

## **Depression and Stress among Tribal Migrant Rural Women of Ranchi District in Jharkhand**

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**Abstract:** Tribal women of Jharkhand are the main bread earners in the society but are socially and economically deprived and have high rate of poverty, illiteracy, unemployment and social insecurity, which cause high rate of mental problem among these women. This paper examines the level of depression and stress among rural tribal migrant women of Ranchi district in Jharkhand. The data obtained by stratified random sampling was based on two sub-group of age (Younger and older) and ethnicity (tribal and non-tribal). The sample of 200 rural migrant labour women was drawn from some selected blocks and villages of Ranchi district. Beck Depression Inventory (BDI-II) by Aaron T. Beck (1978) was used to measure level of depression and General Health Questionnaire (GHQ) -12 by Shamsunder et.al. (1986) and Goutam et.al. (1987) was applied to measure the level of stress. Result indicated that the older labour sample group has shown high level of depression and stress than younger migrant group. Tribal sample have shown high level of depression and stress as compare to non-tribal sample group. Depression and stress were highly correlated among migrant as well as non-migrant sample.

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

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### **I. INTRODUCTION**

The present research is a comparative study to investigate the level of depression and stress among migrant labour women of Ranchi district of Jharkhand in relation to ethnicity (Tribal and Non-tribal) and age (Younger, 15-25 yrs. and Older, 40-50 yrs.)

- **Migration**

Human migration is the movement by people from one place to another with the intentions of settling temporarily or permanently in the new location. The movement is often over long distances and from one country to another, but internal migration is also possible; indeed, this is the dominant form globally. Migration may be individuals, family units or in large groups. Migration occurs because of individuals' search for food, sex and security outside their usual habitation. Idyorough (2002) viewed that towns and cities are a creation of human struggle to obtain food, sex and security. To produce food, security and reproduction, human beings must, out of necessity, move out of their usual habitation and enter into indispensable social relationships that are cooperative or antagonistic. Human beings also develop the tools and equipment to enable them to interact with nature to produce the desired food and security. The improved relationship (cooperative relationships) among human beings and improved technology further conditioned by the push and pull factors all interact together to cause or bring about migration and higher concentration of individuals into towns and cities.

- **Depression**

Depression is a mental illness, in which a person has feeling of sadness, instability, loneliness, hopelessness, worthlessness and guilt. Depression is a common mental disorder and can be successfully treated. Researchers suggest that there is a dynamic and complex interplay between biological, genetic, and psychological factors that lead to depression. Psychological factors include specific distressing life events or environmental stress (poverty, unemployment) and family functioning.

- **Stress**

Stress is your body's way of responding to any kind of demand. It can be caused by both good and bad experiences. When people feel stressed by something going on around them, their bodies react by releasing

chemicals into the blood. These chemicals give people more energy and strength, which can be a good thing if their stress is caused by physical danger. But this can also be a bad thing, if their stress is in response to something emotional and there is no outlet for this extra energy and strength. This class will discuss different causes of stress, how stress affects you, the difference between 'good' or 'positive' stress and 'bad' or 'negative' stress, and some common facts about how stress affects people today.

- **The status of tribal women in Jharkhand**

The status of labour women in a Jharkhand is a significant reflection of the level of social justice in their society. Women's status is often described in terms of their level of income, employment, education, health and fertility as well as their roles within the family, the community and society. In tribal communities, the role of women is substantial and crucial. They constitute about half the total population but in tribal society women are more important than in other social groups, because they work harder and the family economy and management depends on them. Even after industrialization and the resultant commercialization swamped the tribal economy, women continued to play a significant role. Collection of minor forest produce is done mostly by women and children. Many also work as laborers in industries, households and construction, contributing to their family income. Despite exploitation by contractors and managers, tribals are more sincere and honest than non-tribals. (Aggrawal, 1998; Bhende, 1998; Bishnu, 2007).

## II. REVIEW OF LITERATURE

Several researchers have pointed out that migrant group more prone to the mental illness as well as numerous studies have focused on status of mental health among tribal ethnic group. Migration produces stress that heightens the risk of mental ill health. Numerous studies have reported that mental ill health is more common among immigrants than among the native-borned. It has been shown that some immigrant groups are particularly at risk for various forms of mental ill health. The same has been observed in most Western countries, (Carta et al., 2005).

Migrants mental health can be regarded one of the most urgent public health issues in any society today. Racism, discrimination and structural barriers make realization of some desired outcome more difficult, and are factors that migrants can encounter in the host society. These factors are potentially stressful for the individual (Kleiner, et al., 1970; Williams et al., 2003). However, the host country's environment, or some aspects of it, might have a positive effect on some immigration groups while being harmful to others (Berry et al., 2003). It has been shown that a high level of stress and depression is particularly common among migrant women in most of the societies.

There are so many studies that underline the status of depression and stress among tribal ethnic group. Tribal population constitutes one of the minority groups in India. Some researches focused on relationship between ethnicity and mental illness. Bhugra & Ayonrinde (2004) studied that tribal group have high level of depression than non-tribal. Gupta (2010) and Mishra (2000) have studied both tribal men and women have high rate of stress and other mental problems.

The problem will increase with tribal group migration. migrants is fraught with challenging issues while settling into a new country and culture, including limited language proficiency, difficulty navigating a new educational system, finding employment, accessing the health care system, adjusting to minority status, facing discrimination. Expectations of living up to the model minority myth, putting them at risk for mental health consequences (Wong, et al., 2014; Yoshihama, 2012).

Women in particular may face unique challenges when migrant to the other states or abroad. Migrant women face multiple facets of inequality and discrimination within and outside of the country (Tummala, et al., 2015). These migrant women are less educated than the model minority stereotype would suggest, having come to the host society as wives of migrant men, and may then be confined to the home upon arrival (Masood, et al., 2009).

A recent study (Walton, et. al., 2015) noted that tribal women might erroneously be considered independent and autonomous based on their skill level and immigration status. However, in actuality, these women were found to be under the care and containment of their distant families in Jharkhand, who had orchestrated their migration for the improved socio-economic status of the family or collective interests. Migrant women (Varghese, et al., 2009) have been found to be particularly prone to cultural value conflict and high family control, contributing to depression. Migrant women often face a controlling spouse and in-laws instead of new found freedom. Upon arrival they may be forced to find a job, turn over their earnings, or suffer physical abuse, social isolation, or desertion, causing mental and emotional distress (Ekanayake, et al., 2012).

This study investigates the effect of age and ethnicity on the level of depression and stress among migrant rural women.

**Objective of the study**

The main objective of the study was to find-out the effect of age (Younger and older) and ethnicity (tribal and non-tribal) on the level of depression and stress among rural labour women of Ranchi District in Jharkhand.

**The specific objectives of the study were following:**

- I. To study the level of depression and stress among tribal and non-tribal migrant women.
- II. To find out the level of depression and stress among younger and older migrant women.

**Hypotheses**

- H<sub>1</sub> The level of depression will differ among tribal and non-tribal migrants.
- H<sub>2</sub> The level of depression will differ among younger and older migrants.
- H<sub>3</sub> The level of stress will differ among tribal and non-tribal migrants.
- H<sub>4</sub> The level of stress will differ among younger and older migrants.

**Methodology:**

**Research design**

The research design is given below:

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

**Total-200**

**Selection of the sample**

The total sample for the study consisted of 200 migrant rural women of Ranchi district of Jharkhand. Respondents were selected from two selected blocks (Kanke and Ratu). The sample was selected by using stratified random sampling technique. The stratification was based on two groups of ethnicity (tribal and non-tribal) and age (younger (15-25 yrs) and older (40-50 yrs)).

Thus the research design was based on 2 x 2 factorial design. In each of the four strata- 50 cases were selected randomly. The total no of cases were 200.

**Size of the sample**

The total sample for the study was consisted of 200 migrant labour women - 100 tribal (Christian) and 100 non-tribal (Hindu) equally divided into younger and older aged migrant labour women.

**Tools:**

**I. Personal Data Questionnaire**

An interview schedule was constructed by researcher to obtain personal data information about respondents age, ethnicity, gender, level of education, place of residence, family income etc.

**II. General Health Questionnaire -12 (GHQ-12)**

General Health Questionnaire-12 (GHQ-12) was developed by David Goldberg and Paul Williams (1979).Its Hindi version was made by Shamsunder et.al. (1986) and Goutam et.al. (1987). It consists 12 questions related to mental health, stress/anxiety, malnutrition, weight, anemia, hemoglobin, blood pressure, sugar level etc. Half items are positively framed (e.g. ‘Over the past few weeks, have you been able to enjoy your normal day to day activities?’) and half are negatively framed (e.g. ‘Over the past few weeks, have you been able to enjoy your normal day to day activities?’) and half are negatively framed (e.g. ‘Over the past few weeks, have you lost much sleep over worry?’) It has four response alternatives. Scores 0 0 1 1 have been given from each item. GHQ-12, offers a possibility of maximum score of 12. A total GHQ-12 scores have been calculated by summing all scores, where higher scores indicate higher level of psychological distress. . Scores obtained 2 or below were considered better mental health and scores above 2 were considered poor mental health of the sample. Scores obtained 2 or below were considered better mental health and scores above 2 were considered poor mental health of the sample. Reliability of the test was 0.83 determined by test-retest method and the validity was 0.73.

**Beck Depression Inventory (BDI-II)**

It was developed by Dr. Aaron T. Beck in 1961 and was revised in 1978. BDI is a 21 question multiple choice self reporting inventory. It is designed for individuals aged 13 and over. This is a widely used scale for measurement of severe depression. It is a self rated scale. Respondents are asked to rate themselves on the basis of 0-3 scores (0=least, 3-most) with a scoring range of 0-63. The scale evaluates key symptoms of depression like mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, indecisiveness; work difficulty etc. BDI has a high coefficient alpha (0. 80). Its construct validity has been established and is able to differentiate depressed from non-depressed individuals.

**III. ANALYSIS AND RESULT**

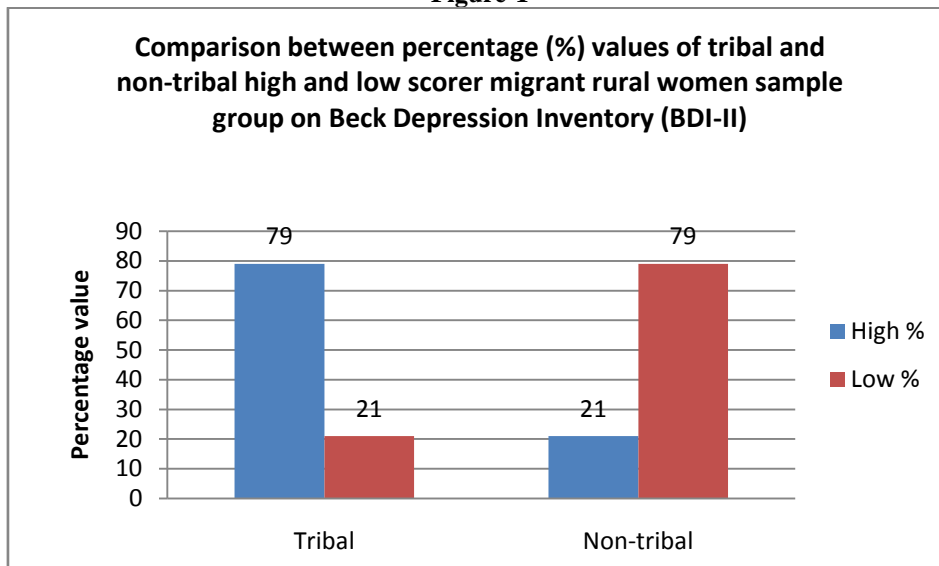
Data were analysed according to the objectives of the research. The main objective of the present research was to study the level of depression and stress among migrant rural women of Ranchi district in Jharkhand in relation of two sub-groups of ethnicity (Tribal and Non- Tribal) and age (Younger, 15-25 yrs and Older, 40-50 yrs).

**Level of depression of the migrant rural women sample of two sub-groups of ethnicity (Tribal and Non-Tribal) and age (Younger, 15-25 yrs. and Older, 40-50 yrs) have been measured by comparing percentage values of the data obtained on Beck Depression Inventory (BDI-II), which have been shown in the following table and figure -1 & 2:**

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

Sub-groups	No.	High % Level of depression	Low % Level of depression
Tribal	100	79.0	21.0
Non-tribal	100	21.0	79.0

**Figure-1**



Above table and figure-1 reveals the following main points:

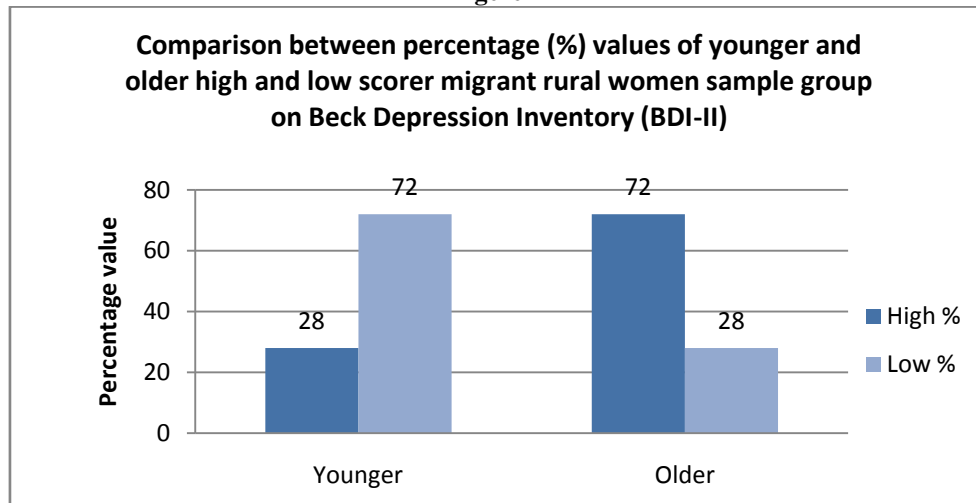
- The high percentage value for level of depression of tribal sample group was found 79%, whereas high percentage value for level of depression of non- tribal sample group was found 21%, which proves that the most of tribal sample group have higher level of depression than non-tribal sample group.
- Only 21% of tribal sample group have shown low level of depression.
- 79% of non-tribal sample group have shown low level of depression.
- Only 21% of non-tribal sample group have shown high level of depression.

Above results prove the hypothesis-1 that ‘The level of depression will differ among tribal and non-tribal migrant sample’.

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

Sub-groups	No.	High % Level of depression	Low % Level of depression
Younger	100	28.0	72.0
Older	100	72.0	28.0

Figure-2



Above table-2 and figure-2 reveals the following main points:

- The high percentage value for level of depression of older sample group was found 72%, whereas high percentage value for level of depression of younger sample group was found 28%, which proves that the most of older sample group have high level of depression than younger sample group.
- Only 28% of older sample group have shown low level of depression.
- 72% of younger sample group have shown low level of depression.

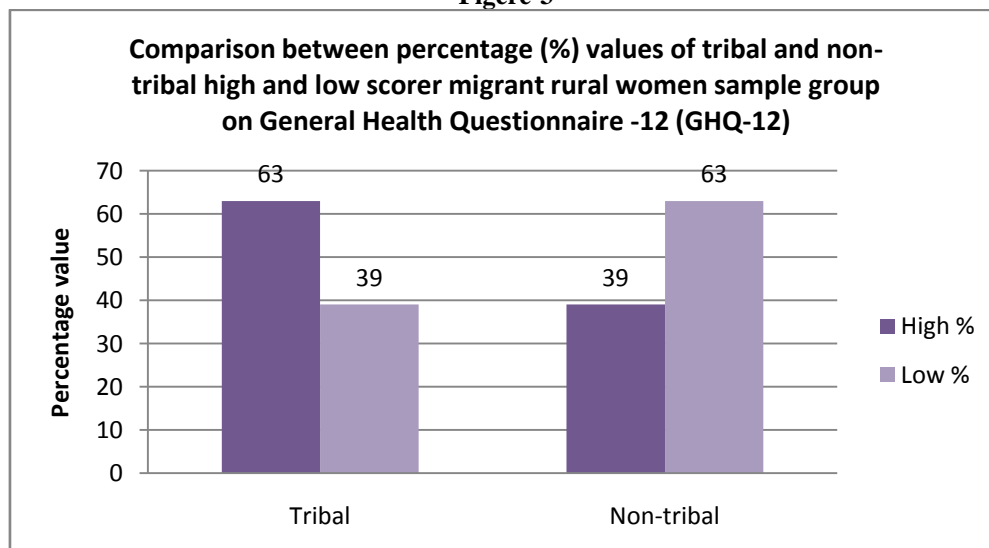
Above results prove the hypotheses-2 that ‘The level of depression will differ among tribal and non-tribal migrant sample’.

Level of stress among migrant rural women sample of two sub-groups of ethnicity (Tribal and Non-Tribal) and age (Younger, 15-25 yrs. and Older, 40-50 yrs) have been measured by comparing percentage value of the data obtained on General Health Questionnaire -12 (GHQ-12), which have been shown in the following table and figure nos -3 & 4:

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

Sub-groups	No.	High % Level of stress	Low % Level of stress
Tribal	100	63.0	39.0
Non-tribal	100	39.0	63.0

Figure-3



Above table and figure-3 reveals the following main points:

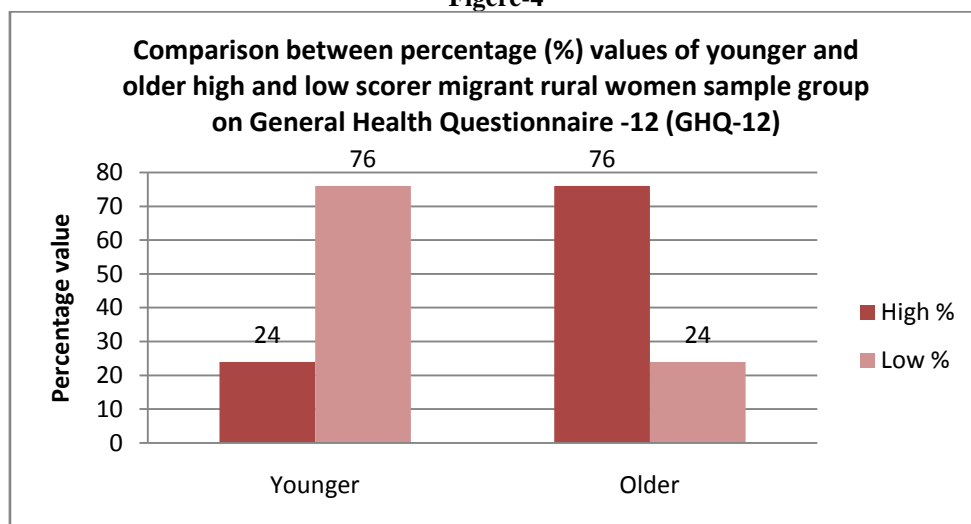
- The high percentage value for level of stress of tribal sample group was found 63%, whereas high percentage value for level of stress of non-tribal sample group was found 39%, which proves that the most of tribal sample group have high level of stress than non-tribal sample group.
- Only 39% of tribal sample group have shown low level of stress.
- 63% of non-tribal sample group have shown low level of stress.

Above results prove the hypotheses-3 that ‘The level of depression will differ among tribal and non-tribal migrant sample’.

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

Sub-groups	No.	High % Level of stress	Low % Level of stress
Younger	100	24.0	76.0
Older	100	76.0	24.0

**Figure-4**



Above table and figure-4 reveals the following main points:

- The high percentage value for level of stress of older sample group was found 76%, whereas high percentage value for level of stress of younger sample group was 24%, which proves that the most of older sample group have high level of stress than younger sample group.
- Only 24% of older sample group have shown low level of stress.
- 76% of younger sample group have shown low level of stress.

Above results prove the hypotheses-4that ‘The level of depression will differ among tribal and non-tribal migrant sample’.

#### **IV. CONCLUSIONS AND DISCUSSION**

**Two main conclusions have emerged from analysis of data present above-**

- Level of depression and stress was found higher among tribal women sample as compared to non-tribal sample.
- Level of depression and stress was found higher among older women sample as compared to younger sample.

Numerous researches have supported the findings of present research showing that Level of depression and stress was found higher among tribal sample as compared to non-tribal sample. Bhugra and Ayonrinde (2004) studied that tribal group have high level of depression than non-tribal. Studies on mental health of tribal women are few and far between which have yielded contradictory results (Bhaskaran, et. al., 1970; Mahanta, 1979; Srivastava et. at., 1981; Verma, 1973; Wig,1981). Tribal women work more in maintaining house-holds, raising children, carrying out economically productive activities in marketing and agriculture than do their male

counterparts. Because of the widely diverse economic and household responsibilities, they are more likely to face stress and hardship in life, which affects badly their mental health (Dewan, 2011a; 2013). Singh and Dewan (2015) revealed that level of mental health among tribal migrant women sample was more poor than their counterpart of non-tribal migrant sample.

Age factor also influenced depression and stress level of migrants. Several studies found that the younger migrants are more prone to mental problems (Bhaskaran, et. al., 1970; Murphy, 1973). Some researchers has been investigated that rates of depression and stress are strongly age related. The greatest depression occurs in adult life, it's not reported in childhood and few in the elderly persons (WHO, 2007). The prevalence of mental or behavioral problems generally increased with age until the 35-44 years age group, with 14% of people aged 35-44 reporting mental or behavioral problems (NHS, 2005-06 ).

The above explanations are, however, purely tentative, which need to be tested and verified by future researches.

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