



## Quality of life and stress among tribal women

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### Abstract

Irrespective of high social development and reform movements, inter-caste disparity is still prevalent in Kerala and scheduled tribes have been the most marginalized among all groups (CSSEIP, 2010). Present study focused to examine the quality of Life and the level of Depression, Anxiety and Stress among tribal women. Age of the respondents limited in between 20-70. A number of 201 respondents were selected from Ernakulam (N= 101) and Wayanad (N=100). The Kuttambuzha panchayath is the only one tribal area of Ernakulam district. The huge amount of resources were pumped into this tribal area by the government and Non-Government agencies. But Wayanad is a thickly tribal populated area. Resource allocation was not sufficient because of the huge number of tribal settlements. Present study compares the quality of life of tribal women from these districts and found that quality of life is higher among tribal women belonging to Ernakulam district. Anxiety, Depression and stress is higher among women belonging to Wayanad district. Further it revealed that quality of life and depression, anxiety and stress significantly influenced by the age of tribal women.

**Keywords:** tribal, tribal women, quality of life, anxiety, age

### Introduction

The Scheduled Tribes Development Department, Government of Kerala has classified Tribal people in Kerala into three sub-sets, particularly vulnerable, marginalised and minorities. The Census statistics conducted in the year 2011 states that the Scheduled Tribal population in Tribal population in Kerala comprises 1.45 (4, 84, 839) percentage of total population, which is distributed in 36 different type of tribes. The Wayanad district has the highest percentage of tribal population which constitute 35.82 percentage of the total tribal population. The second position held by Palakad district which constitute 15.66 percentages. The Idukki district has 11.05 percentage of tribal population which is third place regarding with tribal population. Paniyan, Irula, Kattunaikan, and Adiyar are some of the major "communities" among Kerala tribals. (TESS, 2020) [26].

According to 2011 census, the literacy rate among the Indian tribes is 59 percentages. It is also stated that literacy rate among males is 68.5 percentages and among females, it is 49.4 percentage. The state Kerala dominates in the areas of Literacy rate (93.91 percentages) comparing to other states of India. According to the 2011 census literacy rate among the tribes of Kerala are 67 percent. Health is a fundamental issue faced by the tribes in Kerala. High infant mortality and Maternal mortality, Nutritional deficiency, Sickle cell anaemia, tuberculosis, Cancer, etc. highly prevail among the tribes of Kerala. In the aspect of health standards, the tribal communities are way below to that of the Kerala standards. (UNDP, 2009). As per the census report, (2011) the maternal deaths at the national level is 926 while that of Kerala state is 12. In addition, the mortality rate is 212 and in Kerala 81. Malnutrition is yet another serious problem found among the tribal communities of Kerala. This is much severe among the women (Muneer 2017) [1].

### Quality of Life and Tribal Women

The quality of people's life is a major concern for almost all the countries of the world. It is defined as the individuals' perceptions of their position in life in the context of the culture and value systems in which they live (WHO 2012). In one hand, quality of life includes the overall standard of the nation. On the other hand, it represents the standard of different classes like high, low, medium, old, children, male and female. According to 2011 census tribal women population constituted 50 percentage of total tribal population. All tribal communities are not alike. Discrimination against women, occupational differentiation, and emphasis on status and hierarchical social ordering that characterize the predominant mainstream culture are generally absent among the tribal groups. The tribal women in general and in comparison with castes enjoy more freedom in various walks of life. Traditional and customary tribal norms are comparatively more liberal to women (Haseena, 2014) [15]. Even though they have an important position in tribal society, they are debarred from exercising power over land, performing poojas, sacrifices and other customary religious practices. They also do not hold any properties as these are always vested with the males. Even tribal women who belong to matrilineal societies do not enjoy a superior position than those belonging to patrilineal societies. Due to the impact of modernization and influence of non-tribal societies on tribal societies, women are losing the socioeconomic and cultural positions that they enjoyed earlier. In many socioeconomic characteristics, the tribal women lag behind tribal men literacy rate (illiteracy rate was 32% for men and 41% for women); education at the school level for boys was higher than for girls; and there are more widows (10%) than widowers (2%). About 45% of women were unemployed, whereas only 32% of the men were unemployed (Muneer 2017) [1]. The paper examines

the quality of life and stress among tribal women in Eranakulam and Wayanad districts.

**Objectives**

1. To examine the differences in quality of life among tribal women belonging in Wayanad and Ernakulam districts.
2. To examine the differences in Depression, anxiety and stress among tribal women belonging in Wayanad and Ernakulam districts.

**Hypotheses**

1. There will be significant difference in the quality of life of tribal women belonging in Wayanad and Ernakulam Districts.
2. There will be significant difference in depression, anxiety and stress among tribal women belonging in Wayanad and Ernakulam districts.

**Method**

Tribal women belonging in Wayanad (N = 100) and Ernakulam (N = 101) Districts comprised as participants (N = 201) for this study and they were selected randomly. The age of the participants ranged from 20 years to 70 years.

**Tools**

1. Demographic Data sheet, prepared by the researcher
2. Depression, Anxiety and Stress Questionnaire by Lovibond. and Lovibond. (1995).

3. Quality of life questionnaire by John Flanagan (1970)

**Reliability and Validity**

Ertan and Mehmet (2016) [9] examined the validity and reliability of the Albanian version of the Depression, Anxiety and Stress Scale (DASS), which is developed by Lovibond and Lovibond (1995). The sample of this study is consisted of 555 subjects who were living in Kosovo. The results of confirmatory factor analysis indicated 42 items loaded on three factors (Depression, Anxiety and Stress). As it is shown in the original form, the scale is occurred by three factors. Factor’s coefficients were as follows: for the depression.25 to.61, for anxiety.30 to.53 and for stress.31 to.51 for overall scale. Compliance validation points of DASS were respectively found between.85 and.81 and, 80. Item total correlations were.25 to.61. Findings demonstrated that Albanian version of DASS has similarity with other researches for reliability and validity scores.

The Quality of Life Scale (QOLS), created originally by American psychologist John Flanagan in the 1970’s. The QOLS is a reliable and valid instrument for measuring quality of life in different cases. It focuses on domains that come from the qualitative descriptions of a wide range of adults across gender, cultural and language groups (Carol & Kathrin, 2003).

**Results and Discussion**

**Table 1:** Mean, Standard Deviation, and corresponding ‘t’-values obtained by tribal women on the basis of District

Variables	Mean of Women from Wayanad (N = 100)	SD	Mean of Women from Ernakulam (N = 101)	SD	‘t’ values
Quality of Life	85.07	7.65	107	17.05	12.03**
Depression	4.78	3.08	1.72	1.93	7.83**
Anxiety	2.87	2.52	.98	1.74	5.77**
Stress	5.93	3.19	1.84	2.17	9.83**

\*\* Significant at 0, 01 level

The results revealed that there is statistically significant difference in Quality of Life, depression, anxiety and stress among tribal women. The difference was significant at 0.01 level. The level of depression, anxiety and stress is seemed to be higher among the tribal women living in the Wayanad district. According to Singh and Dewan (2018) [13] level of depression and stress was found higher among tribal women. The present study supported the findings of Tara and Sajini (2013) [20], they found that tribal women are facing lower level Quality of Life. As per the results of the present study, the tribal women living in the Ernakulam district of Kerala shows higher Quality of Life. This might be due to the demographic characteristics in relation with tribal population of the Eranakulam district.

The Kuttambuzha panchayath is the only one tribal area of Ernakulam district and it is less populated tribal area compared to the densely populated Wayanad district.

In the case of tribal women in the Wayanad District, the levels of depression, anxiety and stress is much higher than that of the tribal women in the Ernakulam district.

One of the major reason for poor mental health of tribal people especially of women, from Wayanad district is because of poor help-seeking and healthcare utilization (Mohindra *et al.*, 2010) [30]. Majority of the people with tribal origin still comfortably habituated in remote areas or dense forest of Wayanad. As a result they still have

difficulties in accessing mental health services (Anvar *et al.*, 2019) [29].

Another reason for poor mental health issue of the tribal women in the Wayanad district is the physical location of living. Ernakulam is a more developed place compared to Wayanad and due to which, the tribal women in Ernakulam is getting more access to the facilities like education, health care and so on. Adding to it, the tribal population of Eranakulam district is in advantageous position in relation with the availability of mental health services and the presence of secure living conditions. The present study supported the findings of the Maulik, Kumar, Sudha and Salam (2020) [24]. According to them tribal people living in more developed areas have lower levels of depression, anxiety and stress compared to the tribal people living in the less developed places. The results from the study of Chalitar *et al.*, (2020) [6] shows that the tribal women living in isolated places have increased levels of depression. The findings of Sing and Sharma (2014) [16] proved the same. The tribal women from lower developmental areas exhibit higher levels of anxiety and stress. The other way around is also proved. When the quality of life increases the depression, anxiety and stress gets reduced (Salehpoor, Rezaei & Mozaffar, 2014) [23] which is applicable in the case of tribal women in Eranakulam district. Tribal women from Ernakulam enjoyed amenities in short distance than

other tribals in Kerala. All these factors directly influenced the quality of life of tribals living in Ernakulam district. Apart from above mentioned reasons major influencing factor which improve the quality of life of tribal women in the Ernakulam District is unique nature of tribal settlement. Kuttambuzha located in Kothamangalam, Ernakulam district in Kerala is the only tribal settlement in Ernakulam district. As a result resources, whether it is money, material or manpower distributed to a small community of tribal people. So the welfare services rendered by the government and non-governmental agencies are sufficiently distributed to a small community compared to the other tribal settlement areas especially Wayanad. Despite of all these efforts by the state and central governments, the quality of life of the tribal population is still not changed radically. There has been some advancements in the area of education and health. Studies conducted by different individuals proves this fact. In a study conducted by Rajasenan *et al* (2013) [31], found that health status of tribal population are very much below the state average. There are various reason for this situation. One among them may be their peculiar habits like drinking and use of tobacco (Kannan *et al*, 1991) [32].

**Table 2:** Distribution of participants based on their age.

Age Group	Wayanad	Ernakulam	Total
20 to 40 years	60	54	114 (56.7%)
41 to 60 years	27	36	63 (31.3%)
Above 60 years	13	11	24 (12%)
Total	100	101	201 (100%)

In this study 56.7 percentage (N= 114) of participants were young adults. Middle aged women were 63 in number and it is 31.3 percentage of the total sample and remaining 12 percentages of sample were elderly (N = 24).

**Table 3:** ANOVA of quality of life of married tribal women based on their age

Variable		Sum of Squares	df	Mean of Squares	F
Quality of Life	Between Groups	2296.398	2	1148.199	3.92*
	Within Groups	57976.090	198	292.809	
	Total	60272.488	200		

\*significant at 0.05 level significance.

Above the table reveals that the calculated ‘F’ value of quality of life is 3.92 and it is higher than the table value and it is significant at 0.05 level. So, there is a significant difference in the quality of life of married tribal women based on their age. Hence, the hypothesis there will be a significant difference in quality of life among tribal married women based on their age is accepted.

**Table 4:** Post Hoc test of QOL with respect to age.

Age	N	Subset for Alpha= 0.05	
		1	2
Above 60 years	24	87.29	
41 to 60 years	63		97.18
20 to 40 years	114		98.33
Sig.		1.00	0.75

The comparison of group mean indicated that that the mean score of QOL is varied on the basis of age. The differences are statistically significant. The age group above 60 kept a difference with other age groups such as 20 to 40 years and 41 to 60 years. The present study supported the findings of Caroline, Dominika, Starr and Ian (2019) [5]. According to their study, quality of life decreases with age and it becomes low among old aged people. In the studies of Heydari *et al.*, (2012) [34] also found significant relation between the quality of life and age. In this regard, several studies manifested different results. Khaje-Bishak *et al.*, (2014) [33] studied the quality of life of elderly people and found that age and quality of life is not related. In yet another studies conducted by Habibi *et al.*, (2008) [35] and Ahmadi *et al.*, (2004) [36] also found no significant relation between quality of life and age. Another important factor related with quality of life is wellbeing and lack of physical ailments. The older people suffering various types of age related physical ailments. A significant difference was observed between diseases background and quality of life. In this regard Vahdaninia *et al.*, (2004) [37] manifested that there was a positive differences between having diseases and low score of quality of life. Also, Habibi *et al.*, (2008) [35] study confirm the quality of life among elderly people was better in those who stated their health status in good level than others who stated their health status in the same of other elderly or in not acceptable level. Laura and Suzanne (2008) [17] in their study found that the wellbeing is one of the important factors that determine the quality of life of a person. Akhil, Lijo, Mathew, Justin and Manu (2020) [2] found that wellness is also decreased by age. Quality of life is mostly related to age.

**Conclusion**

The Quality of Life is higher among the tribal women who belong to the age group of 20 to 40 years. With the increased age, decreased levels of Quality of Life is observed. The level of Quality of Life is higher among the tribal women living in the Ernakulam district and it is lower among the tribal women living in the Wayanad district. In the case of depression, anxiety and stress, Tribal women living in Wayanad district shows the higher levels and the tribal women from the Ernakulam District have lower levels. All of these results revealed that despite of schemes and programmes given by the government and Non-Government agencies tribal people still are in a poor condition especially tribal women. Major drawback of this study is that it did not study separately about different tribes rather it studied total tribal women population.

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