

Research Paper

Academic Self-Esteem, Academic -Self Efficacy, Mental Health and Quality of Community Life in Tribal College Students of Tripura: A Correlational Study

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ABSTRACT

Aim of the Study: Tribal students of north-eastern states face numerous distinct community specific challenges in their studies and day to day life, in comparison to the tribal communities in India. Early adults of Tripura are comparatively less studied in light of mental health, community life and various academic factors. The present study is aimed to assess the academic self-esteem, academic self -efficacy, mental health and quality of community life among tribal college students of Tripura. **Research Methods:** The correlational study has been conducted in three colleges of Agartala, Tripura. Tribal graduation and post -graduation students [N=438, males (n=219) and females (n=219), mean age =23.8years] were recruited using purposive sampling. Self-report questionnaires were administered to assess the correlation among variables. **Results:** Data were analysed using descriptive statistics and Pearson's product- moment correlation. There is significant and positive correlation between age and mental health, academic self -esteem and self -efficacy. Significant and negative correlations have been found between quality of community life, academic self-esteem and academic self- efficacy. **Original Value of the Study:** In the light of previous studies, academic self-esteem and self-efficacy are significantly related to mental health of tribal students. Quality of community life is a complex dimension in relation to academic life. Qualitative studies are needed to explore more factors associated with community life of early adults and college students, to form more effective policies and cater mental health needs.

Keywords: Tribal college students, Tripura, Academic Self -esteem, Academic Self-efficacy, Mental Health, Quality of Community Life

Tribal communities possess rich and diverse cultural heritage along with precious knowledge of natural resources. Tripura is the third smallest state of India, located in the North-east. There are nineteen tribes having distinct cultures and languages in Tripura. Tribes are recognised as scheduled tribes in the constitution of India. The scheduled tribes are classified ethnic groups as targets for social and economic development. In article

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366(25), scheduled tribes are defined as – “such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under article 342(1) to be scheduled tribes for the purpose of this constitution.” (National Commission for Scheduled Tribes, 2022). According to consensus done in 2016 by the government of Tripura, “Reang” tribe out of nineteen tribes of Tripura is falling in the PVTGs category (Government of Tripura, 2016).

Academic achievements of a student depend on his/her perceived efficacy and efforts to reach the goal. Academic self-efficacy refers to – an individual’s belief or conviction that they can successfully achieve at a designated level on an academic task or attain a specific academic goal (Bandura, Pastorelli, Barbaranelli & Caprara, 1999; Eccles & Wigfield 2002). Academic self-efficacy is linked to the self-esteem of the students. Baron & Byrne (1991) described self-esteem as a psychological concept about a person’s overall evaluation of his or her own worth which can be in either positive or negative manner. Low academic self -esteem may lead to poor academic achievement and self-destructive behaviour (Ahmadi, 2020; Haggarty, Dugoni, Reed, Cederlund & Taylor 1996). It may lead to the feelings of unworthiness, doubt and depression (Frank, Plunkett & Otten, 2010). Low self-esteem also increases the dependency attitude which may result in low academic achievement (Joshi & Shrivastava, 2009). Whereas, high academic self-esteem may be seen as willingness to express, opinions, self-reported happiness, feeling of confidence, competence, co-operation in groups, goal-directed behaviour and anxiety -buffering functions (Dumont & Provost, 1999; Sari, Bilek & Celik, 2017).

According to World Health Organization (WHO, 2022) mental health is- “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 & fruitfully and is able to make a contribution to her or his community.” However, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder or a variety of other clinical conditions. It is thought to be what is assessed by many putative self-report measures of depression and anxiety (American Psychological Association, 2022). According to Goldberg and Hillier (1979) Psychological distress can be divided into four domains i.e. anxiety/insomnia, somatic symptoms, depression and social dysfunction.

The WHO recommends to assess not only physiological and psychological aspects of health, but include quality of life as an indicator of health. Quality of community life (QoCL) in ethnographic researches plays a vital role in determining their overall quality of life and health. WHO and UNICEF’s inter-country workshops (in 1980s) recommended studying regional communities in the special light of their needs, geographical, political and social situations (UNICEF and WHO Joint Committee on Health Policy, 1983). Quality of community life refers to the strength, liabilities and needs of a particular community to improve their overall quality of life, physical and mental health, well-being and social environment (Raphael, Steinmetz, Renwick, Rootman, Brown et al. 1999)

The students of tribal communities have higher rates of college drop-outs and proneness to mental illnesses across the country. (Yadav, Kumar & Sengar, 2019; Pandith, 2020; Barman & Chowdhary, 2023). Considering the higher dropout rates in Tripura and other tribal majority states, the National Education Policy (2020) is focusing on new norms to complete their education (NEP 2020). College and school students of tribal community in Tripura face various challenges in studies due to internal dislocation of tribes associated with internal

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conflicts, violence, abuse, separation and deprivation from basic needs (Debbarma, Majumdar & Bhattacharjee, 2022). Also, tribal and non-tribal college students differ on BMI and nutrition, academic achievements (Ghosh, Rakshit & Bhattacharya, 2013). School students differ on self-esteem, academic achievement needs, depression (Ghosh, 2013), anxiety (Ghosh, 2012). Tribal children may face challenges due to early initiation of drug abuse, sexual and psychological violence (Deb & Modak, 2009), drug trafficking and violence due to porous boundaries, problems in adjustment with non-tribal counterparts in school, language problems and drop outs due to financial issues (Barman & Chowdhary, 2023). The overall suicidal tendencies in tribal and non-tribal school students are also found to be higher (Ghosh & Bhattacharjee, 2022).

Although, majority of mental health and academics related studies in Tripura have been addressing the problems of Tribal adolescents (Ghosh 2013; Ghosh & Bhattacharjee, 2022). There is a dearth of studies regarding young adults, college drop outs and university students. It's crucial to assess the academic self-esteem, academic self-efficacy, which is closely related to the mental health of youngsters. In Tripura, youngsters face adversities regarding unstable social situations, abuse, addiction, violence, financial problems, adjustment problems from their childhood (Jamatia, 2022). In this light, it's crucial to dig deeper in their community life situations. Thus, the present study is aimed to assess the academic self-esteem, academic self-efficacy, quality of community life and mental health of young adults of tribal community in Tripura.

Objectives

To assess relationship among quality of community life, mental health issues, academic self-efficacy and academic self-esteem in tribal students enrolled at Tripura University.

Hypotheses

- The age of tribal students would be significantly correlated with emotional distress.
- Academic self-esteem and self-efficacy would be positively and significantly correlated.
- Academic self-efficacy and academic self-esteem would be significantly correlated with the emotional distress among tribal college students of Tripura.
- Academic self-efficacy, academic self-esteem and emotional distress would be significantly correlated with the quality of community life (QoCL) among tribal college students.

RESEARCH METHODS

Sample & Procedure

In this correlational design study, the tribal graduation and post-graduation students [N=438, Male (n=219), Female (n=219)] of age range 21 to 27 years (Mean= 23.48, SD= 1.121) were recruited using purposive sampling. They were administered the self-report questionnaires in English. These early adults are residents of rural and semi-urban areas of Tripura in Khowai, South Tripura, West Tripura, Gomati, Sepahijala, Dhalai and Agartala. Data were collected from three colleges Kadambini Women's College of Education, Gandhari College and JCM Institute of Education. All participants were Hindu, belonging to various tribal communities i.e. Darlong, Debbarma, Halam, Hamal, Noatia, Reang and Tripuri.

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Tools

English version of following self-report measures have been administered to collect the data.

- **Academic Self-esteem Scale (ASES):** This scale is developed by Dr. Gyanesh Tiwari (2011) in Indian settings to assess the academic self -esteem of adolescents and young adults. It is consisting of seven items to be scored on a 5-point Likert-type scale. The total scores are ranged from 1 to 35. The highest score indicates higher level of self- esteem. This scale is consisting of four sub-scales (a) academic self-esteem subscale and (b) personal and environmental factors sub-scale including – personal expectancy, parental support, teacher support & peer support (c) interest sub-scale and (d) outcome measure sub-scale. Pearson Product Moment r correlation between academic self-esteem sub scale and academic achievement is 0.892 (Tiwari, 2011). Its alpha reliability is 0.85. In the present study, the academic self-esteem sub-scale is used to assess the academic self-esteem of tribal early adults.
- **Academic Self- efficacy Scale (ASES):** This scale is developed by Gafoor and Ashraf (2006) comprising of forty items with five- point Likert-type scale i.e. exactly true, nearly true, neutral, nearly false and exactly false. There are twenty negative and twenty positive items. ASES assesses efficacy on twelve dimensions of academic work i.e. learning process, reading, comprehension, memory, curricular activities, time management, teacher -student relationship, peer relationship, utilization of resources, goal orientation, adjustment and examination. This scale is validated on Indian population with concurrent validity $r= 0.68$; test retest coefficient of correlation 0.85 and split half reliability of 0.90. It was originally developed in English and Malayalam.
- **The General Health Questionnaire -12 (GHQ-12):** It is a self-report measure developed by Goldberg (1992) to assess the emotional distress of the individuals. Consisting of twelve items and four -point Likert scale i.e. 0 (Never), 1 (rarely), 2 (often), 3 (always); it measures the level of somatic symptoms, anxiety/insomnia, depression and social dysfunctions. GHQ-12 identifies two main concerns: (1) the inability to carry out normal functions and (2) the appearance of new and distressing phenomena. Its Chronbach's alpha reliability is 0.90.
- **Quality of Community Life Scale:** This scale is developed by Indian Council of Medical Research (ICMR, 2005) to assess the special needs of ethnic communities and where community participation is central to the national programmes (i.e. family planning, literacy, district mental health program, rehabilitation etc.). The instrument has been able to differentiate between quality of community life in different geographical areas as well as amongst rural and urban population. The eleven dimensions recognized as parameters of quality of community life in India by ICMR are support of family, relatives and neighbours, relationship with friends, relationship with colleagues, community efforts for sanitation, medical and other facilities, social discrimination, social contacts and community information, law and order problems, caste and religion. It has shown high concurrent validity with the Home Risk Card Scale (ICMR, 2005) in Lucknow and Bangalore.

Statistical Analysis

Data have been analysed using descriptive statistics and Pearson Product Moment Correlation in the software named Statistical Package for The Social Sciences (SPSS, 26.0 version).

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RESULTS

Table 1: Mean Scores, SEs, and SDs of the measures of all the participants

	N	Min.	Max.	Mean	SE	SD
Age	438	21.00	27.00	23.4817	.05357	1.12121
Religion	438	1.00	2.00	1.8653	.01633	.34180
NoF	438	1.00	2.00	1.5708	.02368	.49553
FI	438	11000.00	1840000.00	150424.6575	6639.24187	138949.03840
NoTC	438	1.00	8.00	2.9795	.09721	2.03449
GHQ	438	24.00	40.00	31.5228	.13005	2.72175
AS Est	438	17.00	27.00	22.9452	.09241	1.93409
AS Eff	438	124.00	167.00	142.8516	.46443	9.71980
C	438	4.00	9.00	6.5890	.06133	1.28361
CE	438	7.00	8.00	7.4475	.02379	.49780
R	438	4.00	9.00	8.1941	.05821	1.21819
Fa	438	6.00	9.00	8.2671	.04383	.91735
Ne	438	5.00	9.00	7.6986	.04290	.89777
Fr	438	5.00	9.00	6.7900	.02879	.60258
MOF	438	3.00	9.00	6.8858	.06269	1.31206
S Dis	438	6.00	9.00	8.0000	.02566	.53696
SC	438	3.00	9.00	7.4589	.06564	1.37380
LO	438	4.00	9.00	6.7671	.04663	.97597
CR	438	5.00	9.00	7.5411	.04472	.93589
QoCLQ	438	67.00	89.00	81.6393	.15775	3.30141

Note 1: NoF=Nature of Family, FI=Family Income, NoTC Name of Tribal Category, GHQ=General Health Questionnaire, AS Est=Academic Self Esteem, AS Eff=Academic Self Efficacy, C=Colleagues, CE=Community Efforts, R=Relatives, Fa=Family, Ne=Neighbours, Fr=Friends, MOF=Medical & Other Facilities, S Dis=Social Discrimination, SC=Social Contact, LO=Law & Order, CR=Cast and Religion, QoCL=Quality of Community life.

Note: Table 1 depicts the demographics of sample of the study and overall range, mean, standard deviations and standard error of variables.

Table2: Mean Scores, SDs , and SEs of the measures of male and female participants

	Gender	N	Mean	SD	SE
Age	Male	219	24.0594	.90925	.06144
	Female	219	22.9041	1.01137	.06834
Religion	Male	219	1.8950	.30729	.02076
	Female	219	1.8356	.37147	.02510
NoF	Male	219	1.5708	.49610	.03352
	Female	219	1.5708	.49610	.03352
FI	Male	219	135004.5662	109737.82341	7415.39491
	Female	219	165844.7489	161808.85089	10934.02887
NoTC	Male	219	2.9087	1.93017	.13043
	Female	219	3.0502	2.13581	.14432
GHQ	Male	219	33.3288	1.91125	.12915
	Female	219	29.7169	2.15505	.14563
AS Est	Male	219	22.0913	1.54471	.10438
	Female	219	23.7991	1.90985	.12906
AS Eff	Male	219	134.5845	4.66452	.31520

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	Gender	N	Mean	SD	SE
C	Female	219	151.1187	5.50517	.37201
	Male	219	5.8539	.85489	.05777
CE	Female	219	7.3242	1.21908	.08238
	Male	219	7.4840	.50089	.03385
R	Female	219	7.4110	.49313	.03332
	Male	219	8.7671	.49364	.03336
Fa	Female	219	7.6210	1.43920	.09725
	Male	219	8.2146	.96478	.06519
Ne	Female	219	8.3196	.86636	.05854
	Male	219	7.9315	.62064	.04194
Fr	Female	219	7.4658	1.05902	.07156
	Male	219	6.9132	.62572	.04228
MOF	Female	219	6.6667	.55300	.03737
	Male	219	6.7489	1.37672	.09303
S Dis	Female	219	7.0228	1.23200	.08325
	Male	219	8.0868	.46606	.03149
SC	Female	219	7.9132	.58792	.03973
	Male	219	7.6621	.91620	.06191
LO	Female	219	7.2557	1.69143	.11430
	Male	219	7.0365	.82314	.05562
CR	Female	219	6.4977	1.04212	.07042
	Male	219	7.4110	.90110	.06089
QoCLQ	Female	219	7.6712	.95382	.06445
	Male	219	82.1096	2.77222	.18733
	Female	219	81.1689	3.70392	.25029

Note 1: NoF=Nature of Family, FI=Family Income, NoTC Name of Tribal Category, GHQ=General Health Questionnaire, AS Est=Academic Self Esteem, AS Eff=Academic Self Efficacy, C=Colleagues, CE=Community Efforts, R=Relatives, Fa=Family, Ne=Neighbours, Fr=Friends, MOF=Medical & Other Facilities, S Dis=Social Discrimination, SC=Social Contact, LO=Law & Order, CR=Cast and Religion, QoCL=Quality of Community life.

Note: Table 2 depicts the demographics of sample of the study and gender wise range, mean, standard deviations and standard error of variables.

Table 3: Correlations among predictors and criterion measures of all the participants (N=438)

	Age	Religion	NoF	FI	NoTC	GHQ	AS Est	AS Eff	C	CE	R	Fa	Ne	Fr	MOF	S Dis	SC	LO	CR	QoCLQ	
Age	1																				
Religion	.074	1																			
NoF	.006	.104*	1																		
FI	-.076	.039	.014	1																	
NoTC	-.005	-.057	-.043	.022	1																

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	Age	Religion	NoF	FI	NoTC	GHQ	AS Est	AS Eff	C	CE	R	Fa	Ne	Fr	MOF	S Dis	SC	LO	CR	QoC LQ
GHQ	.469**	.002	-.071	.100*	-.019	1														
AS Est	-.130**	-.101*	.026	.039	.063	-.258**	1													
AS Eff	-.442**	-.142**	.045	.056	.050	-.561**	.365**	1												
C	-.317**	-.116*	.109*	.118*	.111*	-.312**	.230**	.475**	1											
CE	.093	.032	.048	-.011	-.045	.041	-.039	.104*	-.012	1										
R	.265**	.030	-.021	.028	.013	.355**	-.259**	.422**	-.315**	.060	1									
Fa	.070	-.060	.051	-.088	.046	-.016	.031	.064	.041	.018	.068	1								
Ne	.104*	.084	-.003	.000	-.062	.181**	-.122*	.215**	-.157**	.020	.148**	.004	1							
Fr	.018	-.015	.004	.078	.021	.105*	-.200**	.174**	-.109*	.093	.134**	.011	.001	1						
MOF	-.135**	.047	.009	.006	.044	-.091	-.043	.151**	.082	-.104*	.015	.058	-.080	.033	1					
S Dis	.076	.087	.163**	-.042	-.040	.059	-.139**	.144**	-.076	.017	.101*	.019	.005	.141**	.133**	1				
SC	.046	.044	.048	.042	-.093	.036	.149**	.136**	.068	-.040	.131**	.006	.174**	.014	.121*	.143**	1			
LO	.128**	-.019	-.027	.010	-.082	.117*	-.184**	.257**	-.151**	.011	.016	.107*	.069	.064	-.366**	-.035	.054	1		
CR	.088	.121*	.048	.049	.099*	-.152**	.107*	.097*	.039	-.035	.054	.044	.029	.003	.032	.073	.001	.000	1	
QoC LQ	.030	.054	.025	.025	-.040	.030	-.198**	.128**	.178**	.111*	.384**	.328**	.317**	.242**	.369**	.312**	.570**	.102*	.303**	1

Note 1: NoF=Nature of Family, FI=Family Income, NoTC Name of Tribal Category, GHQ=General Health Questionnaire, AS Est=Academic Self Esteem, AS Eff=Academic Self Efficacy, C=Colleagues, CE=Community Efforts, R=Relatives, Fa=Family, Ne=Neighbours, Fr=Friends, MOF=Medical & Other Facilities, S Dis=Social Discrimination, SC=Social Contact, LO=Law & Order, CR=Cast and Religion, QoCL=Quality of Community life.

Note 2: **. Correlation is significant at the 0.01 level (2-tailed).

Note 3: *. Correlation is significant at the 0.05 level (2-tailed).

Note: Table 3 depicts the Pearson’s product moment correlation among the demographic variables -age, religion and psychological variables i.e. mental health (emotional distress), academic self-esteem, academic self-efficacy and quality of community life. In the table, emotional distress is positively and significantly correlated (at the level of 0.01) with age. Academic self-esteem is negatively correlated with age and mental health. Academic self-efficacy is negatively correlated with age, mental health and positively with academic self-

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esteem. Quality of community life is negatively correlated with academic self -esteem and academic self-efficacy.

DISCUSSION

The present study is aimed to assess the relationship between academic self- esteem, academic self-efficacy, mental health and quality of community life (QoCL) among tribal college students in Tripura, India. The university students of twenty -one to twenty -seven age range can be classified as early adults, who witness transition period between adolescence and adulthood. It is a crucial period to achieve maturity and stability. Tribal early adults also sail through these situations. Our first hypothesis is successfully accepted as age and emotional distress are found to be significantly and positively correlated. As the literature also states that early adulthood is the duration of transition from student life to family life. Difficult life situations in north-east may also contribute to increase in psychological distress with age. Major mental health issues have been reported in recent studies conducted in Tripura i.e. suicidal ideation (Ghosh & Bhattarjee, 2022), aggression, depression and anxiety (Ghosh, 2012) in Bru community (Debbarma, Majumdar & Bhattarjee, 2022), social anxiety and social phobia in adolescents and adults (Majumdar & Lodh, 2019), substance use (Jamatia, 2022), depression and obesity (Nag, Tripura, Datta, Karmakar & Sen. 2024).

Our second hypothesis is successfully accepted as academic self-efficacy is positively correlated with academic self-esteem. This finding is supported in previous researches with adolescents in Tripura (Ghosh, 2013) and young adults in other areas (Solanki, 2022). Academic self-esteem and efficacy also predict depression and emotional exhaustion among college students during COVID-19 pandemic (Esteban, Mamani-Benito, Morales-Garcia, Caycho-Rodeiguez, & Mamani, 2022). It shows the higher chances of high academic engagement, higher academic achievements if both are increased, as per the literature (Acosta-Gonzaga, 2023; Zhao, Zheng, Pan & Zhou, 2021; Ahmadi, 2020).

The third hypothesis is also supported as emotional distress is negatively and significantly (on the significance level of 0.01) correlated with academic self-esteem and academic self-efficacy. It shows that the increase in mental health issues i.e. anxiety, depression, sleep problems, somatic symptoms and social dysfunctions may indicate towards the lower levels of academic self-efficacy and academic self-esteem. Academic self -esteem and academic self-efficacy are negatively and significantly (on the level of 0.01) correlated with age. There may be some nexus between the age, mental health, academic self -efficacy and self-esteem. Studies conducted with adolescents in Tripura support the findings regarding mental health, self -esteem between tribal and non-tribal students (Ghosh, 2013). Adolescent tribal students have shown higher mental health issues than non-tribal counterparts in various states of India i.e. Jharkhand (Yadav, Kumar & Sengar, 2019), Kashmir (Pandith & Paray, 2020), West Bengal (Burman & Chowdhary, 2023). However, the comparative analysis of mental well-being between tribal and non-tribal early adults can be explored deeply in further studies.

The fourth hypothesis states – “academic self-efficacy, academic self-esteem and mental health would be significantly correlated with the quality of community life (QoCL) among tribal college students” is partially supported on the significance level of 0.01. there is no significant correlation has been found between quality of community life, age and emotional distress. This is a contrary finding as per most of the previous researches with quality of life

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(Barry & Zissi, 1997; Connell, O’Cathain, & Brazier, 2014). Though, the quality of community life specifically and mental health are comparatively novel and needing further exploration.

Quality of community life is negatively correlated with academic self-esteem and self-efficacy. In previous researches, quality of life and self-esteem are mostly positively correlated in children and adolescents (Griffiths, Parson & Hill, 2010). Clinical population is more prone to lower self-efficacy, self-esteem and lower quality of life along with compromised social functioning (Murphy & Murphy, 2009). Contrary to previous findings, results may indicate towards other factors which influence the academic self-esteem, academic self-efficacy and quality of community life in tribal communities especially in North-eastern India i.e. social and political insecurities, porous boundaries with other countries, drug trafficking and early drug initiation, problems in adjustment with non-tribal counterparts, language issues, adjustment in fast-pacing society and many more psychosocial stressors (Jamatia, 2022; Deb & Modak, 2012, Ghosh, 2013).

CONCLUSION

There is significant and positive correlation between age and psychological distress of tribal college students. On the other hand, academic self-esteem and self-efficacy shows significant relation with mental health and negative correlation with quality of community life of tribal students. Though, quality of community life and mental health have not shown any significant correlation. These contrary findings are needed to be explored further. In nutshell, academic self-esteem and self-efficacy, quality of community life are the major factors of a college student’s life. There in-depth studies are needed to explore the complexities of early adult student’s life in Tripura.

Limitations and Suggestions for further study

Assessing the gender differences might have provided more insight for understanding the nature of relation in variables. In further studies, qualitative in -depth studies can be conducted for exploring the subjective and area -specific factors in tribal early adults which influence the quality of community life, academic self-esteem and academic self-efficacy.

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Privacy & Confidentiality

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