Original Research Article

Self-esteem and wellbeing among tribal and non-tribal adolescent girls

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ABSTRACT

Background: Adolescent period reports experiences of changes in physical, mental and social functions. Self-esteem has a significant contribution to wellbeing and depression in adolescent. The aim and objective was to evaluate self-esteem and wellbeing among adolescent girls with tribal and non-tribal ethnicity.
Methods: 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. Total of 360 adolescent girls (180 each tribal and non-tribal adolescent girls) were selected for the study. Socio-demographic datasheet, adolescent wellbeing scale and Rosenberg self-esteem scale were used for the assessment.
Results: 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.
Conclusions: The deliberate efforts to build self-esteem 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.

Keywords: Self-esteem, Wellbeing, Adolescent, Girls, Depression, Tribal and non-tribal ethnicity

INTRODUCTION

The indigenous tribal population has a rural and remote location for inhabitation. They lag behind from healthcare, social and developmental services.[1,2] Indian population comprised 8.6% of tribal population and 9% among them were adolescents in the 2011 census of India.[3] It has been found that a larger proportion of tribal adolescents exhibit depressive and anxiety symptoms.[4,5] Self-esteem has a significant negative relation with emotional and behavioral problems in the adolescent period.[6] High self-esteem is considered to be a prominent marker of happiness, life satisfaction and wellbeing.[4,7] On the other hand, poor self-esteem results in frustration, poor self-confidence, anger, anxiety, depression and other emotional and behavioral problems.[8] Studies have found that self-esteem level notably decreases during adolescence, especially in girls.[9,10]

In another study, Ali et al studied emotional and behavioral problems among tribal adolescents in Jharkhand state reported the prevalence of emotional (5.12%), conduct (9.61%), hyperactivity (4.23%) and peer relationship (1.41%) problems at an abnormal level.[11] The adolescent from the tea tribe area of Assam found to have elevated emotional, conduct and peer

relationship problems compared to adolescents from the non-tea tribe area.[12] Kumar et al reported that the health status of tribal adolescent girls found to be poor as compared to non-tribal adolescent girls.[13] Similarly, Das et al found significantly higher physical as well as psychosocial problems among tribal adolescents.[14]

The tribal students experience mistreatment, embarrassment and exclusion at school level.[15] Tribal population has got inadequate attention from the healthcare system.[16] Being a female gender it is crucial to know how psychosocial factors influence the self-esteem and wellbeing of the tribal adolescent girls compared to non-tribal adolescent girls. Also, despite the fact that Chhattisgarh is the fifth most tribal residing state of India.[3] There is no available study communicating the self-esteem and wellbeing of tribal adolescent girls from Chhattisgarh state. Therefore, the present study aimed to explore and compare the self-esteem and wellbeing among tribal and non-tribal adolescent girls of Chhattisgarh.

METHODS

The research study was a cross-sectional comparative study among tribal and non-tribal adolescent girls. Vigyan Vikash Kendra, Bhilai institute of technology, Durg, Chhattisgarh and Delhi public school, Rajnandgoan, Chhattisgarh was selected for purposive sampling. Total of 360 participants were selected using total enumeration method of random sampling. The study was conducted from June 2019 to December 2019. Adolescent girls aged 14 to 18 years were included in the study. A total of 381 adolescent girls participated in the study out of which 21 responses excluded (incomplete and poorly marked datasheet). 360 participants data used for the study in which tribal adolescent girls were 180 and non-tribal were 180.

Researcher took consent from the school authorities (principle of the respective schools) to conduct the study. The assent was obtained from the students before assessment. Both the school authorities and students were informed about objectives and relevance of the study. The self-report scales were administered at school level to get self-perceived self-esteem and wellbeing of the tribal and non-tribal adolescent girls. As the scales were in English language some of the student could not complete assessment. After the assessment school authorities and students were explained about self-esteem and wellbeing also, they were given opportunity to clarify doubts. Participants were assured that their responses would be kept confidential and utilized only for the research. Though the response rate was good (94.4%). The present study included the students belonged to indigenous communities as per the constitution (scheduled tribes, ST) order (amendment) act, 2013. As per census of India (2011) the scheduled tribe (ST) population of Chhattisgarh state includes Gond, Kawar, Oraon, Halba, Bhattra Binjhwar, Korwa, Sawar tribes.

The study was undertaken with the ethical approval of the Central India institute of mental health and neuro sciences, Chhattisgarh, India.

Measures

Socio-demographic datasheet

The semi-structured socio-demographic datasheet was constructed for the present study to see the demographic profile of the participants like age, sex, education, family income and domicile.

Modified Kuppuswamy socioeconomic (SES) scale[17]

Kuppuswamy SES is the most widely used scale for determining the socio-economic status of an individual or a family in urban areas. SES scale assessed educational status, occupational status of the head of the family and overall aggregate income of the whole family, pooled from all sources. The total score of Kuppuswamy SES ranges from 5-29 and it classifies families into 5 groups, upper class, upper middle class, lower middle class, upper lower and lower socio-economic class. Though the Kuppuswamy SES is most widely and favorite scale used by social scientists, researchers in community-based and hospital-based studies it needs the regular update as per changes in the consumer price index (CPI). Researcher used participants report to know the family's socio-economic condition which may be limited to their knowledge.

Rosenberg self-esteem scale[18]

Rosenberg's scale was used to assess the self-esteem of students which consists of 10 questions. This scale measured global self-worth by measuring both positive and negative feelings about the self. The scale had 10 items. Each item of the scale had 4 point options (0-strongly disagree to 3-strongly agree). The scale ranged from 0-30. 15 was a cutoff score in which those who scored less than 15 were considered to have low self-esteem and the scores 15 to 25 considered being normal self-esteem and score above 25 was high self-esteem. The scale demonstrated good internal consistency of high school students with alpha coefficients ranging from 0.72 to 0.87.

Adolescent wellbeing scale

It was developed by Birleson to pick up possible depression in older children and adolescents.[19] It had been shown to be effective for this purpose. The scale had 18 items. Each items relating to different aspects of an adolescent's life and how they felt about them. They were asked to indicate whether the statement applied to them most of the time, sometimes or never. This can be used in children and adolescent (aged 7 and above). A score of 13 or more had been found to indicate the likelihood of a depressive disorder. It had a good

reliability (r>0.80) and internal consistency (α=0.73-0.90).

Statistical analysis

The statistical analysis was done using statistical packages for the social science (SPSS 25.0) software package for windows. For socio-demographic variables, descriptive statistics were used such as frequency, percentage, mean and standard deviation (SD). Chi-square test was used for comparing categorical variables and t test was used for comparing continuous variables. The significance level of p<0.05 was set at the outset of the study.

RESULTS

Table 1 shows a comparison of the socio-demographic profile of tribal and non-tribal adolescent girls. The socio-demographic variables like age, education and family income were matched with tribal and non-tribal adolescent girls. The mean and SD of the age of the tribal adolescent girls were 17.33±0.89 years and 17.22±1.03 years was of non-tribal adolescent girls. There was no significant difference in the age between tribal and non-tribal adolescent girls (t=1.143, p>0.05).

19.4% of tribal adolescent girls and 20.5% of non-tribal adolescent girls who belonged to 10th class, 35.6% of tribal adolescent girls and 28.9% of non-tribal adolescent girls who belonged to 11th class, 26.7% of tribal adolescent girls and 33.9% of non-tribal adolescent girls who belonged to 12th class and 18.3% of tribal adolescent girls and 16.7% of non-tribal adolescent girls who belonged to 1st year of undergraduate. There was no significant difference in education and family income between tribal and non-tribal adolescent girls (χ^2=2.990; p>0.05).

Table 1: Comparison of the socio-demographic variables among tribal and non-tribal adolescent girls (N=360).

Variables		Tribal (N=180)	Non-tribal (N=180)	df	t
Age (in years)		Mean±SD	Mean±SD	358	1.143NS
		17.33±0.89	17.22±1.03		
Variables		N (%)	N (%)	df	χ^2
Education	10th class	35 (19.4)	37 (20.5)	3	2.990NS
	11th class	64 (35.6)	52 (28.9)		
	12th class	48 (26.7)	61 (33.9)		
	1st year of under graduate	33 (18.3)	30 (16.7)		
Family income	Low class	19 (10.6)	13 (7.2)	2	2.631NS
	Middle class	100 (55.6)	93 (51.7)		
	Higher class	61 (33.8)	74 (41.1)		

N=number (360), F=frequency %=percentage (100%), SD=standard deviation, df=degree of freedom, NS=not significant (p>0.05).

Table 2: Comparison of self-esteem and wellbeing among tribal and non-tribal adolescent girls (N=360).

Variables	Tribal (N=180) Mean±SD	Non-Tribal(N=180) Mean±SD	t	P
Self-esteem	14.00±4.18	19.03±3.27	12.729	0.00**
Wellbeing	13.02±4.85	10.66±4.24	4.928	0.00**

N=number (360), SD=standard deviation, **significant at the 0.01 level.

Table 3: Wellbeing scores of the tribal and non-tribal adolescent girls (N=360).

Wellbeing	Tribal (N=180) N (%)	Non-tribal (N=180) N (%)	Total N (%)
Non-depressive (scores less than 13)	119 (66.1)	156 (86.7)	275 (76.4)
Depressive (scores 13 or more)	61 (33.9)	24 (13.3)	85 (23.6)

N=number (360); % (100)=percentage.

Table 4: Distribution of the self-esteem in tribal and non-tribal adolescent girls.

Variables Self-esteem	Tribal N (%)	Non-tribal N (%)	Total N (%)
Low (below 15)	88 (48.9)	16 (8.9)	104 (28.9)
Moderate (15-25)	90 (50.0)	155 (86.1)	245 (68.1)
High (above 25)	2 (1.1)	9 (5.0)	11 (3.1)

N=Number.

On the family income 10.6% and 7.2% of tribal and non-tribal adolescent girls family fall in lower socio-economic status, more than half 55.6% and 51.7% of tribal and non-tribal adolescent girls family had middle socio-economic status and 33.8% of tribal adolescent girls family had higher socio-economic status and 41.1% from non-tribal adolescent girls families fall in higher socio-economic status. There was no statistical difference found in both the group on family income (χ^2=2.631; p>0.05).

Table 2 shows a comparison of self-esteem and wellbeing among participants. The mean and SD score of self-esteem in the tribal adolescent girls were 14.00±4.18 and 19.03±3.27 of non-tribal adolescent girls. Result reveals that there was a significant difference in self-esteem among tribal and non-tribal female adolescents (t=12.72, p<0.01). The mean and SD score of wellbeing in tribal adolescent girls was 13.02±4.85 and in 10.66±4.24 were of non-tribal adolescent girls. It also shows that there was a significant difference in wellbeing among tribal and non-tribal female adolescents (t=4.928, p<0.01).

Table 3 shows scores of adolescent girls (tribal and non-tribal) on the wellbeing scale 86.7% of non-tribal and 66.1% of tribal adolescent girls were non-depressive (score less than 13). Whereas 13.3% of non-tribal and 33.9% of tribal adolescent girls were depressive (score more than 13).

Table 4 shows that 48.9% of tribal adolescent girls and 8.9% of non-tribal adolescent girls had low self-esteem. 50% of tribal adolescent girls and 86.1% of non-tribal adolescent girls had a moderate level of self-esteem. 1.1% of tribal adolescent girls and 5% of non-tribal adolescent girls had a high level of self-esteem.

DISCUSSION

The present study showed that there was a significant difference in self-esteem among tribal and non-tribal adolescent girls. Self-esteem of tribal adolescent girls was found lower than non-tribal adolescent girls. The earlier studies supported these findings like Yadav et al study found that tribal students had low self-esteem compared to the non-tribal students.[4] In addition to this, Rashid et al study found a significant difference between the self-esteem of tribal and non-tribal adolescent students. Non-tribal adolescents had significantly higher self-esteem compared to tribal adolescents.[20] The similar results were reported by Ghosh that tribal adolescents possessed low self-esteem compared to non-tribal adolescents.[21] Lone et al reported that the tribal adolescents have lack trust in oneself and others. They were less able to interact with each other in a pleasant way and were less able to view matters from all angles.[22] Parihar et al highlighted that the tribal adolescents had poor self-concept in comparison to non-tribal adolescents.[23] The perspective from Agrawal study stated the preparedness to face challenges, education, environment and life skills played a crucial

role to define self-esteem among tribal and non-tribal adolescents.[24]

We found significant difference in wellbeing of tribal and non-tribal adolescent girls. Tribal adolescent girls had lower wellbeing in comparison to non-tribal adolescent girls. These findings were inconsistent with other studies like Kerketta et al study found tea tribe adolescents had high emotional, peer relationship problems compared to non-tea tribe adolescents.[12] Ali et al highlighted that emotional problem, peer problem and pro-social behavior problem was much higher in tribal adolescents compared to non-tribal adolescents.[11] Das et al found that psychosocial problems and various physical problems were significantly higher in the tribal adolescent female population.[14] In another study Talwar et al found that tribal adolescents in Assam, especially girl were facing mental health issues and tribal adolescents as girls were getting less educational opportunities.[25] The present study also showed that tribal adolescent girls on the wellbeing scale found more depressive in comparison to non-tribal adolescent girls. Similarly, Ghosh found that tribal adolescent had low academic achievement and more depression in comparison to the non-tribal adolescent.[21] Also, Garg study revealed that tribal adolescents have lower level of emotional intelligence than tribal adolescents and emotional intelligence has significant difference between tribal adolescent girls and non-tribal adolescent girls.[26]

Limitations

The current study held some limitations. The data was collected at the hostel of schools. The tools administered were self-report therefore for the cross-sectional period self-perceived self-esteem and wellbeing data was obtained. The participants were only adolescent girls hence the selection of both the gender can help to get overall findings. The further study can look into psychosocial factors which can predict self-esteem, wellbeing and mental health of adolescent girls with tribal ethnicity.

CONCLUSION

The adolescent health is a growing concern which needs effective strategies to build healthy human life. Poor self-esteem can lead to a problems related to wellbeing and mental health among adolescents. The tribal adolescent girls faced issues related to self-worth and self-acceptance as compared to non-tribal adolescent girls. The study insists on early identification and intervention is essential at school setting. The school counselors can be placed at schools for prevention, promotion and remedial interventions of mental health services through school mental health programs.

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