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Stress and Depression among Tribal and Non- Tribal Adolescents: A Comparative Study

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Abstract

Adolescence is a significant developmental stage that spans from 10 to 19 years. They undergo numerous psychological and physiological changes that makes them particularly vulnerable to stress and depression. The current inquiry was intended to explore the effect of ethnicity on the psychological well-being in terms of stress and depression of tribal and non-tribal adolescents. Data were gathered from a sample of 300 adolescents, comprising 150 tribal adolescents selected from randomly chosen schools in Lahaul-Spiti district and 150 non-tribal adolescents in the Hamirpur district of Himachal Pradesh. The scores were analysed using an independent t-test to examine whether significant differences existed in the degrees of stress and depression between tribal and non-tribal adolescents. The findings revealed a significant ethnic difference between tribal and non-tribal adolescents on the variable of stress ($t=3.77$, $p<0.01$). Results of the study revealed that tribal adolescents had significantly lower stress scores ($M=17.57$) than non-tribal adolescents ($M=19.41$). This suggested that non-tribal adolescents were more stressed than their tribal counterparts. The study further revealed a significant ethnic difference between tribal and non-tribal adolescents on depression ($t=3.70$, $p<0.01$). The higher average score on depression was ($M=21.21$) and ($M=24.69$) for tribal and non-tribal adolescents, respectively. The findings underscore the importance of ethnic dimension in understanding of tribal and non-tribal adolescents' psychological well-being, emphasising the role of ethnicity. The observed difference between the tribal and non-tribal adolescents regarding depression and stress suggests that ethnicity along with its associated socio-cultural contexts, plays a crucial part in forming their psychological well-being. The findings highlight the need to consider ethnic diversity while designing interventions for diverse population.

Keywords: Tribal, Non-Tribal, Adolescents, Stress, Depression, Psychosocial, Ethnic

Adolescence is an essential developmental period where a young person is not yet an independent, self-sufficient adult but is no longer physically a child (Ciccarelli et al., 2015). Throughout this developmental period, individuals often experience increased vulnerability to psychological problems such as stress and depression. In recent times, great emphasis has been placed mental health of adolescents, particularly in psychosocial context. According to Palmer (1989), stress means a person's psychological, physiological, and behavioural responses when perceived demands exceed their capacity to cope, potentially resulting in adverse health outcomes over time. In contrast, Salik and Marwaha (2024) defined depression as a mood disorder that characterized by consistent feelings of sadness and a diminished interest in activities.

Moreover, Ethnicity has been recognized as an important factor influencing overall well-being of adolescents. Ahmad et al. (2022) documented ethnic disparities in teenage mental health and emphasized the protective function of cultural resources and family support. According to Guan et al. (2024), financial, cultural, and familial factors contributed to the variations in mental health outcomes between ethnic groups.These results indicate that ethnic background may significantly affect adolescents' experience of stress, depression, and overall psychological well-being.

Stress is the most common mental health problem that initially manifests throughout adolescence (Kessler et al., 2005). De Anda et al. (2000) examined 333 tenth and eleventh graders in Los Angeles, California, USA, and found that up to one-third of the sample showed substantial levels of stress. Teenagers' elevated stress levels have been associated with concerns about their future goals and pressure from their families. In a related study, 304 Swedish teens enrolled in their first year of high school had their stress symptoms evaluated by Schraml et al. (2011). A survey of 304 first-year high school students found that over 30% of them had significant stress symptoms. One-fifth of boys and half of girls reported high levels of stress, while 8.2% of teenagers had severe stress symptoms. Nakie et al. (2022) discovered that 52.2% of teenagers in a sample of 849 high school students in Northwest Ethiopia had stress, which was associated with alcohol abuse and a lack of social support.

Hussain et al. (2008) examined academic stress and adjustment in 100 Delhi high school students, 50 of whom went to public schools and

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50 of whom went to private ones. They found that kids who attended private schools were more stressed than those who attended public schools. Watode et al. (2015) looked into how common stress was among young people in Delhi's secondary schools. Of the 397 students that participated in the study, 348 (87.6%) had positive stress tests. The primary sources of stress were found to be academic pressure, parents, instructors, and friends/peers. Additionally, Shinde et al. (2017) investigated the stress levels of 500 teenagers in Pune, India. According to the study's findings, parental expectations for improved academic achievement caused 77% of teenagers to experience severe stress and 23% to experience moderate stress. A recent study by Vijay et al. (2020) found that among 228 school-age teens in Bangalore, India, the prevalence of mild stress was 135 (30.33%), moderate stress was 177 (39.78%), and severe stress was 133 (29.89%). Males experienced slightly higher levels of stress (51.24%) than females (48.76%). Stress was more common in parents who used drugs and rose as their parents' socioeconomic position declined.

Depression is another major mental health issue that affects youth, and it can negatively impact academic performance, family dynamics, and social connections (Kovacs et al, 2016). Kaur et al. (2014) found that 17.7% of the 258,738 school-age adolescents in Malaysia who participated in a study evaluating the prevalence and correlates of depression had depressive symptoms. Depressive symptoms were also shown to be significantly correlated with loneliness, drug usage, Indian ancestry, and bullying events. Additionally, it was shown that tobacco usage, alcohol intake, and a lack of parental monitoring were important risk factors for depression. Ajaero et al. (2018) investigated the frequency and determinants of depression among South African teenagers in rural and urban areas. As per the analysis, adolescents in cities had increased rates of depression (14.64%) as compared to those in rural areas (9.40%). In both rural and urban areas, race, age, wealth, and province of residence were significant predictors of depression. Similarly, Wilson and Dumornay (2022) examined the rising incidence of teenage depression in the US among 1,67,783 youths between the ages of 12 and 17 using nationwide surveys conducted between 2009 and 2019. The study found that the prevalence of adolescent depression increased from 8.1% in 2009 to 15.8% in 2019. Gender, race, and ethnicity were found to be potential indicators of depression.

Malik et al. (2015) looked into the frequency of depression in 374 teenagers of school age in the Indian state of Haryana's urban Rohtak. It was shown that 52.9% of teenagers had depression. Nearly one in seven people reported having moderate to severe depression. Additionally, Paul and Usha (2021) looked at the prevalence and determinants of depression among 1057 teenagers in Kerala's Ernakulam area (India). It was discovered that 14.19% of teenagers suffered from depression, with males reporting greater rates of depression (14.53%) than females (13.69%). Adolescent depression was significantly predicted by family medical history, adolescent medication usage history, family conflicts, learning impairments, chronic physical ailments, and the mother's work. Udayakumar et al. (2023) has investigated the prevalence of depression among 896 Bengaluru school-age adolescents. 45.2% of teenagers reported having depression, with 22.2% expressing mild depression, 12.4% reporting moderate depression, and 10.6% reporting severe depression, according to the poll. Adolescent depression was largely caused by the mother's education, poor parent-child communication, fathers' unfulfilled demands, the father's involvement in the adolescents' life, and domestic violence within the family. Furthermore, it was discovered that teenagers whose parents had disagreements were more depressed than those whose parents did not.

It is clear from the aforementioned research that stress and depression are common among teenagers; however, relatively few studies have compared these factors between adolescents who are tribal and those who are not. By examining and contrasting the stress and depression levels of these two groups, the current study aims to close this disparity.

Objectives

1. To assess and compare the stress and depression among the tribal and non- tribal adolescents.

Hypotheses

The tribal and Non- tribal adolescents will will differ in their level of stress and depression.

Method

Sample and Procedure

The current research was done on a total of 300 tribal and non-tribal adolescents. The study population was between the ages of 13 and 18. The tribal district of Lahaul-Spiti was randomly

selected out of the two tribal districts of Lahaul-Spiti and Kinnaur and tribal regions of Pangi and Bharmour (Chamba district) of Himachal Pradesh, using the chit method, and similar method was used to select the non-tribal district of Hamirpur was selected for data collection.

Tools Used

The following tool was used for collecting data in the present study.

Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983)

The Perceived Stress Scale (PSS) is the most popular psychological instrument for measuring stress perception. It serves as an indicator of how stressful a person feels about particular situations in their life. The PSS was designed to be utilized with community samples that have at least a junior high education. It is easy to understand the items and the response possibilities. Furthermore, the questions don't offer much information specific to any one demographic group due to their wide breadth. The PSS inquires about sensations and ideas from the preceding month. In each case, respondents are asked how often they felt a particular feeling.

Both internal and test-retest reliability are sufficient for the PSS. Initially, each of the three college and university student samples had a coefficient alpha reliability of.84,.85, and.86 for the PSS. In 82 University of Oregon college students, the PSS's test-retest reliability was found to be 0.85 with a correlation of 0.39 ($p<.001$) with the amount of stress encountered over an ordinary week, the PSS exhibits a modest degree of concurrent criterion validity.

Respondents rate each item on the Perceived Stress Scale (PSS) on a 5-point scale ranging from 0 (never) to 4 (very often). After reversing the answers to the four positively stated items (items 4, 5, 7, and 8) (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0), the results are totaled over all scale items. Higher perceived stress levels are indicated by higher PSS scores. The range of individual scores is 0 to 40.

Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977)

In 1977, Laurie Radloff created the Center for Epidemiologic Studies Depression Scale (CES-D). It is a 20-item test that asks respondents to rate how often they experienced depressive symptoms during the course of the preceding week, such as loneliness, poor eating, and restless sleep. On a 4-point scale, the response options range from 0 (rarely or never) to 3 (most or always). Furthermore, according to Lewinsohn, Seeley, Roberts, and Allen (1997), the CES-D provides cutoff values (such as 16 or higher) with good sensitivity, specificity, and excellent internal consistency that can identify individuals at risk for clinical depression.

Internal consistency for Cronbach's alpha was reported to be between 0.85 and 0.90, and test-retest reliability was reported to be between 0.45 and 0.70 (Radloff, 1977). The concurrent validity correlation between the CES-D and the Hamilton Rating Scale for depression is between 0.50 and 0.80. This depression scale has a total of twenty items.

A 4-point Likert scale was used for scoring. High scores indicate more severe depressive symptoms. The scale runs from 0 to 60. The CES-D questionnaire is not scored if more than four questions have no answers. Depression is defined as a score of 16 or higher.

Results

The study employed the t-test to assess the significance of the difference between the mean scores of the stress and depression measures among the adolescents in the two groups.

Table 1 Mean, (SD) and t-ratio of Stress and Depression scores among Tribal and Non-Tribal Adolescents

Sr. No.	Variables	Tribal	Non-Tribal	t-value
1.	Stress	Mean17.57(3.65)	Mean-19.41(4.77)	3.77**
2.	Depression	Mean21.21(7.41)	Mean-24.69(8.85)	3.70**

**p<0.01

Results(Table 1) shows that the stress score among tribal and non-tribal teenagers differ significantly ($df=298$, $t=3.77$, $p<0.01$). The mean score of non-tribal adolescents was higher ($M=19.41$) than that of tribal adolescents ($M=17.57$) which suggests that non-tribal adolescents were more stressed than their tribal peers. Numerous intellectual, social, and environmental factors could be responsible for this discrepancy. Stress levels may be higher for non-tribal teenagers due to increased academic rivalry, higher expectations from parents or society, and increased pressure to succeed

academically and professionally. Tribal teenagers, on the other hand, might profit from closer links to the community or distinct values that lessen the effects of stress. Overall, the results show that teenagers' perceptions of stress may be significantly influenced by background or contextual characteristics related to tribal and non-tribal status.

The findings clearly demonstrated a considerable difference in stress and depression between tribal and non-tribal adolescents. This suggests that compared to their non-tribal peers, tribal adolescents experienced much lower levels of stress and depression.

Researchers have also discovered that major stressors including peer pressure, family problems, and academic worries cause stressful events to intensify during adolescence (Frydenberg, 1991).

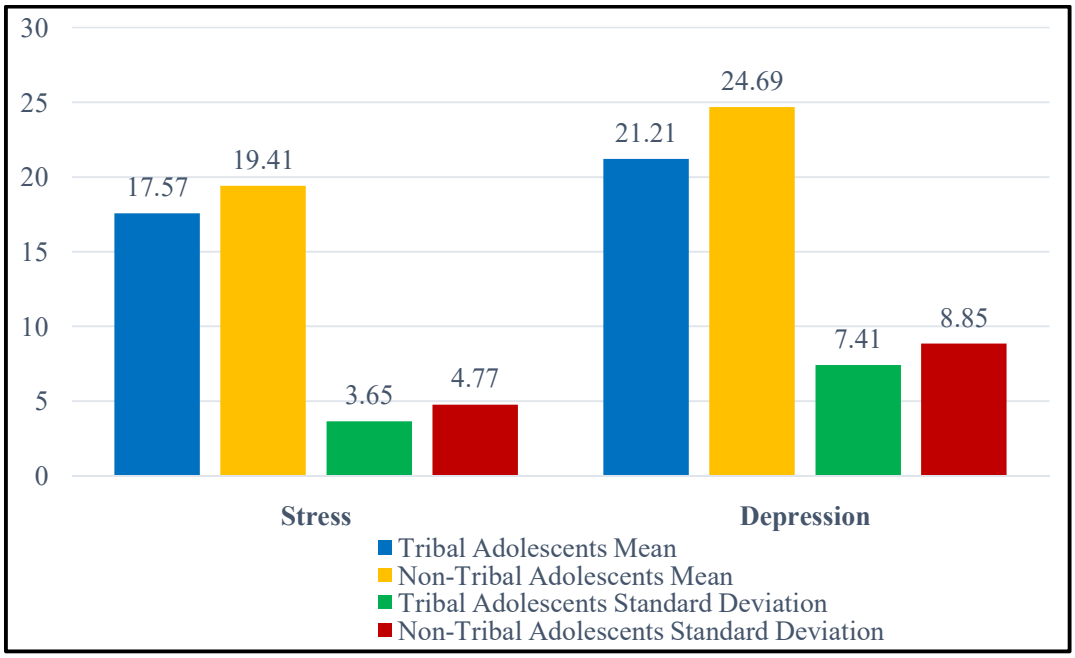

Figure 1 Showing Mean scores on stress and depression among tribal and non-tribal adolescents

Results(Table 1) also show that tribal and non-tribal teenagers' depression scores differ significantly (df=298, t=3.70, p<0.01). In particular, non-tribal adolescents reported a higher mean depression score (M=24.69) than their tribal counterparts (M=21.21). According to Salik and Marwaha (2024), depression is defined as a mood condition that causes a prolonged feeling of melancholy and loss of interest. This shows that non-tribal adolescents have greater levels of depression. This suggests that non-tribal teenagers were more likely to have more depression symptoms, which include emotional pain, sadness, and a persistently low mood. The findings demonstrated the significance of sociocultural and environmental factors when investigating depression during adolescence, as well as a distinct difference in emotional well-being between tribe and non-tribal adolescents. Thus the hypothesis that the tribal and non- tribal adolescents will difer in their score on depression and stress is accepted.

Discussion

Mukherjee and Sanyal (2014) studied 800 Tripuran tribal and non-tribal people's ego-functions, coping strategies, stress levels, and general wellbeing. Tribal individuals were shown to be significantly happy and less worried than non-tribals. Dey et al. (2014) conducted a study on stress and anger with 120 teenagers from Bangladesh's Chittagong district, both rural and urban. According to the results, teens who lived in cities were more stressed than those who lived in rural areas. Urban teenagers are more likely than their rural counterparts to experience stress due to peer pressure, a competitive school environment, parents' demanding work schedules, and teachers' expectations for high grades.

Vandana and Duhan (2022) investigated academic stress in teenagers in Hisar, Haryana state, according to their educational track. For the study, a sample of 200 teenagers enrolled in the arts and science stream—100 from rural areas

and 100 from urban areas—was chosen at random. In remote areas, 44% of respondents in the science stream reported feeling more stressed than those in the arts stream. The findings showed that although 48% of respondents in the arts and 46% in the scientific streams reported moderate levels of stress in urban areas, 46% of respondents in the urban arts stream reported high levels. Adolescents living in cities reported higher levels of overall stress. In contrast to previous research, this study intriguingly shows that residential setting and the chosen subject matter had distinct effects on stress.

Tribal post-graduate students' stress levels and coping mechanisms were compared by Bhattacharjee, Das, and Dutta (2020). 120 postgraduate students—60 tribal and 60 non-tribal—provided the data. According to the study's findings, tribal students reported much lower levels of stress than non-tribal teenagers.

These studies conclusively demonstrate that tribal adolescents report less stress than non-tribal adolescents. Due to a variety of cultural, social, and environmental circumstances, tribal youths may have different lives and experiences than non-tribal teenagers.

According to Kovacs, Obrosky, and George (2016), adolescent depression is a severe mental health issue that can negatively impact social interactions, family dynamics, and academic performance.

Urban adolescents reported greater rates of depression (14.64%) than their rural counterparts (9.40%), according to a study by Nzeadibe et al. (2018) on the prevalence and determinants of depression among South African adolescents.

In a related study, Lu. (2019) examined the sociodemographic characteristics associated with teenage depression in both urban and rural parts of Hubei province and discovered that the rate of depression was higher in urban adolescents (35.11%) than in rural teens (32.47%). Urban adolescents were more likely than rural adolescents to suffer from depression, according to Chopra and Sangwan's (2020) analysis of the differences in depression levels between rural and urban adolescents in Haryana, India.

Adolescents in urban settings generally had higher levels of depression than those in rural regions, according to a consistent trend found in the analyzed studies. However, a little amount of further data indicates that depression rates among tribal youths are often higher than those of their non-tribal peers.

Adolescent girls from both tribal and non-tribal backgrounds had their wellbeing and self-esteem evaluated by Ranjan et al. (2021). 360 teenage girls participated in the study, 180 of whom were tribal and 180 of whom were not. 33.9% of tribal girls had depressive symptoms, compared to 13.3% of non-tribal females. Depression was far more common in adolescent girls of tribal descent who had low self-esteem.

240 college students, both tribal and non-tribal, had their mental health examined by Sontakke and Patil (2021). Tribal students scored lower on mental health measures than non-tribal students, indicating the need for mental health interventions.

According to the aforementioned research, non-tribal adolescents typically had greater rates of depression than their tribal peers. Numerous sociocultural, environmental, and psychological factors can be used to explain this disparity.

According to the study, tribal teenagers may gain from a number of things, including a simpler lifestyle with less social and academic pressure, stronger communal ties, and deeper familial ties. Both tribal and non-tribal teenagers had greater rates of depressive symptoms, which are largely caused by low self-esteem and mental health problems. On the other hand, academic rivalry, urbanization, and societal expectations may cause non-tribal adolescents to feel more stressed and depressed, making them more susceptible to physical and mental health issues. These findings also suggest that the lower levels of stress and depression observed among tribal teens may be attributed to the protective advantages of ethnic identification, increased community cohesion, and cultural support networks. Additionally, ethnic disparities in social determinants of health, such as family environments, socioeconomic circumstances, and resource access, may contribute to psychological well-being disparities between tribal and non-tribal adolescents (Monroe et al., 2023).

Limitations

The study has certain limitations despite its contributions. The small size of the sample may limit the generalization of the results. The way that stress and depression are viewed may also vary by culture, which could have an impact on the outcomes. To increase the results' generalizability, a large sample should be used. Additionally, researchers should thoroughly examine the protective factors that are unique to tribal adolescents, such as cultural values, social support, ethnicity, and lifestyle patterns.

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