387	0.35
	Equal variances not assumed			-1.463	234.60	0.145	-2.385	0.35
Avoidant coping	Equal variances assumed	1.085	0.299	-2.017	237	0.045	-2.014	-0.02
	Equal variances not assumed			-2.005	226.16	0.046	-2.020	-0.02

Table 7 demonstrates the significance of variations in stress-coping strategies between adolescents by gender. While the mean scores for females are higher than for males, the differences are inconsistent across problem-solving, emotion-regulation, and avoidant coping. The insignificant sig. values of F (Equal variance not assumed) indicate no significant difference in problem-solving and emotion-regulation strategies between male and female adolescents. However, a significant difference was observed in avoidant coping strategies, with evidence suggesting that female adolescents are prone to avoid stressful circumstances, contrasted to their male colleagues.

Discussion

The findings reveal that stress is a widespread issue among adolescents, with the majority (84%) reporting moderate levels of stress. This aligns with prior research, such as studies by [Wilhsson et al. \(2016\)](#), [Nagle & Sharma \(2018\)](#), and [Zhou et al. \(2023\)](#), which identify adolescence as a phase characterized by significant emotional and psychological challenges. The prevalence of stress is particularly pronounced among adolescents from lower-middle and lower-income families, where high parental expectations and limited access to resources likely contribute to heightened stress levels.

A notable finding is that adolescents experience more stress related to feelings of regret, particularly about not meeting expectations or failing to stay "on top of things," rather than

stress caused by nervousness. This suggests that cognitive appraisals—how adolescents perceive and evaluate their performance—play a critical role in shaping their stress experiences. Academic and social pressures appear to be significant stressors, consistent with the findings of [Pant et al. \(2023\)](#), [Sharma and Choulagai \(2018\)](#) and [Zhou et al. \(2023\)](#), which highlight similar challenges among adolescents globally.

Gender differences in stress levels were also evident, with female adolescents reporting higher stress. This supports existing research reports (e.g., [Osterberg et al., 2015](#); [Osteras et al., 2016](#)) indicating that biological, psychological, and social factors may make females more vulnerable to stress during adolescence. However, the study did not delve deeply into the reasons for these disparities, pointing to a need for further research to explore potential cultural or situational influences.

In terms of coping strategies, adolescents predominantly favored action-oriented approaches, particularly problem-solving, which had a high mean score (2.64). This reflects a proactive attitude toward managing stress, as problem-focused coping is widely recognized as effective. Planning strategies were also commonly used, indicating that many adolescents are capable of forward-thinking and constructive problem-solving.

Emotional support and acceptance were consistently utilized, demonstrating adolescents' recognition of the importance of seeking help from others and accepting situations beyond their control. These adaptive strategies are associated with better psychological outcomes and highlight the resilience of the students in favor of the findings in [Bajracharya et al. \(2022\)](#). However, humor was less frequently employed as a coping mechanism, possibly due to cultural or contextual preferences for more serious approaches to stress management.

Avoidant strategies, such as distraction or withdrawal, were more common among certain adolescents, with gender differences in their use being particularly notable. While male and female adolescents generally adopted similar coping strategies, subtle variations existed in the use of avoidance as suggested by [Abdelmageed et al. \(2022\)](#).

Despite differences in overall stress levels, there was no significant gender disparity in selecting strategies, such as problem-solving and emotion regulation. This suggests that male and female adolescents share similar adaptive coping approaches, underscoring their ability to manage stress constructively despite varying stress levels.

The findings emphasize the need for targeted stress management programs in schools, especially for female students who report higher stress levels. These programs should enhance problem-solving, planning, and emotional support, while discouraging avoidant behaviors. Additionally, the limited use of humor as a coping strategy presents an opportunity to explore its potential benefits in stress management interventions, encouraging adolescents to adopt lighter, more creative coping methods.

Overall, the study highlights the value of evaluating stress and promoting vigorous coping strategies among adolescents in government schools. The high levels of stress reported, particularly among female students, call for targeted interventions. Encouraging adaptive coping strategies like problem-solving and emotional support, while reducing reliance on

avoidant coping, can help adolescents manage stress more effectively. Given the infrequent use of humor, interventions could explore its potential as a beneficial coping mechanism. By addressing these stressors and fostering resilience, educators, policymakers, and mental health professionals can support the well-being of adolescents during this critical developmental stage.

Conclusion

This study offers valuable insights into adolescents' stress levels and coping mechanisms at government schools in Tokha Municipality, Kathmandu. It reveals that moderate stress is a common experience among adolescents, consistent with existing research that identifies adolescence as a period marked by emotional and psychological challenges. The high stress levels underscore the significant pressures stemming from academic and social expectations. Interestingly, adolescents reported more significant stress linked to feelings of regret rather than nervousness, suggesting that their cognitive appraisals—how they perceive and evaluate their circumstances—play a key role in shaping their stress experiences.

The study also identified gender differences, with female adolescents reporting higher stress levels than their male counterparts. However, both genders demonstrated similar use of problem-solving and emotion-regulation strategies, indicating shared approaches to managing stress. Adolescents strongly preferred action-oriented coping strategies, particularly problem-solving, reflecting their proactive efforts to address stressors. Variations were observed in specific coping mechanisms, such as planning and seeking emotional support. At the same time, humor was rarely employed, possibly due to its perceived ineffectiveness or cultural inappropriateness in this context.

The results emphasize the consequence of developing focused interventions to tackle stress in adolescents, especially among female students, and to encourage adaptive coping methods like problem-solving and seeking emotional support. Furthermore, investigating the potential advantages of humor as a coping tool could offer adolescents a broader range of practical strategies for stress management.

Study limitations and future scope

This study collected data in the group setting, which could have influenced individual responses due to peer pressure or social dynamics. The study relies on a relatively small sample size, which could restrict the applicability of the findings to more extensive or diverse populations. Likewise, the study did not account for the economic and professional backgrounds of the respondents' families, which could be significant in shaping stress levels and coping mechanisms. Self-reported data could limit the validity, however, the grade eight and nine students were expected to be less intentionally distorted their feelings. These limitations highlight the need for more comprehensive and inclusive research approaches to increase generalization.

An upcoming investigation should address these gaps to increase the study's scale and depth. Researchers are encouraged to increase the sample size and diversify the respondent pool to improve the representativeness of findings. Additionally, examining the causes of stress and

coping strategies with family economic and professional backgrounds and family size could provide valuable insights into factors that influence stress management. Adolescents often hide their struggles, making it crucial to conduct surveys that assess their stress levels, identify effective coping mechanisms, and understand their perspectives, such as what they wish parents knew. Further exploration of gender-specific and age-related differences in stress, as well as ethnic and cultural variations, could offer a more inclusive understanding of adolescent stress. Proactive measures are essential to uncover the root causes of stress, develop effective management techniques, and implement coping strategies to safeguard future generations' mental and physical health. In addition, future research will add validity by conducting a longitudinal study.

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