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Research Article

Self-Esteem, Resilience, And Mental Health Of Tribal Widowsin Kerala, India-A Study

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ABSTRACT

The Tribal Population In India Has Suffered Generations Of Isolation And Social Exclusion Which Has Turned Out To Be Very Disadvantageous For Their Progress. This Is Especially True For Tribal Widows Who Have To Often Face The Double Discrimination Of Being A Widow As Well As Someone Belonging To The Tribal Community.

Objective: The Aim Of The Present Study Is To Measure The Self-Esteem, Resilience, And Mental Health Of Tribal Widows In Idukki District, Kerala.

Method: Based On A Background Survey, It Was Found That There Were 479 Widows Among Three Tribal Communities Of Which The Researchers Selected 305 Widows As A Sample Using The Krejcie& Morgan (1970) Formula. The Individual Respondents Were Selected By Adopting Simple Random Sampling Technique Using Lottery Method. In Order To Measure The Self-Esteem Of The Tribal Widows, The Self-Esteem Scale Developed By Rosenberg (1965) Was Used. The Connor–Davidson Resilience Scale (2003) Was Used To Measure Resilience, While The Mental Health Of The Respondents Was Measured Using The MHI-5 Scale.

Results: A Snapshot Of The Results Are As Follows- There Is A Statistically Significant Difference In The Mean Scores Of Self-Esteem, Resilience And Mental Health Of The Respondents At A Very High Level (P<0.001), Across Their Age And Occupation, Among Other Factors. Moreover, There Is A Positive Correlation Between Mental Health, Age Of The Respondents, Self-Esteem, Resilience, And Age At Widowhood, Among Other Variables.

Conclusion: The Plight Of Tribal Widows Is Indeed Worrisome. There Are Several Factors That Are Strongly Connected With Their Mental Health Such As The Age At Widowhood And Family Income. While It Is Difficult To Change Certain Aspects Of Their Plight, Certain

Others Can Be Improved With The Right Policies And Thereby Help Improve The Lives Of These Tribal Widows.

Keywords: Self-Esteem, Resilience, Mental Health, Tribal Widows.

INTRODUCTION

The Tribals In India Are Arguably The Earliest Known Inhabitants. This Is Why They Are Also Referred To As Adivasis, Which Literally Means- Early Settlers. India Is Also Home To Half Of The Entire World's Tribal Population (Bala And Thiruselvakumar, 2009). As Per The 2011 Census, There Are 10.43 Crore Tribals Living In India And Tribals Constituted Almost 9 Per Cent Of The Total Population Of The Country (Kumar, 2019). It Is Also Important To Note That The Place Of Dwelling Has An Important Role To Play In The Unique Characteristics Of The Tribal Population. It Is Estimated That A Huge Proportion (More Than 90 Per Cent) Of The Tribal Population Resides In Rural, Forest Or In Mountainous Regions (Singh, 2020). While, The Rest Of India Has Experienced An Improvement In The Wage Rate As A Result Of Increased Foreign Direct Investment Over The Years (Banga, 2005), Studies Indicate That There Has Been Growing Land Alienation Faced By The Tribals Over The Years Due To Governmental Policy Among Other Factors (Malik, 2020). It Must However Be Acknowledged That In Recent Years, The State Has Also Taken Efforts To Reduce The Marginalisation Faced By The Tribal Population In India. The Forest Rights Act, 2006 For Example Has Provisions That Empowers Them And Attempts To Undo The Historical Injustice Faced By Them (Sarma, 2012).

As Far As The Socio-Cultural Aspects Of The Tribals Are Concerned, Each Tribe Has Its Own Unique Traditions When It Comes To Practices Such As Marriage. In Some Tribal Communities, Low Age At Marriage Is Reported With Puberty Being A Major Determinant (Mutharayappa, 1993). With Regard To The Status Of Women In Tribal Societies, Some Scholars Have Suggested That While Tribal Men Enjoy Higher Status In Public And Social Life, When It Comes To Family Life, It Is Women Who Have A Greater Say In Matters (Bhasin, 2014) And It Is Because Of The Fact That It Is Women Who More Frequently

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Engaged In Subsistence Activities. In Fact, It Is Also Reported That In Many Scheduled Tribal Communities, Women Face Less Discrimination Than Mainstream Hindu Women Or Women From Scheduled Castes (Mitra, 2008). However, This Does Not Mean That All Is Well With Regard To Tribal Women. There Are Several Problems Faced By Them That Have Gained Very Little Research Attention. One Issue That Seems To Have Received Some Focus Is Nutrition. Studies Indicate That Malnutrition Or Undernutrition Are In Fact Some Of The Serious Problems Faced By Pregnant Tribal Women (Rao Et Al., 2010). Widowhood Is Yet Another Challenge Faced By Women And Alcoholism Among Tribal Communities Is Now Being Reported As A Major Cause Of It (Kumar And Gangadhar, 2016). There Is Also A Need To Examine The Mental Health Impact Of Widowhood On The Lives Of Tribal Women.

Among The Various Indicators Of Mental Health, Self-Esteem Is One Of The Most Commonly Examined Ones. Self-Esteem Is Defined As An Overall Evaluation Of One's Self-Worth (Blascovich Et Al., 1991). This Isn't To Say That Self-Esteem Is A Construct That Is Unconnected To The Group. In Fact, It Is Acknowledged That There Is A Group Element To It, That Self-Esteem Is A Product Of The Self-Verification Process That Is Witnessed In Groups (Cast And Burke, 2002). Measuring Such A Complicated Yet Important Construct Is Challenging. Thankfully, There Have Been Several Scales Developed Over The Years That Have Been Successfully Employed To Measure Self-Esteem. One Such Scale Is The Rosenberg's Self-Esteem Scale (Heatherton And Wyland, 2003). An Interesting Thing To Observe With Regard To Self-Esteem Is The Change In Its Levels Over The Years, As An Individual Grows Older. It Is Reported That It Is Usually Low During Adolescence And Is At Its Highest Levels Between The Ages Of 50-60 Years (Orth And Robins, 2014). This Construct Is Particularly Important In The Context Of Widows In India Because In Rural And Tribal India, A Woman's Status Is Closely Associated With That Of Her Husband's. While, A Larger Percentage Of Widows In Rural Areas Belong To The Younger Age Group (Gujral, 1987), Little Is Known About The Situation With Regard To Tribal Widows And The Impact Of Widowhood On Their Self-Esteem.

Since Widowhood Is A Highly Unfortunate Status, Especially For A Woman In India, It Becomes Very Important For Someone Who Has Experienced This To Be Able To Bounce Back From The After-Effects In Order To Live A Fulfilling Life Again. This Is Where The Other Construct Of Interest-*Resilience* Comes Into Play. Resilience Is More Than Bouncing

Back From An Adverse Event. It Is In Fact A Combination Of Three Qualities Or Patterns Of Behaviours According To Wong And Wong (2012),I) Recovery Or The Ability To Get Back To Normal Functioning. Ii) Invulnerability- Not Being Highly Affected By The Tragedy. Iii). Posttraumatic Growth-Growing Stronger As A Result Of The Adversity. It Is Also An Important Indicator Of Good Mental Health Because It Is Also A Measure Of Stress Coping Ability (Connor And Davidson, 2003). It Is Therefore Another Construct Which The Researchers In The Present Study Are Interested In Measuring. Finally, The Mental Health Of Tribal Widows, Itself Requires Special Attention As It Has Been Observed That Mental Disorders Could Increase The Risk Of Both Communicable And Non-Communicable Disorders (Prince Et Al., 2007). All Of These Factors Have Motivated The Researchers To Undertake The Present Study.

REVIEW OF LITERATURE

In Order To Gain Greater Understanding Of The Issue At Hand, Several Studies Were Also Reviewed. Fry (2001) His Study Involving 231 Widows And Widowers Found That Compared To Widowers, Widows Showed Lower Self-Esteem. A Similar Finding Was Reported By A Study That Was Carried Out In Kenya By Mburugu Et Al. (2015). The Researchers Reported That Widows Had Lower Self-Esteem Compared To The Widowers. This Effect May Also Have Something To Do With Employment. Lee And Shehan (1989) Note That Non-Employed Women Have Lower Self-Esteem. The Role Of Self-Help Groups In Managing The After Effects Of Widowhood Was Examined By Barrett (1978). The Researchers Found Self-Help Groups To Be Helpful In This Regard.

It Is Not Easy To Identify Exactly How The Death Of A Spouse Could Affect Someone. Bennett Et. Al. (2020) Discovered That There Were Possibly Several Trajectories That Someone's Ability To Adapt To The New Changes After Widowhood Could Take And Psychological Resilience Was One Important Factor That Could Play An Important Role In Determining This. Several Other Studies Also Seem To Lay Great Stress On The Need For Psychological Resilience To Escape The Adverse Effects Of Such A Tragedy. O'Rourke (2004) Has Highlighted The Fact That Psychological Resilience Contributes To About Twenty Percent Of The Variance In The Life Satisfaction As Well As Psychological Distress Experienced By Widows. Bonanno Et Al. (2004) As Part Of Their Study Among Widows Found That A Significant Number Of The Respondents Were In Fact Resilient. As Stated

Earlier, There Seems To Be Several Factors At Play When It Comes To Determining The Mental Health And Resilience Of Widows. Hahn Et Al. (2011) As Part Of Their Study On Married And Widowed Women Discovered That Older Widowed Women Seem To Be More Resilient. Resilience Itself Might Play A Key Role In Protecting Individuals From Depression After The Spousal Loss As Observed By King Et Al. (2018). Therefore, Resilience Seems To Be A Powerful Determinant On How Difficult Widowhood Might Be For A Particular Individual.

Wilcox Et Al. (2003) Through Their Study On The Effects Of Widowhood On Physical And Mental Health Reported That Married Women Were In Better Shape In Terms Of Physical And Mental Health And That It Was The Recently Widowed Group Of Women Who Experienced Greater Impairment. Ungar And Florian (2002) Had Previously Reported A Similar Finding In Their Study Which Indicated That Married Women Had Better Mental Health That Widows.In Another Study By Wani Et Al. (2016), A Comparison Of The Mental Health Of Widows And Half-Widows Was Made. Half Widows Are Women Whose Husbands Have Vanished Or Are Missing And Therefore Have Not Been Proclaimed Dead. The Study Revealed That Widows Had Better Mental Health Than Half Widows. Holm Et Al. (2018) Note That Community Teams Could Be Helpful For Widows In Preventing Emotional And Physical Health Problems. In Nepal, A Study By Basnet Et Al. (2018) Revealed That War Widows Suffered Greatly Due To Depression And Anxiety. In A Similar Study By Cozza Et Al. (2019), It Was Found That Among Beavered Military Service Widows, Depression Increased Between Two To Fivefold After The Loss Of Their Husband/Spouse. In A Study By Schaal Et Al. (2009), It Was Discovered That 40 Per Cent Of The Respondents (Widows), Had Experienced A Major Depressive Episode. Kedhare And Dhavale (2002) In Their Study Note That Depression Was The Most Severe Comorbidity Among Widows. Another Question Of Importance Is The Duration Till Which The Grief Of Losing A Partner Lasts. Kowalski And Bondmass (2008) Answered This Question Through Their Study. The Researchers Noted That The Symptoms Of Grief Experienced By Widows Could Last Up To Five Years After Losing One's Spouse.

An Examination Of The Previous Studies Indicates The Fact That Although There Are Several Studies On Widows In Developed Countries And A Few In Developing Countries Like India As Well, There Is A Need To Examine Self-Esteem, Resilience, And Mental

Health Of Widows From Tribal Communities. This Is Yet Another Fact That Motivated The Researchers To Undertake The Present Study.

OBJECTIVES AND METHODOLOGY

The Objectives Of The Present Study Are:

- To Identify The Socio-Demographic And Economic Characteristics Of Widows In The Study Area.
- 2. To Measure Their Level Of Self-Esteem, Resilience And Mental Health Across Selected Background Characteristics.

Through A Background Survey, It Was Discovered That There Were 479 Widows Among Three Tribal Communities, Namely- Muthuvan, Hill Pulaya, And Mannan, All In The Devikulam Block Of The Idukki District Inkerala. Theyconstitute The Universe Of The Study. From This, The Researchers Selected 305 Widows As A Sample Using The Krejcie& Morgan (1970) Formula. The Individual Respondents Were Selected By Adopting Simple Random Sampling Technique Using Lottery Method. In Order To Measure The Self-Esteem Of The Tribal Widows, The Self-Esteem Scale Developed By Rosenberg (1965) Was Used. The Connor–Davidson Resilience Scale (2003) Was Used To Measure Resilience, While The Mental Health Of The Respondents Was Measured Using The MHI-5 Scale (Items 34,17,11,19 And 27) Derived From MHI-38 Developed By Veit And Ware (1983). The Relatability Of All Three Scales Was Tested. The Cronbach Alpha Values Are As Follows-The Self-Esteem Scale-0.756, The Resilience Scale- 0.966 And MHI5- 0.930 Respectively. A Descriptive Research Design Was Adopted For The Carrying Out The Study. All The Widows In The Selected Three Tribal Communities Were Considered As Part Of The Universe Whereas Those Widows From The Malayaraian, Ulladan, And Urali Communities Were Excluded As They Were Few In Number.

BACKGROUND OF THE RESPONDENTS

The Typical Respondent Was Found To Be 53 Years Of Age (M=52.86), With Majority (62.6 Per Cent) Of The Total Respondentsbeing Middle Aged. Almost All Of The Respondents (95.1 Per Cent) Were Found To Be Followers Of Hinduism. As Mentioned Previously, The Respondents In The Present Study Hail From Three Tribal Communities-

Muthuvan (47.2 Per Cent), Hill Pulaya (38.7 Per Cent), And Mannan (14.1 Per Cent). Although The Joint Family System Was Slightly More Prevalent (56.7 Per Cent) When Compared To The Nuclear Family System (43.3 Per Cent), Most Of The Respondents (58.7 Per Cent) Were Discovered To Be Dwelling In Small Families With 1-3 Family Members. Only A Handful Had Been To School (Primary School – 11.1 Per Cent; Middle School- 4.3 Per Cent). With Regard To Occupation, Less Than Two Third (64.6 Per Cent) Of The Respondents Were Employed In The Agricultural/Government Sector Or Were Engaged In Petty Trade While The Remaining (35.4 Per Cent) Were Employed As Agricultural Labourers. The Average Annual Family Income Was Noted To Be Rs. 1,30,690/-, Which Translates Into A Measly Monthly Family Income Of Just Over Rs, 10,000/-.

As Far As Widowhood Is Concerned, It Pertinent To Highlight The Fact That Almost One Third Of The Respondents Lost Their Husbands When They Were Between The Ages Of 36-45 Years, Which Is Relatively Young To Become A Widow And In Majority (65.6 Per Cent) Of The Cases, The Death Of The Husband Was Attributed To Certain Specific Diseases Although A Little Over One Fourth (25.2 Per Cent) Of The Respondents' Husbands Died As A Result Of Addiction Or Had Committed Suicide. Finally, In General, The Most Common Living Arrangement After The Death Of The Husband Was Found To Be Living With The Spouse's Family (78.4 Per Cent).

Table 1: Mean Score Of One-Way ANOVA Values Of The Self-Esteem, Resilience, Mental Health Scores Of Thetribal Widows By Their Background Characteristics

Variables	N	SE	RE	MHI		
1. Current Age (In Years)						
Young (35 Or <)	24	28.04	53.67	15.21		
Middle (36 - 59)	191	27.88	66.32	18.34		
Old (60 +)	90	24.54	60.68	17.31		
Total	305	26.91	63.66	17.79		
F - Ratio		16.978	10.557	5.012		
P - Value		0.001	0.001	0.01		
2. Type Of Family						
Nuclear Family	132	25.89	61.76	17.05		
Joint Family	173	27.68	65.12	18.35		

T - Value		3.260				
		3.200	1.928	2.292		
P - Value		0.001	0.055	0.05		
3. Education						
Illiterate	258	26.48	64.75	18.09		
Lower Primary	34	29.35	57.59	15.62		
Upper Primary	13	28.92	58.00	17.62		
Total	305	26.91	63.66	17.79		
F - Ratio		6.752	4.405	3.824		
P - Value		0.001	0.05	0.05		
4. Occupation		I	I.			
Agri. Labourers	108	25.89	59.66	15.83		
Agriculture/Govt/Trade	197	27.47	65.86	18.86		
Total	305	26.91	63.66	17.79		
T - Value		2.764	3.483	5.348		
P - Value		0.01	0.001	0.001		
5. Annual Family Income (In Rs.)						
100000 Or <	175	25.94	61.38	16.57		
100001 - 200000	66	28.08	65.77	18.55		
200001 +	64	28.36	67.72	20.36		
Total	305	26.91	63.66	17.79		
F - Ratio		8.819	5.053	16.282		
P - Value		0.001	0.01	0.001		
6. Age At Widowhood						
Young (35 Or <)	73	28.22	58.19	16.19		
L. Middle (36 - 45)	99	27.94	66.13	18.01		
U. Middle/Old (46+)	133	25.42	64.83	18.50		
Total	305	26.91	63.66	17.79		
F - Ratio		12.121	6.719	5.460		
P - Value 0.001 0.001 0.00						
7. Reason For The Death Of Spouse						

Death Due To Diseases	200	26.76	62.35	17.31		
Unintentional Deaths	28	26.57	64.86	19.18		
Addiction & Suicides	77	27.42	66.64	18.53		
Total	305	26.91	63.66	17.79		
F - Ratio		0.588	2.345	2.956		
P - Value		0.556	0.098	0.054		
8. Living Arrangements After The Death Of Spouse						
With Husband's Family	239	26.97	63.11	17.74		
With Parents	17	26.41	51.06	15.41		
With Children	49	26.76	70.73	18.84		
Total	305	26.91	63.66	17.79		
F - Ratio		0.137	12.239	3.121		
P - Value		0.872	0.001	0.05		

Self Esteem: In Recent Years, There Has Been Increasing Focus On Self-Esteem In The Context Of Mental Health Research. Most Social Scientists And Mental Health Professionals Agree That It Is Important For Overall Wellbeing. In The Present Study, It Was Discovered That Self-Esteem Was Lowest Among Those Who Were 60 Years Or Above (M = 24.54, P< 0.001), Belonged To A Nuclear Family (M = 25.89, P< 0.001), And Those Who Were Illiterate (M = 26.48, P< 0.001). With Regard To The Economic Factors, It Is Apparent From The Results In Table 2 That Those Employed As Agricultural Labourers (M = 25.89, P<0.01) And Those Who Were Found To Have A Family Income Of Rs. 1,00,000/- Or Below (M = 25.94, P<0.001) Were Found To Have A Lower Self-Esteem Compared To Their Counter Parts. Those Who Had Lost Their Partners At A Later Stage In Life (46+ Years) Seemed To Have Lower Self-Esteem (M = 25.42, P< 0.001). Self-Esteem Did Not Seem To Be Connected To The Reason For The Death Of The Spouse (P > 0.05) Or The Living Arrangement After The Death Of The Spouse (P > 0.05).

Resilience: The Ability To Bounce Back From A Tragic Experience Is Vital To Be Able To Weather The Storms Of Life. In Other Words, Resilience Is Essential To Healthy Living And Especially So For Widows In The Indian Context. From Table 1.1, It Can Be Inferred That Those Who Were Middle Aged (M = 66.32, P < 0.001) And Those Who Were Found To Be Illiterate (M = 64.75, P < 0.05) Seemed To Have A Higher Levels Of Resilience, Although

The Results Were Statistically Significant At A Moderate Level In The Case Of Education (P < 0.05). Moreover, Those Who Were Engaged In Agriculture/Govt. Job/Trade (M = 67.86, P<0.001) And Those With An Annual Family Income Of Rs. 2,00,000 Or More (M= 67.72, P< 0.01) Had Higher Resilience. Finally, Those Respondents Who Became A Widow During Their Lower Middle Age (M= 64.83, P< 0.001) And Those Living With Their Children (M= 70.73, P<0.001) Had Higher Resilience Than Their Counter Parts. It Is Important To Note That The Type Of Family (P>0.05) And The Reason For The Death Of The Spouse (P>0.05) Did Not Seem To Have Any Statistically Proven Connection With The Resilience Scores Of The Respondents.

Mental Health: Good Health Is Not Just The Absence Of Physical Illness But Also Includes The Good Mental Health. The Researchers Therefore Considered It Important To Examine The Mental Health Of The Respondents In The Present Study. The Results Indicate That Middle Aged Respondents (M =18.34, P< 0.01), Those Living In Joint Families (M = 18.35, P<0.05), And Those Who Were Illiterate (M = 18.09, P<0.05) Were Found To Have Better Mental Health. Respondents Who Were Engaged In Agriculture/Govt. Job/Trade (M = 18.86, P<0.001) And Those With An Annual Family Income Of Rs. 2,00,000 Or More (M = 20.36, P<0.001) Had Better Mental Health. While The Reason For The Death Of The Spouse Did Not Seem To Be Connected To The Mental Health Of The Respondents (P<0.05), Age At Widowhood And Living Arrangement After The Death Of The Spouse Did Seem To Be Connected, With Those Belonging To The Upper Middle Age Group (M = 18.50, P<0.01) And Those Living With Their Children (M = 18.84, P<0.05) Having Better Mental Health.

Table - 1.2: Zero Order Correlations Between Selected Background Characteristics Of The Tribal Widows Across The Self-Esteem, Resilience, And Mental Health Scores

Correlations	Age (1)	Edu. (2)	FI (3)	AW (4)	FLS (5)	SEL (6)	RES (7)	MHI (8)	10
1. Current Age	1								
2. Education	***692	1							
3. Family Income	.089	064	1						

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Self-Esteem: The Results Of The Zero Order Correlation Indicate That There Is Positive Correlation Between Self-Esteem And Education (R = .179, P<0.01) Along With Family Income (R = .311, P<0.001), Whereas There Is A Negative Correlation Between Self-Esteem And Age (R= -.309, P<0.001), Age At Widowhood (R = -.263, P<0.001), And Family Life With Spouse (R = -.208, P<0.001). In Other Words, When The Level Of Education And Family Income Of The Respondents' Increase, Their Self-Esteem Increases As Well. On The Other Hand, When The Age Of The Respondents, Age At Widowhood, And Family Life With Spouse Measure Increase/Improve, Their Level Of Self-Esteem Decreases.

Resilience: The Resilience Score Of The Respondents Seems To Be Statistically As Well As Positively Correlated With Their Family Income (R = .140, P<0.05) And Family Life With Spouse (R = .116, P<0.05) Whereas It Is Negatively Correlated With Education (R = .160, P<0.01). To Put It Simply, When The Family Income And Family Life With Spouse Measure Increase, So Does The Respondents' Level Of Resilience. Whereas, With An Increase In The Level Of Education Of The Respondents, The Respondents' Resilience Score Decreases

Mental Health: With Regard To Mental Health, A Statistically Significant Positive Correlation Was Found Between The Mental Health Of The Respondents And Their Age (R = .127, P<0.05), Family Income (R = .303, P<0.001), Age At Widowhood (R = .153, P<0.01), Self-Esteem (R = .194, P<0.001), And Resilience (R - .203, P<0.001). Therefore, When The Age Of The Respondents, Their Family Income, Age At Widowhood, Self-Esteem, And Resilience Increase, So Does Their Mental Health Score.

CASE STUDY - 1

Kumari (Name Changed) Is Currently 45 Years Old. She Hails From The Hill Pullaya Community. She Lost Her Husband To Suicide In The Year 2010 When She Was 34 Years Of Age. Her Husband. Tilakan (Name Changed) Was 40 Years Old When He Died. They Did Not Have Any Children And As A Result, After Her Death, She Returned To Her Parent's Home. The Trouble First Began When Tilakan Began To Be Regularly Ridiculed At Work For Being Childless Despite Being Married For Several Years. He Was An Agricultural Labourer. He Could Not Bear The Fact That His Masculinity Was Being Constantly Questioned By His Co-Workers. Being A Drinker, He Began Drinking More Than Ever Due To This Problem. One Day, He Came Home Drunk And Told His Wife That He Was Going To Commit Suicide Because He Could No Longer Digest The Questioning Of His Masculinity. His Wife Did Not Take This Seriously As He Was Under The Influence Of Alcohol When He Spoke Those Words. He Then Went Out To The Nearby Field And Mixed A Bottle Of Pesticide With His Bottle Of Alcohol And Drank It. Soon, He Realised What He Had Done And Regretted It. He Ran Back Home And Collapsed After Informing His Wife About What He Had Done. Horrified, His Wife Called For Help. Unfortunately, There Were No Vehicles Around To Take Him To The Hospital And People From His Community Had To Carry Him By Foot To The Hospital Which Was About 4 Km From Their Location. Tilakan Passed Away Before They Reached The Hospital. After His Passing Away, His Wife Did Not Receive His Death Certificate And As A Result Did Not Receive Widow Pension Either. She Was Deeply Affected By The Incident And It Has Affected Her Mental Health. Alcoholism Combined With The Social Stigma Of Being Childless Eventually Led To The Passing Away Of Her Husband. She Is Still Employed As An Agricultural Labourer.

CASE STUDY - 2

Raji (Name Changed), Is A 42-Year-Old Lady From The Hill Pullaya Tribal Community. She Lost Her Husband In The Year 2007 When She Was About 28 Years Old. She Has Two Children, A Daughter And A Son. The Daughter Is The Elder One. She Is 20 Years Of Age And Is A School Dropout Like Her Mother. Raji Is An Agricultural Labourer. She Lost Her Husband Due To An Elephant Attack Which Took Place One Morning In The Month Of August, 2007. As Her Husband Shekar (Name Changed) Was Walking Through The Forest

With Two Other Friends, On His Way To Work, Two Elephants Charged At Them From Nowhere. It Was Later Discovered That The Elephants Had Been Violently Chased By Nearby Fisherman And In Complete Fear And Anger, They Ran Towards The Three Men Walking Through The Forest. While One Of The Three Men Escaped Without Injuries, The Other Suffered Major Injuries To His Backbone. Shekar On The Other Hand Was Killed On The Spot. Sadly, His Body Was Smashed To Pieces By One Of The Elephants. The Forest Department Provided The Family Rs. 75,000/- For The Tragic Loss. However, Raji Was Cheated By Her Husband's Sister Who Took Away All The Money. The State Also Provided Her Family Rs. 1,00,000/- As Compensation Which Was Placed In A Fixed Deposit Account And Was Recently Re-Opened To Use The Funds And The Accumulated Interest For Her Daughter's Marriage. Despite The Horrific Tragedy That Led To Her Becoming A Widow, Raji Is Resilient. She Feels Confident And Is Proud Of Her Ability To Run The Family As A Single Parent. The Community Offers Her Support And Respects All Her Efforts. The Unfortunate Manner In Which Her Husband Died Has Encouraged People To Come Forward To Help Her In Times Of Need. However, The Lack Of Education Has Led Her Remain As An Agricultural Labourer.

DISCUSSION AND CONCLUSION

There Were Two Main Objectives Of The Present Study- To Describe The Socio-Demographic And Economic Features Of Tribal Widows In The Selected Area And To Measure The Level Of Self-Esteem, Resilience, And Mental Health Across The Selected Background Characteristics. The Researchers Found That On The Whole, The Respondents' Socio-Demographic And Economic Features Of The Respondents Indicate That They Are Vulnerable On Several Fronts. There Is A Need To Provide Vocational Training To Them So That They Can Become Economically Independent And Empowered. Older Widows Require More Mental Health Support In Terms Of Counselling And Peer Support. One Suggestion Is For The Promotion Of Self-Help Groups Among Tribal Widows Which Can Perform The Dual Role Of Providing Economic As Well Mental Health Support. It Is Also Necessary To Note That There Were Several Preventable Causes Of Death Of The Husband Such As Suicide And Addiction (Overdose). The Researchers Observed That Alcoholism Was A Major Social Evil Among The Tribals. The Same Has Been Noted By Bali Et Al. (2018) In Their Study Among The Tribals In Himachal Pradesh. The Same Goes For Substance Abuse As Well In The Present Study Area. Sreeraj Et Al. (2012) Through Their Investigation Found

That Societal Pressure And Emotional Problems Were Contributing To Substance Abuse. If These Two Evils, Namely, Alcoholism And Substance Abuse, Are Reduced Then The Rate Of Widowhood Among Tribals Would Also Certainly Reduce. Another Point To Remember Is That The Level Of Education Among The Tribal Population In The Present Study Was Low. This Also Requires Urgent Attention. With An Improvement In The Level Of Education, Many Of The Social Evilsthat Plague Such Tribal Communities Can Be Brought To An End Or At Least Reduced Significantly. As Of Now, The Need Of The Hour Is To Provide A Combination Of Opportunities For Economic Empowerment And Psychological Support To These Tribal Widows.

REFERENCES

Bala, S. M., & Thiruselvakumar, D. (2009). Overcoming Problems In The Practice Of Public Health Among Tribals Of India. *Indian Journal Of Community Medicine: Official Publication Of Indian Association Of Preventive & Social Medicine*, 34(4), 283.

Bali, R., Gupta, R., Chand, M., & Chauhan, J. K. (2011). Alcoholism–A Social Evil Among The Tribals Of Kinnaur District Of Himachal Pradesh. *International Journal Of Farm Sciences*, *1*(1), 137-144.

Banga, R. (2005). Impact Of Liberalisation On Wages And Employment In Indian Manufacturing Industries (No. 153). Working Paper.

Barrett, C. J. (1978). Effectiveness Of Widows' Groups In Facilitating Change. *Journal Of Consulting And Clinical Psychology*, 46(1), 20.

Basnet, S., Kandel, P., &Lamichhane, P. (2018). Depression And Anxiety Among War-Widows Of Nepal: A Post-Civil War Cross-Sectional Study. *Psychology, Health & Medicine*, 23(2), 141-153.

Bennett, K. M., Morselli, D., Spahni, S., &Perrig-Chiello, P. (2020). Trajectories Of Resilience Among Widows: A Latent Transition Model. *Aging & Mental Health*, 24(12), 2014-2021.

Bhasin, V. (2004). Ecology And Status Of Women Among Tribals Of India. *Journal Of Human Ecology*, 15(4), 237-249.

Blascovich, J., Tomaka, J., Robinson, J. P., Shaver, P. R., &Wrightsman, L. S. (1991). Measures Of Self-Esteem. *Measures Of Personality And Social Psychological Attitudes*, *1*, 115-160.

Bonanno, G. A., Wortman, C. B., &Nesse, R. M. (2004). Prospective Patterns Of Resilience And Maladjustment During Widowhood. *Psychology And Aging*, *19*(2), 260.

Cast, A. D., & Burke, P. J. (2002). A Theory Of Self-Esteem. *Social Forces*, 80(3), 1041-1068.

Connor, K. M., & Davidson, J. R. (2003). Development Of A New Resilience Scale: The Connor-

Davidson Resilience Scale (CD-RISC). Depression And Anxiety, 18(2), 76-82.

Cozza, S. J., Hefner, K. R., Fisher, J. E., Zhou, J., Fullerton, C. S., Ursano, R. J., & Shear, M. K. (2020). Mental Health Conditions In Bereaved Military Service Widows: A Prospective, Case-Controlled, And Longitudinal Study. *Depression And Anxiety*, *37*(1), 45-53.

Fry, P. S. (2001). Predictors Of Health-Related Quality Of Life Perspectives, Self-Esteem, And Life Satisfactions Of Older Adults Following Spousal Loss: An 18-Month Follow-Up Study Of Widows And Widowers. *The Gerontologist*, *41*(6), 787-798.

Gujral, J. S. (1987). Widowhood In India. HZ Lopata Widows: The Middle East, Asia And The Pacific, 43-55.

Hahn, E. A., Cichy, K. E., Almeida, D. M., & Haley, W. E. (2011). Time Use And Well-Being In Older Widows: Adaptation And Resilience. *Journal Of Women & Aging*, 23(2), 149-159.

Heatherton, T. F., & Wyland, C. L. (2003). Assessing Self-Esteem.

Holm, A. L., Berland, A. K., & Severinsson, E. (2019). Factors That Influence The Health Of Older Widows And Widowers-A Systematic Review Of Quantitative Research. *Nursing Open*, 6(2), 591-611.

Kedare, J. A. H. N. A. V. I., &Dhavale, H. S. (2002). Effects Of The Marathwada Earthquake On Widows And Married Women. *Indian Journal Of Social Work*, 63, 183-193.

King, B. M., Carr, D. C., & Taylor, M. G. (2019). Depressive Symptoms And The Buffering Effect Of Resilience On Widowhood By Gender. *The Gerontologist*, *59*(6), 1122-1130.

Kowalski, S. D., &Bondmass, M. D. (2008). Physiological And Psychological Symptoms Of Grief In Widows. *Research In Nursing & Health*, *31*(1), 23-30.

Kumar, K. S., & Gangadhar, M. R. (2016). Alcoholism And Rise In Widows Among Tribals In The Post-Veerappan Era. *The Researchers' International Research Journal*, 2(1), 79-89.

Kumar, M. A. (2019). Tribals In India. RESEARCH Ambitionan International Multidisciplinary E-Journalopened Access & Peer Reviewed SAI: 2016SCIA6DFEXXXX, SCIAID: 20166DFE, E-ISJN-A4372-3068, 4.

Lee, G. R., &Shehan, C. L. (1989). Social Relations And The Self-Esteem Of Older Persons. *Research On Aging*, 11(4), 427-442.

Malik, S. K. (2020). Land And The Tribals Of India: Problems And Prospects. In *Land Alienation And Politics Of Tribal Exploitation In India* (Pp. 57-75). Springer: Singapore.

Mburugu, B. M., Nyaga, V. K., Chepchieng, M. C., &Ngari, S. N. (2015). Self-Esteem As A Social Effect Of Widowhood In Meru County, Kenya: Comparative Study Of Widows And Widowers. *Journal Of Education And Social Policy*, 2(5).

Mitra, A. (2008). The Status Of Women Among The Scheduled Tribes In India. *The Journal Of Socio-Economics*, 37(3), 1202-1217.

Mutharayappa, R. (1993). Socio-Cultural Factors And Marriage Among Jenukuruba And Kadukuruba Tribes Of Karnataka. *Man, In India*, 73(1), 17-27.

O'Rourke, N. (2004). Psychological Resilience And The Well-Being Of Widowed Women. *Ageing International*, 29(3), 267-280.

Orth, U., & Robins, R. W. (2014). The Development Of Self-Esteem. *Current Directions In Psychological Science*, 23(5), 381-387.

Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No Health Without Mental Health. *The Lancet*, *370*(9590), 859-877.

Rao, K. M., Balakrishna, N., Arlappa, N., Laxmaiah, A., &Brahmam, G. N. V. (2010). Diet And Nutritional Status Of Women In India. *Journal Of Human Ecology*, 29(3), 165-170.

Rosenberg, M. (1965). The Measurement Of Self-Esteem: Society And The Adolescent Self-Image. Princeton, NJ: Princeton University Press.

Sarma, I. (2012). An Assessment Of The Indian Forests Rights Act 2006 In Assam. *Journal Of Alternative Perspectives In The Social Sciences*, 4(2), 493-517.

Schaal, S., Elbert, T., & Neuner, F. (2009). Prolonged Grief Disorder And Depression In Widows Due To The Rwandan Genocide. *OMEGA-Journal Of Death And Dying*, 59(3), 203-219.

Singh, A. K. (2020). Endangered Tribals Of India. India's Tribes: Unfolding Realities, 1, 21.

Sreeraj, V. S., Prasad, S., Khess, C. R. J., &Uvais, N. A. (2012). Reasons For Substance Use: A Comparative Study Of Alcohol Use In Tribals And Non-Tribals. *Indian Journal Of Psychological Medicine*, *34*(3), 242-246.

Veit, C. T., & Ware, J. E. (1983). The Structure Of Psychological Distress And Well-Being In General Populations. Journal Of Consulting And Clinical Psychology, 51 730-742.

Ungar, L., & Florian, V. (2004). What Helps Middle-Aged Widows With Their Psychological And Social Adaptation Several Years After Their Loss? *Death Studies*, 28(7), 621-642.

Wani, M. A., Mir, M. S., Sankar, R., Khan, Z. Z., &Rakshantha, P. (2016). Impact Of Prolonged Deprivation On Mental Health Of Widows And Half-Widows In Kashmir Valley. *Mental Health: A Journey From Illness To Wellness*, 211-220.

Wilcox, S., Evenson, K. R., Aragaki, A., Wassertheil-Smoller, S., Mouton, C. P., &Loevinger, B. L. (2003). The Effects Of Widowhood On Physical And Mental Health, Health Behaviors, And Health Outcomes: The Women's Health Initiative. *Health Psychology*, 22(5), 513.

Wong, P. T., & Wong, L. C. (2012). A Meaning-Centered Approach To Building Youth Resilience. *The Human Quest For Meaning: Theories, Research, And Applications*, 2, 585-617.