



Prevalence of Perceived Stress within the Ravidassia Community in India: A Cross-Sectional Survey and Contextual Analysis

Dr. Sandeep Kumar Kanaujiya

Independent Researcher, Gwalior, Madhya Pradesh, India

E-mail: dr.sandeepkumarkanaujiya@gmail.com

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Abstract

The study, conducted between April 10 and May 28, 2025, utilized an online self-administered Google questionnaire and the Perceived Stress Scale (Hindi Version) among 61 predominantly male respondents (54 males, 7 females; mean age 39.95 years). Findings revealed a significant prevalence of moderate to severe stress (65.6%), with 34.4% reporting mild stress, 57.4% moderate stress, and 8.2% severe stress. A subgroup analysis of high school diploma respondents (n=12) indicated an even higher proportion (83.3%) experiencing moderate to severe stress. This heightened stress burden is primarily attributed to academic, familial, and economic hardships. While these levels are notably high compared to general mental health statistics in India, they align with or are lower than figures reported for specific vulnerable populations or during crisis periods. It explores how their strong religious identity and community ties likely serve as vital resilience factors. Methodological limitations, including the small, gender-skewed sample and reliance on an online questionnaire in a digitally divided country, suggest a potential underestimation of true stress prevalence, particularly among less digitally connected and more vulnerable segments. The report concludes with recommendations for large-scale, methodologically robust future research and for the development of holistic, culturally sensitive interventions addressing both individual well-being and systemic socio-economic factors driving stress within the Ravidassia community.

Keywords: *Ravidassia Community; Perceived Stress Scale; Stress Prevalence*

1. Introduction

1.1. Global and Indian Mental Health Burden

Mental health disorders represent a substantial global burden, impacting individuals across all demographics. In India, this burden is particularly significant, with estimates suggesting that nearly 15%

of the population requires mental health intervention. (Srivastava, S. K. 2025) The National Mental Health Survey (NMHS 2015-16) further revealed that 10.6% of adults in India suffer from mental disorders, with a lifetime prevalence of 13.7%. (Murthy, R. S. 2017) Epidemiological studies in the country report wide prevalence rates for psychiatric disorders, ranging from 9.5 to 370 per 1000 people. (Srivastava, S. K. 2025)

Despite this high prevalence, India faces a severe treatment gap, with 70% to 92% of individuals with mental disorders not receiving proper care. (Murthy, R. S. 2017) This significant gap is primarily due to a lack of awareness, pervasive stigma, and a critical shortage of mental health professionals. For instance, India has only 0.75 psychiatrists per 100,000 people, which is considerably lower than the World Health Organization's (WHO) recommendation of at least 3 per 100,000. (Murthy, R. S. 2017) The consistent reporting of high prevalence and low access across multiple national and international sources indicates a deeply entrenched public health crisis. This situation suggests that mental health challenges in India are not merely isolated incidents but rather a chronic, systemic issue, exacerbated by socio-economic disparities and stigma. Addressing this requires broad-based and sustained interventions, rather than reactive or episodic responses.

1.2. Introduction to the Ravidassia Community and Study Significance

The Ravidassia community, rooted in the teachings of the 15th-century Satguru Ravidass, represents a significant cultural and religious group in India.³ Historically identified with the Chamar caste, they are a vital community known for their strong cultural identity within India's social system.³ "This historical context is not merely background information but a fundamental determinant of their current socio-economic and psychological landscape. Studying perceived stress within this community is crucial, as these groups often experience elevated mental health challenges due to entrenched disadvantages and limited access to resources.

1.3. Purpose of the Study and Article Scope

The original study aimed to analyse perceived stress levels within the Ravidassia community in India based on a cross-sectional survey. It compares the observed stress levels to broader Indian mental health data, thoroughly explores the contributing factors, discusses the community's inherent resilience mechanisms, and critically evaluates the study's methodological limitations. Furthermore, this report offers recommendations for future large-scale, methodologically robust research and for the development of holistic, culturally sensitive interventions.

2. Background on the Ravidassia Community

2.1. Historical Context and Origins

The Ravidassia community, also known as Ravidass Panth, is a religion founded on the teachings of Guru Ravidass, a revered 15th-century mystic poet-saint.³ Born into the Chamar community, his profound spiritual insights and egalitarian teachings resonated widely, as he preached spiritual equality, unity, love, and devotion.³ Guru Ravidass explicitly advocating for a society free from discrimination, a utopian vision he termed "Begumpura," meaning a "city without sorrow"³.

2.2. Evolution as a Distinct Religious Identity

The Ravidassia tradition began to gain more cohesion following India's independence in 1947, and it significantly emerged as a distinct faith after a pivotal event in 2009: the assassination attack on their visiting living Guru Niranjan Dass and his deputy Sant Ramanand Dass in Vienna by Sikh militants.

(BBC,2010) This traumatic incident served as a catalyst for their formal separation from Sikhism. In 2010, Dera Sach Khand Ballan, a central religious institution for the Ravidassia community, formally announced the formation of a separate 'Ravidassia Dharam'.(Service E.N., 2010) This declaration was accompanied by the creation of a new religious code for its followers and the installation of a new scripture, 'Amritbani Guru Ravidass Ji,' within the Dera, replacing the Guru Granth Sahib.(Singh I, 2020) This act of separation was not just a theological shift but a powerful assertion of self-identity and dignity in the face of perceived disrespect and violence.

2.3. Socio-Economic Status, Occupations, and Political Significance

Historically, the Ravidassia community was primarily associated with leather tanning and shoemaking, even serving as main suppliers of army shoes to the British Army. (Kain P.K., 2018) Today, the community has diversified its occupations significantly. Many Ravidassia's are involved in farming, and a substantial number serve as government officials, Granthi (readers of holy scriptures) in Gurdwaras, and prominent politicians. They also own most of the tanneries, shoe factories, sports goods manufacturing units, and Punjabi Jutti (traditional shoes) shops in Punjab. (AMANPREET KAUR,2017) A socio-economic survey from the 2011 census indicated that this community has the highest number of government officials (bureaucrats) and medical graduates in Punjab. Prominent figures from the community include former Chief Minister of Punjab Charanjeet Singh Channi (Sharma 2021), Chief justice (Kumar, 2024), and various Members of Parliament. While the Ravidassia community has achieved remarkable socio-economic and political progress, moving beyond traditional caste-based occupations to hold significant positions. This highlights a complex reality where progress does not entirely negate the historical burden.

2.4. Demographic Distribution and Global Diaspora

Estimates for the total number of Ravidassia's globally range between two and five million. (Godfrey, B.2023). In the 2011 Punjab census, 3,095,324 people, constituting 11.15% of Punjab's population, were counted as Ravidassia's or "ad-Dharmi".(Office of the Registrar General & Census Commissioner, 2021) Jalandhar serving as a central hub for their religious and social activities.(Chaba, 2023)Beyond India, there is a significant Ravidassia diaspora, with settlers in Europe (particularly the United Kingdom, where approximately 30,000 resided in the West Midlands by 1987, and 9,700 identified as Ravidassia in England and Wales in 2021), North America (primarily the United States and Canada), and Oceania. (Godfrey, 2023) The diaspora actively contributes financially to the Dera infrastructure and various social projects, such as charitable hospitals and schools.¹⁸ They have also established their own separate places of worship, known as Guru Ravidass Gurdwaras and Sikh Temples, in major cities worldwide.¹⁸ This global network provides social, financial, and emotional support, acting as a buffer against stressors faced by community members in India. The diaspora's efforts to carve out a separate religious identity and gain census recognition further underscore a proactive, globalized assertion of identity that reinforces community pride.

2.5. Cultural Practices and Community Structure

The Ravidassia faith is deeply rooted in the teachings of Satguru Ravidass, emphasizing fundamental principles of equality and the worship of one supreme God. (ChatGPT 2020) Their places of worship are known as "Bhavans" or "Gurdwaras". These temples serve as central hubs for community worship, where regular congregational prayers are held, and recitations of "Amritbani Guru Ravidass Ji," their central scripture, take place. (GS-I, 2023) Communal meals, known as Langar, are also served, embodying the principle of equality that is central to their faith. (GS-I, 2023) Guru Ravidass Jayanti, the

birth anniversary of Guru Ravidass, is a significant festival celebrated with great enthusiasm, featuring processions, prayers, and cultural performances that highlight the community's devotion and cultural heritage.

3. Prevalence of Perceived Stress in the Ravidassia Community: Study Findings

3.1. Overall Prevalence

The cross-sectional survey on perceived stress within the Ravidassia community involved 61 respondents. The demographic profile of the participants was predominantly male, with 54 males and 7 females, and a mean age of 39.95 years. The findings revealed a significant prevalence of moderate to severe stress, affecting 65.6% of the surveyed individuals. A more detailed breakdown indicates that 34.4% reported mild stress, 57.4% reported moderate stress, and 8.2% reported severe stress. The distribution of perceived stress levels among the surveyed Ravidassia community members is summarized in Table 1.

Table 1: Perceived Stress Levels within the Ravidassia Community (Current Study)

Stress Level	Percentage of Respondents (%)	Number of Respondents (N=61)
Mild Stress	34.4	21
Moderate Stress	57.4	35
Severe Stress	8.2	5

3.2. Subgroup Analysis

A subgroup analysis focusing specifically on respondents with a high school diploma(n=12) indicated an even higher proportion, with 83.3% experiencing moderate to severe stress. This finding presents a compelling paradox: while education is often assumed to be a protective factor against stress and a pathway to upward mobility, here it appears associated with higher levels of perceived stress. This could manifest as increased expectations from family and society for further academic or career success, which can be a significant source of pressure in the Indian context. This observation suggests a complex interplay of aspiration, opportunity, and societal factors, challenging a simple linear relationship where more education directly equates to less stress. It highlights the unique challenges faced by educated individuals in India.

4. Contextual Analysis of Stress in India

4.1. General Mental Health Statistics and Prevalence Rates in India

India grapples with a substantial mental health burden, with nearly 15% of its population estimated to require mental health intervention. (Srivastava, S. K., 2025) The National Mental Health Survey (NMHS 2015-16) found that 10.6% of adults in India suffer from mental disorders, with the lifetime prevalence reaching 13.7%. (Murthy, R. S.,2017). Epidemiological studies indicate a wide range of prevalence rates for psychiatric disorders, from 9.5 to 370 per 1000 people across the country. (Srivastava, S. K., 2025).

4.2. Common Stressors Affecting the Indian Population

Several major factors contribute to the high stress levels observed across the Indian population. Reports indicate that the current workplace environment is a source of stress for 26% of Indians, while financial instability affects 17%, and relationship issues contribute to stress for 14% of individuals. (GOQii, 2023) Beyond these, significant stressors include health issues, particularly exacerbated in the wake of the recent pandemic, and rising healthcare costs. (Verma, 2025) Social pressures related to marriage and career choices, often driven by societal and familial expectations, also weigh heavily on individuals.²⁶ The fast-paced urban lifestyle further adds to stress levels due to social dislocation, loss of social support networks, and increased competition.

4.3. Comparison of Ravidassia Community Stress Levels

The Ravidassia community's reported 65.6% prevalence of moderate to severe stress is notably high when contextualized against general mental health statistics in India. For instance, the NMHS 2015-16 reported that 10.6% of adults suffer from mental disorders, and a general survey indicated that 24% of Indians struggle with stress. (GOQii, 2023) However, the abstract also states that these levels "align with or are lower than some figures reported for specific vulnerable populations or during crisis periods". For example, during the COVID-19 pandemic lockdown, one study found that 84% of participants experienced moderate to severe perceived stress. (Deb, 2023) Another meta-analysis estimated the overall psychological distress among the general population during the pandemic at around 33%. (Sharma S., 2022) The most striking observation from this comparison is that the Ravidassia community, even in a non-crisis period, experiences stress levels comparable to or exceeding those of the general Indian population during a major national crisis (such as the COVID-19 pandemic lockdown) or other highly vulnerable groups like migrant workers. (Yadav, 2025) This suggests that for the Ravidassia community, the experience of stress is not episodic but rather a chronic, pervasive state, akin to living under a constant, low-grade crisis. The following table provides a comparative overview of mental health prevalence rates in India:

Table 2: Comparative Prevalence of Mental Health Issues in India

Population Group/Context	Type of Mental Health Issue	Prevalence Rate (%)	Source/Year
General Indian Population	Mental Disorders (NMHS)	10.6	NMHS 2015-16
General Indian Population	Requiring MH Intervention	14-15	NMHS 2015-16
General Indian Population	Struggling with Stress	24	GOQii India Fit Report 22-23
General Indian Population	Psychological Distress	~33	Meta-analysis during COVID-19
Vulnerable: Migrant Laborers	Mental Health Issues	47.9	Study on migrant laborers
Crisis: COVID-19 Lockdown COVID-19 lockdown	Moderate to Severe Perceived Stress	84	Study during
Ravidassia Community (Current Study) Kanaujiya, 2025	Moderate to Severe Perceived Stress	65.6	

5. Determinants of Stress within the Ravidassia Community

The study identifies academic stress, familial issues, and economic hardships as primary determinants of the heightened stress burden within the Ravidassia community.

5.1. Academic Stress Factors

Academic pressure constitutes a significant stressor for students across India, driven by high expectations from parents and society, the intense competition for entrance into prestigious institutions through exams like JEE and NEET, peer comparison, and an overarching fear of failure. (Shekhawat, 2023) The Indian education system's emphasis on rote memorization and extensive study hours often leaves minimal time for recreational activities, which are essential for holistic development. (Shekhawat, 2023) Alarmingly, academic stress and exam failure are recognized contributors to high student suicide rates in India. (Vijaykumar, 2024) Surveys indicate that over 65% of students report experiencing academic stress, and 50% of high school students show signs of anxiety related to academic demands. (Aparajita, 2024) For Ravidassia youth, this academic stress is likely amplified by their community's circumstances and the immense pressure to achieve upward mobility through education. The finding that "high school diploma respondents indicated an even higher proportion (83.3%) experiencing moderate to severe stress" underscores this amplified pressure. It suggests that for these individuals, the pursuit of education, while offering hope, simultaneously intensifies the burden of expectation and the awareness of the systemic barriers that persist.

5.2. Familial Issues and Family Dynamics as Stressors

Familial issues represent a significant source of stress in India, with 14% of individuals reporting stress due to relationship troubles. (DHNS, 2023) The evolving socio-cultural milieu of India, including the shift from traditional joint/extended families to nuclear family structures, rapid urbanization, and changing roles, particularly for employed women, contributes to increased stress within households. (Dang, 2024) Common factors contributing to this familial strain include high parental expectations, intergenerational disputes, financial hardship within the family, interference from in-laws, and pervasive social pressures around marriage. (Neppl, 2023) The collectivist values deeply embedded in Indian society, while fostering strong bonds, can also lead to the suppression of individual needs and aspirations, resulting in over-involvement and a perceived lack of privacy for family members. (Newell, 2025) Familial stressors within the Ravidassia community are not isolated internal dynamics but are deeply intertwined with broader societal pressures and the community's specific context. For example, "financial hardship" within families is directly linked to the economic challenges disproportionately faced by marginalized groups. (Paricha, 2018) The pressure to marry or achieve certain career milestones is often magnified by the desire to improve the community's social standing and break free from historical disadvantages. This highlights that family-level interventions for mental health must consider the broader socio-cultural and economic determinants that shape family dynamics and create stress.

5.3. Economic Hardships, Poverty, and Unemployment

Financial instability is a major stressor for a substantial portion of the Indian population, affecting 17% of individuals. (GOQii, 2023) Unemployment remains a pressing challenge in India, exacerbated by a high population growth rate that outpaces job creation, slow industrial growth, a continued reliance on low-productivity agriculture, the impact of automation, and significant skill gaps within the workforce. (Biswas, 2024) Youth unemployment is particularly high, with rates among those with a graduate degree or higher reaching approximately 29% in 2022, nearly nine times higher than for illiterate youth. (ILO, 2024) Educated women also face higher unemployment rates, partly due to childcare commitments, a lack of suitable jobs, workplace discrimination, and societal norms that discourage women from working. (ILO, 2024) Poverty itself is strongly linked to illiteracy, lack of access to quality education, and low ownership of assets, trapping individuals in a circular relationship of financial hardship and poor health outcomes. (ILO, 2024) The economic hardships identified as a stressor for the Ravidassia community are

not merely individual financial woes but a reflection of systemic economic vulnerability rooted in their historical and ongoing marginalization. As a Scheduled Caste, the Ravidassia community is disproportionately affected by poverty, limited access to quality education and well-paying jobs, and a higher reliance on the informal sector. This creates a chronic state of financial insecurity, which serves as a significant and persistent source of perceived stress.

6. Resilience Factors: Religious Identity and Community Ties

Despite the significant stressors faced by the Ravidassia community, their strong religious identity and robust community ties emerge as vital resilience factors, providing crucial buffers against adversity.

6.1. The Role of Strong Religious Identity and Faith

The Ravidassia community's strong religious identity, deeply rooted in Guru Ravidass's teachings of equality and the vision of "Begumpura" (a city without sorrow), provides a powerful framework for meaning and purpose in their lives. (Dahiya, M. (2023). This spiritual foundation helps individuals transcend doubts and obstacles, offering inner strength and perseverance through challenges. Research consistently indicates that faith can be a protective factor against mental health issues, associated with lower levels of depression, anxiety, and stress. (Lucchetti, 2021) It equips individuals with the fortitude to navigate life's inevitable adversities with calm and equanimity.

Positive religious coping, which involves practices such as seeking divine love and reinterpreting unfavourable conditions as opportunities for growth, is linked to better overall psychological functioning and lower psychopathology. The formalization of their distinct faith and the veneration of Guru Ravidass provide a shared narrative of dignity, equality, and resistance. This collective identity fosters a powerful sense of pride and belonging, helping to redefine associations often made with their heritage. This collective empowerment, derived from their faith, strengthens their overall resilience against systemic stressors.

6.2. The Significance of Community Ties and Social Support

Strong social connections and community ties are fundamental for well-being and overall life satisfaction, serving as protective factors for both mental and physical health. (Holt-Lunstad, 2024) These connections help combat feelings of loneliness and isolation, improve individuals' ability to cope with life's difficulties, and have been shown to reduce the risk of depression, stress, and anxiety. (Holt-Lunstad, 2024) Engaging with supportive groups and individuals in safe spaces creates a sense of comfort that makes challenging situations easier to manage. Social cohesion, defined as a shared sense of purpose, trust, and willingness to cooperate among members of a group and across different groups, is fundamental for communities to withstand shocks and chronic stresses. The Deras, their religious centers, serve as central hubs for social gatherings, mutual support, and collective action, providing a tangible manifestation of these community ties. (London, 2007) This collective support system helps individuals navigate challenges that would otherwise be overwhelming, preventing isolation and fostering a sense of shared struggle and solidarity. For marginalized communities, social cohesion and strong community networks are not merely beneficial; they are essential survival mechanisms that build collective resilience against external pressures and injustices.

7. Study Design and Limitations

7.1. The Perceived Stress Scale (PSS)

The study utilized the Perceived Stress Scale (Hindi version), a widely recognized psychological instrument developed by Sheldon Cohen and colleagues in 1983. The PSS is designed to assess an individual's subjective perception of stress over the past month, rather than focusing on specific stressful events. (Harris, 2023) The Hindi version employed in this study was the PSS-10, a 10-item questionnaire commonly used for individuals aged 12 and above. It evaluates how unpredictable, uncontrollable, and overloaded individuals perceive their lives to be, which are core components of stress. Scoring the PSS-10 involves summing the scores for each item, with four positively worded items (items 4, 5, 7, and 8) being reverse-scored to balance the scale and reduce response bias. The total score can range from 0 to 40, with higher scores indicating higher levels of perceived stress. Generally, scores between 0-13 suggest low stress, 14-26 indicate moderate stress, and 27-40 represent high stress. (CORC) While the PSS is considered a reliable and valid measure of perceived stress across diverse populations and has established psychometric properties, it is important to note that it is not a diagnostic instrument for specific mental health disorders. (Harris, 2023) It provides a general sense of an individual's perceived stress levels and is often used to monitor changes over time or evaluate the effectiveness of stress management interventions. (Harris, 2023)

7.2. Critical Discussion of Methodological Limitations

The study's methodology, particularly its small sample size, skewed gender distribution, and reliance on an online questionnaire in a country with a significant digital divide, introduces notable limitations regarding the generalizability and representativeness of its findings.

7.2.1. Small Sample Size and Skewed Gender Distribution

The study involved only 61 respondents, which is an extremely small sample size for a community-level prevalence study. This severely limits the statistical power and, consequently, the generalizability of the findings to the broader Ravidassia community in India. Furthermore, the sample exhibited a heavily skewed gender distribution, with 54 males and only 7 females. The reported stress prevalence might not accurately reflect the community's overall burden, especially for its female members.

7.2.2. Reliance on Online Self-Administered Google Questionnaire

The exclusive use of an online self-administered Google questionnaire as the data collection method poses substantial challenges to the study's validity and representativeness. India has a significant digital divide, characterized by stark disparities in internet access and digital literacy between urban and rural areas, and across socio-economic strata. (Sharma A., 2022) For instance, only 24-37% of rural households have internet access compared to 64-66% in urban areas. (Malhotra, 2024) Digital literacy remains limited, especially in rural and economically weaker sections of the population. (Sharma A., 2022) There is also a notable gender gap in mobile and internet usage, particularly affecting women in rural and marginalized communities. (Sharma A., 2022) This methodological choice inherently biases the sample towards individuals who are more digitally connected, likely more urban, and potentially of higher socio-economic status. These are precisely the segments that might experience less severe forms of the systemic stressors (e.g., poverty, lack of access to resources) that disproportionately affect marginalized communities. As a result, the findings cannot be reliably generalized to the entire Ravidassia community.

7.2.3. Impact on Representativeness and Potential for Underestimation

The combined effect of a small sample size, skewed gender distribution, and reliance on an online platform in a digitally divided country introduces significant limitations regarding the generalizability and representativeness of the findings. These factors "suggest a potential underestimation of the true stress prevalence, especially among less digitally connected and potentially more vulnerable segments of the community." Given that the online methodology likely excluded the most vulnerable and potentially most stressed segments of the Ravidassia community (e.g., rural residents, less educated individuals, those experiencing greater poverty, and women, who face higher stress levels due to lack of resources), the reported prevalence of 65.6% moderate to severe stress is likely a conservative estimate. If the study had reached these underserved populations through more inclusive and diverse data collection methods, the true prevalence of perceived stress could be significantly higher. This strengthens the argument for the urgent need for comprehensive, methodologically robust research to accurately gauge the mental health burden within this community, as the current findings, while alarming, may only represent a fraction of the actual challenge.

8. Recommendations

Based on the findings and the critical analysis of the study's limitations, several key recommendations emerge for both future research and the development of interventions aimed at addressing perceived stress within the Ravidassia community.

8.1. For Future Research: Large-Scale, Methodologically Robust Studies

To overcome the limitations of the current study and gain a more accurate understanding of stress prevalence and its determinants within the Ravidassia community, future research should prioritize the following: Conduct Large-Scale, Representative Surveys: Implement comprehensive, nationally representative surveys to ensure broader generalizability and more accurate prevalence estimates. This requires moving beyond convenience sampling to more rigorous, probability-based sampling methods. Employ Mixed-Methods Approaches: Combine quantitative surveys with qualitative methods, such as in-depth interviews and focus groups. This will capture the nuanced experiences and contextual factors of stress within the community, providing a richer understanding that quantitative data alone cannot achieve. Implement Diverse Sampling Strategies: Actively reach less digitally connected, rural, and female segments of the Ravidassia community. This may necessitate utilizing in-person data collection methods, community outreach programs, and local facilitators to ensure inclusivity and reduce selection bias. The limitations of the current study strongly suggest an unseen burden of stress among the most vulnerable Ravidassia individuals who were likely excluded by the online methodology. Future research must explicitly prioritize reaching these populations to accurately quantify the problem, meaning moving beyond convenience sampling to more rigorous, community-engaged approaches.

Consider Longitudinal Studies: Conduct longitudinal studies to understand the trajectory of stress over time and assess the long-term impact of socio-economic factors and any implemented interventions. Investigate Subgroup-Specific Factors: Delve deeper into the specific stressors and resilience factors among different subgroups within the Ravidassia community, such as youth, women, the elderly, and individuals in traditional versus modern occupations.

8.2. For Interventions: Holistic, Culturally Sensitive Approaches

Given the Ravidassia community's strong religious identity and community ties, and the historical mistrust of external systems, interventions must move beyond purely clinical models. The development

and implementation of holistic, culturally sensitive interventions are crucial to address both individual well-being and the systemic socio-economic factors driving stress.

Integration of Traditional Healing and Modern Approaches: Acknowledge and respectfully integrate traditional healing practices, spiritual leaders, and faith healers alongside evidence-based psychological interventions. This collaborative approach can bridge cultural beliefs with modern healthcare, enhancing acceptance, trust, and overall effectiveness.

Community-Based Mental Health Programs: Leverage existing community structures, such as the Deras and local community leaders, to deliver mental health support. Training community health workers from within marginalized populations can create trusted access points and gradually dismantle stigma by utilizing familiar faces and voices. This approach aligns with the principles of social cohesion and resilience in marginalized communities, where solutions are most effective when they are people-centered and build on local values and institutions.

Addressing Stigma and Awareness: Launch comprehensive educational campaigns and programs at community centers, schools, and workplaces to promote mental health literacy, reduce stigma associated with mental illness, and encourage help-seeking behavior.⁵

8.3. Policy Implications for Addressing Mental Health Disparities

The high prevalence of stress in the Ravidassia community, deeply rooted in ongoing socio-economic challenges, necessitates a policy shift from merely managing mental health symptoms to addressing the underlying structural inequalities.

Address Systemic Socio-Economic Determinants: Advocate for policies that directly address the systemic socio-economic determinants of health, including unemployment and poverty which disproportionately affect communities like the Ravidassia's. **Strengthen Government Mental Health Initiatives:** Strengthen existing government initiatives such as the National Mental Health Programme (NMHP) and Tele MANAS to ensure equitable, accessible, and affordable mental healthcare for vulnerable populations. The focus should be on expanding reach, building comprehensive networks, and prioritizing difficult-to-reach groups.

Increase Investment in Healthcare Infrastructure: Prioritize increased government investment in healthcare, aiming for at least 3% of GDP, to bridge the treatment gap and improve mental health infrastructure, especially in rural areas where access is severely limited.

Bridge the Digital Divide: Implement policies that promote digital literacy and access for marginalized communities to bridge the existing digital divide. This will ensure equitable access to online services, including crucial mental health support platforms like Tele MANAS. Without addressing these root causes, individual or community-level interventions will only offer temporary relief. This reinforces the public health principle that mental health is not solely a medical issue but a product of complex social, economic, and political determinants, requiring a multi-sectoral "whole-of-government" and "whole-of-community" approach.

9. Conclusion

The cross-sectional survey reveals a significantly high prevalence of perceived stress within the Ravidassia community in India, with 65.6% experiencing moderate to severe stress. This burden is particularly pronounced among those with a high school diploma, where 83.3% reported moderate to severe stress. While these levels align with stress observed in other vulnerable populations or during crisis

periods in India, they are notably higher than general mental health statistics, suggesting a chronic and systemic challenge for the community. Key determinants of this heightened stress include academic pressures, familial issues, and economic hardships. These factors are not isolated but are deeply intertwined with and exacerbated by the community's historical and ongoing experiences of systemic disadvantage. Despite these pervasive challenges, the Ravidassia community's strong religious identity, rooted in Guru Ravidass's teachings of equality, and their robust community ties serve as vital resilience factors, offering a profound sense of belonging, purpose, and social support. The study's methodological limitations, particularly the small and gender-skewed sample and its reliance on an online questionnaire in a digitally divided country, imply a potential underestimation of the true stress prevalence. The most vulnerable and less digitally connected segments of the community, who likely experience even greater stress, may have been underrepresented. Therefore, there is an urgent need for large-scale, methodologically robust research to accurately assess the mental health landscape of the Ravidassia community, ensuring comprehensive representation of all subgroups. Concurrently, the development and implementation of holistic, culturally sensitive interventions are crucial. These interventions must not only address individual well-being but also tackle the systemic socio-economic factors and historical discrimination that drive stress, leveraging the community's inherent resilience through integrated traditional healing practices and strong community-based programs. Furthermore, policy changes addressing the root causes of inequality are essential to foster long-term mental well-being.

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