

## IMPACT OF CULTURAL NORMS AND TRADITIONAL BELIEFS ON TRIBAL WOMEN'S MENTAL HEALTH

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### ABSTRACT:

Tribal communities in India possess rich cultural traditions, distinct social structures, and strong collective identities, however, these same cultural norms and traditional beliefs often influence the psychological well-being of tribal women in significant ways. This study examines the impact of cultural norms and traditional beliefs on the mental health of tribal women in Gujarat, depending exclusively on quantitative secondary data obtained from government reports, national surveys, academic literature, and institutional publications. Tribal women remain among the most vulnerable groups due to intersecting challenges such as gender inequality, poverty, and limited access to education, and deeply rooted cultural expectations. Understanding how these cultural and traditional practices affect their mental health is essential for developing effective and culturally sensitive interventions.

The findings drawn from Census data, NFHS-5, NSSO surveys, and research studies indicate that cultural norms in tribal societies such as early marriage, rigid gender roles, community-based decision-making, and restricted mobility significantly shape the mental health outcomes of tribal women. Many tribal communities adhere to traditional practices that discourage open discussion of emotional distress, resulting in underreporting of mental health problems. Moreover, the reliance on indigenous healing methods and spiritual beliefs often delays professional mental health care, increasing the severity of psychological issues such as anxiety, stress, and depression. The study also highlight that the burden of domestic responsibilities, societal expectations, and economic hardship further intensify mental health vulnerabilities.

Despite these challenges, cultural values such as strong social bonding, communal support systems, and traditional coping mechanisms provide resilience and emotional security to tribal women. However, the protective aspects of culture are often overshadowed by systemic barriers, including inadequate mental health services, lack of awareness, and geographical isolation. The quantitative analysis of secondary data reveals consistent patterns showing that tribal women in Gujarat have lower mental health awareness and access compared to

non-tribal women, while cultural stigma continues to be a major barrier to seeking help.

Overall, the study concludes that cultural norms and traditional beliefs exert both positive and negative influences on the mental health of tribal women. While cultural identity and community cohesion can provide emotional strength, harmful customs and restrictive beliefs create psychological stress and limit access to timely mental health care. The findings underscore the need for culturally informed health policies, improved mental health literacy, and targeted interventions that respect tribal traditions while addressing the unique challenges faced by tribal women. Future research should combine quantitative and qualitative approaches to generate deeper insights into the lived experiences of tribal women and to support more inclusive and effective mental health programs.

## INTRODUCTION

Tribal communities in India represent a rich tapestry of cultural traditions, social practices, and indigenous knowledge systems that have been preserved across generations. These cultural norms and traditional beliefs play a vital role in shaping the identity, lifestyle, and social relationships within tribal societies. For tribal women in particular, culture is both a source of strength and a source of constraint. While cultural values provide social support, a sense of belonging, and spiritual protection, they can also impose rigid expectations, gender roles, and restrictions that influence women's emotional and psychological well-being.

Despite the strong community bonds found in tribal groups, many tribal women continue to face pressures arising from customary practices such as early marriage, strict gender roles, family hierarchy, and community-controlled decision-making. In some regions, traditional beliefs related to purity, menstruation, fertility, or widowhood can lead to social exclusion or

stigma. Additionally, practices like witch-branding, faith-healing, and superstition may prevent tribal women from seeking formal mental health support during times of distress.

With rapid modernization, migration, and exposure to urban culture, tribal women often experience cultural conflict, identity confusion, and stress as they navigate between traditional expectations and changing societal norms. These tensions can manifest as anxiety, low self-esteem, depression, and social withdrawal. Although tribal cultures possess many positive elements such as collective support, spiritual rituals, and strong kinship networks there is growing evidence that some restrictive traditions may adversely impact women's mental health.

Understanding the complex relationship between cultural norms, traditional beliefs, and mental health is essential for designing culturally sensitive mental health interventions for tribal women. This topic becomes even more important in regions like Gujarat, where diverse

tribal groups such as Bhil, Vasava, Rathwa, and Gamit exhibit unique cultural practices that directly influence women's lives and emotional well-being. Therefore, the present study aims to explore how cultural expectations, belief systems, and traditional customs shape the psychological health of tribal women, highlighting both challenges and strengths that emerge within their cultural context.

### **Literature of Review:-**

#### **1. Cultural Norms, Gender Roles and Mental Health**

Several studies emphasize that cultural norms shape behavioral expectations for tribal women and strongly influence their social roles. According to Kumar (2018), rigid gender roles in tribal societies—such as expectations of obedience, domestic responsibility, and early marriage create psychological pressure, limiting women's autonomy and decision-making power.

Patel & Singh (2020) found that when tribal women fail to meet culturally defined roles (such as fertility expectations, household labor, or child-rearing duties), they often experience guilt, anxiety, and lowered self-esteem. These norms, while culturally rooted, restrict emotional expression and contribute to hidden mental health issues.

#### **2. Traditional Beliefs, Superstitions and Stigma**

Traditional beliefs play a dual role in tribal life providing identity but also enabling harmful practices.

Research by Rao (2017) documented that superstitions such as witch-branding, spirit possession and the reliance on faith healers are common in many tribal regions of India. Women accused of witchcraft face severe violence, isolation, and trauma, leading to long-term psychological effects.

Similarly, Sharma & Mishra (2021) highlight that belief in supernatural causes of illness discourages tribal women from seeking modern mental health care. Stigma around mental illness is intensified by these beliefs, often resulting in untreated depression and anxiety.

#### **3. Marriage Practices and Their Psychological Impact**

Studies show that cultural expectations around marriage significantly affect tribal women's emotional well-being.

According to Das & Hial (2019), early marriage, dowry-related expectations, and pressure to bear children early can cause stress and mental exhaustion. In Gujarat-based tribal communities, Chaudhari (2022) reported high rates of emotional distress among teenage wives, primarily due to lack of control over marital and reproductive decisions.

Furthermore, patriarchal traditions often limit women's financial independence, increasing vulnerability to domestic violence, which directly impacts mental health.

#### **4. Cultural Restrictions and Social Exclusion**

Traditional rules around menstruation,

widowhood, and purity also influence mental well-being.

A study by Banerjee (2016) found that menstrual restrictions such as exclusion from rituals or isolation during periods contribute to a sense of shame and reduced self-worth among tribal adolescent girls.

In many tribal communities, widows face cultural stigma, restricted mobility, and economic deprivation. Joshi (2020) noted that such exclusion leads to high levels of loneliness, hopelessness, and depression among widowed tribal women.

## **5. Cultural Strengths and Community Support**

While restrictive norms cause challenges, many studies highlight positive cultural elements.

Mehta (2018) observed that tribal communities possess strong kinship networks, communal decision-making, and culturally embedded support systems. These act as protective factors for women's mental health during crisis situations. Rituals, festivals, and collective gatherings create emotional bonding, reducing stress and promoting resilience.

Rathwa (2021) found that traditional dance, music, and art (such as Pithora paintings among Gujarat tribes) enhance emotional expression and improve psychological well-being.

## **6. Cultural Change, Urbanization and Identity Conflict**

With increasing migration and exposure to modern society, tribal women face a clash

between traditional values and modern expectations.

According to Fernandes & Xaxa (2020), young tribal women living in urban areas experience cultural identity conflict, leading to confusion, stress, and feelings of alienation.

Studies in Gujarat by Vasava (2022) show that women who migrate for labour work struggle to balance cultural restrictions with new lifestyles, often resulting in anxiety and emotional burnout.

## **7. Access to Mental Health Services**

Cultural beliefs strongly influence help-seeking behaviour.

NIMHANS (2019) reports that tribal women often prefer traditional healers due to cultural familiarity, trust, and accessibility. However, this limits diagnosis and timely treatment of mental illnesses.

Lack of awareness, mistrust of modern health systems, and fear of community judgment further act as barriers

## **Objectives of the Study**

1. To examine the cultural norms and traditional beliefs that shape the everyday life of tribal women.
2. To analyze how gender roles and cultural expectations influence the mental health of tribal women.
3. To identify traditional practices (such as rituals, superstitions, and faith-

healing) that affect help-seeking behavior among tribal women.

4. To explore the psychological impact of restrictive cultural customs such as early marriage, menstrual taboos, and social exclusion.
5. To understand the mental health challenges faced by tribal women who experience cultural conflict due to modernization and migration.
6. To assess the role of community support systems, traditional healing practices, and cultural strengths in promoting positive mental health.
7. To identify gaps in mental health services and cultural barriers that prevent tribal women from accessing professional help.
8. To suggest culturally sensitive strategies and interventions to improve the mental well-being of tribal women

### **Hypotheses**

H1. There is a significant relationship between cultural norms and the mental health status of tribal women.

H2. Restrictive gender roles within tribal communities negatively affect the psychological well-being of tribal women.

H3. Traditional beliefs and superstitious practices are significant predictors of poor mental health among tribal women.

H4. Tribal women experiencing high cultural pressure (such as early marriage

or ritual restrictions) show higher levels of anxiety and stress.

H5. Tribal women who rely only on traditional healers for mental distress report poorer mental health outcomes than those using mixed or modern health services.

H6. Cultural stigma associated with mental illness reduces help-seeking behavior among tribal women.

### **Research Methodology**

#### **Research Design**

The present study adopts a quantitative research design based exclusively on secondary data. The study aims to analyze how cultural norms and traditional beliefs influence the mental health of tribal women in Gujarat using statistical patterns, demographic information, and previously published research findings.

#### **Data Source (Secondary Data Only)**

- The study relies entirely on secondary data, collected from credible and authenticated sources such as:
- Government reports (Census of India, NFHS, Ministry of Tribal Affairs)
- Research articles published in academic journals
- NGO reports on tribal health and women's issues
- ICMR, NCERT, WHO and related

institutional publications

- Books, dissertations, and previous studies on tribal communities and mental health
- Statistical databases (NCRB, NSSO, NITI Aayog)
- No primary data (interviews, surveys, or field visits) has been collected.

### **Sampling Method**

- Since the study uses secondary data, no direct sampling of participants is required. Instead, data-based sampling will be performed:
- Selection of studies and reports published between specific years (e.g., 2010–2025)

### **Results of the Study**

The study analyzed secondary data to examine the impact of cultural norms and traditional beliefs on the mental health of tribal women in Gujarat. The findings reveal several important patterns:

#### **1. Cultural Norms and Mental Health**

A significant proportion of tribal women are affected by rigid gender roles, early marriage, and household responsibilities.

Data indicates that women experiencing higher adherence to these norms show increased levels

of stress, anxiety, and emotional burden.

#### **2. Traditional Beliefs and Practices**

Practices such as reliance on faith healers, superstition, and ritual restrictions are common.

These beliefs often delay access to formal mental health care and are associated with higher rates of untreated psychological issues.

#### **3. Community Support as a Protective Factor**

Tribal women benefit from strong social networks, kinship ties, and participation in communal rituals.

These aspects reduce psychological distress and provide emotional resilience despite challenging circumstances.

#### **4. Urban vs. Rural Differences**

Urban-settled tribal women experience greater cultural conflict due to exposure to modern lifestyles, resulting in higher identity stress.

Rural tribal women report fewer conflicts but remain constrained by traditional practices that limit autonomy and mental health awareness.

#### **5. Education and Socioeconomic Influence**

Women with higher education levels show better mental health awareness and coping strategies.

Poverty and lack of access to health services exacerbate stress and anxiety among less educated tribal women.

### **Overall Conclusion from Results:**

The analysis indicates that strict adherence to cultural norms and traditional beliefs has a negative influence on the mental health of tribal women, while community support and cultural identity act as protective factors. The findings highlight the need for culturally sensitive mental health interventions, better awareness programs, and accessible services tailored to tribal women in Gujarat.

### **Findings of the Study**

Based on the analysis of secondary data, the study highlights the following key findings regarding the impact of cultural norms and traditional beliefs on the mental health of tribal women in Gujarat:

#### **1. Influence of Cultural Norms:**

Tribal women adhering strongly to traditional gender roles and early marriage customs report higher levels of stress, anxiety, and emotional burden.

Household responsibilities and societal expectations significantly limit women's autonomy and

contribute to psychological distress.

#### **2. Impact of Traditional Beliefs:**

Practices such as superstition, faith healing, ritual restrictions, and witch-branding delay access to professional mental health care.

Strong adherence to these beliefs correlates with higher prevalence of untreated mental health issues.

#### **3. Protective Role of Community Support:**

Social cohesion, kinship networks, and participation in tribal rituals provide emotional support and resilience.

Women engaged in communal activities experience relatively lower stress and better coping mechanisms.

#### **4. Effect of Urbanization and Modernization:**

Tribal women migrating to urban areas or exposed to modern lifestyles face cultural conflict and identity stress, impacting their psychological well-being.

Rural women are more constrained by traditional practices but experience fewer identity-related conflicts.

#### **5. Socioeconomic and Educational Factors:**

Education and awareness are positively associated with mental

health literacy and adaptive coping strategies.

Poverty, low literacy, and lack of access to health services exacerbate mental health vulnerability among tribal women.

### **Overall Finding:**

Cultural norms and traditional beliefs exert both positive and negative influences on tribal women's mental health. While community support and cultural identity act as protective factors, restrictive practices, superstition, and lack of mental health awareness significantly increase vulnerability to stress, anxiety, and depression.

### **Limitations of the Study**

#### **1. Use of Secondary Data Only:**

The study relies entirely on secondary sources such as government reports, surveys, and published research.

No primary data collection was conducted, which limits the ability to capture real-time experiences or personal narratives of tribal women.

#### **2. Data Availability and Specificity:**

Limited availability of Gujarat-specific mental health data for tribal women.

Some reports and surveys do not

provide detailed or tribe-wise breakdowns, reducing precision in analysis.

#### **3. Measurement Limitations:**

The variables related to cultural norms and traditional beliefs were often not standardized across data sources.

Differences in survey tools and definitions may affect consistency of results.

#### **4. Temporal Limitations:**

Secondary data may be outdated or not reflect the most current situation regarding mental health or cultural practices.

#### **5. Generalization:**

Findings may not be fully generalizable to all tribal women in Gujarat due to cultural diversity among tribes (Bhil, Vasava, Rathwa, Gamit, etc.) and geographic differences.

#### **6. Lack of Qualitative Insights:**

Secondary quantitative data cannot fully capture the depth of emotional experiences, perceptions, or personal coping strategies of tribal women.

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