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# An Analysis Of Neurotic Proneness Among Tribal And Non Tribal Students

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## Abstract

This study aims to examine the psychological problems such as fear, anxiety, insecurity, inferiority complex and level of confidence among tribal and non tribal students. The focus of the designed study was to scrutinize and examine the basic indicators such as economy, health, education and their relationship with psychological wellbeing. As we know that tribal people having common ancestor, common customs and traditions. These people are geographically isolated, economically backward and distinctive in culture. The tribal people by and large have social and health issues such as malaria, malnutrition, child mortality, maternal health problems, addiction and sickle cell disease, animal bites and literacy etc. The investigator has employed descriptive method in order to study neurotic proneness among tribal and non tribal students. The sample for the present study consists of 100 students, 50 tribal and 50 non tribal. The tribal students have been identified from the various secondary school institutions of District Anantnag (Kashmir Division). The purposive sampling technique has been used to collect the data of tribal students while as random sampling technique has been used to collect the data of non tribal students. The R.N. Kundu Neurotic Personality Inventory was administered to the sample subjects. The data has been analyzed by applying mean, standard deviation and t-test in order to draw main findings: The results of the study clearly show that tribal secondary school students have high neurotic proneness as compared to non tribal secondary school students. The tribal students have been hampered by complex and countless factors like poverty, undernourishment, and poor housing services. The economical backwardness, geographical isolation, lack of awareness, health and hygiene facilities affects their psychological wellbeing and results mental health problems. Due to exploitation of natural recourses life of tribal people got affected in all respects and finally gave birth to mental health conditions such as depression, anxiety, personality disorder, post-traumatic stress disorder etc. Tribal per capita income is very meager much lesser than the Indian average. The tribal people fail to fulfill the basic needs and requirements of their family due to extreme poverty. Most of the tribal population

is unhealthy due to lack of nutritious food or balanced diet, which directly affects their physical and mental health. The ill health and economical backwardness results oversensitivity, sense of insecurity and fear among these people. The miserable and heartbroken condition of these people affected entire standard of life particularly education of their children. Counseling can be used to help with many different mental health conditions. It will help to provide tribal students awareness, knowledge and skill competency which will enable them to confront social inadequacy. It helps to make suitable career choice in different fields viz. teaching, engineering, medicine, fashion designing, music or other professional or unprofessional fields. The other coping strategies viz. carve out hobby time, managing hostile feelings, releasing pent up emotions, regular exercise, cultural activities, reading books, should be adopted in order to channelize the abilities and promote psychological wellbeing of tribal students. With a good education, they could also become well-informed about healthy living, making them more likely to live longer. An education also exposes them to new people and gain experiences which can have a positive impact on their life.

**Key words:** neurotic proneness, tribal, non tribal

#### **INTRODUCTION:**

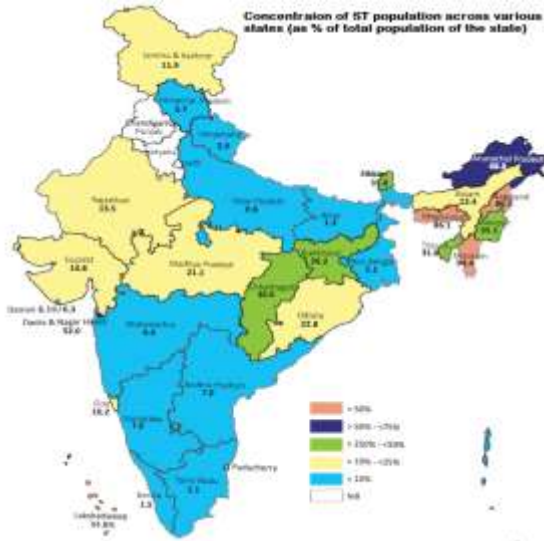
The term scheduled tribes first introduced in the Indian Constitution, Article 366 (25) defined scheduled tribes as "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be scheduled tribes for the purposes of this constitution". Article 342, prescribes procedure to be followed in the matter of specification of scheduled tribes. The President may, with respect to any state or union territory, and where it is a state, after consultation with the Governor there of by public notification, specify the tribes or tribal communities or parts of or groups within tribes or tribal communities which shall for the purposes of this constitution, is deemed to be scheduled tribes in relation to that state or union territory, as the case may be. Parliament may by law include in or exclude from the list of scheduled tribes specified in a notification issued under clause(1) any tribe or tribal community or part of or group within any tribe or tribal community, but save as aforesaid, a notification issued under the said clause shall not be varied by any subsequent notification. Thus, the first specification of scheduled tribes in relation to a particular state/ union territory is by a notified order of the president, after consultation with the state governments concerned. These orders can be modified subsequently only through an Act of Parliament. The norm followed for specification of a community,



**Fig.1:** Tribal work participation & malnutrition

as scheduled tribes are indications of primitive traits, distinctive culture, geographical isolation, shyness of contact with the community at large, and backwardness. Tribal communities live in various ecological and geo-climatic conditions ranging from plains and forests to hills and inaccessible areas. Tribal groups are at different stages of social, economic and educational development.

While some tribal communities have adopted a mainstream way of life, at the other end of the spectrum, there are certain scheduled tribes, 75 in number known as particularly vulnerable tribal groups, who are characterized by pre-agriculture level of technology, stagnant or declining population, extremely low literacy, subsistence level of economy. The scheduled tribes are notified in 30 states/UTs and the number of individual ethnic groups, etc. notified as scheduled tribes is 705. The tribal population of the country as per 2011 census is 10.43 crore, constituting 8.6% of the total population. 89.97% of them live in rural areas and 10.03% in urban areas. The decadal population growth of the tribal's from census 2001 to 2011 has been 23.66% against the 17.69% of the entire population. The sex ratio for the overall population is 940 females per 1000 males and that of scheduled tribes 990 females per thousand males. More than half of the scheduled tribe population is concentrated in central India, i.e., Madhya Pradesh (14.69%), Chhattisgarh (7.5%), Jharkhand (8.29%), Andhra Pradesh (5.7%), Maharashtra (10.08%), Orissa (9.2%), Gujarat (8.55%) and Rajasthan (8.86%). The other distinct area is the North East (Assam, Nagaland, Mizoram, Manipur, Meghalaya, Tripura, Sikkim and Arunachal Pradesh). More than two-third of the ST population is concentrated only in the seven states of the country, viz. Madhya Pradesh, Maharashtra, Orissa, Gujarat, Rajasthan, Jharkhand and Chhattisgarh. There is no ST population in 3 States (Delhi NCR, Punjab and Haryana) and 2 UTs (Puducherry and Chandigarh), as no scheduled tribe is notified.



**Fig.2:** Geographical distribution of tribal population

In Jammu & Kashmir, eight communities vide the Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989 and four communities, namely Gujjar, Bakarwal, Gaddi and Sippi were notified as the Scheduled Tribes vide the Constitution (scheduled tribes) Order (Amendment) Act, 1991. All the twelve (12) scheduled tribes (STs) were enumerated officially

for the first time during the 2001 census recording a population of 1105979. The scheduled tribes accounts 10.9 per cent of the total population of the state and 1.3 per cent of the total tribal population of the country. The STs are predominantly rural as 95.3 per cent of them reside in villages. Among the districts, Kargil (88.3 per cent) has the highest proportion of scheduled tribes followed by Leh (Ladakh) (82 per cent), Poonch (40 per cent) and Rajauri (33.1 per cent). Out of twelve (12) scheduled tribes, Gujjar is the most populous tribe having a population of 763806, thus forming 69.1 percent of the total ST population. Bot is the second major tribe having a population of 96 698,



**Fig.3:** Tribal-occupation

followed by Bakarwal 60724 and Brokpa 51957. Gujjar along with the three tribes constitute 88 per cent of the total tribal population whereas Balti, Purigpa and Gaddi having population ranging from 38188 down to 35765 from 10.2 per cent of the total ST population. Remaining five (5) tribes, Sippi, Changpa, Mon, Garra and Beda along with generic tribes constitute the

residual proportion (1.9 per cent). Among all the tribes, Beda is the smallest group with a population of 128. At the district level, Gujjar have the highest concentration in Poonch and Rajauri districts, followed by Anantnag, Udhampur and Doda districts. Bot, Bakarwal and Brokpa tribes have the highest concentration in Leh, Anantnag and Baramula districts respectively. Balti and Purigpa are mainly concentrated in Kargil district, Gaddi are in Kathua district. The overall sex ratio of ST population is 910 females per 1000 males which are lower than the national average (978) for the total ST population. The overall literacy rate of the STs is 37.5 per cent at 2001 census. This is much lower than the national average of 47.1 per cent) aggregated for all STs. Male and female literacy rates (48.2 per cent and 25.5 per cent) are much below if compared to those recorded by all STs at the national level (59.2 per cent & 34.8 per cent). Among the larger tribes, Balti, Bot, Purigpa and Brokpa have registered higher literacy rate whereas Gujjar, Gaddi and Bakarwal have a lower literacy rate than that of the national average. Similar trends are discerned in these tribes in respect of female literacy also. Among the ST literates, 34.9 per cent of tribal literates are either without any educational level or have attained education below primary level. The primary level literates constitute 26.2 per cent followed by literates up to middle level (22.1 per cent). The persons educated up to elementary /secondary/higher secondary constitute 14.7 per cent whereas 2 per cent only are graduates & above. Non-technical & technical diploma holders form negligible percentage (0.1). Agriculture is the main economic activity of the tribes of Jammu & Kashmir as 58.5 per cent of total workers are cultivators, which is significantly higher than the national average of 44.7 per cent. Other workers constitute 32.7 per cent and this proportion is also twice that of the national average (16.3 per cent). Agricultural labourers constitute only 6.4 per cent which is significantly lower than that of all STs at the national level (36.9 per cent) and workers in Household industry accounts 2.4 percent which is at par with the national average of 2.1 per cent. Among the major tribes, Gaddi have the highest share of cultivators among their total workers followed by Gujjar, Brokpa and Purigpa. Bakarwal have the highest proportion of other workers, followed by Balti and Bot.

**Anantnag** is one of districts of Jammu & Kashmir in India. There are 6 Tehsils, 342 villages and 13 towns. As per the Census India 2011 Anantnag district has 153640 households, population of 1078692 of which 559767 are males and 518925 are females. The population of children between ages 0-6 is 208538 which is 19.33% of total population. The sex-ratio of district is around 927 compared to 889 which is average of Jammu & Kashmir state. The literacy rate of Anantnag



district is 50.57% out of which 57.96% males are literate and 42.61% females are literate. The total area of Anantnag is 3574 sq.km with population density of 302 per sq.km. Out of total population, 73.77% of population lives in urban area and 26.23% lives in rural area. There are 0.17% Scheduled Caste (SC) and 10.75% Scheduled Tribe (ST) of total population in Anantnag district. Most of the population is Gujjars and Bakerwals in district Anantnag. Gujjar and Bakerwals of Jammu and Kashmir are mostly engaged with rearing of cattle. The economic conditions of the community are very poor and are dependent on cattle. The Gujjar and Bakerwals of Jammu and Kashmir have economical, educational and social backwardness.

**Fig.4:** Map of District Anantnag

As per official reports of National Mental Health Survey (2016) that one in every ten Indians is suffering from some form of mental disorder, especially in productive age of 20 to 40 years, prevalence of mental disorders is very high. India is home to the largest tribal populations of the world, with 8.6% of total Indian population belonging to scheduled tribes who constitute 705 tribal groups across India. The tribal populations have greater vulnerability to mental health issues viz. anxiety, stress, neurotic proneness. Word neuroses that have been in use since the 1700s to describe mental, emotional, or physical reactions that is drastic and irrational. At its root, a neurotic behavior is an automatic, unconscious effort to manage deep anxiety. Neurotic thoughts and behaviors are so extreme that they interfere with your personal life. Neurotic condition characterized by persistent feelings of nervousness and restlessness. Symptoms

of anxiety disorders or neurosis include overwhelming feelings of panic and fear, uncontrollable obsessive thoughts, and painful, unpleasant memories. Physical symptoms of this condition

include increased heart rate, sweating, muscle tension, and other uncomfortable physical reactions. The individual is very much ego centric, fails to maintain friendly interpersonal affiliation with others in the society. Neurotic Personality Inventory

R.N.Kundu was developed on the basis of clinical experience to obtain a reliable measure of neurotic tendencies in adolescent people for selection, diagnosis and



**Fig.5:** mental health issues

guidance responses. The inventory was developed according to Indian socio-cultural pattern. It is characterized by traits like fear, shyness, inferiority and sensitiveness.

**NEED AND IMPORTANCE:**

Tribal are those people who are geographically isolated, economically backward and distinctive in culture. The tribal also may be defined group of people having common ancestor, common

customs and traditions on the other hand non tribal's are the general population of the society who are not geographically isolated, economically backward and distinctive in culture. Ayesha, Marfatia (2018) reported: One hundred and four million tribal people, accounting for 8.6 percent of India's population are heavily marginalized and discriminated. Tribes are not only socially and economically backward but also lacking educational and healthcare facilities. There are no comprehensive policies that meet these needs, and no reliable data about the state of tribal health and other socio cultural needs. The committee identified 10 health issues that affect tribal people disproportionately viz. malaria, malnutrition, child mortality, maternal health problems and infertility, addiction and sickle cell disease, animal bites and accidents, literacy etc. In 2011 while 40.6 per cent tribals were below the poverty line,



**Fig.6: Tribal hunting**

the proportion among the rest was 20.5 per cent. In the health area, the key indicators among tribes remain very poor. For example, according to the National Family Health Survey 4 (NFHS-4) (2015-2016), the under-5 mortality among the tribal population was 57.2 per 1000 live births compared to 38.5 among others, and the infant mortality rate (IMR) 44.4 per 1000 live births versus others of 32.15. A child born to a ST family in India has 19 per cent higher risk of dying

in the neonatal period and 45 per cent greater risk of dying in the post-neonatal period. Keeping in view educational sector, a cordial relationship between tribal students and their teachers is one of the critical factors to promote meaningful learning in classrooms. It is important to understand that tribal children do not have the same backgrounds as their non-tribal schoolmates. There is a need to respect and value culture, traditions, mannerisms, languages and cultural heritage of the tribal students. It should be the responsibility of the teachers and academic personnel to propagate this incredible wealth of indigenous knowledge among tribal youths in schools and colleges.



**Fig.7: Tribal poverty & malnutrition**

D.V. Venu Gopal & A. Ashok (2012) 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 (male and female) was largely same. While some studies reported the prevalence of emotional problems to be

consistently higher in girls as compared to boys between the 7th and 12th grades (Venugopal and Ashok, 2012;Shalu and Audichya, 2006) others reported significantly more emotional problems (Taraka R.R. & Raju, 2012) and adjustment problems (Srividhya, 2007) in boys. The poor emotional adjustment reported by females as compared to males coincides with the previous research in this area. (Venugopal & Ashok, 2012; Shalu & Audichya, 2006) While adolescence is accompanied by an increase in negative affectivity in both males and females, several studies report a significantly high negative mood in girls as compared to boys (Nolen-Hoeksema & Girgus, 1994). According to Elvin committee report during 1973-74, 55% of India's population was poor. While during 1977-78, 72% people among S.T. were poor. During 1987-88, 40% people of its population were poor. According to 2001-02 survey,



more than 26% people are poor. This statistical data shows that rate of poor people in S.T. is more than total poor persons in India. According to a report of rural development commissioner during 1991-92, there were 2618940 families who lived below poverty line in which 37.31% were Baxipanch, 10.61% S.C., 25.78% were normative tribes and 26.30% were S.T. families. The economical, political, educational, social backwardness or overall poverty faced by tribal population results psychological problems such as anxiety, depression, stress, sense of insecurity and inferiority. Elighte (2015) found that scheduled caste and scheduled tribe students are prone to anxiety disorder and also shows maladjusted behavior. Smith R. (2014) revealed that Sc and ST college students feel frustrated due to social discrimination and also are poor in social participation. Veena Suresh (2015) tribal community facing problems of stigma, discrimination, isolation, helplessness, self-confidence etc. Building of self-confidence among them they will live their life with courage and confidence. Smith R. (2014) revealed that Sc and ST college students feel frustrated due to social discrimination and also are poor in social participation.

#### **OBJECTIVES:**

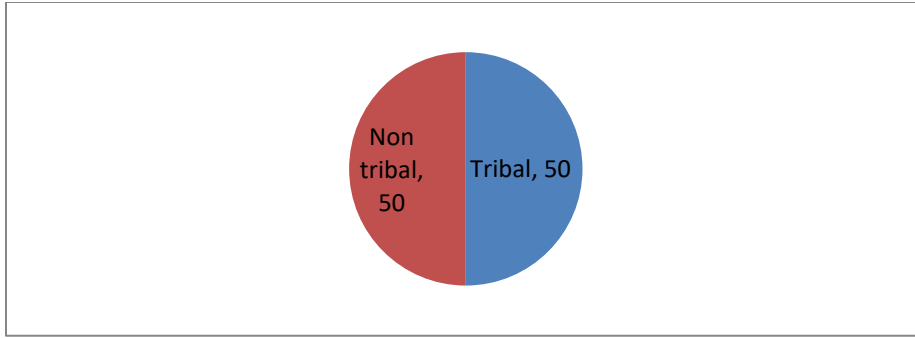
1. To study the neurotic proneness of tribal and non-tribal secondary school students.
2. To compare tribal and non-tribal secondary school students on neurotic proneness.
3. To suggest some coping skills in order to promote psychological wellbeing of tribal secondary school students.
4. To describe the role of education in order to eliminate fear, shyness, inferiority complex and sensitiveness of tribal secondary school students.

#### **HYPOTHESIS:**

- There is no significant difference between tribal and non-tribal secondary school students on neurotic proneness.

**METHODOLOGY AND PROCEDURE:** The study was planned to examine neurotic proneness among tribal and non tribal students of District Anantnag (Kashmir division):

- a. **Method:** descriptive method of research was used for the present study.
- b. **Population:** Tribal and non tribal secondary school students are considered as a population.
- c. **Sample:** The sample for the present study consists of 100 students, 50 tribal and 50 non



**Fig.8:** Sample chart

tribal. The tribal students have been identified from the various secondary school institutions of District Anantnag (Kashmir Division). The purposive sampling technique has been used to collect the data of tribal students while as random sampling technique has been used to collect the data of non tribal students.

**TOOL USED:** R.N.Kundu Neurotic Personality Inventory was administered to the sample subjects.

**STATISTICAL TREATMENT:** The data for the present investigation has been analyzed by applying mean, standard deviation and t-test.

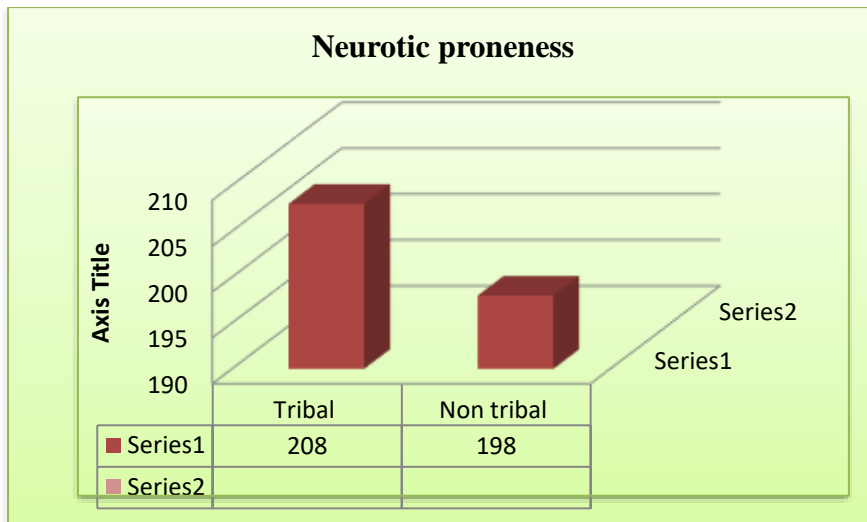
**ANALYSIS AND INTERPRETATION:** In order to prove the hypothesis whether they accepted or rejected, the data was statistically analyzed by employing t-test.

**Table 1:** Mean comparison of tribal and non-tribal secondary school students on Neurotic Personality Inventory (N=50 in each group).

| Group       | N  | Mean | S.D   | t-value | Level of significance     |
|-------------|----|------|-------|---------|---------------------------|
| Tribal      | 50 | 208  | 12.05 | 4.34    | Significant at 0.01 level |
| Non- tribal | 50 | 198  | 11.02 |         |                           |

The Table 1: shows the mean comparison of tribal and non-tribal secondary school students on neurotic proneness. The calculated t-value (4.34) exceeds the tabulated t-value (2.58) at 0.01 level of significance, which depicts that there is significant difference between tribal and non-tribal secondary school students on neurotic proneness. A quick look at the means of the above table clearly shows that tribal secondary school students have high neurotic proneness as compared to non tribal secondary school students. The tribal students have been hampered by complex and countless factors like poverty, undernourishment and poor housing services. The economical backwardness, geographical isolation, lack of awareness, health and hygiene facilities affects their psychological wellbeing and finally results mental

health problems. Thus from the confirmation of the results from the above table, the null hypothesis no. 1 which reads as, there is no significant difference between tribal and non-tribal secondary school students on neurotic proneness, stands rejected.



**Fig. 9:** Mean comparison of tribal and non-tribal secondary school students on neurotic proneness

### DISCUSSION:

Forest land and its resources provide the best means of livelihood for the tribal people and many of them including the women engage in agriculture, food gathering and hunting they are heavily dependent on the products of the forest. Therefore when outsiders exploit the tribe's land and its resources the natural life cycle of tribal ecology and tribal life is greatly disturbed. Due to exploitation of natural resources life of tribal people got affected in all respects and finally gave birth to mental health conditions such as depression, anxiety, personality disorder, post-traumatic stress disorder etc. Tribal per capita income is very meager much lesser than the Indian average. Most of them live under abject poverty and are in debt in the hands of local moneylenders and Zamindars. In order to repay the debt they often mortgage or sell their land to the moneylenders. Indebtedness is almost inevitable since heavy interest is to be paid to these moneylenders. Banking facilities in the tribal areas are as inadequate that the tribal's have been forced to rely on moneylenders. The tribal people fail to fulfill the basic needs and requirements of their family due to extreme poverty which makes them to feel insecure, depressed, dejected, sad and gloomy. In many parts of India tribal population suffers from chronic infections and diseases out of which water borne diseases are life threatening. They suffer from goiter due to lack of iodine. Leprosy and tuberculosis are also common among them. Malnutrition is common and has affected the general health of the tribal children as it lowers the ability to resist infection, leads to chronic illness and sometimes leads to brain impairment. Most of the tribal population is unhealthy

due to lack of nutritious food or balanced diet, which directly affects their physical and mental health. The ill health and economical backwardness results oversensitivity, sense of insecurity and fear among these people. The miserable and heartbroken condition of these people affected entire standard of life particularly education of their children. It is not easy for them to send their children to schools, as they are considered extra helping hands. The government also fails to provide better education and also fail to fulfill the socio psychological needs of their children. Most of the tribes are located in interior and remote areas where teachers would not like to go from outside. The various coping skills should be used to promote psychological wellbeing of tribal students such as regular and balanced diet, support from both school and society. Counseling is a type of talking therapy that permits tribal students to talk about their problems and feelings in a confidential and dependable environment. Counseling can be used to help with many different mental health conditions, such as depression, anxiety, personality disorder, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), long-term illnesses, drug misuse etc. Counseling aims to help them to deal with and overcome issues that are causing emotional pain or making tribal's feel uncomfortable. It can provide a safe and regular space for them to talk and explore difficult feelings. Counseling will help tribal students gain an insight into the origins and development of emotional difficulties, leading to an increased capacity to take rational control over feelings and actions. Purpose of counseling is to solve maladjusted behavior or problems of tribal students. It will help to provide tribal students awareness, knowledge and skill competency which will enable them to confront social inadequacy. It helps to make suitable career choice in different field's viz. teaching, engineering,



**Fig.10:** Tribal living

medicine, fashion designing, music or other professional or unprofessional fields. The other coping strategies viz. carve out hobby time, managing hostile feelings, releasing pent up emotions, regular exercise, cultural activities, reading books, should be adopted in order to channelize the abilities and promote psychological wellbeing of tribal students. The educators, policy makers, society members and teachers should duly focus on autonomy (independence and self-determination), environmental mastery (the ability to manage one's life), personal growth (being open to new experiences), purpose in life (believing that one's life is meaningful), self-acceptance (a positive attitude towards oneself and one's past life) and positive relations with others (high quality relationships) of tribal students. Education is very necessary for tribal people in order to improve knowledge, way of living as well as

social and economic status throughout their life. It helps them to get knowledge, improve confidence level and to promote career growth. Maintaining mental sharpness is beneficial to their overall health. With a good education, they could also become well informed about healthy living, making them more likely to live longer. An education also exposes them to new people and experiences which can have a positive impact on their life. Education can stimulate

economic growth by increasing innovation, productivity, and human capital. And education also has a history of fostering positive social change, by encouraging things like political participation, social equality, and environmental sustainability of both tribal and non tribal students.

#### **REFERENCES:**

- Aerthayil, M (2008) Impact of Globalization on Tribals in the Context of Kerala, New Delhi: Indian Social Institute and Rawat Publications, India.
- Alvarez E.et al. (2012). Broadening of Generalized Anxiety Disorders Definition Does not Affect the Response to Psychiatric Care: Findings from the Observational ADAN Study. Clin Pract Epidemiol Ment Health. 8:158-68. doi: 10.2174/1745017901208010158. Epub.2012 Nov 16.
- Anjanayya. R. Bistee and Gooru Sreeramulu (2014) Status of Scheduled Tribes in Karnataka, Indian Streams Research Journal, 3(12): 1-5.
- Armstrong G, Kermode M, Raja S, Suja S, Chandra P, Jorm AF(2011). A mental health training program for community health workers in India: Impact on knowledge and attitudes. Int J. Ment Health Syst 5:17.
- Bakshi, S.R. and Kiran, Bala (2000) Social and Economic Development of Scheduled Tribes, Deep and Deep Publication Pvt. Ltd, New Delhi, India.
- Balakrishnan, E.P. (2004) Economies of Tribals and Their Transformation- A Study of Kerala. PhD thesis: Pondichery University, Mahe, Kerala, India.
- Balasubramaniam, Bindu and G.Shanthi (2008) How does NRHM help Tribal Women? A Study of Financial Incentives for Maternal Health Services in Heggadadevanakote Taluk, Mysore District, Swamy Vivekananda Youth Movement, Mysore, Karnataka, India.
- Birmaher B, Heydl P. (2001).Biological studies in depressed children and adolescents. International Journal of Neuropsychopharmacology;4:149-157.
- Bischoff, R. J., & Barton, M. (2002). The pathway toward clinical self-confidence: American Journal of Family Therapy Vol. 30(3) May-Jun, pp.231-242.

- Bunevicius A. et al. (2013). Screening for anxiety disorders in patients with coronary artery disease. *Health Qual Life Outcomes*. Mar. 11;11:37. doi: 10.1186/1477-7525-11-37.
- Census of India, (2011). Provisional Population Totals-India Data Sheet: Office of the Registrar General Census Commissioner, India. Delhi, Indian Census Bureau
- Chaturvedi HK, Mahanta J, Bajpai RC, Pandey A. (2013). Correlates of opium use, Retrospective analysis of a survey of tribal communities in Arunachal Pradesh: India. *BMC Public Health* 13:325
- Cooper, et al. (2006). *An Introduction to Rehabilitation Engineering*. CRC Press. p. 131. ISBN 9781420012491.
- Daivajna, Gangadhara (2004) *Tribal Development and Non-Government Organizations*, (ed), A.S.Prabhakar, Aesthetics of Tribal Development, Prasaranga, Kannada University, Hampi, Karnataka, India, pp.125-140.
- Demyttenaere K, Bruffaerts R, Posada-Villa J, Gasquet I, Kovess V, Lepine JP, et al. (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys: *JAMA* 291:2581-90.
- Diwan R. (2012). Mental health of tribal male-female factory workers in Jharkhand: *IJAIR* 2278:234-42.
- Diwan R. (2012). Stress and mental health of tribal and non tribal female school teachers in Jharkhand, India: *Int J Sci Res Publicat* 2:2250-3153
- Fu, T. et al. (2005). Depression, Confidence, and Decision: Evidence Against Depressive Realism: *Journal of Psychopathology and Behavioral Assessment*, Vol. 27(4): pp.243-252.
- Government of India (2017). *Rural Health Statistics: Ministry of Health and Family Welfare Statistics Division*
- Gururaj G, Girish N, Isaac MK. Mental (2005). Neurological and Substance abuse disorders: Strategies towards a systems approach, In; *Burden of Disease in India; Equitable development – Healthy future* New Delhi, India. National Commission on Macroeconomics and Health. Ministry of Health and Family Welfare, Government of India
- Hackett RJ, Sagdeo D, Creed FH. (2007). The physical and social associations of common mental disorder in a tribal population in South India. *Soc Psychiatry Psychiatr Epidemiol* 42:712-5
- Herring MP, et al. (2012). Feasibility of exercise training for the short-term treatment of generalized anxiety disorder: a randomized controlled trial. *Psychother Psychosom*;81(1):p.21

- Hettema J. M., et al., (2006). "A population-based twin study of the relationship between neuroticism and internalizing disorders". *American Journal of Psychiatry* 163: 857–864.
- Hoge, E.A. (2012). *Generalized anxiety disorder: diagnosis and treatment*. *BMJ*. 27: p.345
- Hornby, A.S. (2005). *Oxford Advanced Learners' Dictionary of Current English*, New York: Oxford University Press.
- International Institute for Population Sciences and ICF (2017). *National Family Health Survey (NFHS-4) India*, Mumbai: International Institute for Population Sciences
- Jain Y, Kataria R, Patil S, Kadam S, Kataria A, Jain R, et al. (2015). Burden & pattern of illnesses among the tribal communities in central India: A report from a community health programme, *Indian J Med Res* 141:663-72
- Jain, M. (2004). "Civics, Citizens, and Human Rights: Civics Discourse in India". *Contemporary Education Dialogue* 1(2): 165–98.,
- Jeronimus, B. et al. (2013). "Negative and positive life events are associated with small but lasting change in neuroticism". *Psychological Medicine* 43 (11): 2403–15.
- Jex, S., & Britt, T. (2008). *Organizational Psychology: A scientist-practitioner approach*. Hoboken, NJ: John Wiley & Sons, Inc
- Jha, A. S. (2010). *Research Methodology*, New Delhi: APH Publishers
- Jha, M.M. (2002). *School Without Walls: Inclusive Education for All*. Oxford: Heinemann
- Kendler, et al. (2004). The interrelationship of neuroticism, sex, and stressful life events in the prediction of episodes of major depression. *Am J Psychiatry*; 161:631–636.
- Lenze EJ, Wetherell JL. (2011). A lifespan view of anxiety disorders. *Dialogues Clin Neurosci*; 13(4): pp. 381-99.
- Lund C, Breen A, Flisher AJ, Kakuma R, Corrigall J, Joska JA, et al. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Soc Sci Med* 71:517-28.
- Marques L, et al. (2011). Cross-cultural variations in the prevalence and presentation of anxiety disorders. *Expert Rev Neurother*. 11(2): pp. 313-22.
- Math SB, Srinivasaraju R. (2010). Indian Psychiatric epidemiological studies: Learning from the past. *Indian J Psychiatry* 52:S95-103
- McWilliams, L. (2003). Neuroticism and depression. *British Journal of Psychiatry*. pp.182:80.
- Michael, W. P.; Ronald, E. S. (2009). *Psychology: the science of mind and behaviour*. Mc Graw-Hill Higher Education. ISBN 978-0-07-711836-5.

- Ministry of Health and Family Welfare (2013). Government of India and Ministry of Tribal Affairs, Report of the Expert Committee on Tribal Health: Tribal Health in India – Bridging the Gap and a Roadmap for the Future. New Delhi: Government of India
- Ministry of Tribal Affairs (2014). Government of India. Report of the High Level Committee on Socio-economic, Health and Educational Status of Tribal Communities of India, New Delhi: Government of India
- Mohit, A. (2003). “Human Rights Model and Access”, International Journal of Human Rights.
- NCERT.NCERT (2000).National Curriculum Framework for School Education (NCFSE). New Delhi:
- Office of the Registrar General and Census Commissioner (2011). Census of India. New Delhi: Office of the Registrar General and Census Commissioner
- Ramnath K. (1971). Manual for neurotic personality inventory. National psychological Corporation, India.
- Singh PK, Singh RK, Biswas A, Rao VR. (2013). High rate of suicide attempt and associated psychological traits in an isolated tribal population of North-East India: J Affect Dis 151:673-8
- Tewari A, Kallakuri S, Devarapalli S, Jha V, Patel A, Maulik PK. (2017). Process evaluation of the systematic medical appraisal, referral and treatment (SMART) mental health project in rural India: BMC Psychiatry 17:385
- World Health Organization (2001) .The World Health Report Mental Health, New Understanding, New Hope. Geneva, Switzerland: World Health Organization
- Yalsangi M. (2012). Evaluation of a Community Mental Health Programme in a Tribal Area- South India, Achutha Menon Centre For Health Sciences Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Working :Paper No 12