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A Study on Health Status and Health Adjustment of School Age's Boys and Girls (11-19 Years) Among Tribal Community

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Abstract—*The aim of this study is to comparative assess the health (both physical and mental) status and the effect of gender on health adjustment among the tribal students of both genders. The sample consisted of 117tribal boys and girls with age range from 11 to 19 years and they were studying in 6-10 standard classes during survey. They were permanent inhabitants of Udaipur district in Rajasthan. Personal interview, symptoms based medical examination and standardized schedule of Mohsin and Hussain (1987) "Adjustment Battery" were used for assessing the health status (both physical and mental) and health adjustment. Percentage and t-value were used for further statistical analysis. Results indicate that both gender of tribal children faces the general psychiatric and physical health problems like the headache, tiredness, cold-cough, physical weakness, insomnia, etc. Therefore, tribal's gender has not significant effect on the scores of health adjustment. Therefore, this result clearly shows that tribal boys and girls have equal health adjustment level.*

Keywords*: Boys, girls, physical health, health adjustment, tribal community.*

According to W.H.O.'s International definition, health means a specific situation of physical, metal and social well-being, and it never concentrates only to conditions of the absence of disease and infirmity. Therefore, the concept of health is not restricted to the biological conditions of the body rather it is extended to the cultural domain.

Mental health is a level o psychological well-being, or an absence of mental illness. It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment (Mental health, Wikipedia's website). From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others (Jump Up, 2014a). The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community (Jump Up, 2014b). Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined (Jump Up, 2014a).

Mental illnesses are more common than cancer, diabetes or heart disease. A WHO report estimates the global cost of mental illness at nearly $2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over $6 trillion by 2030. Evidence from the World Health Organization suggests that nearly half of the world's population are affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life (*Richards et.al. , 2010).*). An individual's emotional health can also impact physical health and poor mental health can lead to problems such as substance abuse (*Storrieet et. al., 2010)* . Maintaining good mental health is crucial to living a long and healthy life. Good mental health can enhance one's life, while poor mental health can prevent someone from living an enriching life.

Mental health and stability is a very important factor in a person's everyday life. Social skills, behavioral skills, and someone's way of thinking are just some of the things that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are essential lessons to learn from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have difficulty with these kind of skills and behaving like an average person. This is a most likely the cause of having a mental illness. A mental illness is a wide range of conditions that affect a person's mood, thinking, and behavior. However, not much is said about children with mental illnesses even though there are many that will develop one, even as early as age three (Mental health, Wikipedia's website).

Today's children are the future of our nation. Sound and well-being of the children are primary need of any nation.

According to Health Information of India (1999) mentioned that several health related problems like the Infant mortality, cholera, acute diarrhea include gastro-enteritis, malaria, kala-azar, Japanese encephalitis, dengue, enteric fever, measles, poliomyelitis, viral hepatitis, diphtheria, acute respiratory infection, meningococcal meningitis, pneumonia, rabies, tetanus neonatal, tetanus, tuberculosis, whooping cough, genococal infection, syphilis, mental disorder are increasing in Indian population. Tribal population are not exceptional and these communities also affected by this problems. Sangolo (2004) also stated that 45 percent persons are suffering from different health problems in all over world. He also said that 1.8-10.2 percent in rural and 2.5-14 percent persons are suffering from any particular diseases. UNICEF (2005) identified that 30 percent children are suffering from low weight and 47 percentage children (below five year) are malnourished in India.

Many studies are conducted for knowing the status of tribal population's health. Mukherjee and Nandy (1986) have investigated on Asur tribe of Ranchi and found that these communities are facing problems of malaria, dysentery, stomach-ache, blisters, fever, eye troubles, bronchitis, gout nd headache. Sahu (1991) studied also proved that Oraon of Sundergarh are facing the problems of different childhood disease, tuberculosis, typhoid asthma, arthritis, smallpox and other communicable major chronic illness. Mishra (1997) reported that tribal women complained of diarrhea, fever, child mortality, conjunctivitis, unwanted pregnancies and arthritis. Mutharayappa (2000) investigated on Jenu Kurumba and Karu Kurumba tribes of Mysore and found that these groups have problems like the spontaneous abortion, infant and child mortality, sickness, diarrhea, dysentery, jaundice, chickenpox, measles, animal bites, skin disease, etc. Kanungo and Mohanta (2004) found that tribes have highest infant and child mortality, anemia, cough, fever, diarrhea, et. Mathur (2004) studied on Bhil, Mina, Bhil-Mina and other residing smallest tribal populations of Udaipur and concluded that These' tribe are facing the common problems of eye, fracture, skin, etc. Choubisa and Choubisa (2005) studied work in southern Rajasthan and reported highest degree of tuberculosis as compared to SC, OBC and other caste.

The most common mental illnesses in children include, but are not limited to, ADHD, autism and anxiety disorder, as well as depression in older children and teens. Having a mental illness at a younger age is much different from having one in your thirties. Children's brains are still developing and will continue to develop until around the age of twenty-five (*Lee Francis et. al., 2014)*.When a mental illness is thrown into the mix, it becomes significantly harder for a child to acquire the necessary skills and habits that people use throughout the day. Mental illness affects not only the person themselves, but the people around them. A majority of young people associate mental illness with extreme sadness or violence (*Fox et. al., 2008).* Thomas Szasz compared that 50 years ago children were either categorized as good or bad, and today "all children are good, but some are mentally healthy and others are mentally ill". The social control and forced identity creation is the cause of many mental health problems among today's children Jump up (2001). A behaviour or misbehaviour might not be an illness but exercise of their free will free and today's immediacy in drug administration for every problem along with the legal over-guarding and regard of a child's status as a dependents hakes their personal self and invades their internal growth.

On the above reviews, it may be said that no study is conducted on tribal boys and girls studying students of southern Rajasthan. On the basis of this views, the aim of this study is to comparative assess the physical and psychiatric (mental) health status and the effect of gender on health adjustment among the tribal students of both genders.

1. METHOD

Sample: The sample consisted of 117 tribal boys and girls with age range from 11 to 19 years and they were studying in 6-10 standard classes during survey. Sample selected by Purposively Random Method. 3 government primary schools and 2 government secondary schools were selected from the different rural areas of Udaipur district of southern Rajasthan. All selected tribal boys and girls were belonging from Bhil and Mina. Gameti and Rawat were also selected for this study and they claim as a subgroup of either Mina or Bhil.

Tools and Tested Used: The following tests were used:

1. **Personal Data Sheet** -A Personal Data Sheet prepared by the researcher team has been used to collect relevant information relating to question of name, gender, community, etc.
2. **Bell Adjustment Inventory:** This standardized scale has been adapted by Mohsin and Shamshad Hussain (1987). It measures the adjustment level of health, home, social and emotion. But, only health adjustment was assessed as per decided aim. High scores on health area indicate health maladjustment.
3. **Medical Diagnosis, Structured Interview, Screening, Health Examination Observation:** These data were collected by present researcher, nurse, Mamta, Anganwadi Worker and medical practitioner. There was conducted screening camp in school premises for assessing the health problems of school going children. All data and results of screening camp were used for writing the present paper.

Data Analysis and Procedure: For the analysis and treatment of obtained score, percentage, mean, S.D. and t-test were employed. The percentage was employed to investigating the level of quantity of such health problems. The mean, S.D. and t-value were employed to examine the effect of gender on health maladjustment.

The study was conducted individually from tribal children in their school environment. All data includes health (both physical and mental) status was collected in team work. All data were collected through the help of nurse, Mamta Anganwadi Worker, Doctor, Psychologist and other medical practitioner. According to specialization in their field, works were distributed superlatively. In other words, Psychological information (maladjustment and psychiatric health level), medical diagnosis, structured interview, screening, and health examination observation were distributed as per specialized of the field. These experts provide the medical facility in almost Rajasthan and as a part of annual check-up for schools' children. These experts contribute their service time to time in the government schools. Annually one or more days is fixed for scorning for health problems of school going children. During data collection, these periods utilized for this data collection with the help of doctor, nurse, etc. All experts shared the data for writing this paper.

2. RESULTS AND DISCUSSION

Table 1: Status of tribal boys and girls students in terms of specific physical and mental health problems (in percentage)

Sl No.	Problems	Boy's Status (Symptoms phased within/from last year)	Girl's Status (Symptoms phased within /from last year)
1	Eye Weakness	6.57%	13.16%
2	Headache (Include Giddiness)	36.67%	47.37%
3	Tiredness	40.00%	42.11 %
4	Cold-Cough	41.67%	33.33%
5	Weight-Loss/ Physical Weakness	26.67%	48.13%
6	Insomnia	51.67%	14.04%
7	Breathing Problem	28.33%	29.82%
8	Skin Problem	35.00%	12.28%
9	Stomach Upset	26.67%	14.04%
10	Teeth Problem	23.33%	14.04%
11	Tonsil	10.00%	8.77%
12	Fever	6.67%	3.51%

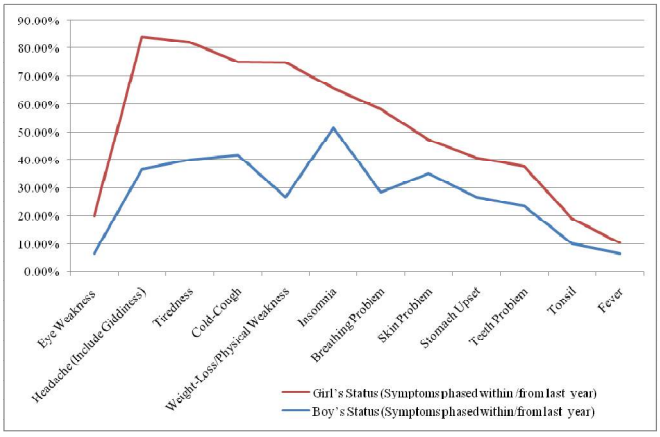
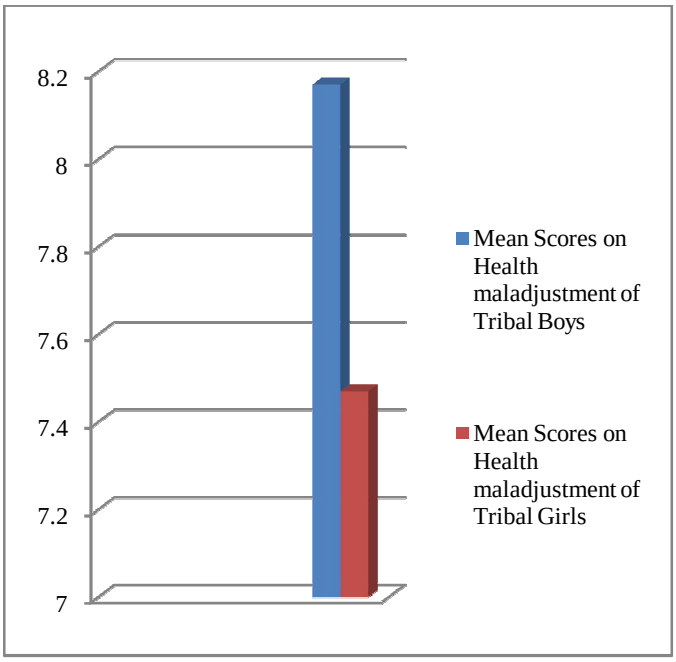


Table No- 1 reveals that tribal boys have experienced more complaints of insomnia, cold-cough, skin problems, stomach upset and teeth problems than tribal girls. It also shows that tribal girls are more facing the problems of physical weakness and headache than tribal boys. There is very little difference among the tribal boys and girls in the terms of tiredness and breathing problems. But these problems are higher in both genders. Therefore, fever and tonsil are found to be in rare case and both boys and girls are having equal problems. But, it found to be higher in tribal girls in the terms of eye weakness, headache, weight loss then tribal boys. Tribal boys are having more specific health problems in the areas of could-cough, insomnia, skin problem, stomach upset and teeth problem then tribal girls. In Indian society, girls are more involved in domestic work and get unhygienic food. Their physical structure is different from male and they phases the problems of headache and other physical weakness during menstrual cycle and excess work lord of domestic and other work. They are victims of discrimination and these causes increases the problems of weight losses, malnutrition, headache, etc. in girls. Generally boys have not liked to clean the teeth, skin, etc. and these results girls are superior in this health issues. Generally girls like cleanness and maintain too. So boys have backdrop on these issues. In other hand, I may be probably say that some complaints related to study materials as a course of health problems, *i.e.* headache and tiredness as a result of long time and hard study labor (without any gap), insomnia as a result of late sleeping (for self study) and early morning rising (for attending the school/self study) and eye weakness a result of small letter size of studying materials.

Table 2: Effect of gender on the scores of Health maladjustment

Group	N	Mean	SD	t-value (df=115)	p-value
Tribal Boys	60	8.17	5.30		p>.05
Tribal Girls	57	7.47	4.32	0.773	(non-significant)

Table No.-2 shows that tribal boys' Mean is 8.17 and SD is 5.30 and tribal girls' Mean is 7.47 and SD is 4.32 in the terms of health maladjustment. Mean score of both gender are seen equally. T-value of health maladjustment is found to be 0.773 which is less than of p value at 0.05 level of 115 df. Therefore this result revealed that there was no significant difference at 0.05 level. In other words, gender has no effect on health maladjustment level of tribal children.



3. CONCLUSION

On the present study, the following conclusions can be drown:-

(1). Results indicate that both gender of tribal children have faces the both physical and mental (psychiatric) health problems like the headache, tiredness, cold-cough, physical weakness, insomnia, etc. Tribal girls are having more problems like the headache, weight loss and tribal boys are having more problems of could-cough, insomnia, skin problem, stomach upset and teeth diseases than their counterparts.

(2). Tribal's gender has not significant effect on the scores of health adjustment. Therefore, this result clearly shows that tribal boys and girls have equal health maladjustment level.

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