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Original Article

Determinants of mental well-being among students at St. Bernard's Manya Secondary School, Rakai District, Uganda: A cross-sectional study.

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Abstract

Introduction:

Adolescent mental well-being is an increasing public health concern, particularly in low-resource settings where multiple social, academic, and environmental stressors intersect. This study was conducted to assess determinants of mental well-being among secondary school students in Rakai District, Uganda.

Methods:

A descriptive cross-sectional study was conducted in October 2025 among 200 students from Senior Two to Senior Six at St. Bernard's Manya Secondary School in Rakai District, Uganda. Stratified random sampling ensured equal representation across class levels, and simple random sampling was used for enrollment of participants. Data were collected using structured self-administered questionnaires and analyzed using descriptive statistics.

Results:

A total of 200 students participated, with a mean age of 16.3 ± 1.5 years. The majority were aged 15–16 years (51%, $n = 102$). Females constituted 63% ($n = 126$) of the sample, while males accounted for 37% ($n = 74$). A high proportion of students reported experiencing academic pressure (90%, $n = 180$), while nearly all respondents reported challenges related to adolescent transitions (97%, $n = 194$). More than half indicated a lack of peer emotional support (61%, $n = 122$) and exposure to substance use (56%, $n = 112$). Bullying was widely reported, with 83% ($n = 166$) experiencing it either occasionally or frequently. Over 60% ($n = 120$) of students indicated financial-related peer competition, 72% ($n = 144$) perceived school rules as unfair, and 51% ($n = 102$) reported inadequate teacher support for mental well-being.

Conclusion:

Mental well-being among secondary school students is influenced by a complex interplay of individual, social, and school-related factors, with academic pressure and school environment emerging as key determinants. Strengthening school-based mental health programs, promoting fair and supportive school policies, and addressing bullying and substance use are critical for improving student mental well-being.

Keywords: Adolescent mental well-being; Secondary school students; Academic stress; School environment; Mental health, Uganda.

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Introduction

Adolescent mental health is a global concern, with about 1 in 6 adolescents experiencing a mental disorder (Benton et al., 2021). According to the World Health Organization (WHO), mental well-being is defined as a state that

enables people to cope with the stresses of life, realize their abilities, learn and perform effectively while making meaningful contributions to their community (WHO, 2024). Mental well-being is an important aspect of students' overall development, influencing their academic



performance, social interactions, and prospects (Morales-Rodríguez et al., 2020).

Global reports indicate that 14% of adolescents aged 10–19 years worldwide experience mental disorders, with depression, anxiety, and behavioral disorders being the leading causes of illness and disability in this age group (WHO, 2022). Mental well-being issues among students remain on the rise, and reports show that suicide is the fourth leading cause of death among 15–19-year-olds, accounting for approximately 45,800 deaths annually (WHO, 2025). A recent systematic review and meta-analysis found a 27.34% prevalence of mental health distress among adolescents in Africa. Risk factors included bullying (OR = 1.30) and hunger (OR = 2.10), highlighting the role of socio-economic and school environments (Tinsae et al., 2024).

In African schools, awareness of mental well-being is growing, but resources remain limited (Shinde et al., 2025). Economic challenges, political instability, and cultural factors influence mental well-being among African students. Limited access to mental well-being resources and stigma surrounding it contribute to difficulties in addressing students' emotional needs (Livingston et al., 2022; Shinde et al., 2025). In sub-Saharan Africa, a meta-analysis of 63 studies reported pooled prevalence rates of 15.27% for depression, 11.78% for anxiety, 12.53% for PTSD, and 9.76% for conduct disorder among youth under 19 years (Jakobsson et al., 2024). Secondary school students are particularly vulnerable to mental health challenges due to the complex developmental transitions associated with adolescence. These include biological changes, emotional instability, identity formation, and increased sensitivity to social environments (Evans et al., 2018; Mastorci et al., 2024). Factors such as academic pressure, peer influence, substance use, digital media exposure, and bullying significantly affect adolescents' mental well-being (Lloyd-Williams et al., 2024).

Findings from both Kenya and Tanzania highlight teacher training and community engagement as key drivers of student well-being (Mbithi et al., 2023; Nkuba et al., 2018). In Tanzania, 41% of the students reported an elevated level of mental well-being problems (Nkuba et al., 2018). Out-of-school adolescents in Kenya exhibited a higher prevalence of depression (36.0%) compared to their school-going peers (20.6%). Similarly, anxiety levels were significantly greater among out-of-school adolescents, with 27.7% affected versus 19.1% among those attending school. In contrast, school-going adolescents demonstrated better quality of life, along with lower levels of pandemic-related anxiety and fewer emotional and behavioral problems than their out-of-

school counterparts (Mbithi et al., 2023). However, factors such as poverty, family responsibilities, and limited access to counseling services affect students' ability to maintain good mental well-being. Social support, gratitude, happiness, and perceived control were negatively associated with both depression and anxiety symptoms among most adolescents (Osborn et al., 2022). In Uganda, the education system places significant emphasis on academic performance, often leading to stress among students (Aja et al., 2025). There remains a high burden of adolescent mental well-being disorders, putting depression among secondary school adolescents at 21%, with rates higher (29.7%) in females (Oluka et al., 2021). Economic challenges, academic demands, and societal pressures collectively shape students' mental health outcomes (Aja et al., 2025). At St. Bernard's Mannya Secondary School, Rakai district, students deserve to enjoy optimal mental well-being, as it is a fundamental aspect of their academic success. Ideally, students should thrive in an environment that fosters psychological resilience, emotional stability, and positive social interactions. A supportive school setting, combined with guidance from teachers, parents, and peers, enables students to manage stress effectively, stay motivated, and perform well academically (Ayikoru, 2024).

However, the reality at St. Bernard's Mannya Secondary School is different as students face multiple stressors, including bullying, economic hardships, academic pressure, loss of loved ones, friendship conflicts, health issues, and social expectations that threaten their mental well-being. In the first term of 2025, out of 1196 total students, 546(47%) were admitted to the sick bay, with 274(50%) suffering from mental well-being issues (HMIS Report, 2025). Despite these challenges, there is a lack of sufficient research and structured interventions to address the mental health concerns of students in this context. The consequences could be severe, as poor mental well-being among students can lead to declining academic performance, increased school dropout rates, social withdrawal, substance abuse, and even suicidal tendencies. Understanding these factors will help in creating a more supportive learning environment, fostering resilience, and improving the overall well-being and academic success of secondary school students in rural Uganda settings.

Therefore, this study was designed to explore the key determinants of mental well-being among students enrolled at St. Bernard's Many Secondary School in Rakai District by examining individual, socioeconomic, and school-related factors influencing students' mental well-being, to inform school-based interventions and



contribute to the growing body of evidence on adolescent mental health in low-resource settings.

Methods

Study Design

A descriptive cross-sectional study employing a quantitative approach was conducted in October 2025 to assess the determinants of mental well-being among secondary school students. This design was appropriate for examining the associated factors of mental well-being at a single point in time.

Study Setting

The study was conducted at St. Bernard's Many Secondary School in Rakai District, Central Uganda. Rakai District is located in south-central Uganda and borders Lyantonde, Lwengo, Kyotera, Kalangala, Isingiro, and Kiruhura districts, as well as the Kagera Region of Tanzania. The district has an estimated population of approximately 518,000, with a population growth rate of 2.06. The school was purposively selected due to its relatively large student population across lower and upper secondary levels (Senior Two to Senior Six) and its accessibility for research teams. The setting provided a suitable environment for assessing adolescent mental well-being within a school context.

Study Population

The study population comprised students enrolled in Senior Two (S2) to Senior Six (S6) at St. Bernard's Many Secondary School during the 2024/2025 academic year. These students were targeted due to their developmental stage, characterized by significant psychological, emotional, and social changes that may influence mental well-being.

Sample Size Determination

A total of 200 students were included in the study. The sample size was determined using the Kish and Leslie (1965) formula for cross-sectional studies:

The formula is:

Where:

n = desired sample size

Z = standard normal deviation corresponding to a 95% confidence level (1.96)

p = estimated proportion of students with mental well-being challenges (assumed to be 50% due to lack of specific local estimates)

d = margin of error, set at 0.05

Substituting the values:

Since the total population of students in Senior Two to Senior Six at St. Bernard's Many Secondary School was less than 10,000 (approximately 1,196 students), the sample size was adjusted using the finite population correction formula:

Where:

nf = adjusted sample size

n = initial sample size (384)

N = total study population (1,196 students)

Substituting the values:

$= 290.9 = 291$.

Due to logistical constraints, time limitations, and the need to ensure equal representation across the five class strata (S2–S6), the final sample size was set at **200 respondents**. This allowed for proportional allocation of 40 students per class, ensuring balanced representation across academic levels.

Sampling Procedure

A stratified random sampling technique with equal allocation was employed to ensure representation of students across all academic levels and enrollment categories. The student population was first stratified by class level (Senior Two to Senior Six). From the total sample of 200 students, 40 students were selected from each class, irrespective of the class size. Within each class, equal numbers of boarding and day scholars were selected (20 boarding and 20 day students) to ensure balanced representation of enrollment status. After stratification, simple random sampling was used to select participants from each stratum. Class registers served as sampling frames, and eligible students were assigned identification numbers. Participants were then selected using a random number generator. This equal allocation approach was adopted to facilitate comparisons of mental well-being determinants across different academic levels while ensuring that each class contributed equally to the study sample.

Inclusion and Exclusion Criteria

Students were eligible to participate if they were enrolled in S2–S6, aged 13 years and above, present during data collection, and provided informed assent and parental/guardian consent. Students who were below 13 years, absent during data collection, or unable to participate due to illness or other constraints were excluded.



Study Variables

The dependent variable was students' mental well-being. Independent variables included individual-related factors, socioeconomic factors, and school-related factors.

Data Collection Tools and Procedure

Data were collected using a structured, self-administered questionnaire developed in English. The questionnaire consisted of sections on socio-demographic characteristics, individual factors, socioeconomic factors, and school-related influences on mental well-being. The tool was designed using clear and age-appropriate language.

Data collection was conducted after obtaining ethical approval and administrative permission from the school. Selected students were assembled in a designated classroom during non-instructional periods. The purpose of the study was explained, and confidentiality and voluntary participation were emphasized. Questionnaires were distributed to participants in groups, and the researcher remained present to provide clarification where necessary. Completed questionnaires were collected immediately to ensure completeness and minimize data loss.

Data Management and Analysis

Completed questionnaires were checked for completeness, coded, and entered into Microsoft Excel for data management. Data cleaning was performed to ensure accuracy and consistency. Descriptive statistics, including frequencies and percentages, were used to summarize categorical variables. Results were presented using tables and figures.

Quality Control: Validity, Reliability, and Bias Control

To ensure the validity and reliability of the study findings, the questionnaire was pre-tested among students from a

secondary school with characteristics similar to those of the study population. Students who participated in the pre-test were excluded from the main study to prevent contamination of responses. Feedback obtained during pre-testing was used to refine the questionnaire by improving the clarity, relevance, and comprehensibility of items. Data collectors were trained on the study objectives, ethical considerations, and standardized data collection procedures to ensure consistency in data collection. The principal investigator closely supervised all stages of data collection to ensure adherence to the study protocol. To minimize selection bias, a stratified random sampling technique was employed, while information bias was reduced through the use of a structured, self-administered questionnaire and assurance of confidentiality, which encouraged honest responses. Completed questionnaires were checked daily for completeness and consistency before data entry and analysis.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of St. Lawrence Villa Maria School of Nursing and Midwifery (Ref: ST.LAW-NTS/REC/2025/023). Permission to conduct the study was also obtained from the administration of St. Bernard's Many Secondary School. Participation was voluntary, and informed assent was obtained from all students, along with written consent from parents or guardians for minors. Confidentiality and anonymity were strictly maintained, and no identifying information was collected. Data were securely stored and used solely for research purposes. The study adhered to ethical principles of respect, beneficence, and justice throughout the research process.

Results

Table 1: Respondents' demographic characteristics (n=200)

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	13–14	28	14
	15–16	102	51
	17–18	50	25
	19–20	20	10
	Mean ± SD	16.3 ± 1.5 years	
Gender	Male	74	37
	Female	126	63
	Prefer not to say	0	0
Enrollment status	Boarding	100	50
	Day scholar	100	50

The study included 200 secondary school students with a 100% response rate, and a mean age of 16.3 ± 1.5 years, indicating that most participants were in mid-adolescence. Over half (51% $n = 102$) were aged 15–16 years, followed by 17–18 years (25%), 13–14 years (14%), and 19–20 years (10%). The majority of respondents were female (63%

$n = 126$), while males accounted for 37%. There was equal representation of boarding and day scholars, each comprising 50% of the sample, providing a balanced distribution across living arrangements as shown in **Table 1**.

Table 2: Individual related factors affecting the mental well-being of students at St. Bernard's Mannya Secondary School, Rakai district (n=200)

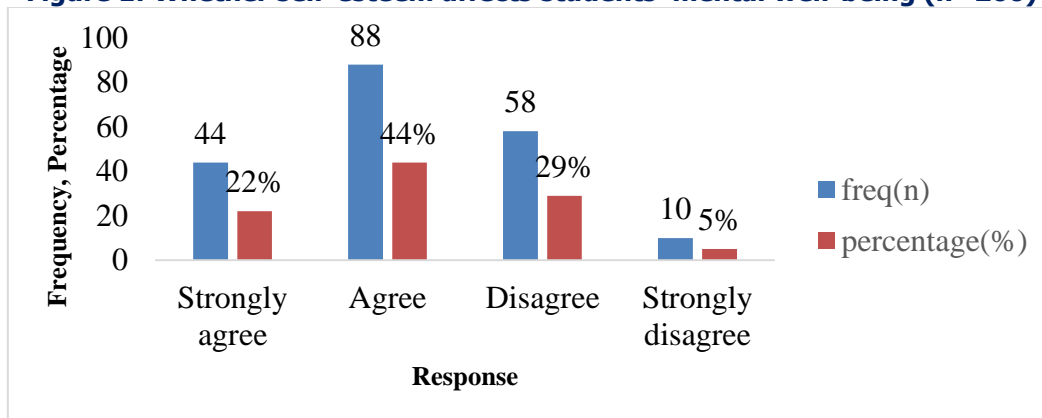
Variable	Category	Frequency (n)	Percentage (%)
Academic Performance Perception	Very Good	37	18.5
	Good	84	42.0
	Bad	76	38.0
	Very Bad	3	1.5
Peer Emotional Support	Yes	78	39.0
	No	122	61.0
Exposure to Substance Use	Yes	112	56.0
	No	88	44.0
Hobbies at School	Yes	76	38.0
	No	124	62.0
Medical Challenges	Yes	33	16.5
	No	167	83.5
Transitional Challenges	Yes	194	97.0
	No	6	3.0
Academic Pressure	Yes	180	90.0
	No	20	10.0

Regarding students' perception of past academic performance, the majority reported it as *good* (84, 42.0%), followed by *bad* (76, 38.0%), while 37 (18.5%) reported it as *very good*, and only 3 (1.5%) indicated it was *very bad*. More than half of the respondents reported lacking emotional support from peers, with 122 (61.0%)

indicating “No” and 78 (39.0%) reporting “Yes”. Over half of the participants (112, 56.0%) reported exposure to substance use such as alcohol, while 88 (44.0%) reported no exposure. Most respondents (124, 62.0%) reported not having hobbies, 167 (83.5%) had no history of medical conditions, while only 33 (16.5%) indicated having

medical conditions. Almost all respondents (194, 97.0%) reported experiencing transitional challenge, with the majority (180, 90.0%) reporting experiencing academic pressure, as illustrated in **Table 2**.

Figure 1: Whether self-esteem affects students' mental well-being (n=200)



Nearly half of the respondents, 88 (44.0%), agreed that self-esteem affects their mental well-being, while only a small proportion, 10 (5.0%), did not agree with this view (**Figure 1**).

Table 3: Socioeconomic-related factors affecting the mental well-being of students (n=200)

Variable	Response	Frequency (n)	Percentage (%)
Parental support with academic requirements	Yes	166	83.0
	No	34	17.0
Emotional support from parents and family	Yes	117	58.5
	No	83	41.5
Whether this was your school of choice	Yes	95	47.5
	No	105	52.5
Comfortability with school lifestyle	Always	75	37.5
	Sometimes	100	50.0
	Rarely	22	11.0
	Never	3	1.5
Financial support among students at school	Yes	120	60.0
	No	80	40.0

(Source: primary data, 2025).

The majority of respondents reported receiving parental support with academic requirements (166, 83.0%), while a smaller proportion (34, 17.0%) reported no such support. Similarly, over half of the respondents indicated receiving emotional support from parents and family (117, 58.5%), compared to 83 (41.5%) who did not. Slightly more than half of the respondents reported that they were not attending their school of choice (105, 52.5%), while 95 (47.5%) indicated that they were in their preferred school.

Regarding comfort with school lifestyle, half of the respondents reported sometimes feeling comfortable (100, 50.0%), while 75 (37.5%) always felt comfortable, 22 (11.0%) rarely felt comfortable, and a small proportion (3, 1.5%) never felt comfortable. In terms of financial support, 120 (60.0%) of respondents reported receiving financial support at school, whereas 80 (40.0%) did not, as shown in **Table 3**.



Table 4: School-related factors affecting the mental well-being of students at St. Bernard's Manyanya Secondary School. (n=200)

Variable	Response	Frequency (n)	Percentage (%)
Good student-teacher relationship	Yes	122	61.0
	No	78	39.0
Fairness of school rules and regulations	Yes	56	28.0
	No	144	72.0
Overwhelming school workload and expectations	Yes	90	45.0
	No	110	55.0
Academic pressure due to exams and tests	Yes	152	76.0
	No	48	24.0
Mental well-being support from teachers	Yes	98	49.0
	No	102	51.0
Experience of bullying at school	Frequently	02	1.0
	Occasional	164	82.0
	Never	34	17.0
Extracurricular activities at school	Yes	140	70.0
	No	60	30.0
Mental health awareness or counselling programs	Yes	190	95.0
	No	10	5.0

The findings indicate mixed perceptions of the school environment among respondents. Most participants reported having a good student-teacher relationship (122, 61.0%), although a notable proportion (78, 39.0%) did not. However, the majority (144, 72.0%) perceived school rules and regulations as unfair. Less than half of the respondents (90, 45.0%) reported experiencing overwhelming school workload and expectations, while 152 (76.0%) reported academic pressure due to exams and tests. Regarding psychosocial support, nearly half of the respondents (98, 49.0%) reported receiving mental well-being support from teachers, while slightly more (102, 51.0%) did not. Bullying was mostly reported as occasional (164, 82.0%), with very few (2, 1.0%) experiencing it frequently, and 34 (17.0%) reporting no exposure. Participation in extracurricular activities was relatively high, with 140 (70.0%) reporting involvement. Additionally, almost all respondents (190, 95.0%) indicated the presence of mental health awareness or counselling programs at school, while only 10 (5.0%) reported their absence, as shown in Table 4.

Discussion

This study assessed the determinants of mental well-being among secondary school students at St. Bernard's Manyanya Secondary School in Rakai District, Uganda. The findings revealed that mental well-being was influenced by a combination of individual, socioeconomic, and school-related factors. Among the individual factors, academic

pressure was highly prevalent, affecting 90% (n = 180) of students, while 56% (n = 112) reported exposure to substance use. Regarding socioeconomic factors, 61% (n = 122) of respondents reported inadequate peer emotional support, and 60% (n = 120) experienced financial-related peer competition despite 75% (n = 150) reporting family support. School-related factors were also prominent, with 83% (n = 166) reporting experiences of bullying, 72% (n = 144) perceiving school rules as unfair, and 51% (n = 102) indicating inadequate teacher support for mental well-being. These findings suggest that both the social and educational environments play a significant role in shaping the mental well-being of secondary school students.

Globally, academic demands are acknowledged as a major source of stress influencing adolescent mental health. (Högberg, 2021; Singh & Aparna, 2025). The present study found that academic pressure was highly prevalent among students, with 90% (n = 180) reporting experiencing it. Schools often serve as both protective environments and sources of stress, with examination demands, high expectations from parents and teachers, and limited psychosocial support contributing to heightened mental unwellness, with high rates of anxiety and depression (Luthar et al., 2020; Rayan et al., 2022). This aligns with global evidence indicating that academic stress is a major determinant of adolescent mental health (Högberg, 2021; Hosseinkhani et al., 2020). A UK-based longitudinal study revealed that adolescents experiencing heightened academic stress at age 15 faced a 25% greater



risk of depression and an 8% elevated likelihood of self-harm (Guo et al., 2025). Similarly, a systematic review of adolescent mental health in Africa reported that academic-related stressors are among the most consistent predictors of psychological distress across multiple countries (e.g., prevalence estimates ranging from 20% to 30% for depressive symptoms linked to school stress) (Tinsae et al., 2024). The extremely high prevalence observed in this study may reflect the exam-oriented education system in Uganda, where performance pressure is intense and continuous, suggesting that academic environments play a central role in shaping student mental well-being.

Social challenges emerged as a significant determinant of adolescent mental well-being in this study, with 61% of students reporting a lack of peer support and 83% reporting exposure to bullying. These findings highlight the important role of social relationships in shaping psychological outcomes. Globally, emotional support through peer connectedness has been emphasized as protective against depression and anxiety, while bullying is a major risk factor for poor mental health (WHO, 2022). Similar findings have been reported in Europe, where adolescents exposed to bullying were significantly more likely to experience anxiety, depression, and behavioral problems (Källmén & Hallgren, 2021). In Africa, Tinsae et al. (2024) found that bullying increased the odds of mental health distress among adolescents by 30% (OR = 1.30, 95% CI: 1.15–1.47), underscoring its widespread impact. Similarly, a Kenyan study reported that over 70% of secondary school students experienced bullying, which was strongly associated with depressive symptoms (Ndeti et al., 2024). The prevalence in Rakai District appears even higher than regional averages, suggesting that rural contexts may exacerbate vulnerability due to limited access to counseling services, weak enforcement of anti-bullying policies, and fewer structured peer-support programs.

Substance use emerged as another critical challenge in this study, with more than half of the respondents (56%) reporting exposure to alcohol and related substances. This prevalence is concerning, given that adolescence is a formative stage where substance misuse can have long-term consequences for mental health, academic performance, and social functioning. This finding is supported by research from Kenya, where studies incorporating large school-based datasets have identified substance exposure, psychosocial stressors, and adverse childhood experiences as key contributors to adolescent mental health challenges (Baseke et al., 2026). Across sub-Saharan Africa, substance use has been linked to coping with stress, peer influence, and socioeconomic hardship, further compounding mental health risks (Evans

et al., 2018; Shinde et al., 2025). Jakobsson et al. (2024) reported that substance use was significantly associated with depression and conduct disorders among adolescents, with prevalence rates ranging between 10–30%. In Uganda, about 27.8% of children aged 6–17 years have probable alcohol or other substance use disorders, while 25.3% have probable alcohol use disorder alone (Aber-Odonga et al., 2024). Peer and family influences, caregiver practices, and socio-economic conditions strongly shape the likelihood of substance use problems among Ugandan children and adolescents (Aber-Odonga et al., 2024). The relatively high prevalence observed in this study may reflect the interplay between peer pressure, limited supervision, and inadequate mental health support systems, highlighting the need for integrated school-based prevention programs targeting both substance use and mental health.

The school environment plays a pivotal role in shaping adolescent mental well-being, yet perceptions in this study were largely unfavorable. Seventy-two percent (n = 144) of students reported that school rules were unfair, while 51% (n = 102) indicated inadequate teacher support for mental well-being. These findings resonate with global evidence showing that rigid school policies and a lack of supportive teacher-student relationships contribute to stress, anxiety, and disengagement among adolescents (WHO, 2022). A systematic review in Africa found that lack of supportive school environments and poor teacher-student relationships were strongly associated with increased psychological distress among adolescents (Tinsae et al., 2024). In Kenya, negative perceptions of school climate, including unfair rules and poor teacher support, were strongly associated with bullying and increased behavioral and emotional problems among students (Mbithi et al., 2023; Ndeti et al., 2024). The high prevalence of unfavorable perceptions in Rakai District suggests that rural schools may face additional challenges, such as limited teacher training in psychosocial support and inadequate student participation in rural settings. Addressing these institutional factors is critical, as schools represent a primary setting for early identification and intervention in adolescent mental health.

Conclusion

Mental well-being among secondary school students at St. Bernard's Many Secondary School is shaped by a combination of individual, social, and school-related factors. High levels of academic pressure, limited peer support, exposure to substance use, and unfavorable perceptions of the school environment, particularly regarding the fairness of rules and inadequate teacher support, were identified as key determinants. Findings



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suggest that the school context, in addition to personal and socioeconomic influences, significantly contributes to either fostering or hindering adolescent mental health. Addressing these challenges requires comprehensive, school-based interventions that strengthen psychosocial support systems, promote fair and supportive policies, and foster positive teacher-student and peer relationships.

Limitations

This study was limited by its cross-sectional design, which precluded establishing causal relationships between the identified factors and students' mental well-being. The use of self-reported data may have introduced recall and social desirability biases, potentially leading to underreporting of sensitive issues such as substance use and bullying. Additionally, the study was conducted in a single secondary school, limiting the generalizability of the findings to other settings. Despite these limitations, the use of stratified random sampling and a relatively adequate sample size enhanced the reliability and representativeness of the findings.

Recommendations

1. Strengthen school-based mental health support systems: Schools should establish or enhance structured mental health programs, including regular counseling services, peer support groups, and mental health education sessions, to help students cope with academic pressure and emotional challenges.
2. Promote a supportive and fair school environment: School administrations should review and enforce fair, transparent, and student-inclusive rules and disciplinary practices, while fostering positive teacher-student relationships through training in psychosocial support and adolescent-friendly communication.
3. Implement prevention programs targeting risk behaviors and bullying: Schools should introduce comprehensive interventions to address bullying and substance use, including awareness campaigns, early identification mechanisms, and collaboration with parents and community stakeholders to create a safer and more supportive environment for students.

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permission to conduct the study and the students who participated.

List of Abbreviations

HMIS:	Health Management Information System
LMICs:	Low- and Middle-Income Countries
MoES:	Ministry of Education and Sports
PTSD:	Post-Traumatic Stress Disorder
REC:	Research Ethics Committee
S.2:	Senior Two
S.6:	Senior Six
WHO:	World Health Organization

Competing Interests

The author declares no competing interests.

Authors' Contributions

G.M. conceptualized and designed the study, supported data collection, performed data analysis, critically reviewed the manuscript for intellectual content, and edited the final version of the manuscript. A.R. contributed to study design, conducted data collection, and drafted the manuscript. R.M.O. provided methodological guidance, supported data collection, cleaning, validation, and interpretation, and reviewed and edited the manuscript. All authors read and approved the final manuscript.

Author biography

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