Stress and Mental Health of Tribal and Non-Tribal Female School Teachers in Jharkhand, INDIA

Dr. Renu Dewan (Ph.D)

Associate Professor in University Department of Psychology, Ranchi University, Ranchi-(Jharkhand) India

Abstract- The research reported in the paper examines the effects of stress, marital status and ethnicity upon mental health of female school teachers. A 2x2x2 factorial design with three factors, each having two levels was used and ANOVA was applied for the analysis of data obtained from a stratified random sample of 304 female school teachers. General Health Questionnaire (GHQ) – 12 was used to measure mental health and stress was developed by Hassan (1982). Results reveal that out of three factors, namely stress, marital status and ethnicity, only ethnicity was found to produce main effect on mental health. Neither second order interaction nor third order interaction was found significant.

Index Terms- Ethnicity, Marital Status, Mental Health, Stress

I. INTRODUCTION

Mental Health is described as some thing more than a mere absence of mental disorders. Mental Health refers to a state of mind which is characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (Bhagi, 1992). Mental health as defined by Kornhauser (1995) means those behaviours, perceptions and feelings that determine a person’s over all level of personal effectiveness, success, happiness and excellence of functioning as a present also depends on the development and retention of goals that are neither too high nor too low to permit realistic successful maintenance of belief in one’s self as a worthy, effective human being. He further states that since, employees spend roughly one third of their time in their workplace, mental health is of particular importance.

WHO defined ‘Health is a state of Complete Physical, Mental, Social and Spiritual well being and not merely the absence of disease or infirmity.’ The concept of mental health includes subjective well being perceived self-efficacy, autonomy, competence and recognition of the ability to realize one’s intellectual and emotional potential. It has been also defined as state of well being whereby individual’s recognize their abilities, or able to cope with their normal stress of life, work productivity and fruitfully make a contribution to their communities (Agarwal, 2007).

The rise in magnitude of mental disorders, affecting millions of people all over the world has become a problem of grave-concern. World Health Organization in its world health report (2000-2001) has stated that 20-25% of the world population is affected by mental problems at some time during their life. Prevalence rate of mental disorders in India is reported to be 58.2 per thousand populations (Reddy and Chandrasekhar, 1998). Incidence of mental disorders is on rise. In 1990, mental and neurological disorders accounted for 10% of the total patients of all disease and injuries which rose to 12% in 2000 and by 2020, it is projected that the burden of these disorders will increase to 15 percent. Factors associated with the prevalence, onset and course of mental and behavioral disorders include poverty, gender, age, conflicts, and disasters, major physical disease, and the family and social environment.

The present Century is not only a Century of human achievements and success but is also a world of stress. The present day human society, characterized by population explosion, onset of disease like Cancer, HIV/Aids, highly competitive market economy, family and social feuds, threat of attacks by the super-power, problems of refugees and their rehabilitation, rise of extremism and terrorism etc. has exposed individuals to stressful situations which tend to produce adverse effects on their mental health. All segments of human society have been affected by the problems of mental health as well as stress (Jamal and Baba, 2000; Paul, 2008; Rai et. al., 1977; Singh and Dubey, 1977).

Stress can be defined as the condition or the situations that disturb the normal functioning of physical and mental health of an individual. In present scenario, every person is bound to be affected by certain amount of stress. In extreme stress conditions which are harmful to human health but a moderate amount of stress is acceptable. It motivates individuals to undertake self care activities that promote health, individual’s success is achieved through well managed stresses (Lazarand & Folkman, 1984; Mathew, 1985; Pestonjee, 1987, 1997; Priya et. al., 2007).

The effect of perceived role of stress, resulting from role ambiguity, role conflict and role overload on mental health has been examined by several researchers (Beehr & Newman, 1987; Mittal et.al, 2000; Srivastava, 1991).

Researches on mental health of tribals are not much in numbers. Few studies made on them have produced inconsistent results (Bhaskaran et. al., 1970; Dewan, 2009d; 2010c; Mahanta, 1979; Srivastava et. al., 1981; Verma, 1973; Wig, 1981).

In view of the paucity of Indian researches and inconsistent findings, the present research was made to study the effects of ethnicity, marital status and stress on mental health of female tribal and non tribal school teachers in Jharkhand.
II. OBJECTIVE OF THE STUDY

The main objective of the present study was to examine the main and interaction effects of ethnicity, marital status and stress on mental health of tribal school teachers.

III. RESEARCH METHODOLOGY

Sample description:
A sample of 400 female school teachers were drawn from schools of Ranchi town, 160 tribal and 160 non-tribal were selected using stratified random sampling; the stratification was based on ethnicity (tribal/non-tribal), marital status (married/unmarried), and level of stress (high/low).

There were eight sub-groups and for each sub-group 50 cases were selected on a random basis.

The sample design is given below:

<table>
<thead>
<tr>
<th></th>
<th>Tribal</th>
<th>Non-Tribal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married</td>
<td>Un-marry</td>
</tr>
<tr>
<td>High Stress</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Low Stress</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOOLs:

(A) General Health Questionnaire (GHQ) – 12:
This scale was made by Shamsunder et.al.1986 and Goutam et.al. 1987. It consists 12 questions related to health problems focused on anxiety/stress, malnutrition, weight, height, anemia/hemoglobin, blood pressure, sugar level etc. High scores indicate good mental health.

(B) Stress Scale:
It is a 20-item scale developed by Hassan (1982). It is reported to be a valid and reliable test of stress. High scores on this Scale indicate high stress.

Both the scales have two response alternatives (Yes/No) to each of their items. Half of the items of the two scales were positive and half were negative. A score of 1 was given for ‘Yes’ responses to positive items and 0 for ‘No’ responses and negative items.

On the basis of scores on Stress Scale, the school teachers, both tribal and non-tribal were classified into married and unmarried categories, which were classified into two groups, namely high and low stress. Subjects scoring above the median were considered high scorers and those, scoring below median were categorized as low scorers.

IV. ANALYSIS AND RESULTS

To examine whether observed differences were statistically significant or not and to study the main and interaction effects of ethnicity, marital status and stress, Analysis of Variance (ANOVA) was used. The results of Analysis of Variance are present in table 1.

Table 1: Showing the Result of Analysis of Variance (ANOVA)

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>df</th>
<th>MS</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ethnicity</td>
<td>1</td>
<td>25.54</td>
<td>13.098**</td>
</tr>
<tr>
<td>B. Marital Status</td>
<td>1</td>
<td>0.50</td>
<td>0.256NS</td>
</tr>
<tr>
<td>C. Stress</td>
<td>1</td>
<td>0.12</td>
<td>0.06NS</td>
</tr>
<tr>
<td>A x B</td>
<td>1</td>
<td>2.45</td>
<td>1.256NS</td>
</tr>
<tr>
<td>A x C</td>
<td>1</td>
<td>3.50</td>
<td>1.794NS</td>
</tr>
<tr>
<td>B x C</td>
<td>1</td>
<td>2.89</td>
<td>1.482NS</td>
</tr>
<tr>
<td>AXBXC</td>
<td>1</td>
<td>5.45</td>
<td>2.794NS</td>
</tr>
<tr>
<td>Error</td>
<td>292</td>
<td>1.95</td>
<td></td>
</tr>
</tbody>
</table>

**Significant at .01

Table 1: indicates the following main points:
Marital status and stress do not produce any effect on mental health of school teachers. Only ethnicity is found to produce effect on this variable. The ‘F’ ratio is 13.098, which is statistically significant at.01 level. This shows that tribal school teachers, as compared to non-tribal school have better mental health.

Neither second order interaction nor third order interaction effects are statistically significant. This shows that the effect of ethnicity is the same for married and unmarried school teachers and for high and low stress school teachers. It also shows that the simple effect of stress on mental health of married and unmarried school teachers is the same.

The insignificant third order interaction effect indicates that two of the factors say ethnicity and stress do not differ in magnetite from level to level of third factor that is marital status.

Considering the significant ‘F’ value, tribal and non-tribal groups in married as well as un-married categories were compared on their mean mental health scores, using t’ ratios for testing the significance of mean differences. Data are reported in table-2.
Table 2: Comparison between Tribal and Non-Tribal groups on Mental Health

<table>
<thead>
<tr>
<th></th>
<th>TRIBAL</th>
<th></th>
<th>NON TRIBAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MARRIED</td>
<td>UN-MARRIED</td>
<td>MARRIED</td>
</tr>
<tr>
<td>NO</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>MEAN</td>
<td>10.12</td>
<td>8.67</td>
<td>9.96</td>
</tr>
<tr>
<td>SD</td>
<td>2.74</td>
<td>2.15</td>
<td>.90</td>
</tr>
<tr>
<td>t-value</td>
<td>4.14*</td>
<td>2.36*</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at .01, *Significant at .05

Above table 2 indicate that there is significant difference between tribal and non-tribal groups in respect of marital status. The t-values of tribal group is found 4.14, significant at .01 level and that of non-tribal group is 2.36, which is significant at .05 level.

Mean and SD scores of both married and un-married tribal school teachers are significantly higher than married and un-married non-tribal school teachers on Mental Health Scale.

V. CONCLUSION & DISCUSSION

The main conclusion emerged from the analysis of data is that only ethnicity is associated with mental health of tribal school teachers. Tribal seem to have better mental health than non-tribal. The finding collaborates earlier researches showing the relationship of mental health of individuals with their ethnicity (Bhaskaran, et. al., 1970; Dewan, 2009d; 2008a; Hassan, 1986; Mahanta, 1979; Murphy, 1993 Srivastava et. al., 1981; Verma, 1973; Wig, 1981).

Insensitive effects of marital status on mental health of tribal and non-tribal school teachers as revealed by the present research are not surprising. Some studies have indicated that married women lag behind un-married women in mental health (Booth et. al, 1984; Fanous et. al, 2002), while others have confirmed the finding of present research (Davar, 1999; Dewan, 2010c).

Stress has also not found any significant effect on mental health of married and non-married tribal and non-tribal school teachers’ sample. There are researches to indicate that mental health is affected only by very high stress. (Jamal & Baba, 2000; Rai et. al., 1977; Singh and Dubey, 1977). At times, normal stress has positive influence also. It motivates individuals to undertake self care activities that promote health. Individual’s success is achieved through well managed stresses (Lazarand & Folkman, 1984; Mathew, 1985; Pestonjee, 1987; 1997; Priya et. al., 2007).

REFERENCES


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AUTHORS

First Author – Dr. Renu Dewan (Ph.D), Associate Professor in University Department of Psychology, Ranchi University, Ranchi-(JHARKHAND)INDIA.
e.mail:renudewan2001@yahoo.com, Mobile: 919431101176