

## Mental health of the tribal students in Bangladesh

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### ABSTRACT

The present research aimed to explore the mental health status of the tribal students in Bangladesh especially in Rajshahi University. Toward this end, mental health of 180 (tribal student) respondents was measured by administering General Health Questionnaire (Goldberg, 1972). Mental health status of 180 general (non-tribal) students was also measured as a control group for the comparison. The result revealed that the mental health of the tribal students was significantly ( $P < 0.01$ ) poor than general (non-tribal) students. The result of the study also revealed that mental health of the tribal male students was significantly ( $P < 0.05$ ) better than that of the tribal female students. The findings also indicated that mental health among the different tribal groups did not differ significantly ( $P > 0.01$ ).

**Keywords:** Gender, General student, Mental health, Tribal student

Mental health is a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms, and coping with ordinary demands and stresses of life (Goldenson, 1984). It may also include an individual's ability to enjoy life, and to create a balance between life activities and efforts to achieve psychological resilience (Snyder, 2014). World Health Organization (2004) describes mental health as "a state of well-being 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". There are several indigenous people living in Bangladesh. According to the Bangladesh Bureau of statistics (2011), the country's indigenous population is approximately 1,586,141 which represent 1.8% of the total population of the nation. There are 27 tribal population groups in the country such as Chakmas, Shanthals, Oraons, Marmas, Tripuras, Tanchangya, Pahan, Mundas etc. (Bangladesh Bureau of statistics, 2011). The tribal people are living in their ancestral land in Bangladesh with their distinct languages, cultures, heritages, religions, diverse tradition and customs as well as with their own life style harmoniously for a long time (Roy, 2000). The daily life style of the indigenous people have inborn deep relationship with the forest, rivers, hills and valleys, land and nature (Besra, 2006). Due to weighty burden of modern society, some tribal people nowadays have adopted

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## Mental Health of the Tribal Students in Bangladesh

modern culture. They are coming to big cities, from their inherited lands for civilizing themselves. Tribal group are getting higher education from public universities as well as from abroad. Since these tribal students have a very diverse language, different physical features, a very different culture, and an exclusive life style, so they cannot practice their habitual way of life style within the mainstream of the society. They suffer a lot to cope up within the Bengali culture and society. Allen (1988) found that African American students in white colleges are often not prepared for the experiences they encounter and face more isolation, alienation and dissatisfaction relative to white students. Chen (1997) found that when members of minority ethnic groups perceive prejudice from the dominant ethnic group, they may identify their disadvantaged, weaker position and thus consider themselves not accepted by the mainstream. This, in turn, can bring about feelings of inferiority and otherwise not be beneficial for their mental health (Chen, 1997). Greer and Chwalisz (2007) found that Black students attending a Predominantly White Institution (PWI) reported experiencing more minority status related stressors, and subsequently, greater perceived stress than those attending a Historically Black University (HBU). Several previous studies have found that tribal status is positively associated with poor mental health outcomes (Smith et al., 2014 and Yao J and Yang L, 2017) such as psychological distress and depression (Noh and Kasper, 2003; Castillo et al., 2004; Crockett et al., 2007; Wang et al., 2010; and Wei et al., 2010). Knies et al. (2016) showed that ethnic minorities and immigrants have lower life satisfaction than majority population. Haque (2004) conducted a study on psychological well-being of men and women in Bangladesh and found that males had higher psychological well being than females. Wittchen et al. (2011) found that women have a higher lifetime prevalence of mood or anxiety disorders than men or a later onset of schizophrenic psychoses. Kvrjic et al. (2013) found that female population is more vulnerable compared to males. Women are more often exposed to stressful situations and emotional problems and more often faced with negative conditions and feelings. Van Droogenbroeck et al. (2018) found gender differences for psychological distress, anxiety and depression. They also found that girls have more psychological distress, anxiety and depression than boys. Omid, S. et al. (2018) conducted a study to examine gender differences in coping styles and mental health and the results showed that men reported better mental health than the women. The present study is an empirical investigation aimed at exploring mental health of the tribal students in Bangladesh.

### *Objectives*

1. To measure and compare mental health status of the tribal students and general (non-tribal) students in Bangladesh especially in Rajshahi University.
2. To investigate if there any difference in mental health between male and female tribal students.
3. To investigate if there any difference in mental health among the students of different tribal groups.

## **METHODOLOGY**

### *Sample & selection method*

The sample of the study consisted of 360 students of Rajshahi University. Among them 180 are tribal students out of total 189 tribal students according to the database of ICT center of Rajshahi University. Tribal students were selected purposively. Another group of 180 general (non-tribal) students was selected as control group by using matched pair technique from respective faculties. In this case ten faculties of the university divided into four clusters namely Science (faculty of science, faculty of life and earth science, faculty of agriculture and faculty of engineering), Arts (faculty of arts and faculty of fine arts), Social science (faculty of social science, faculty of law and institute of education and research) and Business

## Mental Health of the Tribal Students in Bangladesh

studies (faculty of business studies and institute of business administration). The respondents were aged from 19 to 25 years.

### *General Health Questionnaire (GHQ-12)*

Sorcar and Rahman (1989) adapted The Bangla version of General Health Questionnaire (GHQ-12). Goldberg (1972) originally developed it. It is a Likert type scale of 12 items. Among those 7 items are true-keyed and 5 are false-keyed. Goldberg (1972) designed GHQ-12 to detect minor psychiatric disorders in community and primary health care settings (Piccinelli et al., 1993). The development studies (Goldberg, 1972) showed high internal consistency (0.65), test-retest reliability (0.73) over a period of 6 months and validity in terms of a good linear relationship with clinical check-up records as the criteria ( $r = 0.70$ ). Validity coefficient of the GHQ-12 had been found to be comparable to those of GHQ-20, GHQ-30 and GHQ-60 item version (Piccinelli, et al., 1993). The answering pattern of the original version was 'less than usual' or 'more than usual' format. Due to its linguistic complexities this scoring system had to be changed in the Bengali version. Sorcar and Rahman adapted new Likert-type scoring system in which true keyed items (1, 3, 4, 7, 8, 9, 12) of their questionnaire weights of 0,1,2 and 3 were assigned for 'not at all', 'somewhat', 'to a considerable extent' and 'to a great extent' respectively. The scoring for the false-keyed (2, 5, 6, 10, 11) items was reversed. The total scores ranged from 0-36. Low scores are indicative of poor mental health and the higher the score is the indicative of better mental health.

### *Procedure*

The data were collected from ten different faculties of Rajshahi University. During data collection researcher had to take permission from the Chairman of every department. After that, researcher had met with selected tribal and general (non-tribal) students. Respondents were informed the purpose of the present study. Needed rapport was established before administering the questionnaire. They are assured of the confidentiality of their answers. The respondents were instructed to read all of the items of the scale attentively and to respond attentively. Then, they were asked to give tick mark in the appropriate box of General Health Questionnaire (GHQ-12) and fill up all of the items of scales and not to omit any item in the questionnaire and told that there is no right or wrong answer. If respondent were not clear about any questions, he/she would have allowed asking the researcher any question. Then, GHQ-12 was administered to each respondent. Although there was no time limit for completion of the questionnaire, respondents has requested to fulfill their task as soon as possible. After completion of fill up of all items of questionnaire, researchers have collected all questionnaires from the respondents and checked all of items. At last, researcher thanked all respondents for their sincere co-operation. All data were collected within three months.

## RESULTS

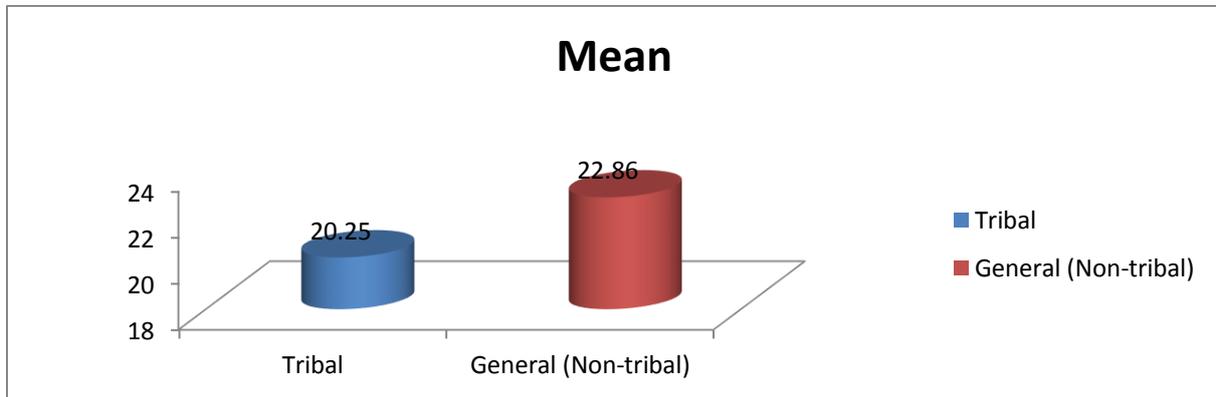
The results of the study were tabulated and interpreted by t-test and one way ANOVA through IBM SPSS (version 20). The results of the study were illustrated within the following tables.

*Table-1: Mean difference of mental health scores between the tribal and general (non-tribal) students*  
*\*P<0.01*

Name of the variable	Group	Number of Respondent (N)	Mean ( $\bar{X}$ )	Std. Deviation (SD)	df	t
Mental Health	Tribal	180	20.25	2.85	358	-7.87*
	General(Non-tribal)	180	22.86	3.40		

## Mental Health of the Tribal Students in Bangladesh

From the above table, it is observed that the mean scores of mental health of the tribal and general (non-tribal) student is 20.25 and 22.86 respectively. The standard deviation (SD) of the tribal and general (non-tribal) students is 2.85 and 3.40 respectively. The degrees of freedom ( $df$ ) is 358 and the calculated value of “ $t$ ” is -7.87 which is significant at 0.01 levels ( $P < 0.01$ ). The result indicates that mental health of the tribal students is significantly poor than the general (non-tribal) students.



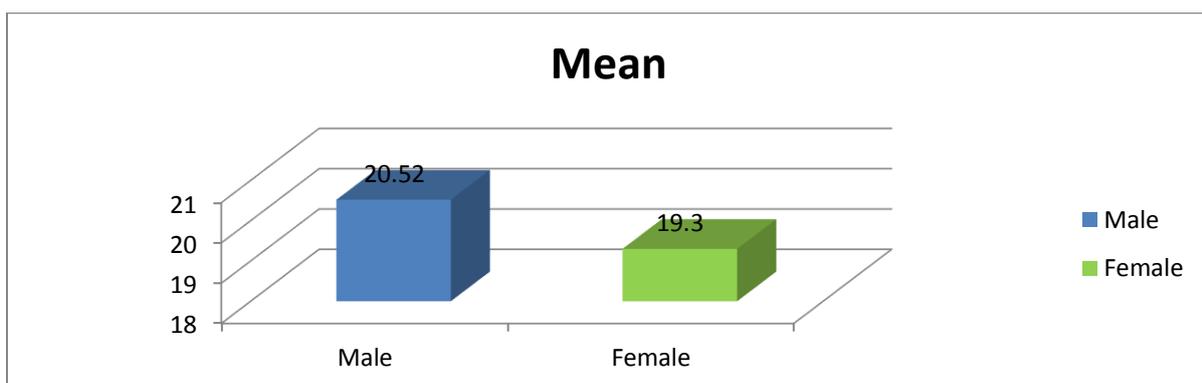
**Figure-1:** Graphic representation of mean scores of mental health of the tribal and general (non-tribal) students

**Table-2:** Mean difference of mental health scores between the tribal male and female students

Name of the variable	Gender	Number of Respondent (N)	Mean ( $\bar{X}$ )	Std. Deviation (SD)	$df$	$t$
Mental Health	Male	140	20.52	2.56	178	2.43*
	Female	40	19.30	3.58		

\* $p < 0.05$

From the above table, it is observed that the mean scores of mental health of the tribal male and female student is 20.52 and 19.30 respectively. The standard deviation (SD) of tribal male and female students is 2.56 and 3.58 respectively. The degrees of freedom ( $df$ ) is 178 and the calculated value of “ $t$ ” is 2.43 which is significant at 0.05 levels ( $P < 0.05$ ). The result indicates that mental health of the tribal male students is significantly better than that of the tribal female students.

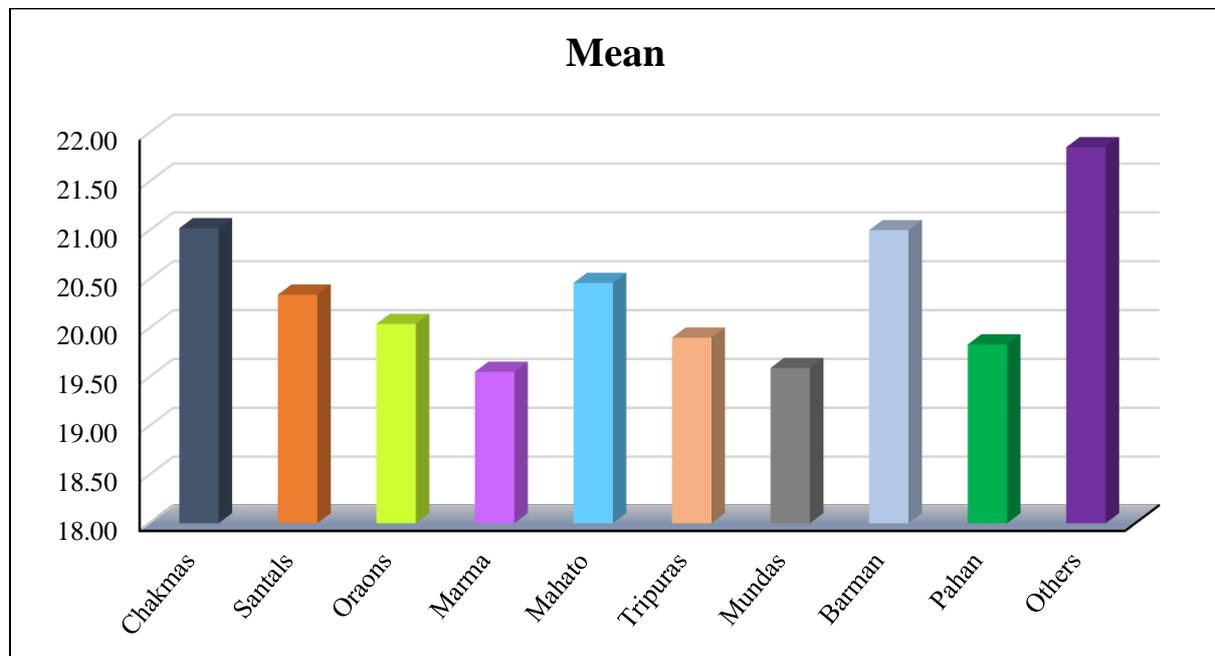


**Figure-2:** Graphic representation of mean scores of mental health of the tribal male and female students

## Mental Health of the Tribal Students in Bangladesh

**Table-3: Variation of mental health of the students of different tribal groups**

Tribal groups	Number of Respondents (N)	Mean ( $\bar{X}$ )	Std. Deviation (SD)
Chakmas	41	21.02	2.68
Shanthals	23	20.34	2.67
Oraons	25	20.04	2.79
Marmas	9	19.55	3.28
Mahatos	15	20.46	3.09
Tripuras	11	19.90	2.16
Mundas	22	19.59	2.55
Barmans	8	21.00	3.77
Pahans	6	19.83	2.48
Others	20	21.85	2.81



**Figure-3: Graphic representation of mean scores of mental health of the students of different tribal groups**

**Table-4: One way ANOVA of mental health of the students of different tribal groups**

Sources of Variation (SV)	Sum of Squares (SS)	df	Mean Square (MS)	F
Between Groups	88.25	9	9.80	1.26*
Within Groups	1318.71	170	7.75	
Total	1406.97	179		

\*P=NS

The above table shows that mean square of between groups is 9.80 and the mean square of within groups is 7.75. The degrees of freedom (*df*) of between groups is 9 and within groups

## Mental Health of the Tribal Students in Bangladesh

is 170. The calculated value of “F” is 1.26. This result indicates that mental health among the tribal groups does not differ significantly.

### DISCUSSION

The main objective of the current study was to measure and compare mental health of tribal and general (non-tribal) students in Bangladesh especially in Rajshahi University. Toward this end, mental health of 360 students was measured by administering the Bangla adaptation (Sorcar and Rahman, 1989) of General Health Questionnaire (GHQ-12). Among 360 respondents 180 were tribal students and the rest of them were general (non-tribal) student. Mental health status of the students was compared based on ethnicity and gender.

Results of the table-1 showed that  $N=360$ ;  $\bar{X}=20.25, 22.86$ ;  $SD=2.85, 3.40$ ;  $df=358$ ;  $t=-7.87$  and  $P<0.01$  which indicates that mental health of the tribal students is significantly poorer than that of the general (non-tribal) students. This finding is consistent with the findings of the studies of Allen (1988); Noh and Kasper (2003); Castillo et al. (2004); Crockett et al. (2007); Greer and Chwalisz (2007); Wang et al. (2010); Wei et al. (2010); Smith et al. (2014); and Yao J and Yang L (2017). In Bangladesh tribal groups are generally marginalized and discriminated in many ways. Besides, the majority of the tribal students came from the inferior income level. Tribal students have many problems to adjust with the culture of mainstream in the university area such as problem in oral communication, social interaction, foodstuff, housing problem etc. Moreover, they faced problem in performing their spiritual and cultural activities. So, they are in many cases discriminated in the university area. These negative experiences have harmful effects on their psychological functioning, which might be the probable reason behind the findings.

Figures of the table-2 showed that  $N=180$ ;  $\bar{X}=20.52, 19.30$ ;  $SD=2.56, 3.58$ ;  $df=178$ ;  $t=2.43$  and  $P<0.05$  which indicate that mental health of the tribal male students is significantly better than that of tribal female students. This finding is consistent with the findings of the studies of Haque (2004); Wittchen et al. (2011); Kvrjic et al. (2013); Omid S. et al. (2018); and Van Droogenbroeck et al. (2018). Female population is more vulnerable compared to males (Afifi M., 2007). They are more likely to evaluate themselves negatively and experience symptoms such as anxiety and depression in academic settings (Pomerantz et.al, 2002). In Bangladesh females in tribal groups face multiple forms of discrimination due to their gender, health, indigenous identity, caste and socio-economic status (CEDAW, 2016). In Rajshahi university the number of female tribal student is poor than the tribal male student. Normally tribal students do not feel comfortable with general students and they confined themselves into their own small groups as they have their own language and culture. So the female tribal students might have a few opportunities to share their feeling with others. These factors might be the reason behind this finding.

It is observed from table-3 that  $\bar{X}=21.02, 20.34, 20.04, 19.55, 20.46, 19.90, 19.59, 21.00, 19.83, 21.85$  and  $SD=2.68, 2.67, 2.79, 3.28, 3.09, 2.16, 2.55, 3.77, 2.48, 2.81$  of different tribal groups which indicates that mental health among the tribal groups does not differ significantly (table-4:  $F=1.26, df=9$  and  $170$  and  $P>0.01$ ). Every tribal student in university area have faced similar type of problem to cope up with new atmosphere and culture. It might be a reason that's why in mental health they did not differed significantly.

In conclusion, it may be argued that findings of the present research have thrown the light of an important area of research of mental health of the tribal group in Bangladesh. The

## Mental Health of the Tribal Students in Bangladesh

Findings can be used to establish a healthy supportive relationship among different tribal groups and general (non-tribal) students of the university. The great concern of the present study is that the mental health status of the tribal students is found poorer than that of the students from mainstream. The concerned authorities should take proper steps in this regard.

### REFERENCES

- Afifi, M. (2007). Gender differences in mental health. *Singapore Medical Journal*, 48 (5): 385.
- Allen, W. R. (1988). The education of Black students on White college campuses. What quality the experience? In M.T. Nettles (Ed.), *Toward black undergraduate student equality in American higher education*, (pp.57-85). Westport, CT; Greenwood press.
- Bangladesh Bureau of Statistics. (2011). *Population and Housing Census 2011*. Government of the People's Republic of Bangladesh, Dhaka, p.3.
- Besra, L. (2006). The rights on Land and the Existence of Adivasi in North Bengal. *Journal of Tribal Affairs*, 2, 40-41.
- Castillo, L. G., Conoley, C. W., & Brossart, D. F. (2004). Acculturation, White marginalization, and family support as predictors of perceived distress in Mexican American female college students. *Journal of Counseling Psychology*, 51, 151–157. doi:10.1037/0022-0167.51.2.151.
- Chen, Z. (1997). *Taiwanese Aboriginal Education*. Taipei: Macmillan co. ltd.
- Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). (2016). *Concluding Observations on the eighth periodic report Bangladesh*, UN Documentation No.CEDAW/C/BAD/CO/8, page-10.
- Crockett, L. J., Iturbide, M. I., Torres Stone, R. A., McGinley, M., Raffaelli, M., & Carlo, G. (2007). Acculturative stress, social support, and coping: Relations to psychological adjustment among Mexican American college students. *Cultural Diversity and Tribal Psychology*, 13, 347–355. doi:10.1037/1099-9809.13.4.347.
- Goldberg, D. P. (1972). *The Direction of Psychiatric Illness by Questionnaire*, London.Oxford University Press (Monograph-21).
- Goldenson, R. M. (1984). *Longman Dictionary of Psychology and Psychiatry*. Newyork and London: Longman.
- Goleman, D. (1995). *Emotional Intelligence – Why It can Matter More Than IQ*. New York, NY: Bantam Books.
- Greer, T. M., & Chwalisz, K. (2007). Minority-related stressors and coping processes among African American college students. *Journal of College Student Development*, 48, 388–404. doi:10.1353/ csd.2007.0037.
- Huque, P. (2004). *Life Stress, Coping Strategies and psychological well-being of men and women in urban and rural setting*. Unpublished PhD Thesis, University of Dhaka, Bangladesh.
- Knies, G., Nandi, A., & Lucinda, P. (2016). Life satisfaction ,ethnicity and neighbourhoods:Is there an effect on neighbourhood ethnic composition on life satisfaction?. *Social Science Research*, 60,110-124.
- Kvrgic, S., Harhaji S., Jovanovic, M., NikolicI, S., Radic, I.,Cankovic S., & Cankovic, D. (2013). Gender Differences in Mental Health among Adult Population in Vojvodina, Serbia. *Iranian Journal of Public Health*, Vol. 42, No. 8, Aug 2013, pp.833-841.
- Noh, S., & Kasper, V. (2003). Perceived discrimination and depression: moderating effect of coping, acculturation, and Tribalsupport. *American Journal of Public health*,93(2), 232-238.
- Omid, S., Moradi A. & Pour Z. (2018). The role of gender differences in copying styles and mental health. *Contemporary Psychology*, Vol.3.No.1.

## Mental Health of the Tribal Students in Bangladesh

- Piccinelli, M., Bisofi, G., Bon, M. G., Cunio, L., & Tensella, M. (1993). Validity and test-retest reliability of the Italian version of the 12-item General Health Questionnaire in general practice: A comprehension between three scoring methods. *Comprehensive Psychiatry*, 34(3), 198-205.
- Pomerantz, E. M., Altermatt, E. R., & Saxon, J. L. (2002). Making the grade, but feeling distressed: Gender differences in academic performance and internal distress. *Journal of Educational Psychology*, 94, 396-404.
- Roy, R. C. (2000). Land rights of the indigenous peoples of the Chittagong hill tracts, Bangladesh. Denmark: IWGIA.
- Smith, K. M., Chesin, M. S., & Jeglic, E. L. (2014). Minority College Student Mental Health: Does Majority Status Matter? Implications for College Counseling Services. *Journal of Multicultural Counseling and Development*, Vol. 42,78-92. doi: 10.1002/j.2161-1912.2014.00046.x.
- Snyder, C. R. (2014). *Positive psychology: the scientific and practical explorations of human strengths*. Lopez, Shane J., Pedrotti, Jennifer Teramoto (Third ed.). Thousand Oaks.
- Sorcar, N. R., & Rahman, A. (1989). Occupational stress and mental health of working women. Dhaka: UGC Report.
- Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: results from the Belgian health interview surveys 2008 and 2013. *BMC Psychiatry*, 18:6. DOI 10.1186/s12888-018-1591-4.
- Wang, S. C., Schwartz, S. J., & Zamboanga, B. L. (2010). Acculturative stress among Cuban American college students: Exploring the mediating pathways between acculturation and psychosocial functioning. *Journal of Applied Social Psychology*, 40, 2862–2887. doi:10.1111/j.1559-1816.2010.00684.x.
- Wei, M., Liao, K. Y. H., Chao, R. C. L., Mallinckrodt, B., Tsai, P. C., & Botello-Zamarron, R. (2010). Minority stress, perceived bicultural competence, and depressive symptoms among Tribal college students. *Journal of Counseling Psychology*, 57,411–422. doi:10.1037/a0020790.
- Wittchen, H. U., Jacobi, F., & Rehm, J. (2011). The size and burden of mental disorders and other disorders of the brain in Europe. *Eur. Neuropharmacol*, 21,655-679.
- World Health Organization. (2004). *Promoting mental health: concepts, emerging evidence, practice : summary report*. Geneva: Switzerland.
- Yao, J. & Yang, L. (2017). Perceived Prejudice and the Mental Health of Chinese Tribal College Students: The Chain Mediating Effect of Tribal Identity and Hope. *Frontiers in Psychology*.8:1167. doi: 10.3389/fpsyg.2017.01167.

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### **Conflict of Interest**

The author declared no conflict of interests.

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