

Community-Based Pediatric Research Addressing Adolescent Emotional Challenges and Supporting Long-Term Social Development Opportunities Effectively Today

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Abstract

Adolescence is a sensitive developmental phase that is characterized by tremendous emotional, psychological and social transformations that have the potential to impact on long-term well-being and social functioning. The emotional issues (stress, anxiety, loneliness, and depressive symptoms) can become a barrier to the capability to form healthy relationships, engage in community activities, and acquire necessary social skills in adolescents. Pediatric programs centered in the community have also been cited as effective methods of managing these issues through the provision of a coordinated support through families, schools, healthcare practitioners, and the local organization. The purpose of the research was to assess the effects of emotional adversities and the community support on the Social Development Score (SDS) among adolescents. Cross-sectional study was carried out through a community-based approach among adolescents in the age group of 12-18 years who were recruited in schools, pediatric clinics, and community health centers. A structured questionnaire was used to gather data that determined demographic factors, Emotional Challenge Severity Score (ECSS), Community Support Index (CSI), Emotional Well-Being Score (EWBS), School Participation Score (SPS) and Social Development Score (SDS). Statistical techniques were the descriptive statistics, independent t-tests, one-way ANOVA, Pearson correlation analysis, and multiple linear regression analysis. Results showed that adolescents who had higher community support, emotional well-being, and school involvement got much better results in SDS values, and high levels of emotional challenge associated with worse social development results. The correlation and regression analyses also proved that community support and emotional well-being were strong positive predictors of SDS, and emotional problems had a negative effect on social development. Research emphasizes the need to reinforce community-based interventions and emotional health support programs to enhance positive social growth in adolescents in the long term.

Keywords : Adolescents, Emotional Challenges, Community Support, Social Development Score, Emotional Well-Being, School Participation, Pediatric Health.

1. Introduction

Adolescence is an important phase of human growth that is typified by swift physical, emotional, cognitive, and social changes. Adolescents must go through many emotional hardships to this phase, such as stress, anxiety, loneliness, and depressive symptoms that may have a profound impact on their overall well-being and developmental path. These emotional problems can have negative impact on interpersonal relations, studies, self perception and engagement in social life. The rising number of adolescents with emotional health issues has been raised as a significant global health problem that requires effective interventions aimed at enhancing the psychosocial well-being of adolescents and their improving socialization patterns in the long term.

Community-based pediatric solutions have been receiving significant interest as an effective intervention to respond to emotional and developmental needs among adolescents. These strategies focus on active involvement of medical practitioners, families, schools and community based organizations in order to establish conducive settings that

would promote resiliency and positive development. Interventions within the community offer adolescents support in form of emotional support, education, social opportunities and preventive health services. These built-in support systems may assist teenagers with struggling emotionally and fostering healthy habits, more robust social relationships, and engagement into community life.

Social development is an essential aspect of adolescent health and involves the learning of communication skills, peer relationship competencies, teamwork skills, leadership skills and social responsibility. Good social development can help adolescents to form meaningful relationships, help them adjust well to social settings and be useful members of their societies. Even though past research has examined emotional health and community support as separate variables, there is a lack of research in thoroughly examining the two variables together and their effect on social development outcomes among adolescents. This gap underlines the necessity of additional research based on the multidimensional measures of psychosocial determinants and developmental outcomes.

Thus, the current research paper will assess how emotional difficulties and community support impact Social Development Score (SDS) in adolescents. In particular, the paper analyzes the associations between Emotional Challenge Severity Score (ECSS), Community Support Index (CSI), Emotional Well-Being Score (EWBS), School Participation Score (SPS), and SDS. The hypothesis is, that the higher the community support, the better SDS is affected, and that the higher the emotional challenges the higher the negative effects on social development outcomes are. The main findings of the present research are linked to the elaboration of a comprehensive system of assessment of adolescent social development, the assessment of a variety of psychosocial variables that influence SDS, important predictors of positive socialization, as well as the evidence-based recommendations concerning the reinforcement of community-based pediatric programs to enhance adolescent welfare and long-term socialization.

2. Literature Review

Adolescence is a developmental period during which there are considerable emotional, psychological and social transitions which affect future health and well-being. At this age, most teenagers are emotionally troubled by stress, anxiety, loneliness and depressive symptoms, which may have a detrimental impact on their capability to sustain healthy relationships with peers, as well as their capability to become an active member of society. Recent findings show that mental health disorders constitute a high rate of disease burden in children and adolescents in the world, and therefore, preventive and supportive measures are urgently required [1], [2]. Emotional problems may be linked to the poor social functioning, lower levels of academic activity, and poor quality of life, and thus, the emotional health is an important aspect of adolescent development [3], [4]. Moreover, childhood and adolescent exposure to negative events can modify developmental pathways and lead to psychosocial problems over the long term [5].

Emotional well-being is a core element in ensuring healthy adolescence development and social competence. Teens who have better control of their emotions can better form positive relationships with their peers, show good communication skills, and are not as likely to engage in community activities. The literature has highlighted emotional well-being to play a significant role in resilience, self-esteem, and adaptive social behavior, but low emotional health can put someone at risk of social isolation and behavioral issues [6], [7]. The effects of unresolved emotional problems would be carried into adulthood, including educational achievements, job prospects, and social acceptance. As a result, it has been proposed that proactive mental health measures, combined with timely recognition of emotional issues are the key methods of maintaining the health and optimal developmental results in adolescence [8], [9].

The concept of community-based pediatric healthcare has become a competent undertaking to tackle the complicated emotional and developmental issues of adolescents. It is a strategy that focuses on school, family, healthcare practitioners, and community agencies working together to offer holistic support mechanisms enhancing healthy growth. Neighborhood-based services help in the provision of emotional support, provision of healthcare facilities, educational opportunities and social engagement programs that lead to positive development of the youth [10], [11]. The family support, peer connectedness and community participation have always been noted to play an essential role in defining social development among adolescents. Good support networks not only improve the confidence, socialization, leadership, and teamwork skills of the adolescents, but also their sense of social responsibility thus leading to better social performance and good health [3], [10], [12].

Although the literature on adolescent mental health and community-based interventions has increased, there are still a number of significant gaps in research. The majority of the earlier researches have focused either on emotional

challenges, community support or developmental outcomes, but not on the combined effect of both on social development of adolescents. There has also been a lack of focus in terms of overall evaluation of Social Development Score (SDS), which includes several of the above dimensions of social interaction, peer relationship, skill in communication, participation in the community, leadership, teamwork, and social responsibility. Existing literature has also not contributed enough evidence on how severity of emotional challenges, emotional well-being, community support, and school participation contribute to the outcome of adolescent social development. Thus, the current research fills these gaps, as Emotional Challenge Severity Score (ECSS), Community Support Index (CSI), Emotional Well-Being Score (EWBS), School Participation Score (SPS), and Social Development Score (SDS) are incorporated into a combined community-based pediatric research mode. The aim of this approach is to discover the determinants of social development and to give evidence-based prescriptions to empower community-based interventions aimed at enhancing community interventions that reinforce long-term adolescent well-being and social development [1], [2], [7], [10], [11].

3. Materials and Methods

3.1 Study Design and Setting

The study was carried out to examine how emotional issues and social support of the community have a bearing on the social growth of adolescents. To have a varied sample of adolescents who represent the diverse educational and community backgrounds, the study was conducted in chosen schools, pediatric clinics, and community health centers. This design was able to evaluate emotional well-being, community support, school involvement and social development results at one time. The study period was used to collect data in standardized questionnaires and assessment tools in a controlled manner.

3.2 Population and Sampling of the study.

The target group was adolescents (12-18 years old). Three hundred individuals were enrolled through a stratified random sampling method to give sufficient representation in the age brackets and genders. The standard sample size estimation procedures were employed to determine the sample size based on 95% level of confidence and a 5% margin of error. Adolescents that gave assent and those parents or guardians who gave informed consent could participate. The study excluded individuals who had very high cognitive impairment, diagnosed with psychiatric conditions that needed aggressive clinical care or had not finished the survey.

3.3 Study Variables

The Social Development Score (SDS) was the main outcome variable that measured social interaction, peer relationships, communication, community integration, leadership, teamwork, and social responsibility of adolescents. Independent variables were Emotional Challenge Severity Score (ECSS), Community Support Index (CSI), Emotional Well-Being Score (EWBS) and School Participation Score (SPS). ECSS assessed emotional distress like stress, anxiety, loneliness and depressive symptoms. CSI assessed the support in the form of family, peer, school, healthcare, and community organizations. EWBS had positive emotional functioning and psychological well-being, whereas SPS evaluated the engagement in academic and extracurricular activities.

3.4 Data Collection Instrument and Procedure.

The data was gathered through a structured questionnaire that consisted of four sections. Part A involved demographic data, such as age, gender, education, family, and home background. Emotional challenges were evaluated in Section B of the questionnaire with questions on stress, anxiety, loneliness, and emotional distress. Section C measured community support considering the family involvement, peer support, school involvement, and community resource access. The Social Development Score (SDS) was measured in section D and its indicators were based upon social competence, communication, teamwork, leadership and community participation. To assess the content validity and reliability of the questionnaire, the experts in the field of adolescent health and pediatric care reviewed the questionnaire. The survey was carried out under supervision and data collection was performed by means of supervised survey, and the responses given by the participants were documented anonymously to preserve the confidentiality.

3.5 Ethical Concerns and Statistical Testing.

The proper institutional ethics committee gave approval to the study on the ethical front, and data collection began. Informed consent was given to parents or guardians in written form and assent was obtained on all participating adolescents. All the collected information was under stringent confidentiality, and participation was voluntary. The SPSS software was used to carry out statistical analyses. The characteristics of participants and the variables of the study were summarized using descriptive statistics (frequency, percentage, mean, and standard deviation). The independent t-tests and one-way ANOVA were used to compare the Social Development Score (SDS) in terms of demographic variations. The Pearson correlation analysis was done to investigate the relationship of the SDS, ECSS, CSI, EWBS, and SPS. To determine which predictors were significantly related to SDS, multiple linear analysis was carried out. The p-value of less than 0.05 was set as statistical significance.

4. Results

4.1 Demographic Characteristics of Participants

The study involved a total of 300 adolescents, with the ages varying between 12 and 18 years. Both males and females were recruited to participate in the study in schools, pediatric clinics, and at community health centers. The majority of the participants were studying at the secondary level, and the sample was reflective of adolescents of different family and residential backgrounds. The demographic presentation gave a balanced background on which the outcome measure of emotional issues, community support and social development were evaluated among the study population.

4.2 Evaluation of Emotional difficulties in the teens.

Table 1 and Figure 1 reveal that emotional challenges were prevalent in the adolescent group, and 146 participants (48.7% of participants) were in the moderate emotional challenge range, which was the most frequent ECSS level. Comparatively, 78 adolescents (26.0%) experienced low emotional challenge severity and 76 adolescents (25.3%) experienced high emotional challenge severity. These findings indicate that nearly three-fourths of the participants (74.0%) experienced moderate to high emotional challenges, suggesting that emotional distress such as stress, anxiety, loneliness, and depressive symptoms was a major concern in this study population and could negatively influence their psychosocial functioning and social development.

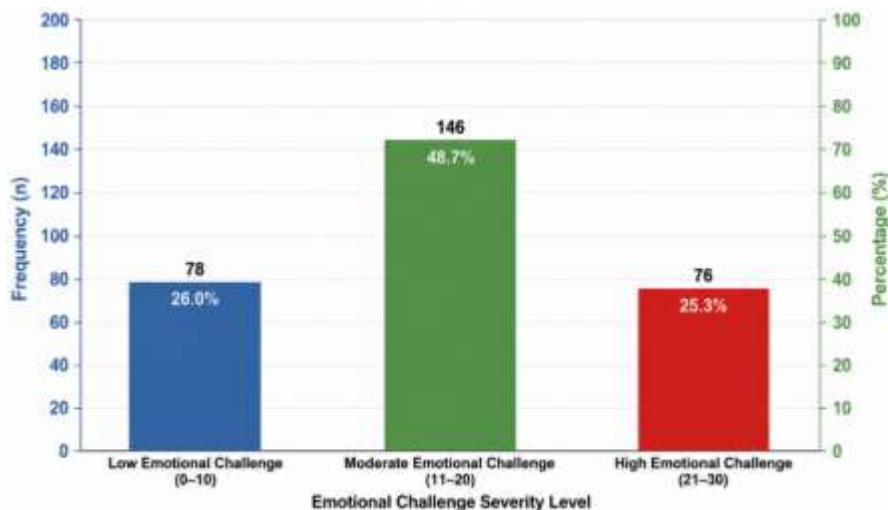


Figure 1: Distribution of Emotional Challenge Severity Score (ECSS) Among Adolescents (n = 300)

Table 1. Distribution of Emotional Challenge Severity Score (ECSS) Among Adolescents (n = 300)

Emotional Challenge Severity Level	ECSS Score Range	Frequency (n)	Percentage (%)
Low Emotional Challenge	0–10	78	26.0
Moderate Emotional Challenge	11–20	146	48.7
High Emotional Challenge	21–30	76	25.3
Total		300	100.0

4.3 Community Support Levels

According to Table 2 and Figure 2, moderate community support was most often reported among adolescents, with 154 participants (51.3) reporting moderate community support, meaning that over half of the study population felt moderately supported by family, peers, schools, healthcare providers, and community resources. Conversely, 82 adolescents (27.4%) indicated high community support, indicating that over a quarter of the participants (n=64) lived in strong supportive environments, and 64 adolescents (21.3%). In general, 236 adolescents (78.7 percent) were in the moderate-to-high range of community and social support, which proves that most participants had some access to social and community support but one-fifth of adolescents lacked this kind of support, which can put them at risk of emotional and social problems.

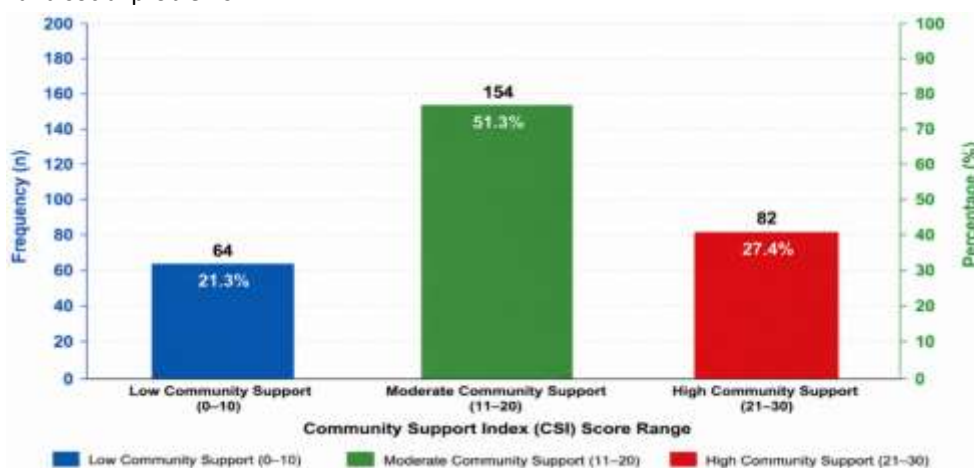


Figure 2. Community Support Distribution Among Adolescents (n = 300)

Table 2. Distribution of Community Support Index (CSI) Levels Among Adolescents (n = 300)

Community Support Level	CSI Score Range	Frequency (n)	Percentage (%)
Low Community Support	0–10	64	21.3
Moderate Community Support	11–20	154	51.3
High Community Support	21–30	82	27.4
Total		300	100.0

4.4 Social Development Score (SDS) Outcomes

Table 3 and Figure 3 indicate that most of the adolescents had moderate to good levels regarding social development. The most prevalent SDS category, with only a slight difference, was the good social development group with 104 adolescents (34.7%), then moderate social development with 98 adolescents (32.7%). Moreover, 56 participants (18.6%) had demonstrated excellent social development, which implies high rates of success in the spheres of social interaction, peer relations, communication skills, leadership abilities, teamwork, participating in communities, and social responsibility. Conversely, 42 adolescents (14.0%) were classified as to have had poor social development, the lowest percentage of the study population. On the whole, the results of social development among the participants were fairly good, with only a smaller portion exhibiting poor social development and possibly necessitating specific psychosocial and community-based support interventions.

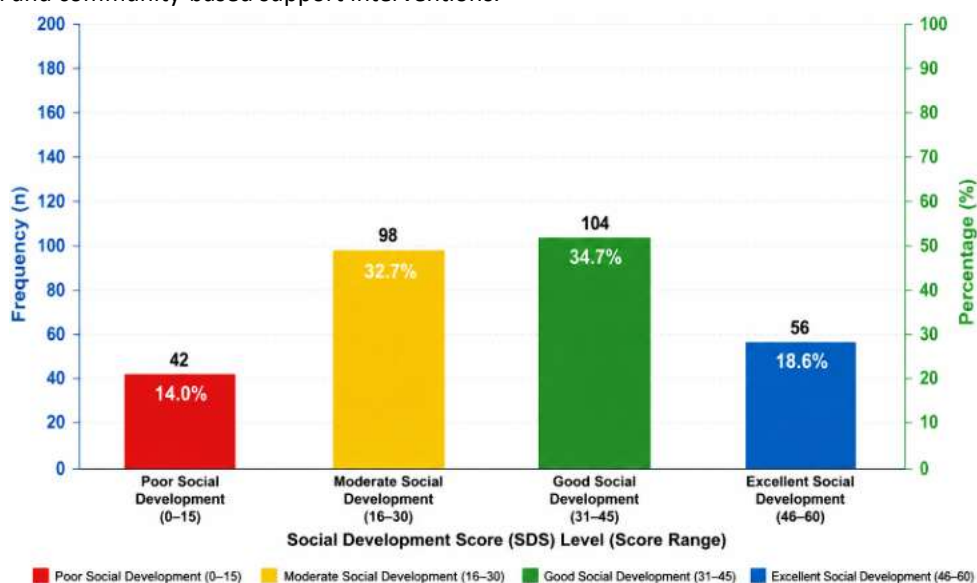


Figure 3: Social Development Score Distribution Among Adolescents

Table 3. Distribution of Social Development Score (SDS) Categories Among Adolescents (n = 300)

Social Development Level	SDS Score Range	Frequency (n)	Percentage (%)
Poor Social Development	0–15	42	14.0
Moderate Social Development	16–30	98	32.7
Good Social Development	31–45	104	34.7
Excellent Social Development	46–60	56	18.6
Total		300	100.0

4.5 Association Between Participant Characteristics and SDS

Table 4 presents the result that Social Development Score (SDS) was quite different between the participant characteristics. Older adolescents aged 17–18 years had the highest mean SDS (36.11 ± 7.03) compared with those aged 12–14 years (31.84 ± 8.12) ($p = 0.015$). Female adolescents also reported a higher SDS (35.08 ± 7.42) than males (32.76 ± 8.05) ($p = 0.030$). Likewise, SDS was more with the increase in the level of education and was highest (36.24 ± 7.11) in higher secondary students ($p = 0.006$). The closest connection related to school participation where higher

participation (38.12 $\pm$ 6.42) than lower production (28.43 $\pm$ 7.84) was the best outcome of social development ($p < 0.001$).

Table 4. Association Between Participant Characteristics and Social Development Score (SDS) Among Adolescents (n = 300)

Participant Characteristic	Category	Mean SDS $\pm$ SD	Test Statistic	p-value
Age Group	12–14 years (n = 128)	31.84 $\pm$ 8.12	F = 4.26	0.015*
	15–16 years (n = 102)	34.27 $\pm$ 7.46		
	17–18 years (n = 70)	36.11 $\pm$ 7.03		
Gender	Male (n = 146)	32.76 $\pm$ 8.05	t = 2.18	0.030*
	Female (n = 154)	35.08 $\pm$ 7.42		
Educational Level	Middle school (n = 118)	31.95 $\pm$ 8.01	F = 5.14	0.006*
	Secondary school (n = 124)	34.63 $\pm$ 7.28		
	Higher secondary (n = 58)	36.24 $\pm$ 7.11		
School Participation Score (SPS)	Low participation (n = 72)	28.43 $\pm$ 7.84	F = 16.37	<0.001*
	Moderate participation (n = 138)	33.89 $\pm$ 7.05		
	High participation (n = 90)	38.12 $\pm$ 6.42		

4.6 Correlation Analysis Between SDS and Study Variables

Table 5 and Figure 4 indicate that there are substantial correlations between Social Development Score (SDS) and the variables of the study. SDS had a significant positive meaning with Community Support Index (CSI) ($r = 0.72$, $p < 0.001$) which provided data that more the community supported the adolescent, the more likely the adolescent would have better social development results. On the same note, SDS had a positive correlation with Emotional Well-Being Score (EWBS) ($r = 0.69$, $p < 0.001$) and School Participation Score (SPS) ($r = 0.58$, $p < 0.001$), which implied that better emotional well-being and school participation were related to higher SDS. Conversely, SDS was strongly correlated with Emotional Challenge Severity Score (ECSS) ($r = -0.61$, $p < 0.001$) with greater severity of emotional challenge being associated with worse social development. The positive correlation between SDI and CSI, as shown in figure 4, is another support to the fact that the greater the levels of community support the greater the values of SDS among adolescents.

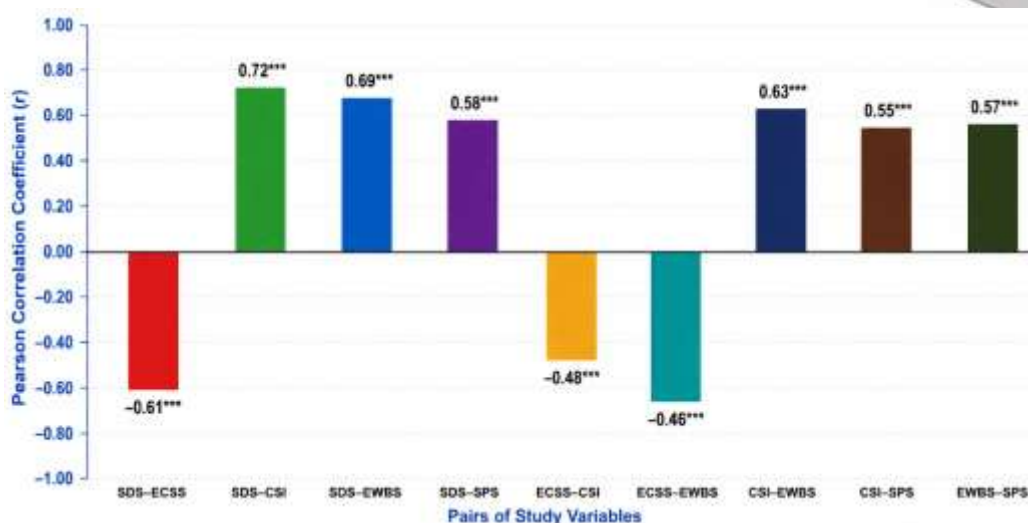


Figure 4: Correlation Between Social Development Score and Study Variables Among Adolescents

Table 5. Pearson Correlation Analysis Between Social Development Score (SDS) and Study Variables Among Adolescents (n = 300)

Variables	SDS	ECSS	CSI	EWBS	SPS
SDS	1.000				
ECSS	-0.61*	1.000			
CSI	0.72*	-0.48*	1.000		
EWBS	0.69*	-0.66*	0.63*	1.000	
SPS	0.58*	-0.39*	0.55*	0.57*	1.000

4.7 Multiple Linear Regression Analysis Predicting SDS

The independent predictors of Social Development Score (SDS) were carried out by multiple linear regression analysis. The dependent variable was SDS, and the predictor variables were Emotional Challenge Severity Score (ECSS), Community Support Index (CSI), Emotional Well-Being Score (EWBS), and School Participation Score (SPS). Analysis revealed that community support, emotional well-being, and school participation had a positive and significant influence on SDS but emotional challenge severity was a negative predictor of outcomes in social development. Among the predictors, the strongest positive predictor of social development in adolescence was the community support and emotional well-being. Such findings indicate that emotionally supportive and socially engaging surroundings are important in supporting the social functioning of adolescents and developmental opportunities in the long term.

5. Discussion

The results of this research demonstrated that the emotional issues, neighborhood support, emotional stability, and school attendance were key factors in adolescent social development. The adolescents whose emotional challenge

severity was higher were lower in terms of their Social Development Score (SDS), but those who had stronger community support, better emotional state, and higher school participation showed higher values in SDS. These findings are indicating that emotional distress can have a bad impact on the social functioning of adolescents and that the healthy social development of adolescents can be supported by a supportive family, school and community environment. The research also notes the value of early psychosocial screening, community-based pediatric services and school-based intervention programs to enhance long term social development outcomes and emotional health of adolescents.

6. Conclusion

Finally, the current work has proven that emotional and community related factors have a potent effect on the social development of adolescents. Community support was found to be a positive factor of great significance in Social Development Score (SDS) which shows that parental support, peer support, school support and community support contribute greatly to the developmental outcomes of adolescents in terms of social interaction, communication, teamwork and overall development. Conversely, greater severity of emotional challenge was linked to worse social development, implying that the stress, anxiety, loneliness, and other issues related to emotions can have a negative impact on the psychosocial functioning of adolescents. Emotional well-being and school involvement were also identified as significant positive variables that were related to improved outcomes of SDS, indicating the synergistic role of emotional stability and active engagement in social life in adolescent development. These results underscore the importance of enhancing community-based pediatric interventions, early detection and intervention of emotional difficulties, and supportive school and family environments to enhance psychosocial development in adolescence. To further validate the long-term effects of these factors on Social Development Score, and to help design more effective adolescent health programs, further longitudinal and intervention-based studies are suggested.

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