Original Research Article

Depression and Stress among Tribal Migrant Rural Women of India

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Abstract

Background: India's tribal women are the primary breadwinners, yet they are socially and economically disadvantaged, with high rates of poverty, illiteracy, unemployment, and social insecurity, all of which contribute to a high percentage of mental illness among these women. **Aim:** The purpose of this study was to look into the levels of depression and stress experienced by rural tribal migrant women in India. **Materials and Methods:** Stratified random sampling was used to collect data on two subgroups of age (younger and older) and ethnicity (tribal and non-tribal). A total of 1000 rural migrant labour women were picked from various blocks and villages throughout the districts. Aaron T. Beck's Beck Depression Inventory (BDI-II) was used to assess depression, whereas Shamsunder et al. (1986) and Goutam et al. (1987) introduced General Health Questionnaire (GHQ) -12 was used to assess stress. **Results:** The older labour sample group had a higher level of sadness and stress than the younger migrant group, according to the findings. In comparison to the non-tribal sample group, the tribal sample showed a higher level of sadness and stress. **Conclusion:** It was concluded from the study that level of depression and stress was found higher among tribal women sample as compared to non-tribal sample and level of depression and stress was found higher among older women sample as compared to younger sample.

Key words: Age, Depression, Ethnicity, Migrant, Stress.

Introduction

Human migration is the movement of people from one location to another with the purpose of living in the new site either temporarily or permanently. Internal migration, which is the most common form internationally, occurs over great distances and from one country to another. Individuals, families, and big groups of people may migrate. Individuals migrate in pursuit of food, sex, and security outside of their regular abode. According to Idyorough (2002), towns and cities are the result of human battle for food, sex, and security[1,2].

Human beings must, by necessity, leave their regular home and enter into necessary cooperative or adversarial social connections in order to create food, security, and reproduction. Humans also create the tools and equipment that allow them to engage with nature in order to provide the food and security they desire. The enhanced human-to-human contacts (cooperative partnerships) and increased technology, which are further influenced by the push and pull elements, all combine to create or bring about migration and increasing concentrations of people into towns and cities[3,4].

Depression is a mental condition that causes sadness, insecurity, loneliness, hopelessness, worthlessness, and guilt in the sufferer.

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Depression is a common mental illness that can be treated successfully. Researchers believe that depression is caused by a dynamic and complicated interplay of biochemical, genetic, and psychological variables. Specific traumatic life events or environmental stress (poverty, unemployment), as well as family functioning, are all psychological contributors. Your body's response to any form of demand is stress. It can be triggered by both positive and negative experiences[5,6].

When people are agitated by anything in their environment, their bodies respond by releasing chemicals into their bloodstream. These molecules increase people's vitality and strength, which can be beneficial if their stress is brought on by physical threat. However, if their tension is a result of anything emotional, and there is no outlet for the extra energy and power, this can be a harmful thing. This session will cover the various causes of stress, how stress affects you, the distinction between "good" or "positive" stress and "bad" or "negative" stress, and some basic facts about how stress affects individuals today[7,8].

In India, the status of working women is a direct reflection of the country's level of social justice. Women's status is frequently defined by their earnings, job, education, health, and fertility, as well as their roles in the family, community, and society. Women play a significant and vital role in tribal communities. Women make up around half of the population, but they are more important in tribal society than in other social groupings since they work harder and are responsible for the family's economy and management. Even when the tribal economy was flooded by industrialization and its attendant commercialization, women continued to play an important role[9,10].

Women and children are mostly responsible for collecting minor forest crops. Many of them also work as labourers in factories,

houses, and construction to supplement their family's income. Tribals are more sincere and honest than non-tribals, despite being exploited by contractors and supervisors[11].

Methods and materials

Research design

The research design is given below:

Sub-groups	Tribal	Non-tribal
Younger (15-25 yrs.)	250	250
Older (40-50 yrs.)	250	250

Total-1000

Selection of the sample

A total of 1000 migratory rural women were included in the study. Respondents were chosen from a variety of blocks. A stratified random sampling strategy was used to select the sample. The classification was based on two ethnic groupings (tribal and non-tribal) and age groups (younger (15-25 years) and elderly (>65 yrs) (40-50 yrs). As a result, the research was conducted using a two-by-two factorial design. 250 instances were chosen at random from each of the four strata. There were 1000 cases in total.

Size of the sample

The study included a total sample of 1000 migrant labour women, with 500 tribal (Christian) and 500 non-tribal (Hindu) women evenly distributed into younger and older age groups.

Inclusion Criteria

i. Migrant tribal and non tribal women labourers
ii. Study participants belonging to age group of 15 to 40 years.

Exclusion Criteria

i. Those migrant labourers who didn't gave their consent for study.
ii. Those labourers who were suffering from other systemic diseases.

Tools

1. Personal Data Questionnaire

The researcher created an interview schedule to acquire personal data about respondents' age, race, gender, degree of education, place of living, family income, and so on.

2. General Health Questionnaire -12 (GHQ-12)

David Goldberg and Paul Williams created the GHQ-12 (General Health Questionnaire-12) (1979). Shamsunder et al. (1986) and Goutam et al. (1987) created Hindi versions of it (1987). It includes 12 questions about mental health, stress, malnutrition, weight, anaemia, haemoglobin, blood pressure, and sugar levels, among other things. Half of the items are positively framed (e.g., 'Have you been able to enjoy your typical day-to-day activities?') and half are negatively framed (e.g., 'Have you lost much sleep over worry?'). There are four alternatives available. Each item has been assigned a score of 0 0 1 1. GHQ-12 allows you to achieve a maximum score of 12. Summing all of the GHQ-12 results yielded a total score, with higher values indicating a higher level of psychological distress. Scores of 2 or less were deemed better mental health, while scores of 2 or more were considered poor mental health. The test's reliability was 0.83, and its validity was 0.73, according to the test-retest technique.

Beck Depression Inventory (BDI-II)

Dr. Aaron T. Beck created it in 1961, and it was amended in 1978. The BDI is a self-reporting inventory with 21 multiple-choice questions. It is intended for people aged 13 and up. This is a commonly used scale for determining the severity of depression. Respondents are asked to rank themselves on a scale of 0-3 (0=least, 3=most), with a range of 0-63. The scale assesses mood, pessimism, sense of failure, self-dissatisfaction, guilt, self-dislike, indecisiveness, and work difficulty, among other symptoms of depression. The coefficient alpha of the BDI is quite high (0. 80). Its construct validity has been established, and it can distinguish between depressed and non-depressed people.

Statistical Analysis

All the data were recorded in MS excel sheet and statistical analysis was carried out with the help of SPSS software of latest configuration. Chi square tests and Two way ANOVA test were used for statistical analysis. The level of significance was adjusted at p value ≤ 0.05

Significant Statistical criteria

The level of significance was adjusted at p value ≤ 0.05

Results

The data was analysed in accordance with the study's goals. The primary goal of this study was to determine the prevalence of depression and stress among migrant rural women in relation to two ethnic subgroups (Tribal and Non-Tribal) and age (Younger, 15-25 yrs and Older, 40-50 yrs). The level of depression among migrant rural women in two sub-groups of ethnicity (Tribal and Non-Tribal) and age (Younger, 15-25 yrs. and Older, 40-50 yrs.) was assessed by comparing percentage values of data gathered on the Beck Depression Inventory (BDI-II), as shown in table 1 and graphs 1 and 2.

Table-1: Comparison between percentage (%) values of tribal and non-tribal high and low scorer migrant ruralwomen sample on Beck Depression Inventory (BDI-II):

Sub-groups	No.	High % Level of depression	Low % Level of depression
Tribal	500	78.0	22.0
Non-tribal	500	22.0	78.0

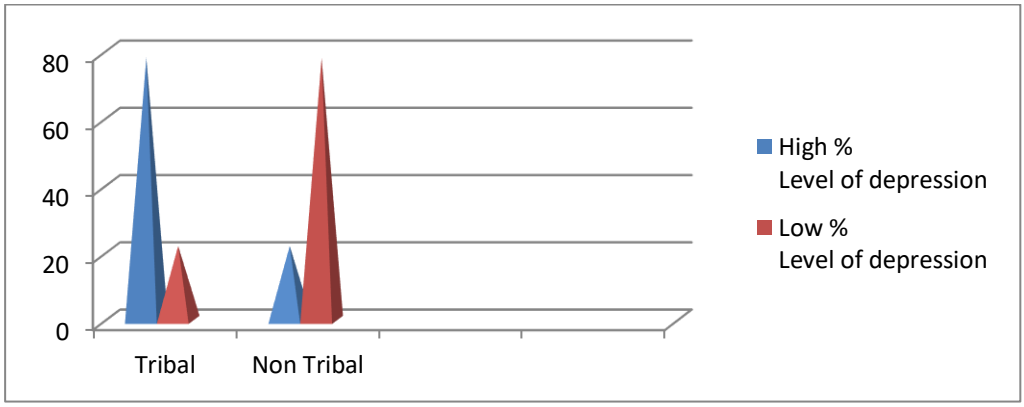

Fig. 1: Comparison between percentage (%) values of tribal and non-tribal high and low scorer migrant ruralwomen sample on Beck Depression Inventory (BDI-II)

The highest percentage value for level of depression in the tribal sample group was found to be 78 percent, while the highest percentage value for level of depression in the non-tribal sample group was found to be 22 percent, indicating that the majority of tribal sample group members have a higher level of depression than non-tribal sample group members. Only 22% of the tribal sample group demonstrated a mild level of depression. A modest level of depression was found in 78 percent of the non-tribal sample group. Only 22% of the non-tribal sample group had a severe case of depression. These findings support hypothesis 1: 'Depression levels will differ among tribal and non-tribal migrant samples.' (Graph 1 and Table 1)

Table-2: Comparison between percentages (%) values of younger and older high and low scorer migrant ruralwomen sample group on Beck Depression Inventory (BDI-II)

Sub-groups	No.	High % Level of depression	Low % Level of depression
Younger	500	26.0	74.0
Older	500	73.0	27.0

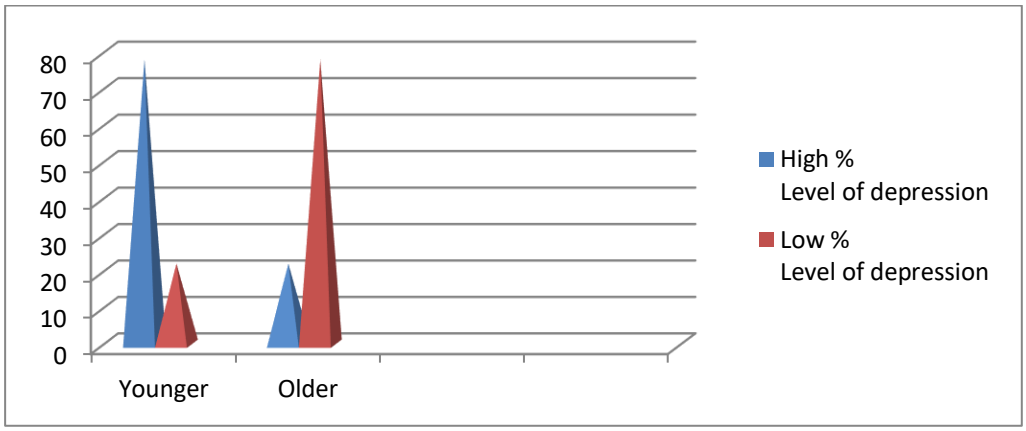

Fig. 2: Comparison between percentages (%) values of younger and older high and low scorer migrant ruralwomen sample group on Beck Depression Inventory (BDI-II)

The older sample group had a high percentage value for level of depression of 73 percent, whereas the younger sample group had a high percentage value for level of depression of 26 percent, indicating that the older sample group has a higher level of depression than the younger sample group. Only 27% of the elderly group in the study had a modest level of depression. A low level of depression was seen in 74% of the younger sample group. The above findings support hypotheses #2, which states that "the level of depression will differ between tribal and non-tribal migrant samples." (Graph 2 and Table 2)

The level of stress among migrant rural women in two sub-groups of ethnicity (Tribal and Non-Tribal) and age (Younger, 15-25 yrs. and Older, 40-50 yrs.) was assessed by comparing percentage values of data obtained on the General Health Questionnaire -12 (GHQ-12), as shown in table 3 and graphs 3 and 4:

Table-3: Comparison between percentage (%) values of tribal and non-tribal high and low scorer migrant ruralwomen sample group on General Health Questionnaire -12 (GHQ-12)

Sub-groups	No.	High % Level of stress	Low % Level of stress
Tribal	500	64.0	36.0
Non-tribal	500	32.0	68.0

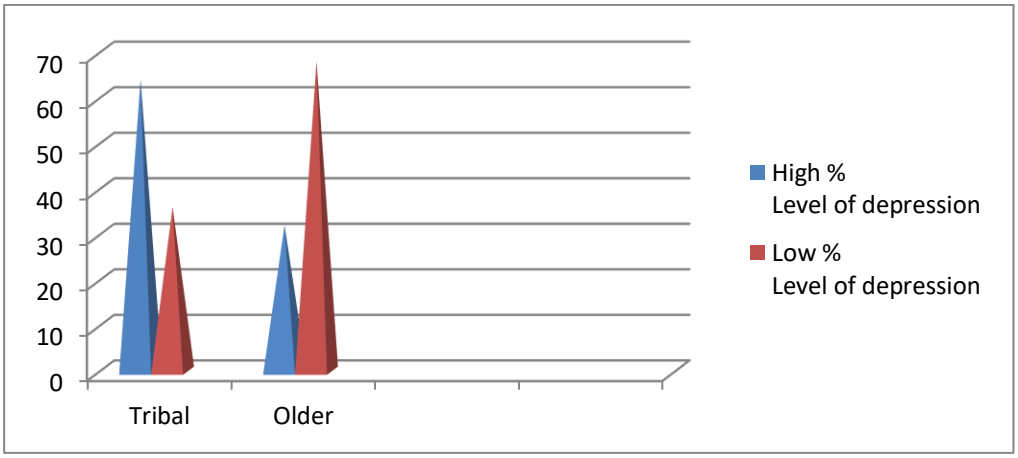

Fig. 3 : Comparison between percentage (%) values of tribal and non-tribal high and low scorer migrant ruralwomen sample group on General Health Questionnaire -12 (GHQ-12):

The tribal sample group had a high percentage value for level of stress of 64 percent, whereas the non-tribal sample group had a high percentage value for level of stress of 36 percent, indicating that the tribal sample group has a higher degree of stress than the non-tribal sample group. Only 36% of the tribal sample group showed signs of low stress. The non-tribal sample group showed a low degree of stress in 68 percent of cases. The above findings support hypotheses #3, which states that 'the level of depression will differ between tribal and non-tribal migrant samples.'

Table-4: Comparison between percentage (%) values of younger and older high and low scorer migrant ruralwomen sample group on General Health Questionnaire -12 (GHQ-12):

Sub-groups	No.	High % Level of stress	Low % Level of stress
Younger	500	26.0	74.0
Older	500	78.0	22.0

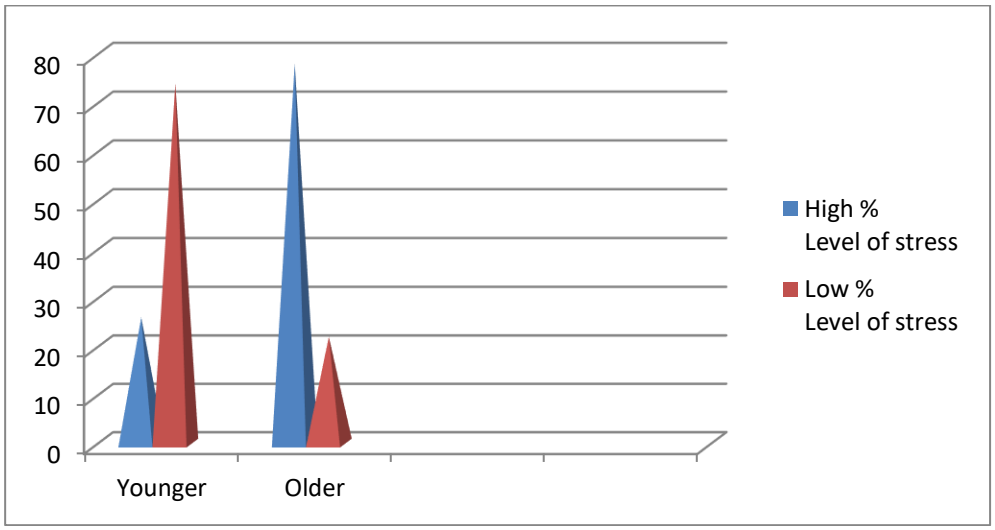

Figure 4: Comparison between percentage (%) values of younger and older high and low scorer migrant ruralwomen sample group on General Health Questionnaire -12 (GHQ-12)

The older sample group had a high percentage value for level of stress of 78 percent, whereas the younger sample group had a high percentage value for level of stress of 26 percent, indicating that the older sample group has a higher degree of stress than the younger sample group. Only 22% of the older sample group showed signs of reduced stress. A low degree of stress was seen in 74% of the younger sample group. The above findings support hypotheses #4, which states that 'the level of depression will differ between tribal and non-tribal migrant samples.'

Discussion

Numerous studies have backed up the conclusions of this study, indicating that tribal people had higher levels of sadness and stress than non-tribal people. According to Bhugra and Ayonrinde (2004), tribal people have a higher rate of depression than non-tribal people. There have been few studies on the mental health of tribal women, and the results have been mixed (Bhaskaran, et. al., 1970; Mahanta, 1979; Srivastava et. at., 1981; Verma, 1973; Wig,1981). Tribal women labour harder than their male counterparts to manage households, raise children, and engage in economically beneficial activities such as marketing and agriculture[13,14].

They are more prone to experience stress and suffering in life as a result of their wide range of economic and domestic duties, which has a negative impact on their mental health. The mental health of tribal migrant women was shown to be worse than that of non-tribal migrant women, according to Singh and Dewan (2015)[15,16].

Several research have found that migratory groups are more vulnerable to mental disease, and numerous studies have examined the mental health of tribal ethnic groups. Migration causes stress, which increases the risk of mental illness. Numerous studies have found that immigrants are more likely than native-born people to suffer from mental illness[17,18].

It has been established that certain immigrant populations are particularly vulnerable to mental illness. In most Western countries, the same has been observed (Carta et al., 2005). Migrant mental health is one of the most pressing public health concerns in today's society. Racism, discrimination, and structural hurdles make achieving a desirable objective more difficult, and these are issues that migrants may face in their new society. For the individual, these elements may be stressful. However, the environment of the host country, or some components of it, may benefit some groups of immigrants while harming others. (Berry et al., 2003)[19,20].

In most societies, it has been discovered that migrant women suffer from a high level of stress and sadness. There have been numerous studies highlighting the prevalence of depression and stress among tribal ethnic groups. India's tribal population is one of the country's minority groups. Some studies looked into the link between ethnicity and mental disease. According to Bhugra & Ayonrinde (2004), tribal people have a higher rate of depression than non-tribal people. Both tribal men and women have a high rate of stress and other mental issues, according to Gupta (2010) and Mishra (2000)[21,22].

With the movement of tribal groups, the problem will worsen. While settling into a new country and culture, migrants face numerous challenges, including poor language competence, difficulty navigating a new educational system, finding work, accessing health care, adjusting to minority status, and facing prejudice. Expectations of living up to the model minority myth, putting their mental health at danger (Wong, et al., 2014; Yoshihama, 2012)[23,24].

When women migrate to other states or abroad, they may confront distinct problems. Within and outside of the country, migrant women confront a variety of inequalities and discrimination. (Tummala, et al., 2015). These migrant women, having arrived in the host community as the wives of migrant males, are less educated than the model minority stereotype would suggest, and may be restricted to the home upon arrival (Masood, et al., 2009)[25].

Based on their skill level and immigration status, indigenous women may be mistakenly regarded independent and autonomous, according to a recent study (Walton, et al., 2015). In reality, these ladies were discovered to be under the care and confinement of their remote families, who had engineered their move for the family's enhanced

socio-economic status or collective objectives[26].

Migrant women have been found to be particularly susceptible to cultural value conflict and excessive family control, both of which contribute to depression (Varghese, et al., 2009). Instead of newfound freedom, migrant women frequently face a dominating spouse and in-laws. They may be compelled to find work and turn over their earnings upon arriving, or they may face physical violence, social isolation, or desertion, causing mental and emotional misery (Ekanayake, et al., 2012)[27]. Migrants' depression and stress levels were also affected by their age. Several studies have revealed that younger migrants are more vulnerable to mental health issues (Bhaskaran, et. al., 1970; Murphy, 1973). According to certain studies, the rates of depression and stress are substantially linked to age. Adult depression is the most common, with no reports of depression in children and only a few in the elderly (WHO, 2007). Mental or behavioural difficulties became more common with age until the 35-44 age group, when 14% of adults in this age group reported mental or behavioural problems (NHS, 2005-06)[28].

However, the following answers are only hypotheses that will need to be confirmed and verified in future studies.

Conclusions

It was concluded from the study that level of depression and stress was found higher among tribal women sample as compared to non-tribal sample and level of depression and stress was found higher among older women sample as compared to younger sample.

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