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Mental Health among Schedule Tribes Adolescents and Non-Tribal Communities Adolescents

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Abstract

Mental health refers not only to the absence of illness but to a condition of well-being in which a person adjusts adequately in thought and behaviour and functions at an optimal level. During adolescence, this condition is shaped to a large extent by what young people go through in daily life, and the community into which they are born is one of the stronger influences. The present work set out to compare the mental health of Scheduled Tribe adolescents with that of adolescents from non-tribal groups. A cluster sample of 100 adolescents was drawn, 50 from Scheduled Tribe families and 50 from other communities, and each participant completed the Mental Health Scale prepared by Taslera S. and Bano A. (MHS-TSBA). Non-tribal adolescents obtained clearly better mental health scores than their tribal peers. Within the tribal group, however, boys and girls did not differ significantly.

Introduction

Student life is rarely smooth. Young learners face academic demands, conflicts, emotional ups and downs, and a mix of pleasant and unpleasant events, and each of these leaves a mark on how well they feel and function psychologically. At this age several physical and psychological influences operate together: romantic attachments, friendships, the climate at home and at school, concern about one's looks, the way one views oneself, and much more. All of these have a bearing on an adolescent's well-being.

The picture becomes more complicated when the young person belongs to a particular caste or community. How others look at that community, and how the adolescent personally feels about belonging to it, can become powerful forces in shaping emotional well-being and mental health.

The present investigation gathered and examined data with these issues in mind, in order to clarify, on firm empirical ground, how far community or caste membership is linked to the mental health of adolescents.

Operational definition

Schedule Tribes The expression 'Scheduled Tribe' has its origin in the Constitution of India. Under Article 366(25), Scheduled Tribes are described as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this Constitution".

Non-Schedule Tribes In this study, the term refers to communities that have not been notified as Scheduled Tribes and that have no close social or kinship links with tribal groups. It covers castes falling under the Scheduled Caste (SC), Other Backward Class (OBC) and General categories.

Mental-Health The APA Dictionary of Psychology describes mental health as a condition marked by emotional well-being and sound behavioural adjustment, in which the person is reasonably free of anxiety and incapacitating symptoms, can build healthy relationships with others, and is able to manage the routine demands and pressures of everyday life.

Review of related literature

Patel and Suvera (2020) assessed the mental health of tribal students studying in Classes 10 and 12. Their sample consisted of 120 learners from a tribal school, 60 from each class, who responded to the Mental Health Scale constructed by Bhatt and Gida. Analysis with the t-test

showed that the two classes differed significantly in mental health, and a significant difference was also observed between boys and girls.

Yadav and Sengar (2017) looked into how common psychological and social difficulties are among school-going adolescents from tribal and non-tribal backgrounds. Drawing on 1,000 male students, they reported that such problems occurred more often among the tribal boys than among their non-tribal counterparts.

Ali and Eqbal (2016) examined the mental health of tribal adolescents attending schools in a rural part of Ranchi, Jharkhand. Of the 780 male students surveyed, 5.12% showed emotional symptoms, 9.61% had conduct problems, 4.3% displayed hyperactivity, and 1.41% reported marked difficulties with peers.

Gharat and Nayak (2022) reviewed the available evidence on the mental health of tribal adolescents in India. The pooled findings indicated that 60.5% of adolescents in community samples and 22.3% of those in school samples suffered from notable mental health morbidity, and the authors stressed that more research in this area is needed.

Objective of study

To compare the mental health of adolescents from Scheduled Tribes with that of adolescents from non-tribal communities.

To find out whether mental health differs between male and female adolescents within the Scheduled Tribe group.

Hypothesis

H01: Adolescents from Scheduled Tribes and adolescents from non-tribal communities will not differ significantly in their mental health.

H02: Among Scheduled Tribe adolescents, boys and girls will not differ significantly in their mental health.

Variables

Table: 1

Sr.no.	Variables Name		levels	Name of levels
1.	**Independent**	Type of community adolescence	2	1. Schedule Tribal Adolescence 2. Non-Tribal Adolescence
2.	**Independent**	Type of Gender	2	1. Girls 2. Boys
3.	**Dependent**	Score of Mental Health Scales	1	Measurement of scale

Method

Sample: A descriptive research design was adopted. Tribal participants were drawn from schools in Aravalli district, whereas participants from non-tribal backgrounds (SC, OBC and General categories) were approached in schools of the neighbouring talukas of Aravalli. Cluster sampling was used for both groups. In all, 100 students took part: 50 from tribal families and 50 from other communities.

Tool: A personal data sheet was used to record background details, and mental health was measured with the Mental Health Scale developed by Taslera S. and Bano A. (MHS-TSBA).

Statistical analysis: Group differences were tested with the t-test.

Result and discussions

H0[1] Scheduled Tribe adolescents and non-tribal adolescents do not differ significantly in mental health.

Table: 2

Group	N	Mean	SD	t-Value	Significant level
Schedule Tribal Adolescence	50	105.26	13.53	7.08	0.01*
Non-Tribal Adolescence	50	136.48	28.44		

Significant Level of 't' Value: 0.05 level 1.98 (df=68), 0.01 level 2.62 (df=68)

Graph: 1

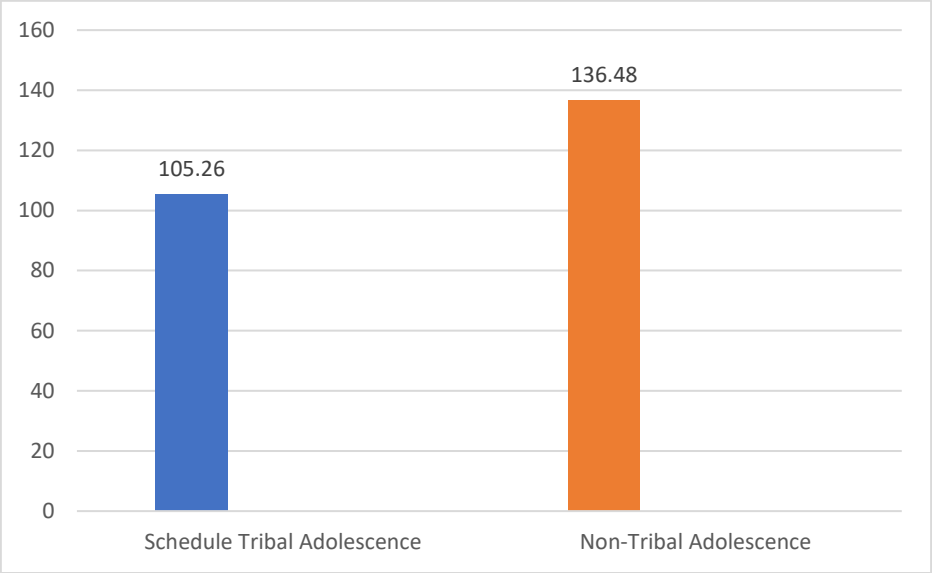


Table 2 shows a clear statistical difference between the two groups. Non-tribal adolescents obtained a higher mean score (M = 136.48, SD = 28.44) than tribal adolescents (M = 105.26, SD = 13.53), a gap of 31.22 points.

The obtained t-value of 7.08 is well above the table values needed at both the 0.05 and the 0.01 levels. Hence, the first null hypothesis is rejected.

It may therefore be inferred that adolescents from the tribal community have significantly poorer mental health than adolescents from non-tribal communities.

H0^2 Boys and girls among Scheduled Tribe adolescents do not differ significantly in mental health.

Group	N	Mean	SD	t- Value	Significant level
Boys	**25**	**107.68**	**13.01**	**1.30**	_
Girls	**25**	**102.84**	**13.86**		

Boys scored somewhat higher on average (M = 107.68, SD = 13.01) than girls (M = 102.84, SD = 13.86). The obtained t-value of 1.30, however, falls short of the table value at both the

0.05 and 0.01 levels, so the gap is not statistically significant. The second null hypothesis is therefore retained; tribal boys and girls appear to be broadly similar in their mental health.

Limitation

1. Data were gathered only from Aravalli district, which limits the geographical scope of the findings.

2. The sample was small; a larger and more varied sample would allow more dependable and generalisable conclusions.

3. Only mental health was studied. Adding other psychological variables would give a fuller picture.

4. Results obtained for Scheduled Tribe adolescents should not be extended to students of other communities or castes without further study.

5. Mental health may also be affected by factors that were not controlled here, such as fatigue, boredom, family atmosphere and wider social problems. Future studies should try to account for such extraneous variables.

Implication

1) Adolescents identified as having poor mental health can be referred for suitable counselling support.

2) The results may help authorities in framing welfare policies for tribal adolescents.

3) The study can serve academic purposes and help spread awareness about mental health in tribal populations.

4) The findings may guide the planning of community health and mental health intervention programmes.

Conclusion

The findings suggest that Scheduled Tribe adolescents have lower levels of mental health than adolescents from non-tribal communities. When boys and girls within the tribal group were compared, no significant difference in mental health emerged.

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