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Research Article

Mental Health, Coping Styles Of Tribal Students In Warangal District

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ABSTRACT

India is home to the largest tribal populations of the world, with 8.6% of total Indian population belonging to Scheduled Tribes who constitute 705 tribal groups across India. The tribal populations have greater vulnerability to mental health issues for multiple reasons. The impact of rapid social changes alters their lifestyles, beliefs and community living. The strain of acculturation to moving to urban spaces and use of alcohol and other substances predisposes them to a number of mental health issues. Mental health describes a level of psychological well-being, or an absence of a mental disorder. From the perspective of 'positive psychology' or 'holism', mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." Coping style is essential for the well-being of the tribal students for overall development and overcome problems successfully. Proactive coping refers to the cognitive and behavioral efforts made by individuals to prevent or prepare for potential stressors or challenges in their lives. In the case of tribal students, they may face unique stressors and challenges related to their cultural identity, discrimination, and socioeconomic status, which may impact their well-being and ability to cope with adversity. Previous research has suggested that individuals who engage in proactive coping strategies are more likely to experience higher levels of subjective well-being.

Keywords: Mental Health, Tribal, Students, Well being

Introduction

Today's world is the world of science and technology. We can notice that the whole human life is more comfortable today due to the use scientific equipment in domestic life. But tribal society still shows that they are limited in their beliefs, traditions, customs, religions, special grouping, married conjugal groups, living with the stamp of their cast. On the one hand, 21st century, scientific research has led to various discoveries, which made the human life happier, on the other hand, tribal society is looking at us but lost in the world. We see however, that physical and mental health of the tribal's is diminished. Tribal society basically inhabit away from public buildings, in groups of the forests, community life. They are influenced by their lives, customs, traditions, culture and religion and in this way, they are affecting their lives and their health. Hence, we can observe that their mental quotient and physical health is deteriorating. Because of their mental health, their emotional quotient can not be fully realized and that is why indirectly it affects their own self. These physical and mental health factors cause disrupt to living a happy life, and therefore, we see that there is adverse effect on educational support and achievement.

Tribals in India have to struggle hard for survival and development. They constitute a large number of populations so their development is essential for integrated development of the country as a whole. They are

deprived of normal opportunities which may result in intellectual weakness. A major problem of tribal education is the lack of interest of teachers working in tribal areas. These areas are fairly remote, generally not easily accessible and involve many problems (e.g. poor facilities, living conditions, food, etc.) which discourage even the teachers of tribal and non-tribal origin to work in those regions. Low level of motivation and poor self-efficacy of children has also been considered as important factors in poor school performance.

Mental Health: -

Mental health refers to a person's emotional, psychological, and social well-being. It affects how individuals think, feel, and act, as well as how they handle stress, relate to others, and make decisions. Maintaining good mental health is essential for overall well-being and functioning effectively in daily life.
Mental health encompasses a range of factors, including emotional stability, cognitive functioning, and the ability to cope with life's challenges. It is influenced by biological factors, such as genetics and brain chemistry, as well as life experiences, such as trauma or abuse, and family history of mental health problems.
Good mental health is not just the absence of mental illness but also involves a state of well-being in which individuals realize their potential, can work productively, and contribute to their communities.

Coping Styles: -

A coping skill is a behavior or technique that helps a person to solve a problem or meet a demand. People who have learned a variety of different coping skills are able to handle demands and solve problems more easily and efficiently than people who are not as knowledgeable about how to cope. Because they are more easily able to meet demands, people with good coping skills are less likely to experience negative stress reactions than the people with more poorly developed coping skills. In addition, people with well-developed coping skills typically develop a higher sense of self efficacy than do their peers who have poorer coping skills, and thus are less likely to suffer the negative impact of stress reactions. Coping skills are something that can be learned. If you don't have good coping skills, you can study techniques that will allow you to get better at coping over time. In essence, they are tools that you can learn and then "carry around" in your personal toolbox to help you become better at managing your stress (Harry, Natalie and Mark, 2008).

Coping strategies refer to the conscious efforts, behaviors, thoughts, and emotions that individuals employ to manage stress, adversity, or challenging situations. These strategies aim to alleviate the negative effects of stressors, enhance resilience, and maintain psychological well-being. They can include problem-solving approaches, emotional regulation techniques, seeking social support, engaging in relaxation exercises, or adopting a positive outlook. Each person may utilize a combination of these strategies depending on their circumstances and personal preferences.

Diener reveals that SWB can be characterized by three things. First, Subjective Well Being is subjective, which means that each individual can have a different experience. Second, Subjective Well Being also measures positive experiences, not just the absence of negative experiences. Third, Subjective Well Being also measures individuals' assessment of their life as a whole. Proctor also stated that people with high Subjective Well Being felt satisfied with their life and feel frequent positive affect instead of negative affect. Conversely, people with low Subjective Well Being experience more frequent life dissatisfaction and negative affect, and less often experience positive affect. According to Diener Subjective Well Being consists of two components, namely cognitive components, and affective components. The cognitive components refer to the domain satisfaction and life satisfaction in general. Although domain satisfaction can be measured, Subjective Well Being focuses more on life satisfaction in general.

Review of Literature

Lokesh Kumar Ranjan, et al (2021) studied Self-esteem and wellbeing among tribal and non-tribal adolescent girls. The cross- sectional study was conducted in which 2 schools and 1 institute selected using purposive sampling. The total enumeration method of random sampling was obtained to select participants. 360 adolescent girls (180 each tribal and non-tribal adolescent girls) were selected for the study. Socio-demographic datasheet, subjective wellbeing scale and Rosenberg self-esteem scale were used for the assessment. The adolescent girls with tribal ethnicity found to have low self-esteem and wellbeing (depressive) compared to adolescent girls with non- tribal ethnicity. 33.9% of tribal adolescent girls and 13.3% of non-tribal adolescent girls found in depressive dimension. The deliberate efforts to build selfesteem and wellbeing among tribal adolescent girls can help to promote their mental health. The mental health promotion and wellness programs specific to ethnicity and culture requires to uphold the wellbeing of the adolescent girls with tribal ethnicity.
Kaur, Veerpal (2018) conducted a study on the topic, "A Study of Mental Health and Academic stress among Adolescents in Relation to Gender and Areas". A descriptive survey method of research was used to conduct the study. Mental Health battery (2005) developed by A.K. Singh and Alpana Sen Gupta was used as a tool to study the mental health of the students. The tool Academic Stress scale (1987) developed by Dr. Abha Rani

Bishet was used to study academic stress among adolescents. Data was collected by selecting a sample of 200 adolescents (100 girls and 100 boys). Statistical techniques namely Mean, SD, and t-test were used for attaining the objectives of this study. The findings of the study were: There exists no significant difference in mental health among boys and girls adolescents and there exists no significant difference in the mental health among rural and urban adolescents

Sahu, S., & M S. (2017) Investigated Life satisfaction, subjective well-being and coping strategies among tribal and non-tribal adolescents. (160 tribal and 160 non-tribal adolescents) are the sample. It is found that tribal adolescents had lower levels of life satisfaction and subjective well- being than non-tribal adolescents, and that they were more likely to use proactive coping strategies such as problem-solving and seeking social support. It is concluded that cultural differences may play a role in the subjective well-being and coping strategies of adolescents.

Chanchal, Bala (2016) examines, "Mental Health of Adolescents in Relation to Emotional maturity and Family Environment". Descriptive survey method of research was used for present study. Data was collected from 580 female and male adolescents from rural and urban area. 290 urban (145 female and 145 male) and 290 rural (145 female and 145 male) adolescents were taken as sample. Tools used for data collection were Mental Health Battery by Arun Kumar Singh and Alpana Sen Gupta (1983), Emotional Maturity Scale by Yashvir Singh and Mahesh Bhargava (1993) and Family Environment Scale by Harpreet Bhatia and N.K. Chadha (1993). Findings of the study were: Female adolescents have better mental health than the male adolescents, there is no significant difference found between rural and urban adolescents in relation to their mental health, both are equal, there is negative correlation between mental health and emotional maturity of adolescents and no significant relationship found between mental health and family environment of adolescent's family.

Brahmbhat, Shital G. (2015) studied on topic, "A study of Mental Health of Higher Secondary School Students". For the present study the random sampling techniques was used for the selection of sample. Sample consisted of 120 children (30 male students of Gujarati medium and 30 female of Gujarati medium, 30 male students of English medium and 30 female students of English medium). In this study Mental Health Inventory by Arun Kumar Singh and Alpana Sen Gupta (2010) was used for data collection. To analyse the data analysis of variance (ANOVA) was used. The major findings of the study were: Significant difference is not existed between male and female students of higher secondary school on mental health, significant difference is existed between Guajarati and English medium students of higher secondary school on mental health, Guajarati medium students of higher secondary school have found to be better mental health than English medium students of higher secondary school and male English medium students of higher secondary school have found to be better mental health than remaining group of students of higher secondary school.

Guleria, Monkia (2014) analyzed a topic, "A Comparative Study of Personality and Mental Health of Children of Educated and Uneducated Mothers of Punjab and Rajasthan State in Relation to Their Intelligence". The sample was randomly selected from the Govt. and private schools. The research investigation had carried out on 500 tudents of senior secondary class (XI and XII) of Rajasthan and Punjab state. Tools used for the study were Eysenik Personality Inventory (16PF) by S.D. Kapoor, Group Test of General Mental Ability Test by Dr. S. Jalota and Mental Health Battery by Singh and Sengupta (2000). The major findings of the study were : There is no significant difference between educated mother's children and un-educated mother's children in their mental health, there is no significant difference between rural and urban children and between Punjab and Rajasthan state children in their intelligence, personality, and mental health, and children having high score on mental health test or we can say children having sound mental health, having more extrovert personality than the children having low score on the mental health.

Objectives of the study:

- To investigate whether male and female students differ significantly in their mental health, well being and copying styles.
- To explore weather educational level has any significant impact on mental health and coping styles among tribal students.

Hypotheses:

- Male and female tribal students differ significantly in their mental health and coping styles.
- There is significant interaction between gender and education level with regard to mental health and coping styles.

Table 1: Distribution of the Sample

Sample	Male	Female	Total
10^{th}	50	50	100
Intermediate	50	50	100
Graduation	50	50	100
Post – Graduation	50	50	100
	200	**200**	**400**

Population:
Tribal students both male and female studying High School, Inter, Degree and PG Warangal district in Telangana constitute the population of the study. There are around in combined Warangal 10th Students are 10,000, Inter are 9,000, Degree 6,000, PG 4,000.

Statistical analysis:
The data are subjected to descriptive statistics such as mean and SD and inferential statistics such as ANOVA and't' test whenever necessary to test the hypotheses.

Table 2: means and yes this of scores on mental health (k=8)

Education	Male		Female	
	Mean	Standard Deviation	Mean	Standard Deviation
10th Class	149.32	22.42	150.20	21.30
Intermediate	159.78	16.94	159.70	21.40
Degree	180.28	42.75	184.12	36.78
Post Graduate	186.46	29.53	187.38	44.52
Total	168.96	33.31	170.35	36.01

Post graduate female students have obtained highest mean of 187.38 with an SD of 44.52 suggesting that they are mentally healthy compare to other groups of tribal students. 10th class male tribal students have obtained lowest mean of 149.32 with an SD of 24.42 suggesting their mental health relatively low compared to the other groups of tribal students. There are mean differences among the 8 groups of tribal students in their mental health. However in order to test whether there are any significant differences among the eight groups of tribal students in their mental health the data are further subjected to analysis of variance and the results are presented in table 3.

Table 3: Summary of Anova of scores on mental health (k=8).

Source	Sum of Squares	df	Mean Square	'f' value	p value	sig
Gender	193.210	1	193.210	0.197	0.657	NS**
Education	94947.550	3	31652.517	32.342	0.000	NS
Gender*Education	216.110	3	72.0737	0.074	0.974	
Error	383641.520	392	978.677			
Corrected Total	479008.390	399				

The 'f' value of 0.197 for the variable gender is not significant suggesting that both Male and female tribal students have good mental health. The 'f' value of 32.342 for the variable educational level is significant beyond 0.01 level suggesting that educational level of the students significantly influences their mental health. Post graduate tribal students both male and female have better mental health compare to degree, intermediate and 10th class tribal students. 10th class tribal students both male and female have relatively low mental health. As one 'f' value is significant the data are further subjected to 't' test in order to find out whether there are any significant differences among the 8 group subjects in their mental health and the obtained results are presented in table 4.

Table 4: 't' values among the 8 groups subjects.

	1	2	3	4	5	6	7	8
1	-	0.192	2.489	2.261	4.447	5.574	6.853	5.300
2		-	2.489	2.225	4.454	5.643	7.041	5.327
3			-	0.021	3.153	4.250	5.541	4.097
4				-	3.044	4.058	5.188	3.962
5					-	0.481	0.841	0.813
6						-	0.351	0.399
7							-	0.122
8								-

There is no significant difference between groups 1-2,2-3,3-4,4-5 and group 5,6,7 and 8 do not differ significantly with regard to mental health. whereas all the other mean differences are significant.

Table 5: Present means and SDs of Scores on Problem focused copying styles

Education	Male		Female	
	Mean	Standard Deviation	Mean	Standard Deviation
10th Class	16.88	4.48	16.60	5.57
Intermediate	18.10	4.52	18.48	3.90
Degree	18.82	4.38	18.32	4.38
Post Graduate	18.44	3.56	19.10	3.28
Total	18.06	4.28	18.13	4.43

Post graduate female students have obtained the highest mean of 19.10 with an SD of 3.29 suggesting that the use problem focused copying styles more frequently in their experience where as 10th class female tribal students have obtained the lowest mean of 16.60 with an SD of 5.57 suggesting that they use problem focused copying styles less frequently when they try to cope with stress. There are differences among the 8 groups of subject with regard to the use of problem focused Styles as a means of coping with stress. however in order to test whether there are any significant differences among the means of a group of subject the data are further analysis using analysis of variance, and the results are presented in table 6.

Table – 6: Summary of Anova of scores on Problem focused coping styles

Source	Sum of Squares	df	Mean Square	'f' value	p value	sig
Gender	0.422	1	0.422	0.023	0.880	NS
Education	255.527	3	85.176	4.587	0.004	**
Gender*Education	22.287	3	7.429	0.400	0.753	NS
Error	7279.34	392	18.570			
Corrected Total	7557.576	399				

The 'f' value of 0.025 for the variable gender is jot significant suggesting male and female tribal students use problem focused copying almost equally in their attempt to cope with stress. the f value of 4.586 for the variable educational level is significant beyond 0.01 level suggesting that educational level of the tribal students would significantly influence they use of problem focused copying styles. Post graduate tribal students use problem focused copying styles more frequently in their attempt to cope with stress. Where are 10th class students using the same strategy less frequently. As one 'f' value is significant the dates are for the subjected to 't' test in order to find out weather there are any significant differences among the 8 groups of students in their use of problem focused copying styles and results are presented in table 7.

Table 7: 't' values among 8 group of subjects

	1	2	3	4	5	6	7	8
1	-	0.277@	1.356@	1.950@	2.190**	1.626@	1.928@	2.830@
2		-	1.479@	1.955**	2.215**	1.710@	1.968@	2.735@
3			-	0.450@	0.809@	0.247@	0.418@	1.267@
4				-	0.410@	0.193@	0.54@	0.860@
5					-	0.570@	0.476@	0.362@
6						-	0.150@	1.008@
7							-	0.964@
8								-

There is significant difference between groups 1-8 among 2-4,2-5, 2-8 only whereas all the other 't' values are not significant.

Table 8: means and SDs of score on emotional focused copying styles

Education	Male		Female	
	Mean	Standard Deviation	Mean	Standard Deviation
10th Class	24.44	5.55	25.72	7.39
Intermediate	27.24	4.96	28.00	4.90
Degree	28.08	5.82	27.70	6.31
Post Graduate	28.06	5.25	29.14	5.24
Total	26.95	5.57	27.64	6.12

Post graduate tribal female students have obtained the highest mean of 29.14 with an SD of 5.24 suggesting the post graduate tribal female students use emotional focused copying styles more frequently in their attempt to

cope with stress. Whereas 10th class tribal male students have obtained the lowest mean of 24.44 with an SD of 5. 55 suggesting that a 10th class tribal male student is emotional focused coping styles less frequently in coping with their stress.

However in order to press whether there are any significant differences among the 8 groups of subjects in their use of emotional focused coping styles. The data are further subjected to Anova and results are presented with table - 9.

Table 9: Summary of Anova of course on emotional focused copping styles:-

Source	Sum of Squares	df	Mean Square	'f' value	p value	sig
Gender	46.922	1	46.922	1.428	0.233	NS
Education	706.888	3	235.623	7.173	0.000	**
Gender*Education	41.247	3	13.749	0.419	0.740	NS
Error	12876.54	392	32.848			
Corrected Total	13671.597	399				

The 'f' value of 1.428 for the variable gender is not significant suggesting at male and female tribal students do not differ significantly in their use of emotional focused cropping styles. The 'f' value of 7.173 for the variable educational level is significant beyond 0.01 levels suggesting that there are significant differences among the four groups of students in their use of emotional focused coping styles.

Post graduate tribal students they are use emotional focused copping styles more frequently than the three groups of students 10th class tribal students' use this strategy less frequently compared to other groups of subjects. As one 'f' value significant the data are further subjected to 't' test in order to find out present the groups differs significantly among themselves in their use of emotional focused coping styles to cope with stress.\

Table 10: 't' value among 8 groups of subjects:-

	1	2	3	4	5	6	7	8
1	-	0.979@	2.659**	3.399**	3.201**	2.743**	3.350**	4.353**
2		-	1.270@	1.818@	1.774@	1.441@	1.825@	2.669**
3			-	0.770@	0.777@	0.405@	0.803@	1.861@
4				-	0.074@	0.269@	0.059@	1.123@
5					-	0.313@	0.018@	0.957@
6						-	0.310@	1.241@
7							-	1.029@
8								-

Group 1 differ significantly with groups 3,4,5,6,7 and 8, group two differ significantly with group 8 where as all the other t values are not significant.

Findings

- Both tribal male and female students almost maintain balanced mental health.
- Postgraduate student's maintained better mental health compared to other tribal students.
- There is no significant difference between tribal male and female students in their use of coping styles.

Conclusion

Mental health is the ability by which one can face problems in life. A mentally healthy person can achieve everything in his life that he wants to achieve. A mentally healthy person knows what to do and what not to do in his life. He has the ability to make decisions. He knows, understands and behaves according to the rules of society. He works for the betterment of himself, his family and society. A mentally healthy person can adjust properly to his family and society. There is a prevalence of emotional and behavioral problems in tribal adolescent population. There is lack of appropriate mental health services in the rural areas and tribal population is unable to access the appropriate service and treatment. There is need to develop psychosocial care programmed for adolescent to promote of positive social, physical, psychological and emotional wellbeing appropriate to their cultural context. A person is said to be physically fit when his body is functioning well and he is free from pains and troubles. Similarly, a person is said to be in good mental health when his mind or personality is functioning effectively and he is free from emotional disturbance. Mental health determines what we think, what we feel, and how we behave in situations. A mentally healthy person knows about himself. He knows his abilities and disabilities and takes the right decisions to solve the problem that come in life.

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