

## **Prevalence of Emotional and Behavioral Problems among Tribal and Non-tribal Adolescents**

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Most of the research on the prevalence of problem behaviors in adolescents is focused on the mainstream sections of the adolescents such as urban/rural adolescents. However, there is a great need to investigate the prevalence of problem behaviors in tribal adolescents who have a different set of culture from the mainstream sections. Drawing on these lines the present study aims at investigating the prevalence of emotional and behavioral problems in tribal and non-tribal school going adolescents. 452 adolescents (mean age= 12.5years, tribals = 50% and girls = 48.9%) completed measures of emotional and behavioral problems. Results indicated significantly high prevalence of anxiety/depressed, somatic, withdrawn/depressed, thought problems and attention problems in the tribal adolescents. However, the pattern of the prevalence of problem behaviors in both of these was largely same. Rule-breaking behavior was found to be the most prevalent problems in tribal and non-tribal adolescents.

A great amount of research has been conducted across the world to examine the prevalence of emotional and behavioral problems among adolescents and the influence of various personal and demographic variables such as family and peer relations, personality, culture and other life conditions. Most of these studies reported the prevalence rate varying from 5% to 51% (Schaffer, Fisher, Dulcan, et al. 1996). In the Indian context, early Indian studies reported prevalence rates of psychiatric disorders among children ranging from 2.6 to 35.6 % (Verghese & Beig, 1974; Lal & Sethi, 1977). In a most recent study, Srinath, et al. (2005) found 12 % prevalence rate of psychiatric problems in the 4 to 16 year old children. Similarly, Mishra, and Sharma (2004) reported that the psychiatric morbidity among adolescent girls was 13.76% with the most commonly occurring problem being anxiety/depression.

The wide variation observed in the prevalence of these problems could be

because of the methodological and contextual factors. Recognizing this, researchers have started examining the pattern and prevalence of problem behaviors in cross cultural settings (Janssen et al., 2004; Heyerdahl, Kvernmo & Wichstrom, 2004; Vollebergh et al., 2005). Rescorla, et al. (2007), in their study on the adolescent problem behaviors in 24 countries, found that problem mean scores within each country were much more varied than the mean scores between the countries. This finding, further indicate the need to study different sections of the adolescents to better understand the prevalence and determinants of their psychological problems. Researchers in India have mostly focused on particular sections of the target population such as gender, urban, rural, age groups etc. (Sethi, Gupta, & Kumar, 1967; Malhotra, Kohli, & Arun, 2002; Ramana, 2007). As India is predominantly a multicultural country with thousands of castes and hundreds of languages there is a great need to go deep into these cultural layers to understand

adolescents' psychological adjustment who are operating within these layers. Since tribal communities offer a different set of culture and child rearing practices it is very important to understand the psychosocial functioning of the Tribal adolescents. Drawing on these lines the present study examines the differences in the prevalence of externalizing and internalizing problems between among tribal and non-tribal adolescents.

### **Tribal population in Andhra Pradesh**

Tribal people are located in most states of the country. They constitute 8.2% of the nation's total population i.e. over 84 million people. Of the total tribal population about 6 % live in Andhra Pradesh. In Andhra Pradesh, the tribal population was located mainly in coastal and Telangana forests. Some of the main classes these tribes are Chenchus, Savaras, Koyas and Gadabas. The total literacy rate of tribals in Andhra Pradesh is 17.16 %. About 25.25 % of the male are literates and about 8.6 % of female are literates. 61.05 % are living below the Below Poverty Line (BPL). School drop-out between 1<sup>st</sup> to 7<sup>th</sup> grades is 82.30 % i.e. a great many number of the tribal adolescents are not able to complete upper primary education. These facts indicate that the tribal population is not on par with the mainstream society in development.

### **Method**

#### **Sample**

The sample was a part the first-wave sample of a four-wave longitudinal study that aims at investigating the association between adjustment and emotional and behavioral problems in high school students. It consists of 452 students (mean age 12.5 years, tribal adolescents 50%) studying 7<sup>th</sup> grade in various schools in Visakhapatnam district, Andhra Pradesh. The Tribal sample was drawn from the Araku valley, and the non-tribal sample was drawn from the rural and urban areas of Visakhapatnam district.

#### **Tools:**

*Youth Self Report (YSR):* The Youth Self Report (11-18), developed by Achenbach and Rescoria (2001), was used for data collection. For the Telugu medium students a translated version of the YSR (Ramana, 2005) was used. The YSR consists of 112 problem items that enable the youth to report the degree of severity in each problem by circling '0' if the item is not true of himself or herself, '1' if the item is somewhat or sometimes true, and '2' if it is very true or often true within the past 6 months. It measures problem behaviors in terms of eight syndroms, namely anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior and aggressive behavior. The YSR is an extensively used measure and got acceptance in worldwide as an effective tool for screening adolescents for their competencies and problems (Murad, et al, 2003). Confirmatory factor analytical studies (Ivanova, et al. 2007) found that similar factor structure across different cultures, further validating the use of the YSR across the culture.

#### **Procedure**

Initially, permission was obtained from the school District Education Officer (D.E.O) to collect data from the government schools. In the case of private schools, permission for data collection was obtained from the school principals. The researcher, along with his associates who were trained to administer the YSR checklist, administered the Telugu and English forms of the YSR to the students in their class rooms during the school hours. Students were assured of the confidentiality of their answers. The administrators read aloud the items while the students were asked to read it silently and complete them. No time limit was set for completing the checklist but usually it took 20 to 30 minutes for the students to complete the form.

### Results and Discussion

**Table 1. pattern of the prevalence of emotional and behavioral problems in the tribal and non-tribal Adolescents**

S.no	Tribal	Non-tribal
1	E- Rule-breaking behavior (27)	Rule-breaking behavior (22.1)
2	I- Withdrawn/depressed (19.5)	Withdrawn/depressed (8.4)
3	I- Somatic complaints (16.4)	Somatic complaints (7.5)
4	O- Thought problems (14.6)	Thought problems (7.1)
5	E- Aggressive behavior (11.5)	Aggressive behavior (6.6)
6	O- Attention problems (11.1)	Social problems (6.6)
7	I- Anxious/depressed (10.2)	Anxious/depressed (3.5)
8	O- Social problems (9.3)	Attention problems (3.5)

\*Numbers in Parentheses are percentages, E- externalizing, I-internalizing and O-other problems

**Table 2. Prevalence of emotional and behavioral problems among tribal and non-tribal adolescents**

Problem	Group	Level		x <sup>2</sup>
		Normal	Problematic	
<i>Behavioral problems</i>				
Rule-breaking	Tribal	165 (73)	61 (55.5)	1.44
	Non-tribal	176 (77.9)	50 (22.1)	
Aggressive	Tribal	200 (88.5)	26 (11.5)	3.24
	Non-tribal	211 (93.4)	15 (6.6)	
<i>Emotional problems</i>				
Anxious/depressed	Tribal	203 (89.8)	23 (10.2)	7.79 **
	Non-tribal	218 (96.5)	8 (3.5)	
Withdrawn/depressed	Tribal	182 (80.5)	44 (19.5)	11.52**
	Non-tribal	207 (91.6)	19 (8.4)	
Somatic complaints	Tribal	189 (83.6)	37 (16.4)	8.41**
	Non-tribal	209 (92.5)	17 (7.5)	

\*Numbers in Parentheses are percentages, \*\* p<0.01

The table 1 shows the trends in the prevalence of emotional and behavioral problems in Tribal and Non-tribal adolescents. From the table it can be seen that in both the groups only a few adolescents reported having problems at borderline/clinical level and a majority of the sample was at the normal level. The prevalence rates range from 9.3 % to 27 % in the tribal group and from 3.5 % to 22.1 % in the non-tribal group. Similar results were obtained in the previous researches. Hiremath, Hunshal & Gaonkar (2008), in their study on the behavioral problems of the early adolescents, reported that 15-20 % of adolescents had difficult problem behavior.

A common trend can be observed in both the tribal and non-tribal groups. Both these groups reported rule-breaking behavior as the most commonly occurring problem followed by withdrawn/depressed, somatic complaints and thought problems and the least commonly occurring problem in both these groups is anxious/depressed.

The frequencies also show that tribal adolescents reported higher rates of prevalence for all the eight problems compared to their counterparts. To examine if these observed differences in the prevalence rates are significant Chi-square tests were conducted.

The table 2 shows no significant differences in the prevalence rates of behavioral problems such as rule-breaking behavior and aggressive behavior between the tribal and non-tribal adolescents. However, significant chi-square differences were observed for all the three emotional problems-anxious/depressed ( $\chi^2=7.79, < .01$ ), withdrawn/depressed ( $\chi^2 =11.52, <.01$ ) and

somatic complaints( $\chi^2 =8.41, p< .01$ ). On all these three syndromes tribal adolescents reported significantly more prevalence rates compared to the non-tribal adolescents. It indicates that these adolescents tend to be neurotic characterized by excessive anxiety, feelings of low self esteem depression and physical complaints.

**Table 3 Prevalence of other problems among tribal and non-tribal adolescents**

Problem	Group	Level		$\chi^2$
		Normal	Problematic	
Social problems	Tribal	205 (90.5)	21 (9.3)	1.08
	Non-tribal	211 (93.4)	15 (6.6)	
Attention problems	Tribal	201 (88.9)	25 (11.1)	9.44**
	Non-tribal	218 (96.5)	8 (3.5)	
Thought problems	Tribal	193 (85.4)	33 (14.6)	6.61**
	Non-tribal	210 (92.9)	16 (7.1)	

\*Numbers in Parentheses are percentages, \*\*  $p<.01$

Data were also analyzed to see the differences between the two groups in terms of the prevalence of problems which are conventionally regarded as 'Other Problems' in the Youth Self Report, namely social problems, attention problems and thought problems. Significant chi-square differences were observed for two of the three problems i.e. attention problems ( $\chi^2 =9.44, p<.01$ ) and thought problems ( $\chi^2 =6.61, p<.01$ ). Tribal group was found to have significantly more adolescents with attention and thought problems. It indicates that more number of tribal adolescents have problem behaviors such as poor concentration, impulsivity, obsessive thoughts etc. No significant differences were observed between the two groups on social problems ( $\chi^2 =1.08, p<.01$ ).

From these results it can be noticed that though the overall pattern of the occurrence of problems in tribal and non-tribal groups is same, there exists important differences between the two groups in terms of the rate of prevalence of the problems. Tribal adolescents reported significantly high prevalence rates for emotional and other

problems. This is an important finding. There could be many factors that contributed to the high prevalence of problem behaviors in the tribal adolescents. Most of these tribal students are from the poor families residing in government hostels. Increased stress from academics coupled with the need to manage themselves in a relatively indifferent environment (hostels) and the absence of direct contact with parents and other family members could have aggravated their problems. Further research can focus on examining the prevalence of problem behaviors in large samples covering different sections of tribal adolescents and the possible psychosocial determinants of problems.

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