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Jyoti Prakash
P.G. Department of Home Science T.M Bhagalpur University, Bihar, India

Dr. Anju Singh
Associate Professor, P.G. Department of Home Science T.M Bhagalpur University, Bihar, India

Corresponding Author:
Dr. Anju Singh
Associate Professor, P.G. Department of Home Science T.M Bhagalpur University, Bihar, India

Rural Adolescent Girls' Mental Health: Unpacking the Relationship Between Sleep Disturbances and Online Stressors

Jyoti Prakash and Anju Singh

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Abstract
Adolescence is a crucial developmental stage characterized by rapid biological, emotional, and social changes that increase vulnerability to psychological illnesses. Among these, depression is a significant mental health issue, especially among teenage females, who frequently face increased environmental and psychosocial stress. The current study sought to determine how common depressive symptoms were among teenage girls living in rural areas and how they related to sleep habits and digital stressors. Key depressive indicators, such as sadness, anhedonia, exhaustion, difficulty concentrating, and suicidal thoughts, were examined in conjunction with sleep duration, bedtime, wake time, and sleep quality using a cross-sectional design. The results showed that over 60% of individuals had regularly depressed symptoms, and there was a strong correlation between mood impairment and sleep disturbance, delayed sleep initiation, and frequent night awakenings. Emotional anguish was further exacerbated by irregular digital involvement and online abuse. The study emphasizes that teenage depression symptomatology is mostly determined by sleep disturbance and stress. To increase psychological resilience and lower the risk of depression in rural adolescent girls, comprehensive interventions that emphasize digital well-being, sleep hygiene, and family support are recommended.

Keywords: Adolescence girls, stress, sleep time, depression

Introduction
During adolescence, a time marked by increased emotional sensitivity and environmental stress, depression emerges as one of the most prevalent psychological diseases. The rising prevalence of mood disorders in this age range is a result of the interaction of lifestyle choices, technology exposure, and developmental changes. Adolescent depression has emerged as a significant mental health issue that impacts social, emotional, and academic functioning. Rapid biological and psychological changes during this developmental stage increase susceptibility to mood disorders, particularly in girls (Patton et al., 2018) [3]. One significant and changeable indicator of teenage depression is sleep disruption. Sadness, exhaustion, anhedonia, and difficulty concentrating are closely linked to sleep deprivation, delayed bedtime, and frequent night-time awakenings (Beattie et al., 2022; Uccella et al., 2023) [1, 4]. Sleep disturbances and emotional distress are exacerbated by increased exposure to digital media and online harassment (Verma & Gupta, 2023) [5]. Adolescent girls in India, especially those living in rural regions, are exposed to additional environmental and psychosocial dangers, such as early waking times, less parental supervision, and online stressors (Khanna et al., 2023) [2]. Nevertheless, there are few studies that collectively examine the relationship between Internet encounters, sleep quality, and depression symptoms. Therefore, the current study examines the prevalence of depression symptoms among teenage girls living in rural areas and their relationship with sleep habits and digital stressors. The results are intended to guide preventive measures that prioritize digital wellness, sleep hygiene, and family support to improve the mental health of adolescents.

Methodology
This study employed a multistage random sampling methodology for participant recruitment. The initial phase involved the random selection of villages within the Sultanganj block, followed by engagement with their respective educational institutions and community centers

in the village. Crucial depressive symptomatology, encompassing sadness, anhedonia, fatigue, impaired concentration, and suicidal ideation, was concurrently examined alongside sleep parameters, specifically sleep duration, habitual bedtime, wake-up time, and subjective sleep quality, using a cross-sectional design. Subsequently, a screening instrument was administered to 50 female adolescents across 20 distinct schools, spanning academic grades 8–12. This systematic screening process continued until the predetermined sample size, which adhered to the established eligibility criteria, was successfully attained. Ultimately, a definitive cohort of 400 eligible female participants was selected probabilistically.

Results

Table 1: Depression Symptom Frequency Distribution in Adolescent Girls

Symptom	Not at all (%)	Several days (%)	More than half (%)	Nearly every day (%)	Mean ± SD
Feeling sad or depressed	19.25	17.75	35.0	28.0	1.72 ± 1.07
Loss of interest (Anhedonia)	19.25	17.75	35.0	28.0	1.01 ± 1.10
Fatigue or low energy	25.0	30.0	25.0	20.0	1.68 ± 1.11
Sleep disturbance	26.0	16.5	31.0	26.5	1.58 ± 1.14
Appetite changes	22.0	12.75	32.25	33.0	1.76 ± 1.13
Feeling of worthlessness or guilt	20.75	16.0	34.75	28.50	1.71 ± 1.09
Concentration difficulty	25.0	14.0	31.75	29.25	1.65 ± 1.15
Psychomotor changes	33.0	12.0	27.5	27.5	1.50 ± 1.21
Suicidal ideation	33.0	12.0	27.5	27.5	1.77 ± 1.10

As per table 1. High levels of depressive symptoms were noted across all dimensions. On more than half of the days, nearly two-thirds (63%) of the participants said they felt depressed or lost interest in activities. Fatigue (45%), sleep difficulties (57.5%), and changes in appetite (65.25%) were the most common somatic complaints. Concentration issues (61%) and worthlessness (63.25%) were equally prevalent cognitive and affective symptoms. More than half of the responses supported both psychomotor alterations and suicidal thoughts. Depressive symptoms and educational attainment were significantly correlated ($p < 0.01$). All things considered, the pattern indicates a significantly depressed burden, especially among teenagers dealing with cyber-stress and inconsistent sleep.

Table 2: Features of Adolescent Girls' Sleep Patterns

Sleep variable	Category	(%) of Participants
Nightly sleep duration	> 8 hours	26.0
	7-8 hours	22.5
	6-7 hours	23.75
	5-6 hours	17.0
	< 5 hours	10.75
Bedtime	8 pm	16.5
	9 pm	18.5
	10 pm	24.0
	11 pm	21.5
	12 pm	19.5
Wake- up time	4 am	28.75
	5 am	25.25
	6 am	26.75
	7 am	17.25
	8-9 am	2.0
Feeling rested	Always	16.25
	Often	12.5
	Sometimes	27.5
	Rarely	33.0
	Never	10.75
Night awakenings	Never	16.75
	Occasionally	22.75
	Often	37.0
	Always	23.5
Difficulty falling asleep	Never	15.5
	Occasionally	23.0
	Often	37.25
	Always	24.25

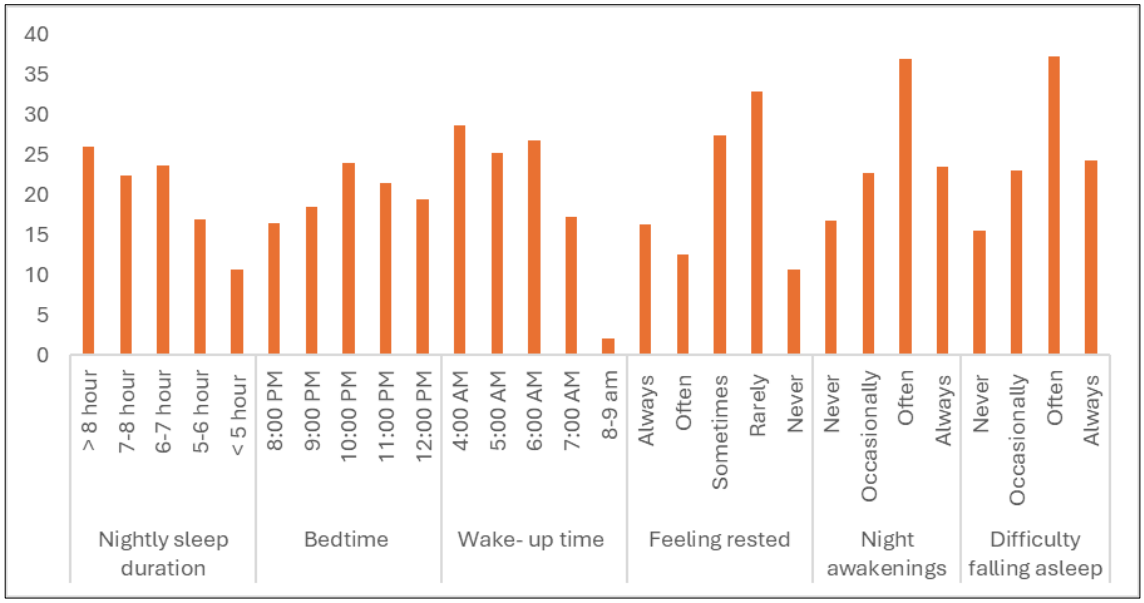

Fig 1: Features of teenage girls' sleep patterns

The data in Table 2 analysis of sleep revealed widespread inadequacy and low quality. Despite rising early (54% by 5 am) and going to bed late (65% after 10 pm), most girls slept for six to seven hours. Frequent night awakenings and trouble falling asleep were reported by more than 60% of respondents, and both were significantly associated with depressive symptoms ($p < 0.01$). Only 28.75% of the participants reported feeling regularly rested. The results indicate that circadian misalignment and media-induced sleep disturbance are responsible for exhaustion, depression, and diminished everyday functioning.

Conclusion

The study shows that depressed symptomatology, which includes weariness, anhedonia, chronic sorrow, and irregular sleep patterns, is highly prevalent among adolescent girls living in rural areas of India. Depressive mood and functional impairment have been found to be significantly correlated with sleep disruption, which manifests as delayed bedtimes, early awakenings, and poor restorative quality. While supportive family contexts were important protective variables, cyber-related stressors and irregular media usage exacerbated emotional distress.

Overall, the results highlight the vital need for integrated interventions that prioritize family support, digital well-being, and good sleep hygiene to reduce depression and foster psychological resilience in adolescent populations.

References

1. Beattie L, Kyle SD, Espie CA. Sleep and emotional regulation during adolescence: A developmental perspective. Journal of Adolescent Health. 2022;71(4):456–463.
2. Khanna A, Sharma P, Tiwari R. Demographic correlates, lifestyle habits, and health effects of poor sleep quality in Indian adolescent girls living in a second-tier city. Sleep and Biological Rhythms. 2023;21(2):98–108.
3. Patton GC, Sawyer SM, Santelli JS, et al. Our future: A Lancet Commission on adolescent health and well-being. The Lancet. 2018;387(10036):2423–2478.
4. Uccella S, Tagliabue S, Facchin F. Sleep quality and mental health during adolescence: A longitudinal study. Frontiers in Psychology. 2023;14:10136689.
5. Verma K, Gupta D. Cyber stress, sleep disruption, and depressive symptoms among adolescent girls: Emerging digital risks. Asian Journal of Psychiatry. 2023;83:103493.