

Mental Health and Family Characteristics of School –going Tribal Students in Tripura: An Empirical Study

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ARTICLE DETAILS

Article History

Published Online: 28 February 2018

Keywords

Mental Health, Tribal boys and girls, ADC, Concept of life.

ABSTRACT

The concept of mental health is as old as human beings. In ancient scriptures there are full of references to mental diseases and their treatments. The Atharvaveda, the Charak, the Samihita, the Susurt and Astangh Sangrah have described several diseases of the mind with specific methods of treatment. They have also given the concept of mental health and how to maintain and promote. The term mental health is not a precise term, but an intuitively apprehended idea. The mental health of an individual depends on foundations of some basic factors, such as: a) hereditary factors, b) physical factors, c) Social factors (home, school, neighborhood and the community and d) the satisfaction of basic needs.

In the above context, the objectives of the study were: to find out whether there is any significant differences between the school-going tribal boys and the tribal girls in mental health; to find out whether there is significant differences between the school-going urban tribal students and the rural tribal students in mental health; and to find out whether students having high mental health possess more qualities of good citizenship than the students possessing low mental health. The data was calculated through a developed and standardized Questionnaire. We have collected data from 600 school-going tribal students of Class IX of sixteen secondary schools selected randomly from the Municipality/ Nagar Panchayet and ADC areas situated in the four districts of Tripura. The result have been calculated using statistical measures like Mean, Median, Quartile Deviation, Standard Deviation, Variance, Skewness, Kurtosis, Ogive, T-test and F-test.

The findings revealed that the mentally unhealthy group of school-going tribal students had higher family tension than the healthy group. Mental health of boys and girls appeared to be considerably influenced by the two factors: intelligence and physical health.

1. Introduction

The concept of mental health is as old as human beings. In ancient scriptures there are full of references to mental diseases and their treatments. The Atharvaveda, the Charak, the Samihita, the Susurt and Astangh Sangrah have described several diseases of the mind with specific methods of treatment. They have also given the concept of mental health and how to maintain and promote. *The term mental health is not a precise term, but an intuitively apprehended idea.* The mental health of an individual depends on foundations of some basic factors, such as: a) hereditary factors, b) physical factors, c) Social factors (home, school, neighborhood and the community and d) the satisfaction of basic needs.

According to WHO (2007) Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.

The meaning of the term ‘mental health’ is ambiguous; not only is it difficult to agree on its general application, even in a single context it may be used in many different ways. One conclusion, however, can be reached: mental health is not a

precise term, but an intuitively apprehended idea. That is striving for scientific status at the same time serving within an ideological level.

The word ‘mental’ usually implies something more than the purely cerebral functioning of a person; it also stands for his emotional- affective states, the relationships he establishes with others, and a quite general quality that might be called his equilibrium in his socio-cultural context. Similarly, ‘health’ refers to more than physical health; it also connotes the individual’s intra-psychic balance, the fit of his psychic structure with the external environment and his social functioning. Avoiding tug of war between these two opinions one may come to an eclectic theory stating that ‘mental health’ means both psychological well-being and mental illness.

The mentally healthy person, to the psychologist, is the productive and unalienated person, the person who relates himself to the world lovingly, and who uses his reason to grasp reality objectively, one who experiences himself as a unique individual entity, at the sometime feels one with his fellowman, who is not subject to irrational authority and accepts willingly to be rational authority of conscience and reasons, who is in the process of being born as long as he is alive, and considers the gift of life the most precious charms

he has. Here the values are humanism, individualism, freedom and rationality.

'Mental Health' as analyzed by different psychologists, one will come to a compromise notion. The acceptable sets of criteria of 'mental health' or attitude towards the self, include accessibility of the self to consciousness, correctness of the self-concept, feeling about self-concept (self-acceptance) and a sense of identity, growth, development and self-actualization which include conception of self-motivational processes, and investment in living, integration which refers to the balance of psychic forces in the individual, a unifying outlook on life and resistance to stress, autonomy which refers to the decision-making processes, regulation from within and independent action, undistorted perception of reality including empathy or social sensitivity, environmental mastery including the ability to love, adequacy in inter-personal relations, efficiency in problem solving and adequacy in love, work and play.

The concept of positive mental health was developed by Jaheda (1958), who argued that the notion of mental health would be viewed as an enduring personality characteristic or as a less permanent function of personality and the social situation. Mental health, to her required the accurate perception of reality. She concluded with a discussion of the value assumption inherent in the concept. In her classic book: 'Current Concept of Positive Mental Health', Jaheda identified six approaches to the definition of mental health namely, (i) attitude towards own-self, (ii) growth development and self-actualization, (iii) integration, (iv) autonomy, (v) perception of reality and (vi) environmental mastery.

At this backdrop, the present researchers decided to investigate and measure the relationship between Mental Health and some Family Characteristics of School –going Tribal Students in Tripura'.

2. Significance of the Study

A mentally healthy person would have a wholesome balanced personality free from inconsistencies emotional and nervous tension, discords and conflicts. The balanced personality is like the balanced physical system; it would stand firm in the midst of strain and stress. There could be no balance of personality, where there is no possibility of conflict. Two aspects are usually found in a mentally healthy person: one is firmness in his intention, and the second one is remaining undisturbed by stress and strain of life. So, many characteristics were found in a mentally healthy person. They are: sense of responsibility, sense of self-reliance, sense of direction, a set of personal values, and sense of individuality. Besides this, he should possess self-concept, concept of life, feeling of adjustment self-respect and respect for others, tolerance, balanced and matured capacities for loving and being loved, insight etc. The present researchers realized the importance of good mental health of the individuals in the society and choose a study on relationship between mental health and some family characteristics of school –going tribal students in Tripura.

3. Literature Review

Many studies have been conducted in the field of mental health. Most of the studies highlighted taking samples from school and college students' mental health during the adolescence stage. Some of the related studies and their findings are highlighted below:

Sinha and Bhan (1978) undertook a study on mental health in University students. The main objectives of the research were to assess the mental health of university students and find out its psycho-social dynamics. He used Maslow Security-insecurity Inventory, Thematic Apperception Test, and Crown and Crisp Middlesex Hospital Questionnaire. One of the findings was that the positive mode of the central figure as an important aspect of interpersonal situation was concomitant with emotionally secured mental health.

Abraham (1985) ventured a study on certain psycho-social correlates of mental health status of university students of Kerala. The aim of the study was to explore the association between mental health status and psycho-social variables for total sample and sub-samples. The main finding was twenty three out of 25 psycho-social variables, except need for knowledge and new experience and involvement in politics, showed significant correlations with mental health status, but none of the values obtained were very high, showing that the influence was not considerable. The estimation of common variance confirmed this finding.

Ostroff, J.S. et al (1996) deserved that few instruments existed for the assessment of adolescents' mental health. In order to examine the appropriateness of the Mental health Inventory for use with adolescents, secondary analyses were conducted on the large sub- sample (n=953) of adolescents who participated in the community-based Raid Health Insurance Study. The MHI, with its adolescent norms, was recommended for the assessment of adolescent mental health, particularly in studies in which comparison with a non-psychiatric, normative adolescent population was indicated.

Anithamary (2005) studied the mental health among adolescence school student in Tiruchirappalli, **Srividya V** (2007) Studied the Mental health and adjustment problems of students of Navodhaya, Central and State schools.

Bharathkumar Reddy K. R. et al (2011) studied the assessment of mental health Indian adolescence studying in urban schools. **Mandava Neelima** (2011) studied the self-confidence and mental health in relation to emotional intelligence of college students. **Prasanth Kumar, J** (2011) Studied the mental health analysis of intermediate students in relation to their hardiness and academic achievement. **Dilip Shivane** (2011) studied the family environment and mental health of the tribal and urban student. **Singh, Arjinder** (2011) studied the mental health in relation to spiritual intelligence altruism school environment and academic achievement of senior secondary students.

P. LavanyaKumari (2012) studied the Influencing factors of Mental Health of Adolescents at School Level. **Dinesh R. S.** et al (2012) studied the mental health among adolescence.

Narmadha. U et al (2013) studied the mental health and academic achievement among student at the secondary level. **Mahesh Pallor et al** (2013) conducted the case study on life skills education in school mental health program in kerala. **Singh, Rashee** (2013) studied the Emotional maturity among senior secondary school students in relation to their self-esteem, home environment and mental health. **Sathiya. S** and **D. Sellam** (2013) studied the mental health of visually impaired children at Thantai Hans Rover high school in perambalur; **Nancy R Premkumar** (2013) studied the Spiritual well-being and mental health: a study of adolescents in colleges in Tiruchirappalli City.

Archna (2013) conducted study on mental health of adolescents in relation to moral judgment, intelligence and personality, Seyed Younes, Mohammadi Yousef Nejad (2013) studied the impact of life skills training on self-esteem, mental health and assertiveness. Sowndaram C. S. (2013) studied the Effectiveness of psycho-social intervention in enhancing the mental health of the adolescents.

Bharath Srikala, Kishore Kumar K. V. (2014) studies the empowering adolescents with life skills education in schools – School mental health program.

The above studies revealed the following findings in relation to Mental Health of students particularly the students belonging to the adolescence stage.

There is a highly significant positive correlation among self-confidence, mental health and emotional intelligence among adolescence. School life skill education program had significantly better self-esteem perceived adequate, coping better adjustment generally specifically with teachers in school, and pro-social behavior. Among the tribes adolescence found to be that student were shy and withdrawn. Whereas urban student were much open and warm. There is more influence of good peer relation and healthy school environment on mental health of adolescents.

4. Objectives of the study

The following specific objectives are set out in the study: (1) to find out whether there is any significant differences between the school-going tribal boys and the tribal girls in mental health; (2) to find out whether there is significant differences between the school-going urban tribal students and the rural tribal students in mental health; and (3) to find out

whether students having high mental health possess more qualities of good citizenship than the students possessing low mental health.

5. Hypotheses of the study

(1) There would be no significant difference between the School-going tribal boys and tribal girls in mental health. (2) There would be no significant difference between the urban school-going tribal students and rural school-going tribal students in mental health. (3) The school-going tribal students having high mental health would possess more qualities of good citizenship than those possessing low mental health.

6. Methodology used in the Study

The present investigators were interested in finding out the Relationship between mental health and some family characteristics of school –going tribal students in Tripura. For this purpose Mental Health Questionnaire (MHQ) developed and standardized by Dr. Haradhan Saha. We have collected data from 600 school-going tribal students of Class IX of sixteen secondary schools selected randomly from the Municipality/ Nagar Panchayet and ADC areas situated in the four districts of Tripura. The investigators administered his tool on 600 students out of which three hundred were boys and three hundred were girls. Out of 600 students, three hundred students belong to rural area and another three hundred belongs to urban area. The result have been calculated using statistical measures like Mean, Median, Quartile Deviation, Standard Deviation, Variance, Skewness, Kurtosis, T-test and F-test.

7. Findings of the Survey

Table-1 (a): Particulars showing the Statistics of the Scores obtained by the School going Tribal Students in the Mental Health Questionnaire (HMHQ)-Gender-wise and Strata-wise:

Measures	Urban Boys	Urban Girls	Rural Boys	Rural Girls
M	67.37	66.35	66.22	65.24
Mdn	67.63	67.21	65.69	65.60
Q	5.75	5.54	5.59	4.49
SD	8.14	7.61	7.49	7.08
V	12.08	11.46	11.31	10.85
SK	-.095	-.337	.212	-.152
KU	.282	.275	.272	.241

Table-1 (b)

Measures	Urban	Rural	Boys	Girls	Total Students
M	66.86	65.73	66.80	65.80	66.50
Mdn	67.46	65.63	66.83	66.16	66.47
Q	5.53	5.16	5.24	5.24	5.42
SD	8.00	7.31	7.84	7.48	7.68
V	11.96	11.12	11.73	11.36	11.54
SK	-.225	.041	-.011	-.144	.011
KU	.270	.260	.271	.268	.267

Table-2: Sums and Means of the Scores of the School-going Tribal Students in the Mental Health Questionnaire for ANOVA:

Strata	Gender	Boys	Girls	Total
Urban		2730	2655	5385
Mean		68.25	66.38	67.31
Rural		2665	2673	5338
Mean		66.63	66.83	66.73
Total		5395	5328	10723
Mean		67.44	66.60	67.12

Table-3: Sums of Squares (Ss) for Gender, Strata and Gender x Strata together with Error Variance for ANOVA:

Source	df	Ss	Mean Ss	F	Level of significance
Gender	1	28.05	28.05	0.50	p>.05
Strata	1	13.80	13.80	0.25	p>.05
Gender x Strata	1	43.07	43.07	0.77	p>.05
Within classes	156	8686.02	55.68		
Total	159	8770.94			

Table-4: The Significance of Difference in Mean Scores in Good citizenship of the Tribal students belonging to High and Low Mental Health Group of Tribal students

Measures	High Mental Health Group	Low Mental Health Group
N	25	25
M	82.32	66.96
SD(combined)		13.13
SE _D		3.68
Difference in Means		15.36
t		4.17*

*significant at the .01 level

8. Interpretation of the data and conclusion of the study:

- 1) From the distribution of the scores of the school-going tribal students (N=600) in Mental Health it was apparent that the Mean, Median, Q, SD, V, SK and KU were found to be 66.50, 66.47, 5.42, 7.68, 11.54, .011 and .267 respectively. With respect to skewness the distribution approached towards normality and with respect to Kurtosis the distribution was a bit platykurtic.
- 2) With respect to Mental Health scores the F-values for the gender, strata and interaction were found to be .50,.25 and .77 respectively. All these F-values were insignificant at the .05 level. Hence the **Hypothesis No: 1(H₁)** that the school-going tribal boys would not differ in Mental Health from the school-going tribal girls was accepted and the **Hypothesis No: 2 (H₂)** that the urban tribal students would not differ in mental Health than the rural tribal students were **retained**.
- 3) The t-value for the good citizenship scores of the school-going tribal students belonging to high mental health group (M=82.32) and low mental health group (M=66.96) was found to be 4.17 which was significant at .01 level. Thus, the **Hypothesis No: 3(H₃)** that the school-going tribal students having high mental health would possess more qualities of good citizenship than those having low mental health were **retained**.

9. Suggestions

1. The present researchers employed the Mental Health Questionnaire on the school-going tribal students. The findings showed that the tribal boys were a bit superior to the tribal girls in mental health. But this

difference was not significant. Moreover, in case of strata, the urban tribal students were a bit superior to the rural tribal students. In this case also the difference was not significant. Though the urban and rural tribal students were closer to the extent of mental health, attempts should be taken to raise the standard of mental health of the two groups. This was true in case of tribal boys and tribal girls. This would increase the extent of mental health of the tribal students in Tripura, which would strengthen the social bond and help them live as good citizens.

2. The parents and guardians should be aware of the fact that physical health factors made significant contributions to mental health. It had been observed that continued hunger, overwork or sleeplessness would produce fatigue. Vitamin deficiencies had been found to be the causative factors in many personality difficulties. So, the guardians and the parents should take care of these factors so that their wards might not suffer from mental deficiencies.
3. The social environment shaped knowledge, skills, interests, attitudes, habits, values, and the goals of the children. Proper social and environmental factors should be provided to the tribal children to develop mentally healthy attitudes.
4. The parents and the guardians should know that mental health in childhood and later depended very much on the adequate satisfaction of fundamental or basic needs of the children. The tribal parents should provide to their wards a sense of security through love and affection. Over-protection and over-restriction should be avoided, and the wards should be allowed to think and decide for themselves independently.

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