



WWJMRD 2018; 4(3): 269-271
www.wwjmr.com
International Journal
Peer Reviewed Journal
Refereed Journal
Indexed Journal
UGC Approved Journal
Impact Factor MJIF: 4.25
E-ISSN: 2454-6615

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Mental Health of Adolescents in Arunthathiyar Community– A Socio Economic Analytic Study

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Abstract

The mental health or behavioral problem is attributed to 20 percent of the world's adolescent population, and 50 percent of the behavioral and psychological problems have their onset during the adolescent period. The present study opted multistage sampling to select 494 school / college going adolescents as respondents in the age group of 11 – 19 years. The respondents were from Arunthathiyar community in six interior villages of Coimbatore district. A questionnaire, DASS (Depression, Anxiety and Stress Scale), five point scale to measure the perceptions of adolescents on their socio economic status was the tools used. The data was analysed statistically, the analyses revealed that 34-45 percent of the respondents were suffering from moderate to severe levels of depression and anxiety. Twenty three percent experienced mild to moderate levels of stress

Keywords: Mental health, Arunthathiyars, adolescents

1. Introduction

Adolescence is the most important transition period of life, with intense turmoil due to the cognitive, biological and social changes. This is the period of psychological transition, as a child confined to the family, now as grown up will enter the societal life. Furthermore, adolescence is a sensitive period with high risk of conduct disorders and antisocial behaviour. Constant fault finding, teasing, lecturing and making unfavourable comparison with other children will lead to aggression.^[1] the most strongly associated factors with mental disorders are deprivation and poverty. Lower levels of education and household income, lack of access to basic amenities also contribute to high risk of mental disorders^[2] Mental health is not just the absence of mental disorder and 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.^[3]

The prevalence rates of mental disorders among children and adolescents range from one percent to 51 percent, with a mean rate of 15.8 percent. In developing countries the prevalence of mental disorders among adolescents attending primary health care facilities ranges between 12 percent and 29 percent. Several studies indicate that prevalence rates of the individual disorders: depression, anxiety and stress are growing among adolescents.^[4]

Scope of the study

The literature pertaining to the Arunthathiyar community is scarce; the few studies carried out have dealt with general status related to problems and discrimination faced by the community. The Arunthathiyars are discriminated not only by other castes but also by other Dalit communities. The present study aims to build literature on adolescents, who could be the agents of change from age long oppression and exclusion. The focus on mental health would further open paths for more such studies to be taken up in future mainly with urban adolescents living in slums.

Objectives

The objectives of this study were

1. To assess the personal and socio-economic background
2. To identify the state of mental health in the identified adolescents
3. To study adolescents level of perceptions on their socio - economic status and its correlation with mental health

2. Methodology

The Arunthathiyar population is spread all over Tamil Nadu, however it is more concentrated in the western Districts, namely Coimbatore, Erode, Salem and Namakkal. In order to understand the socio economic, cultural and emotional state of this community, an exploratory research design as the frame work, with multi stage sampling was chosen. The process involved in selection of samples went through six stages. In the sixth phase six villages from Madikkarai taluk, Coimbatore district was chosen as it had the highest Arunthathiyar population, 494 adolescents (all the school / college going) in the age group 11 – 19 years were the sample chosen A questionnaire to collect adolescents and their family background, five point rating

scale to elicit adolescent’s perceptions of their socio economic status, Depression, Anxiety, Stress Scale (DASS)^[6], to assess the state of mental health were the tools used. The data collected was analysed statistically using percentage, t - test, correlation and chi square.

3. Results and Discussion

The findings were discussed under the following heads

3.1 Personal and family details of adolescents

The adolescents participated in the study were aged 11 – 19 years from Arunthathiyar community, who were studying in government schools. The average age of the participants was found to be 14 – 16 years and their monthly family income was Rs. 8000 – 10,000.

3.2 Mental health status of the identified adolescents

Table 1 highlights the adolescent’s state of mental health – classified as normal, mild, moderate, severe and extremely severe, and gender variations. The three components of mental health studied were depression, anxiety and stress.

Table 1: Status of mental health and gender variations

S.No	Status	Depression		Anxiety		Stress	
		N	%	N	%	N	%
1.	Normal	259	54.2	240	48.6	367	74.3
2.	Mild	72	14.6	33	6.7	59	11.9
3.	Moderate	110	22.3	101	20.4	57	11.5
4.	Severe	39	7.9	61	12.3	11	2.2
5.	Extremely severe	14	2.8	59	11.9	0	0
	Total	494	100	494	100	494	100
Gender variations							
Depression							
S.No	Gender	Number	Mean	Standard Deviation			
1.	Male	242	10.5744	7.88905			
2.	Female	252	9.8214	8.19361			
Df-492		t- value =1.04		P - value =0.299 ^{NS}			
Anxiety							
1.	Male	242	9.7314	7.53293			
2.	Female	252	9.2619	7.81477			
Df - 492		t- value = 0.679		P- value = 0.497 ^{NS}			
Stress							
1.	Male	242	10.2479	7.05377			
2.	Female	252	10.0476	7.04494			
Df - 492		t - value = 0.316		p- value = 0.752 ^{NS}			

According to the numbers given in the table and the corresponding percentage shows, that almost near to half of the adolescent population (48 – 54%) in the study were normal and 20 – 22 percent were in the moderate, 11 – 24 percent were into severe and extremely severe levels of depression and anxiety. On the stress level, a majority (74%) were normal and free from stress, 23 percent had mild and moderate levels and a small percentage (2%) experienced severe level of stress. If looked deeper into the analysis 34 – 45 percent of the adolescents suffered moderate to extremely severe levels of depression and anxiety, therefore the overall status of mental health of the adolescents seems to be a matter of concern. Anxiety is one of the most common psychological disorders among adolescents worldwide.^[8]

The mean scores indicate that there is no gender differences, and the t test value in all the three aspects of

mental health - depression, anxiety and stress was shown as “insignificant” at five percent level.

3.3 Perceptions of adolescents on their socio economic status

The few studies on Arunthathiyars have shown prevalence of persistent poverty and suffering. Therefore, based on the interactions with the community in four districts, the perception scale was developed to understand the adolescent’s perceptions on their socioeconomic status. The present generation can set a new track, to tread on to better future for themselves and for the following generations.

The perceptions of the adolescents related to their socio economic status is presented in the table -2

Table 2: Perceptions of adolescents on their social status

Gender	Level of perceptions						df	Chi square value	P – value
	V. Low	Low	Moderate	High	V. High	Total			
Male	6	21	119	94	2	242	4	8.569	0.073 ^{NS}
Female	1	11	128	111	1	252			
Total	7	32	247	205	3	494			
%	1.4	6.5	50.0	41.5	0.6	100			

Table presents the adolescent’s perceptions on their socio economic status, the majority have a moderate level of perception on their status, and a good number also have a high level of perceptions. There was no gender difference, as the outcome of the chi square test analyses was found insignificant at five percent level. However, the level of perceptions of female respondents was slightly better than the males. It was also interesting to find that insignificant percentages were on the extremes; ‘very low’ and ‘very high’ level of perceptions. The level of parental education may influence the way the adolescents think about themselves and perceive others. Increased parental education help adolescents have more resilience to negative affect by having more opportunities.

3.4 Perceptions of adolescents on their socio economic status and mental health

The table indicates the correlation between perceptions of adolescents on their socio economic status with depression, anxiety and stress. The ‘t’ test scores were given in the table - 3

Table 3: Correlation between Perceptions of adolescents and their mental health

Variable	r – value	P- value	Conclusion
Perception and depression	-0.039	0.386	Negative correlation not significant
Perception and anxiety	-0.095	0.034*	Negative correlation, significant
Perception and stress	-0.101	0.025*	Negative correlation, significant

The test values of anxiety and stress was found significant at five percent level, and were negatively correlated. This brings to the forefront that the socio-economic status of a family is important to adolescent mental health and perceptions. Parents who are unemployed were not in a position to fulfill the needs, which could be the reason of a negative correlation on adolescent mental health.^[10] Not being able to provide economically for the family puts a significant amount of pressure on the whole family and adolescents report negative affect to their parents who were unable to provide for the family.^[11]

Conclusion

In Tamil Nadu, the Arunthathiyars are part of the Dalit community, and are socially placed in the lowest strata. They are conventionally forced to engage in most menial jobs, such as conservancy work, mending foot wear, leather work, and removal of animal carcass, playing drums during funerals, burning the dead bodies and engage in daily wage work.^[10] The findings have brought out the prevalence of mental health in Arunthathiyar adolescents. Significant proportion of adolescents (34–45%) have moderate to extreme levels of depression and anxiety, while there were no gender differences found. Perception of adolescents on

their socio economic status is negatively correlated with anxiety and stress. The fact that adolescents in Arunthathiyar population, not only face economic constraints due to low income and debts of their families, they also suffer social and emotional deprivation seems relevant.

References

1. Veeraraghavan, V. (2006) *Behaviour Problems in Children and Adolescents*, pp 66-76. Northern Book Centre, New Delhi.
2. Patel, V., Kirkwood, B., R. Pednekar S, Weiss H, Mabey D. (2006) Risk factors for common mental disorders in women Social sciences and Population based longitudinal study. *Br J Psychiatry*. 189: 547-55.
3. World Health Organization, (2003) Investing in mental health http://www.who.int/menl_health/media/investing_mnh.pdf.
4. Khalid S. A., Hasan S., Ossama A. M. (2009) Prevalence of Depression, Anxiety, Stress as Measured by the Depression, Anxiety, and Stress Scale (DASS-42) among Secondary School Girls in Abha, Saudi Arabia, Sultan Qaboos Univ Medical Journal. Aug; 9(2): 140–147
5. Lovibond, S.H. and Lovebird, P.f. (1995). *Manual for the Depression anxietStress Scales*. (2nd Ed) Sydney: Psychology Foundation.
6. Kajisa, K., and Palanichamy, N.V. (2010). Schooling Investments Over Three Decades in Rural Tamil Nadu, India: Changing Effects of Income, Gender, and Adult Family Members’ Education. *World Development*. Vol. 38, No. 3, pp.298-314.
7. Costello E. J., Mustillo S., Erkanli A., Keeler G. & Angold A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Arch Gen Psychiatry*, 60, 837-844.
8. Venkateshiva Reddy, B., Arti Gupta, Ayush Lohiya, Pradip Kharya. (2013) mental issues and challenges in India – A review. *International Journal of Scientific and Research Publications*, Volume 3, Issue 2, February.
9. Bacikova-Sleskova, M., Benka, J., & Orosova, O. (2015). Parental employment status and adolescents’ health: The role of financial situation, parent-adolescent relationship and adolescents’ resilience. *Psychology & Health*, 30 (4), 400-422.
10. Pragati, V (2005) *Educational and Occupation Mobility: a Study of Arunthadhiyar of Pondicherry*, PhD Thesis, Department Of Anthropology, and University of Madras.