Physical Health Issues, Mental Health Challenges, Resilience, and Psychological Well-Being among Tribal Women

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ABSTRACT

Aim: The aim of the present study was to explore the relationship between physical health, mental health and psychological well-being among tribal women.

Material and Methods: The total sample consisted 60 tribal women from age group of 25-40 yrs representing diverse denotified tribes includes koli, ramoshi, banjara, adhivasi, Bhilla located in tribal areas in Nashik district of Maharashtra. For examine the physical health of tribal women researcher conducted interview along with self-prepared personal data sheet. For examination of Mental Health Challenges Anxiety, Depression, and Stress Scale (ADSS) by Pallavi Bhatnagar, Megha Singh, Manoj Panday, Sandhya, and Amitabh, Resilience Scale (RS) by Dr. Vijaya Lakshmi & Dr. Shruti Narain and Psychological Well-Being Scale (PWBS) by Dr. Devendra Singh Sisodia and Pooja Choudhary were used.

Statistical Analysis: Descriptive, inferential and correlational statistical analyses were used for observing relationship. Pearson product movement correlation was applied to check the relationship between physical health issues, mental health challenges level of resilience and psychological well-being among tribal women.

Result & Conclusion: The research finding shows that there is a high level of physical health issues such as gynecological problems, anemia, menstrual difficulties, iron and nutritional deficiencies, and infectious diseases among tribal women. There is a high level of anxiety, depression, and low level of stress as mental health challenges among tribal women. There is a positive correlation between physical health issues and mental health challenges (anxiety, depression, and stress) among tribal women. There is a negative correlation between physical health issues and the level of resilience among tribal women.There is a negative correlation between physical health issues and psychological well-being among tribal women.

Keywords: Physical health Issues, Mental Health Challenges, Resilience, Psychological Well-being and Tribal women

INTRODUCTION

Tribal communities often face unique challenges, including limited access to healthcare, socioeconomic disparities, cultural marginalization, and historical trauma, which can significantly impact their overall well-being. Understanding and addressing the interplay between physical health, mental health, resilience, and well-being are crucial for promoting holistic health outcomes among tribal women.

Physical Health: Physical health refers to the overall condition of an individual's body and encompasses various aspects such as nutrition, fitness, disease prevention, and access to healthcare. For tribal women, physical health can be influenced by factors such as inadequate healthcare infrastructure, limited availability of nutritious food, exposure to environmental hazards, and higher rates of chronic diseases. Poor physical health

can contribute to a range of adverse outcomes, including reduced productivity, increased vulnerability to illnesses, and diminished quality of life. Physical health challenges among tribal women can be influenced by a range of factors, including socioeconomic conditions, cultural practices, and limited access to healthcare, environmental disparities, maternal and reproductive health, nutritional deficiencies, substance abuse, environmental health hazards and infectious diseases. These challenges may vary across different tribal communities and geographical locations.

Mental Health: Mental health refers to a person's emotional, psychological, and social well-being. It affects how individuals think, feel, and act, and it influences their ability to cope with stress, relate to others, and make decisions. Among tribal women, mental health can be impacted by factors like social isolation, discrimination, intergenerational trauma, and lack of culturally appropriate mental healthcare services, substance addiction and cultural barriers. Untreated mental health issues can lead to a decline in overall well-being, impaired functioning, and increased vulnerability to other health problems.

Resilience: Resilience refers to an individual's ability to adapt, cope, and bounce back from adversity. Tribal women often demonstrate remarkable resilience in the face of significant adversities, drawing strength from their cultural heritage, community ties, and traditional healing practices. The key aspects of resilience among tribal women are Cultural strengths, Interconnectedness and social support, Spiritual and holistic perspectives, Traditional knowledge and wisdom, Adaptive skills and coping strategies, Cultural preservation and empowerment, Community resilience and advocacy.

Psychological Well-being: Well-being encompasses the overall quality of life and satisfaction experienced by individuals. It is influenced by physical health, mental health, social connections, and a sense of purpose or fulfillment. For tribal women, achieving well-being requires addressing the complex interplay between physical health, mental health, and resilience. By promoting equitable access to healthcare, culturally sensitive mental health services, social support networks, and opportunities for personal and community growth, tribal women can experience enhanced well-being and lead more fulfilling lives.Efforts to enhance the well-being of tribal women should involve collaboration between tribal communities, governments, non-governmental organizations, and other stakeholders. Recognizing their unique strengths, respecting their cultural diversity, addressing systemic challenges, and promoting inclusive policies and programs contribute to improving the overall well-being of tribal women

REVIEW OF LITERATURE

Gupte, S et al (2023) investigated the factors determining anemia among tribal women in India found the difference in the prevalence of anemia among tribes and their non-tribal. Further they suggested the determinants of tribal anemia range from socio-economic variables to dietary variables as well as autonomy variables. Factors such as wealth index, rural/urban residence, and education do have a negative association with anemia, i.e. if these factors increase anemia level decreases.

Devarapalli, S et al (2020) studied mental health of ST population in India and collated data to inform future research. They found Thirty-two relevant studies were found and included in the review. Studies were categorized into the following three thematic areas: alcohol and substance use disorders, common mental disorders and sociocultural aspects, and access to mental health-care services. Sociocultural factors play a major role in understanding and determining mental disorders.

Negi, D et al (2019) examined the tribal health and well-being of their community. They suggested that there should be a comprehensive and national level health policy to mitigate the problems of health among the tribal population. It is need of the hour to have a comprehensive national policy on tribal health to address the issues related to health and its correlates in the country

Chandel, S. et al (2017) conducted a cross sectional study for finding the association between body physique and physical fitness among tribal community of Dadra and Nagar Haveli, India on 200 individuals, both male and female in the age group of 18-40 years. The males are mesomorph ectomorph (1.6 - 4.0 - 3.5), whereas, females are central (2.8 – 3.6 – 3.5). The physical fitness level of the studied population is excellent. With an

increase in physical fitness among Warli males and females, there is an increase in mesomorphy component of somatotype, while the inverse is true for endomorph and ectomorphy components.

Santhosam, M. et al. (2013) conducted the study on the Health status of Elderly Irular Tribal Women in three villages of Kancheepuram District total of 30 elderly tribal were interviewed using a pre-tested Interview schedule. Around 66% of the women belonged to the age group of 60-69 years old. A majority of them had health problems such as hypertension followed by arthritis, diabetes, constipation etc. The results of the study showed that there is a need for geriatric clinics that can take care of their physical and psychological needs. It further stressed accessibility of health services as a main reason for the elderly not availing the health care services.

Patel et al., 2018; Singh & Kumar (2020) highlighted in their study that the cultural and social contexts play a key role in influencing health-related behaviours, coping mechanisms, and psychological adaptation. **Rao & Reddy (2017)** in their study they suggested that Women from tribal communities often face numerous challenges, including limited access to healthcare services, adherence to traditional belief systems, and socio-economic hardships, all of which may have implications for both their physical and mental health

Objective

1) To identify the physical health issues (gynecological, anemia, menstrual, iron and nutritional deficiencies, infectious diseases and substance abuse) among tribal women.

2) To examine the mental health challenges (anxiety, depression and stress) among tribal women.

3) To examine the relationship between the physical health issues and mental health challenges (anxiety, depression and stress) among tribal women.

4) To explore the relationship between the physical health issues and level of resilience among tribal women.

5) To investigate the relationship between the physical health issues and psychological well-being among tribal women.

Hypotheses

H1: There would be high level of physical health issues such as gynecological, anemia, menstrual, iron and nutritional deficiencies and infectious diseases among tribal women.

H2: There would be high level of anxiety, depression and stress as mental health challenges among tribal women.

H3: Physical health issues and mental health challenges (level of anxiety, depression and stress) would be positively correlated among tribal women.

H4: Physical health issues and resilience would be negatively correlated among tribal women.

H5: Physical health and well-being would be negatively correlated among tribal women.

Variables

Research Variables

- Physical Health Issues (gynecological, anemia, menstrual, iron and nutritional deficiencies and infectious diseases)

- Mental Health Challenges (Anxiety, Stress and Depression)

- Level of Resilience

- Psychological Well-being

- Tribal women

Controlled Variables

- **Age:** 25 to 40 years.

- **Region:** Various tribal areas of Nashik District – Hursul, Surgana, Peth and Ghoti (State - Maharashtra)

- Tribal women from diverse denotified tribes belongs to SC, ST, NT categories such as koli, ramoshi, banjara, adhivasi, Bhila etc.,

- Tribal women suffering from gynecological, anemia, menstrual, iron and nutritional deficiencies and infectious diseases from last 1 yr.

Inclusion Criteria:

- Tribal women suffering from gynecological, anemia, menstrual, iron and nutritional deficiencies and infectious diseases from last 1 yr.

- Married Tribal women

Sample:

A purposive sampling method was used to select a representative sample of 60 tribal women various tribal areas of Nashik District – Hursul, Surgana, Peth and Ghoti (State - Maharashtra). The total sample of 60 tribal women from age group 25 to 40 years.

Design:

The present study based on mixed study method (qualitative and quantitative). The study used correlational design

Data Collection:

A mixed-methods approach was applied for data collection. Quantitative data collected through standardized measures to examine mental health challenges, resilience, and well-being. Qualitative data gathered through in-depth interviews and focus group discussions to explore the participants' lived experiences.

Tools:

1. Interview and Personal Data Sheet

Qualitative information was collected with the help of Interview and Group Discussions with the tribal women on their physical and mental conditions. Physical health related information were collected from Medical health practitioner of Primary Health care centre located in tribal areas. Researchers also used personal data sheet for collecting information of tribal women regarding their personal, family, economical and physical health.

2. Anxiety, Depression, and Stress Scale (ADSS) by Pallavi Bhatnagar, Megha Singh, Manoj Panday, Sandhya, and Amitabh:

This scale is suitable for examine three mental health dimensions namely anxiety, depression, and stress. It consists of 48 items with two response options — "Yes" and "No". The score ranges for the subscales are 0 to 19 for anxiety, 0 to 15 for depression, and 0 to 14 for stress. Higher scores on each subscale indicate greater levels of anxiety, depression, and stress.

Reliability and Validity: Internal consistency as measured by cronbach alpha and spearman brown formula is 0.81 and 0.89 and validity was found satisfactory.

3. Resilience Scale (RS) by Dr. Vijaya Lakshmi & Dr. Shruti Narain (2017)

This scale includes 30 statements with five alternatives strongly agree, agree, neutral, disagree, strongly disagree. This scale has four dimensions such as perseverance, composure, self-reliance, and faith. For this scale scores are ranges from 84 to 122. High score indicates high level of resilience and low scores indicates low level of resilience.

Reliability and Validity: The test re-test reliability was found 0.87 and the split-half reliability was found 0.84 and concurrent validity was found 0.86.

4. Psychological Well-Being Scale (PWBS) by Dr. Devendra Singh Sisodia and Pooja Choudhary

This scale is suitable for measuring psychological well-being of a person in any age group of 16-60 yrs. The inventory has 50 items and requires 15-20 minutes to complete it. The response is given on 5 point scale. It is a type of Likert scale. This Inventory measures the five areas of psychological well-being namely Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relations. The assignable scores in this inventory range from 50 to 250 which high score showing high psychological well-being and low score showing low psychological well-being.

Reliability and Validity:

The test-retest reliability of the scale is .87 and the consistency value for the scale is 0.90. The external criteria and validity coefficient is 0.97.

RESULT AND DISCUSSION

To analyze the data Pearson product moment correlation r was computed to check the relationship. The obtained data is systematically presented in the following tables.

Table 1: Shows the percentage of physical health issues among tribal women

Physical Health Issues	Total Women *(N)*	No. of Women *(n)*	Percentage	Mean
Gynecological Issues	60	09	15	0.967
Anemia		14	23.34	
Menstrual Issues		13	21.67	
Iron and Nutritional Deficiencies		10	16.67	
Infectious Diseases		14	23.34	

The results show that a significant proportion of tribal women face physical health problems such as anemia (23.34%), infectious diseases (23.34%), and menstrual issues (21.67%). Gynecological problems and nutritional deficiencies were also reported. The mean value (0.967) indicates that almost every woman reported at least one type of health issue. This supports **Hypothesis 1 (H1)**, which predicted a high level of physical health challenges among tribal women.

Table 2: Shows the Mean and SD of mental health challenges- level of anxiety, depression and stress among tribal women

Mental Health Challenges	N	Mean	SD
Anxiety		14.6	2.45
Depression	60	10.46	2.28
Stress		10.08	1.83

The results indicate that anxiety (M = 14.6, SD = 2.45), depression (M = 10.46, SD = 2.28), and stress (M = 10.08, SD = 1.83) are present at notable levels among tribal women. This suggests that mental health problems are widespread, supporting **Hypothesis 2 (H2)** that tribal women experience a high level of anxiety, depression, and stress.

H3: Physical health issues and mental health challenges (level of anxiety, depression and stress) would be positively correlated among tribal women.

Table 3: Shows the Relationship between Physical health issues and mental health challenges (level of anxiety, depression and stress)

Variable	N	Mean	r- value
Physical Health Issues		0.967	
Anxiety	60	14.6	0.133
Physical Health Issues		0.967	
Depression	60	10.46	0.268
Physical Health Issues		0.967	
Stress	60	10.08	-0.118

The correlation between physical health issues and anxiety (r = 0.133) and depression (r = 0.268) is **positive**, though weak. This means that women with more health issues tend to experience slightly higher levels of anxiety and depression. The correlation with stress (r = –0.118) is **negative but weak**, suggesting that physical health problems do not necessarily increase stress. These findings partly support **Hypothesis 3 (H3)**, as health issues are linked to anxiety and depression but not clearly to stress.

Table 4: Shows the Relationship between Physical Health and Level Resilience among Tribal Women

Variable	N	Mean	r-value
Physical Health		20	
Level of Resilience	60	100.35	-0.175

The correlation between physical health issues and resilience (r = –0.175) is negative. This shows that women who face more health problems tend to have lower resilience. The result supports **Hypothesis 4 (H4)**, which assumed that physical health issues reduce resilience levels.

H5: Physical health and well-being would be negatively correlated among tribal women.

Table 5: Shows the Relationship between Physical Health Issues and Psychological well-being among Tribal Women

Variable	N	Mean	r-value
Physical Health Issues	60	0.967	-0.236
Psychological Well-being		98.38	

The correlation between physical health and well-being (r = –0.236) is also negative. This means that poor physical health is linked to lower well-being among tribal women. The result supports **Hypothesis 5 (H5)**, as expected.

Overall, the findings show that tribal women suffer from multiple physical health issues, especially anemia and infections, which directly affect their mental health, resilience, and well-being. The weak to moderate correlations suggest that poor health adds to emotional difficulties like anxiety and depression, while also reducing the ability to cope (resilience) and lowering overall life satisfaction (well-being).

These results match earlier studies highlighting that health problems, when combined with social and economic hardships, negatively influence the psychological adjustment of tribal populations.

CONCLUSIONS

In the present research following are the conclusions:

1. There is a high level of physical health issues such as gynecological problems, anemia, menstrual difficulties, iron and nutritional deficiencies, and infectious diseases among tribal women.

2. There is a high level of anxiety, depression, and low level of stress as mental health challenges among tribal women.

3. There is a positive correlation between physical health issues and mental health challenges (anxiety, depression, and stress) among tribal women.

4. There is a negative correlation between physical health issues and the level of resilience among tribal women.

5. There is a negative correlation between physical health issues and psychological well-being among tribal women.

Implications:

The findings of the present study on Physical Health Issues, Mental Health Challenges, Resilience, and Psychological Well-being among Tribal Women will be helpful to various government and non-government agencies, community heal workers, policymakers, and tribal communities. Understanding the difficulties and problems faced by tribal women can help to develop various effective intervention modules to improve physical and psychological health of tribal women.

The findings will be helpful for:

- The findings can guide government and non-government agencies in designing health policies specifically addressing physical health issues such as gynecological problems, anemia, and nutritional deficiencies among tribal women.

- Training community health workers in psychological first aid and basic counseling may help in early detection and intervention.

- Awareness campaigns regarding hygiene, nutrition, preventive care, and emotional well-being can empower tribal women to take proactive steps toward better health.

- Promoting psycho-education will also reduce stigma related to mental health issues in tribal communities.

- Culturally sensitive workshops or community support groups can be initiated to foster resilience.

- The findings contribute to the body of research on tribal health and psychology, providing a base for future comparative studies with non-tribal populations.

- The results may inspire NGOs and community leaders to advocate for better health infrastructure and gender-sensitive programs in tribal regions.

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