Exploring the Determinants of Quality of Life among *Paniya* and *Kurichiya* Tribes in Wayanad

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Abstract: *The notion of quality of life (QOL) among tribal communities, though intrinsically tied to their cultural ethos and way of living, presents a stark contrast when juxtaposed with the modern world's intrusive paradigms. For tribes, true happiness lies in the unencumbered pursuit of their traditional lifestyles, an aspiration increasingly thwarted by environmental degradation, poverty, and inadequate access to education and healthcare. While the World Health Organization's benchmarks for QOL accentuate material well-being, tribal communities derive fulfillment through subjective experiences rooted in cultural rituals and leisure. This study delves into these dichotomous perspectives, highlighting the role of Oorukoottam in fostering socio-cultural empowerment. By juxtaposing the globalized norms of QOL with the tribes' inherent values, the research offers a nuanced understanding of rural development and the multifaceted interpretations of life quality. Ultimately, it calls for a more holistic, culturally sensitive approach to improving QOL, resonating with the indigenous ethos while aligning with modern health frameworks*

Key Words: *Quality of Lif.e, Oorukoottam, tribal Gramasabha, Paniya tribe, Kurichiya tribe.*

1. INTRODUCTION :

The concept of 'quality of life', has put in various branches of social sciences, it is an active arena for interdisciplinary research, attracting scholars from geography, sociology, political science, economics, and other disciplines. Helburn (1982) has recognized that quality of life is a political goal linked to place, a goal that spatial scientists need to be aware of and to which planners and geographers can make important contributions.

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2. History of QOL development

Quality of Life is defined in the Collins' Dictionary as 'the general wellbeing of a person or society, i.e., health and happiness rather than wealth' (Collins Dictionary 2017). Here it covers the emotional side rather than the material side and gives importance more to the comfort or happiness of a person or society than wealth (Alex J Vellappally December 2018)

We cannot give a single uniform definition for Quality of life (O'Boyle 1997). There are many researchers defined quality of life in different manners. A group of international researchers who have conducted primary research on quality of life in the field of intellectual disability have developed a consensus on how to conceptualise, measure and apply quality of life (The Special Interest Research Group on Quality of Life 2000). They underlined that the key features of all definitions are: (a) general well-being; (b) feelings of positive social participation; and (c) opportunities to realize personal potential.

Researchers agree that quality of life is multidimensional, encompassing both subjective and objective dimensions (Halpem, 1993; The Special Interest Research Group on Quality of Life 2000; Testa and Simonson 1996;

Vinayakam and Sekar 2013). Another international research group (Schalock et al. 2002) has adopted Schalock' s eight domains as follows: Emotional well-being, Interpersonal relationships, Material well-being, Personal development, Physical well-being, Self-determination, Social inclusion, Rights (The Special Interest Research Group on Quality of Life 2000).

2.1. Subjectivity and Objectivity of QOL

In general, quality of life has been defined by a combination of subjectivity and objectivity, but this is controversial (Halpem 1993). This controversy is neither unexpected nor deserves special attention because people are seldom objective. Those who advocate the objective conceptualization of quality of life hold that quality of life is the sum of the objectively measurable living conditions experienced by an individual. Their contention is that subjective gratification is nothing more than a response to these conditions (Stark and Goldsbury 1990). There are some others who argue that a person's expressed satisfaction with life is the dispositive criterion, since each person or family differs in what they enjoy, desire, or find important in life (Edgerton 1990; OBoyle 1997). Some researchers consider both perspectives (eg, Felce 1997; Schalock, Keith, Hoffman, and Karen 1989; Stainback and Stainback 1989). Schalock (2000), on the other hand, has suggested that some domains and indicators (e.g. emotional well-being) are more amenable to personal assessment while others (e.g. material well-being) are not; in other words, they are better suited to an objective assessment. Quality of life encompasses multiple dimensions of the human experience that affect well-being. It is recorded in both objective and subjective dimensions. The objective indicators are those external to the individual and include measures of material life and its components, as well as family life, physical and mental health, work and environment (Kumudavalli 2013).

Edlund and Tancredi (1985), in a fascinating survey of the innumerable ideological uses and abuses to which the concept of quality of life can be attributed, posit five distinct meanings of the term quality of life. They believe that the meaning depends on the user of the term, their understanding of it, and their position and agenda in the social and political structure. Quality of life can be viewed from a rational-objective point of view or from a subjective-individualist point of view as fulfilment, as the ability to lead a normal life, as the social usefulness of an individual.

2.2. Economic Aspect and QOL

According to AC Pigou the term 'quality of life' refers the Economics of Welfare i.e., the usefulness of Economics to enhance the wellbeing of the poor (A. C. Pigou 1920). The literature linking economic growth to quality of life examines cross-sectional relationships, typically how countries with different levels of real GDP per capita differ on various indicators of quality of life, with GDP per capita or some variant taken as an index of the level of economic development (Easterlin and Angelescu 2007). The data in these studies relate to recent experience, the last few years or the last decade, or at most the last 40 or 50 years. One of the main features of modern economic growth is the introduction of new goods. Consumer goods such as cars, radios and televisions were new in the first half of the 20th century. At the beginning of the 21st century, it's cell phones and the internet. These even newer commodities are already becoming commonplace in developed countries (Shafik 1994). In these cross-sectional studies, positive correlations are evaluated as causal relationships between economic growth and quality of life. On the other hand, a limited number of studies on economic growth and quality of life have been supported by time series. These studies shed light on how quality of life changes accompany the process of modern economic growth (UNDP 2006; Hagerty and Veenhoven 2006).

Schooling was well advanced before the start of modern economic growth. The contrast with the patterns for life expectancy and fertility is remarkable. While demographic indicators for these countries typically lag behind the onset of modern economic growth, in a number of countries significant growth in schooling has occurred before economic growth has occurred, as initial schooling expansion was rather slow. The similarity between the pattern for education and life expectancy and fertility is noteworthy, namely that the indicator's rapid improvement often does not coincide with that of GDP per capita. For education, the simple cross-sectional correlation between economic growth and quality of life is not reproduced in the time series data (de Haes and Knippenperg 1985)

2.3. Health and QOL

Contrary to popular belief, lifestyle factors are not strongly associated with health and the quality of life, more precisely the self-assessed life experience, showed a very strong connection with the self-assessed health. Quality of life is the most important health factor (Sren Ventegodt & Merrick 2003). The subjective evaluations and perceptions of health are becoming a key factor in influencing an individual's health status. This hypothesis is put forward in Denmark, a country with a high standard of living and a high quality of life (Henley & Partners Kochenov 2017). A study on the definition of quality of life indicates that the term health-related quality of life (HRQOL) appeared first in the titles of published articles in the mid-1980s. From this point forward, the terms health, perceived health, health status, HRQOL,

and QOL are treated as synonyms by many researchers and clinicians (Post 2014). Later, the subjective and objective dimensions of QOL were identified by researchers (Post 2014). Subjective well-being, or QOL, is the congruence between aspirations and achievements as perceived by the person concerned. It includes the measurement of life satisfaction, happiness, and positively and negatively affect. The objective QOL or HRQOL refers to the components of the QOL that focus on or are directly or indirectly affected by health, disease, disorder or injury. Four dimensions of health are classified by the authors: physical, mental, social and functional health (Post 2014).

At an individual level, disability is an important measurement consideration of QOL. Because people are unique, the uniqueness of each individual is central to measuring the quality of life, especially when they are also very different. Schalock (2000) has argued that quality of life for people with disabilities includes the same indicators that are important for people without disabilities. On the other hand, Hatton (1998) has argued that the experiences of people with disabilities are limited because of the limitations imposed by disability conditions; and the limited experience leads to different quality of life indicators. Therefore, special attention must be paid to the uniqueness of each individual when designing and constructing a valid measure of quality of life (Borthwick-Duffy 1996).

2.4. World Health Organization and QOL

World Health Organization defined Quality of Life (QOL) as "a perception of individuals of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns' in which all the aspects of human life are concerned. The WHOQOL is, therefore, an assessment of a multi-dimensional concept incorporating the individual's perception   in all the developmental aspects of human life (WHO 1996). Many studies have been undertaken and instruments have been developed to assess and evaluate the quality of life. The WHO has made a wonderful contribution to this area in a worldwide manner.

2.5. Tribal people and QOL

Quality of life is relative from the point of understanding life as a way of living (culture) of a group of people. For the tribal people the happiness and enjoyment of life is the freedom to live their way of life without outside intervention in their habitat, however, such a situation is no longer possible in the present world order. Situation being such many of the tribal patterns of living from the point of view of the norms laid down by the WHO for quality of life falls short for various reasons delineated above such as Environment destruction, poverty, poor health, lack of modern education and finally the tribal way of enjoying leisure and celebrations to get subjective and objective enjoyment.

Existential philosophy, which deals with the meaning and purpose of life, is closely linked to the concept of quality of life. The Danish views on quality of life consist of extensive research studies on the different aspects of the term and a large number of available research articles. According to one such study by Sören Ventegodt, people become complete when their reason and emotions unite. Where reason is perfectly balanced with emotion, and where mind and body come together in perfect unity, a whole new quality emerges, a quality that is neither emotion nor reason, but something deeper and more complete. This is called living with the heart or living in wholeness. Happiness comes from dreams that come true. People only become truly happy when they choose to pursue what their hearts want at the deepest level (Sren Ventegodt, Andersen, & Merrick 2003). Here we see a comprehensive and holistic approach to looking at human life. Human life achieves perfection only through the complete integration and merging of the intellectual and emotional aspects. The quality of life only arises when mind and body are united. Happiness is considered important and only achieved with the realization of one's dreams. Ventegodt further gives us a picture of how someone achieves or gains quality of life and also how some people miss the element.

Different aspects of quality of life therefore have different meanings in rural development processes. For some people in the villages, especially the poorest and the less educated, their priority may be to guarantee an income to support their families while neglecting concerns about quality of life. In most places in the developing world, people live with little or no concern for the quality of life; but above all to improve their lives, to achieve a certain level of quality of life, they work hard day and night and suffer unimaginably in the villages.

2.6. Quality of Life and *Paniya- Kurichiya* tribes in Wayanad

Culturally the *Paniya* in comparison to *Kurichiya* are very distinct, the former being traditionally an agricultural tribe and the latter, a hunting tribe traditionally. At present the major difference appears to be their social status, the *Kurichiya* claiming to be a higher tribe, even practicing untouchability with others, for that matter they claim superior statues even to their migrant's employers.   The *Paniya*, in comparison, are timid and shy away from public appearance. The *Kurichiya*, are recognized a prestigious tribal community that occupies a place in the independent struggle as the soldiers of Pazhassi Raja and so had opportunity to be educated even without the influence of present *Oorukoottam*, the tribal gramasabha, established in 2004. Our assumption engendered out of the study is that the tribals remain backward

because they are not articulate on their rights and that is because they are not made a part of the developmental process intended for their socio-economic elevation. Only ensuring their participatory role through participative approach in *Oorukoottam* the quality life of the tribals can be improved.

2.7. Quality of life and *Oorukoottam*

The concept of *Oorukoottam* (Tribal Gram Sabha) was implemented during 2003-04 with the vision of revitalizing the traditional *Oorukoottam* in tribal communities (George and Krishnan 2006). Traditionally *Oorukoottam* was the culturally defined centre around which the whole tribal life revolved, whereas the redefined *Oorukoottam* (the tribals Grama Sabha) is politically controlled by the local Self-government, where the tribals being a minority gets a step-motherly treatment. The socio-economic status of *Paniya* and Kuichiya tribes vary even after the implementation of redefined *Oorukoottam*. In this study with regards to the tribes' quality of life consider all the socio-cultural aspects of developments, improved by means of *Oorukoottam,* the tribal gramasabha. We include quality of life improvements also in all the socio-cultural aspects as an element and indication of empowerment.

3. REVIEW OF LITERATURE:

The literature provides a critical lens to assess the challenges tribes face, emphasizing socio-economic deprivation, cultural erosion, and inadequate access to basic services.

Tribal communities often live in marginalized areas, which restrict their access to essential services such as education, healthcare, and employment. Xaxa (2001) identified a strong link between underdevelopment, poverty, and poor QoL in tribal regions, with illiteracy, malnutrition, and unemployment common challenges.

Health is a fundamental component of QoL, and tribal populations tend to face significant health disparities. Taneja and Sharma (2008) reported higher infant and maternal mortality rates and malnutrition levels among tribes compared to the general population. Healthcare services in these regions are often inaccessible, and traditional practices further complicate the situation.

Cultural heritage plays a vital role in tribal communities' well-being. Béteille (1998) argued that cultural identity is central to the QoL of tribes, as it reinforces their sense of belonging and purpose. However, Mohanty (2004) noted that due to modernization and urbanization there is erosion of cultural identity has negatively affected their psychological and subjective well-being.

Education is instrumental in improving the QoL by expanding opportunities for employment and health awareness. Kumar (2012) identified barriers that tribal children face, such as language issues, geographic isolation, and high dropout rates. Though government initiatives like Ashram schools have improved access to education, there are still significant gaps in addressing these challenges.

Tribal communities are closely connected to the natural environment, depending heavily on natural resources for their livelihoods. Singh (2011) emphasized that deforestation, environmental degradation, and large-scale industrialization threaten their traditional ways of living. Development projects, lead to erosion of their culture and social structures.

Various governmental policies aim to improve the QoL for tribal populations. However, Sundar (2005) pointed out that the lack of genuine tribal participation in Tribal Sub-Plan (TSP) schemes hinders their success. In addition to material conditions, subjective well-being is critical in assessing QoL. Das (2010) found that tribes often feel marginalized and discriminated against by mainstream society, leading to mental health issues such as depression and anxiety.

The study shows that even with various initiatives and huge amount of financial   investment, the quality of life of the tribes under study has not measured up to the expectation of the concerned people. Several studies have been undertaken in this area, however, no impact study so far on this topic to the investigator's knowledge for the improvement of the quality of life. This would be the first impact assessment on the tribal interventions in Wayanad.

4.   METHODOLOGY

This study focuses on individuals from the *Paniya* and *Kurichiya* communities in Bathery Taluk, Wayanad district. To achieve an equitable sample distribution, 70 respondents from each community were selected proportionally to their population size. Both men and women from tribal households were included in the interviews. However, response rates were influenced by cultural and social factors, particularly in certain areas.

The sampling method ensured a balanced and rigorous approach, providing reliable data for comparative analysis while addressing practical constraints and ensuring fair representation from both communities.

4.1. Objectives:

1. To study the the quality of life of *Paniya* and *Kurichiya* tribal communities in Wayanad

2. To test the impact of an Association between *Quality of life* and Demographic Variables, namely gender, age and tribe.

4.2. Hypothesis:

1. There exists a quality of life improvements in *Paniya* and *Kurichiya* tribal communities after *Oorukoottam*.

2. There exists an Association between *quality of life* and Demographic Variables, namely gender, age and tribe.

4.3. Data Sampling of the Study

A stratified sampling technique was used to guarantee adequate representation from the *Paniya* and *Kurichiya* tribal groups. The substrata were divided by gender, tribe, and age groups ($\leq$ 30, 31–35, 36–40, and > 40).

4.4. Tools of Data Collection and Limitations
Data was collected through an interview schedule crafted by the investigator, consisting of 70 questions covering personal details and various aspects of quality of life. House visits to *Paniya* and *Kurichiya* settlements ensured representation across all strata, while gender balance was carefully maintained.

However, several challenges arose during data collection. A lack of awareness among *Paniya* participants regarding their rights and governmental policies caused delays. Due to gender disparities, interviews had to be conducted on weekends and holidays, leading to a sample distribution of 20 males and 42 females. Additionally, socio-cultural barriers in some areas made it difficult to obtain full responses to the questionnaires. Certain locations posed restrictions that hindered the data collection process, and incomplete responses from some participants resulted in a few individuals being excluded from the final analysis.

4.5. Statistical Techniques for Data Analysis
Inferential statistical methods were used for data analysis, including the Independent sample t-test and analysis of variance (ANOVA) to compare the two tribal groups. The analysis was performed using SPSS software, ensuring a comprehensive evaluation of the findings.

5. Statistical Analysis

Table 1. Item-wise Analysis of Quality of Life in *Paniya*

Items	0	1	2	3	4	Weighted Mean
Q1 Your opinion on quality of life?	0 (0%)	12 (40%)	7 (23%)	10 (33%)	1 (3%)	2.00
Q2 satisfied with your health?	0 (0%)	6 (20%)	9 (30%)	14 (47%)	1 (3%)	2.33
Q3 Do you enjoy life?	0 (0%)	1 (3%)	13 (43%)	14 (47%)	2 (7%)	2.57
Q4 How meaningful do you feel your life is?	0 (0%)	3 (10%)	17 (57%)	9 (30%)	1 (3%)	2.27
Q5 Feeling safe in everyday life?	0 (0%)	7 (23%)	15 (50%)	6 (20%)	2 (7%)	2.10
Q6 How good are your physical conditions?	6 (20%)	20 (67%)	3 (10%)	0 (0%)	1 (3%)	1.00
Q7 Are you cheerful every day?	0 (0%)	7 (23%)	17 (57%)	5 (17%)	1 (3%)	2.00
Q8 Can you embrace your body type?	0 (0%)	3 (10%)	5 (17%)	20 (67%)	2 (7%)	2.70
Q9 Do you have money for your needs?	9 (30%)	17 (57%)	4 (13%)	0 (0%)	0 (0%)	0.83
Q10 Do you find time to do leisure activities and hobbies	0 (0%)	1 (3%)	2 (7%)	8 (27%)	19 (63%)	3.50

Q11 How satisfied are you with sleep?	0 (0%)	0 (0%)	0 (0%)	18 (60%)	12 (40%)	3.40
Q12 Are you satisfied with your ability to do everyday	0 (0%)	1 (3%)	4 (13%)	24 (80%)	1 (3%)	2.83
Q13 How satisfied are you with your ability to work?	0 (0%)	1 (3%)	5 (17%)	20 (67%)	4 (13%)	2.90
Q14 Are you satisfied with your ability to do things on your own?	0 (0%)	1 (3%)	0 (0%)	24 (80%)	5 (17%)	3.10
Q15 How satisfied are you with your personal relationships?	0 (0%)	0 (0%)	1 (3%)	23 (77%)	6 (20%)	3.17
Q16 How satisfied are you with your sex life?	0 (0%)	2 (7%)	2 (7%)	26 (87%)	0 (0%)	2.80
Q17 How satisfied are you with the support you receive from your friends?	0 (0%)	0 (0%)	0 (0%)	26 (87%)	4 (13%)	3.13
Q18 Are you satisfied with the facilities of your place of residence?	7 (23%)	12 (40%)	9 (30%)	1 (3%)	1 (3%)	1.23
Q19 Are you satisfied with the health services you receive?	0 (0%)	10 (33%)	17 (57%)	3 (10%)	0 (0%)	1.77
Q20 Are you satisfied with the travel facilities available to you?	0 (0%)	6 (20%)	16 (53%)	7 (23%)	1 (3%)	2.10

The table presents an item-wise analysis of the quality of life of the *Paniya* community. The Likert scale used in the data ranges from 0 (lowest) to 4 (highest), and the weighted mean for each question (Q1 to Q20) represents the overall response. Below is a detailed interpretation of each item:

Findings and Interpretations of Item-wise Analysis of Quality of Life in *Paniya* Community:

1. Opinion on Quality of Life (Q1):
   The weighted mean is 2.00, indicating a moderate satisfaction. About 40% rated it as poor, while 33% rated it as good, showing a split in perception, with fewer people finding life excellent or very poor.
2. Satisfaction with Health (Q2):
   A weighted mean of 2.33 suggests moderate health satisfaction, with nearly half (47%) being moderately satisfied and only 3% rating it as excellent.
3. Enjoyment of Life (Q3):
   With a mean of 2.57, the majority (47%) report moderate enjoyment of life. This implies that life is generally appreciated, though not overwhelmingly enjoyed.
4. Meaningfulness of Life (Q4):
   The mean of 2.27 indicates that many (57%) feel somewhat meaningful about their lives, with only 3% finding it highly meaningful, suggesting room for improvement in purpose and satisfaction.
5. Feeling Safe in Everyday Life (Q5):
   With a mean of 2.10, half of the respondents (50%) feel somewhat safe, though a sizable portion (23%) feels unsafe, highlighting security concerns.
6. Physical Conditions (Q6):
   A low mean of 1.00 indicates dissatisfaction, as 67% rate their physical condition as poor. This is a critical area where the community feels underwhelmed.
7. Cheerfulness (Q7):
   The mean of 2.00 reflects moderate cheerfulness, with 57% feeling somewhat cheerful but very few reporting high levels of joy.
8. Embracing Body Type (Q8):
   A weighted mean of 2.70 shows a more positive outlook, with 67% expressing a strong ability to accept their body image.
9. Financial Stability (Q9):
   With a mean of 0.83, a significant 87% feel they lack the financial resources to meet their needs, showing economic hardship.

10. Time for Leisure (Q10):
    The high mean of 3.50 reflects satisfaction, with 63% having ample time for leisure and hobbies, a positive aspect of their life.
11. Sleep Satisfaction (Q11):
    A mean of 3.40 indicates high satisfaction with sleep quality, as 100% report being moderately or highly satisfied with their sleep.
12. Satisfaction with Everyday Tasks (Q12):
    The mean of 2.83 suggests a positive perception of their ability to handle daily activities, with 80% being mostly satisfied.
13. Work Ability Satisfaction (Q13):
    The mean of 2.90 reflects good satisfaction with work abilities, with 67% rating it positively, although some remain unsatisfied.
14. Independence in Daily Activities (Q14):
    A mean of 3.10 suggests a strong sense of independence, with 80% highly satisfied with their ability to do things on their own.
15. Personal Relationships (Q15):
    With a mean of 3.17, satisfaction with personal relationships is high, with 77% expressing strong satisfaction.
16. Sex Life Satisfaction (Q16):
    The mean of 2.80 indicates good satisfaction, with 87% rating it moderately or highly, although 13% remain unsatisfied.
17. Support from Friends (Q17):
    A high mean of 3.13 reflects satisfaction with social support, as 87% are highly satisfied with the help from their friends.
18. Residential Facilities (Q18):
    A low mean of 1.23 shows dissatisfaction with the quality of their living environment, with 63% finding it inadequate.
19. Health Services (Q19):
    A mean of 1.77 reveals dissatisfaction with healthcare services, with 57% expressing moderate discontent.
20. Travel Facilities (Q20):
    A mean of 2.10 shows moderate satisfaction with transportation, though 20% report dissatisfaction.

The *Paniya* community experiences a high level of satisfaction in personal relationships, sleep quality, independence in daily activities, and time for leisure. Health services, physical conditions, financial stability, and residential facilities are areas where dissatisfaction prevails, showing a need for interventions. While the community experiences moderate enjoyment of life, cheerfulness, and safety, economic hardship and poor physical conditions reduce overall quality of life. The findings reflect a mixed but generally moderate quality of life, with significant room for improvement in economic and physical health conditions. while there are several areas where the *Paniya* community expresses satisfaction with their quality of life, there are also key areas of concern where discontent is prevalent, highlighting potential areas for targeted improvement.

Table 2. Item-wise Analysis of Quality of Life in *Kurichiya*

Items	0	1	2	3	4	Weighted Mean
Q1 Your opinion on quality of life?	0 (0%)	7 (22%)	8 (25%)	17 (53%)	0 (0%)	2.47
Q2 satisfied with your health?	0 (0%)	9 (28%)	7 (22%)	16 (50%)	0 (0%)	2.37
Q3 Do you enjoy life?	0 (0%)	2 (6%)	17 (53%)	13 (41%)	0 (0%)	2.50
Q4 How meaningful do you feel your life is?	0 (0%)	2 (6%)	19 (59%)	10 (31%)	1 (3%)	2.47
Q5 Feeling safe in everyday life?	0 (0%)	1 (3%)	6 (19%)	24 (75%)	1 (3%)	2.97

Question						Mean
Q6 How good are your physical conditions?	0 (0%)	14 (44%)	14 (44%)	3 (9%)	1 (3%)	1.83
Q7 Are you cheerful every day?	0 (0%)	3 (9%)	24 (75%)	5 (16%)	0 (0%)	2.20
Q8 Can you embrace your body type?	0 (0%)	0 (0%)	5 (16%)	26 (81%)	1 (3%)	3.07
Q9 Do you have money for your needs?	0 (0%)	14 (44%)	15 (47%)	2 (6%)	1 (3%)	1.80
Q10 Do you find time to do leisure activities and hobbies	1 (3%)	1 (3%)	17 (53%)	13 (41%)	0 (0%)	2.47
Q11 How satisfied are you with sleep?	0 (0%)	1 (3%)	1 (3%)	30 (94%)	0 (0%)	3.10
Q12 Are you satisfied with your ability to do everyday	0 (0%)	3 (9%)	5 (16%)	23 (72%)	1 (3%)	2.87
Q13 How satisfied are you with your ability to work?	0 (0%)	5 (16%)	9 (28%)	17 (53%)	1 (3%)	2.60
Q14 Are you satisfied with your ability to do things on your own?	0 (0%)	0 (0%)	2 (6%)	29 (91%)	1 (3%)	3.17
Q15 How satisfied are you with your personal relationships?	0 (0%)	3 (9%)	1 (3%)	26 (81%)	2 (6%)	3.03
Q16 How satisfied are you with your sex life?	0 (0%)	2 (6%)	7 (22%)	22 (69%)	1 (3%)	2.87
Q17 How satisfied are you with the support you receive from your friends?	0 (0%)	0 (0%)	1 (3%)	29 (91%)	2 (6%)	3.23
Q18 Are you satisfied with the facilities of your place of residence?	0 (0%)	13 (41%)	14 (44%)	4 (13%)	1 (3%)	1.90
Q19 Are you satisfied with the health services you receive?	0 (0%)	4 (13%)	20 (63%)	8 (25%)	0 (0%)	2.27
Q20 Are you satisfied with the travel facilities available to you?	0 (0%)	1 (3%)	15 (47%)	15 (47%)	1 (3%)	2.67

The table provides an item-wise analysis of the quality of life of the *Kurichiya* community, with responses on a Likert scale from 0 (lowest) to 4 (highest). The weighted mean for each item gives an indication of the overall satisfaction. Below is a detailed interpretation of each item:

Findings and Interpretations of Item-wise Analysis of Quality of Life in *Kurichiya* Community:

1. Opinion on Quality of Life (Q1):
   The weighted mean of 2.47 suggests moderate satisfaction, with 53% rating their quality of life as good, but none indicating excellent quality, showing an overall positive but not optimal perception.
2. Satisfaction with Health (Q2):
   A mean of 2.37 reflects moderate health satisfaction, with 50% satisfied, though a notable 28% express dissatisfaction with their health.
3. Enjoyment of Life (Q3):
   With a mean of 2.50, enjoyment of life is generally positive, as 53% find it somewhat enjoyable, and none express a lack of enjoyment.
4. Meaningfulness of Life (Q4):
   The weighted mean of 2.47 reflects a sense of moderate meaningfulness, with 59% feeling life is somewhat meaningful, though only 3% find it highly so.
5. Feeling Safe in Everyday Life (Q5):
   A high mean of 2.97 indicates that most respondents (75%) feel safe in their daily lives, with minimal concern for safety.

6. Physical Conditions (Q6):
   The mean of 1.83 suggests dissatisfaction with physical conditions, as 44% feel their physical well-being is poor.
7. Cheerfulness   (Q7):
   A mean of 2.20 reflects moderate cheerfulness, with 75% reporting moderate levels of joy, but few experiencing high levels of happiness.
8. Embracing Body Type (Q8):
   A mean of 3.07 suggests strong satisfaction with body image, with 81% feeling comfortable with their body type, indicating positive self-acceptance.
9. Financial Stability (Q9):
   With a mean of 1.80, financial dissatisfaction is prominent, as 47% feel they lack the resources to meet their needs, and only a few report financial stability.
10. Time for Leisure (Q10):
    A mean of 2.47 reflects moderate satisfaction with leisure activities, as 53% find time for hobbies, though some express limitations.
11. Sleep Satisfaction (Q11):
    A high mean of 3.10 shows significant satisfaction with sleep, with 94% highly satisfied, indicating good sleep quality.
12. Satisfaction with Everyday Tasks (Q12):
    The mean of 2.87 reflects a positive view of their ability to handle daily tasks, with 72% expressing high satisfaction.
13. Work Ability Satisfaction (Q13):
    A mean of 2.60 shows moderate satisfaction with work abilities, with 53% feeling confident in their capacity to work.
14. Independence in Daily Activities (Q14):
    A high mean of 3.17 reflects a strong sense of independence, as 91% are highly satisfied with their ability to manage things on their own.
15. Personal Relationships (Q15):
    With a mean of 3.03, satisfaction with personal relationships is high, with 81% reporting strong connections with others.
16. Sex Life Satisfaction (Q16):
    A mean of 2.87 shows general satisfaction with sex life, as 69% are moderately satisfied.
17. Support from Friends (Q17):
    A high mean of 3.23 indicates that the community feels well-supported by friends, with 91% being highly satisfied with the social support they receive.
18. Residential Facilities (Q18):
    A mean of 1.90 suggests dissatisfaction with the facilities in their place of residence, with 44% finding them inadequate.
19. Health Services (Q19):
    With a mean of 2.27, the community is moderately satisfied with health services, though a notable 63% feel there is room for improvement.
20. Travel Facilities (Q20):
    A mean of 2.67 reflects moderate satisfaction with travel facilities, as 47% find them adequate, though some express dissatisfaction.

The *Kurichiya* community has high satisfaction with personal relationships, independence, sleep, support from friends, and body image. These aspects contribute to an overall sense of well-being. Financial stability, physical conditions, and residential facilities are significant areas of dissatisfaction. Health services and leisure time are moderate areas that could benefit from improvement. The community feels safe, enjoys moderate cheerfulness and meaningfulness in life, but financial difficulties and subpar physical conditions dampen overall satisfaction. The findings show a generally positive quality of life with strong social support and independence, but challenges in physical well-being and financial stability hinder greater life satisfaction. While the *Kurichiya* community expresses high satisfaction in several areas, there are specific items that reflect dissatisfaction and need attention to enhance overall quality of life.

Comparison Insights in important areas in Quality of Life of *Paniya* and *Kurichiya*

When comparing the *Paniya* and *Kurichiya* communities based on the item-wise analysis of their quality of life, the following insights can be drawn:

1. Overall Quality of Life:
   - *Paniya*: The weighted mean is 2.00, indicating moderate satisfaction with life, though a significant portion feels their life quality is poor (40%).
   - *Kurichiya*: With a mean of 2.47, the *Kurichiya* community shows relatively better satisfaction, with 53% rating their life as good, and none indicating poor quality.
   - *Kurichiya* shows a better perception of life quality compared to *Paniya*.
2. Health Satisfaction:
   - *Paniya*: A mean of 2.33 suggests moderate health satisfaction, with 47% feeling somewhat satisfied.
   - *Kurichiya*: The mean is 2.37, showing a similar level of health satisfaction, though more *Kurichiya* (50%) feel moderately satisfied compared to *Paniya*.
   - Both communities express similar health concerns, with no major differences in satisfaction levels.
3. Enjoyment of Life:
   - *Paniya*: A mean of 2.57 indicates moderate enjoyment, with a larger portion (47%) reporting enjoyment.
   - *Kurichiya*: A slightly lower mean of 2.50, with 53% feeling somewhat enjoyable about life, though none express high enjoyment.
   - Both communities experience moderate enjoyment of life, with *Paniya* slightly more positive.
4. Feeling Safe in Everyday Life:
   - *Paniya*: The mean is 2.10, with only 20% reporting a strong sense of safety.
   - *Kurichiya*: A higher mean of 2.97, with 75% feeling safe in everyday life, reflects a significantly stronger sense of security.
   - *Kurichiya* feel much safer in their daily lives compared to *Paniya*, where safety is a larger concern.
5. Physical Conditions:
   - *Paniya*: The mean is 1.00, with 67% rating their physical condition as poor, showing strong dissatisfaction.
   - *Kurichiya*: The mean is 1.83, indicating dissatisfaction as well, but not as extreme, with 44% expressing poor physical conditions.
   - While both communities struggle with physical well-being, *Kurichiya* are in slightly better shape than *Paniya*.
6. Financial Stability:
   - *Paniya*: The mean is 0.83, reflecting severe financial instability, with 87% lacking money for their needs.
   - *Kurichiya*: A mean of 1.80 still indicates economic hardship, but more *Kurichiya* (6%) feel they can meet their financial needs.
   - *Kurichiya* have slightly better financial stability, though both communities face considerable economic challenges.
7. Time for Leisure:
   - *Paniya*: The mean of 3.50 reflects a strong satisfaction with leisure activities, with 63% finding time for hobbies.
   - *Kurichiya*: The mean of 2.47 is lower, with 53% reporting moderate leisure time.
   - *Paniya* enjoy significantly more time for leisure compared to *Kurichiya*, who experience more constraints.
8. Sleep Satisfaction:
   - *Paniya*: A high mean of 3.40 indicates excellent satisfaction with sleep.
   - *Kurichiya*: A similarly high mean of 3.10 also shows strong satisfaction, though slightly less than *Paniya*.
   - Both communities enjoy good sleep quality, though *Paniya* are slightly more satisfied.
9. Ability to Do Everyday Tasks:
   - *Paniya*: A mean of 2.83 suggests good satisfaction with everyday functioning.
   - *Kurichiya*: A mean of 2.87 reflects similar satisfaction with daily tasks.
   - Both communities are equally confident in their ability to handle daily activities.
10. Support from Friends:
    - *Paniya*: The mean is 3.13, showing strong satisfaction with social support.
    - *Kurichiya*: The mean is 3.23, also indicating strong social support from friends.
    - Both communities have excellent social support systems, with *Kurichiya* slightly more satisfied.
11. Satisfaction with Residence Facilities:
    - *Paniya*: A low mean of 1.23 shows strong dissatisfaction with their living environment.

- *Kurichiya*: A mean of 1.90 also reflects dissatisfaction, though not as extreme as *Paniya*.
- *Kurichiya* are less dissatisfied with their residence facilities compared to *Paniya*, though both communities find their living conditions subpar.

12. Health Services:
- *Paniya*: A mean of 1.77 reflects dissatisfaction with healthcare services.
- *Kurichiya*: A mean of 2.27 suggests moderate satisfaction, with more respondents somewhat satisfied with health services.
- *Kurichiya* are relatively more satisfied with healthcare services compared to *Paniya*.

Table 3. Association between Quality of Life and Demographic Variables

Demographic Variables	N	Mean	SD	t/F - value	p – value
Gender					
Male	20	52.65	7.386	4.141	0.000
Female	42	46.05	5.012		
Age (Years)					
<= 30	15	50.60	5.962	2.168	0.101
31 – 35	13	50.31	6.330		
36 – 40	16	46.19	3.582		
> 40	18	46.39	8.465		
Tribe					
Paniya	30	47.73	6.751	0.510	0.612
Kurichiya	32	48.59	6.535		

Independent sample t-test and analysis of variance (ANOVA) were performed.

The table presents the results of statistical tests (t-test and ANOVA) that examine the association between the quality of life and demographic variables like gender, age, and tribe. The analysis involves comparison of mean scores and statistical significance.

Gender: Here the p-value is less than the significance level 0.05; the association between quality of life and gender is significant. That is, there is a significant relationship between quality of life and gender. The table shows that the quality of life is significantly higher in male (52.65 ± 7.386) compared to female (46.05 ± 5.012). Gender has a significant impact on the quality of life, with males reporting better outcomes. The significant p-value suggests that the observed difference is not due to chance, highlighting potential gender-based disparities in quality of life.

Age: Here the p-value is greater than the significance level 0.05; the association between quality of life and age is not significant. That is, there is no significant relationship between quality of life and age. The table shows that the quality of life is almost in cases with age <=30 years (50.60 ± 5.962), 31-35 years (50.31 ± 6.330), 36-40 years (46.19 ± 3.582) and more than 40 years (46.39 ± 8.465). Age does not have a significant impact on quality of life in this sample. While there are slight differences in mean scores across age groups, these differences are not large enough to be statistically significant. This suggests that age alone does not explain variations in quality of life among the participants.

Tribe: Here the p-value is greater than the significance level 0.05; the association between quality of life and tribe is not significant. That is, there is no significant relationship between quality of life and tribe. The table shows that the quality of life is almost same in *Paniya* (47.73 ± 6.751) and *Kurichiya* (48.59 ± 6.535). Tribal affiliation does not have a significant impact on quality of life. The similarity in mean scores between the two tribes suggests that tribal differences do not play a major role in determining quality of life outcomes in this context.

6. CONCLUSION:

The participatory element of the tribals, who are generally timid in articulating their needs through *Oorukoottam* has not achieved its intended result. This, indeed, is the reason that the tribals in general and the those in areas where they are a minority still belong in the periphery without, however, realizing their privileges ensured by the constitutions. According to our findings the socio-economic status of *Paniya* and *Kurichiya* tribes vary even after the implementation of redefined *Oorukoottam*.

The analysis of the quality of life among the *Paniya* community reveals a generally moderate level of satisfaction across several aspects. Positive highlights include strong satisfaction with personal relationships, sleep quality, independence in daily activities, and ample time for leisure. These factors indicate a sense of stability and contentment in social interactions and daily routines. However, significant areas of concern emerge, particularly regarding financial stability, health services, physical conditions, and residential facilities. The community's dissatisfaction in these critical domains underscores the economic and physical challenges they face. Poor health services, inadequate living conditions, and economic hardship notably diminish their overall quality of life. While the *Paniya* community experiences moderate enjoyment of life and a sense of safety, these are tempered by ongoing struggles with poor physical health and financial instability.

The quality of life in the *Kurichiya* community reflects a generally positive outlook, with high levels of satisfaction in areas such as personal relationships, independence, sleep quality, support from friends, and body image. These aspects provide a solid foundation for a sense of well-being and social stability within the community. However, there are notable challenges. Financial instability, poor physical conditions, and inadequate residential facilities are significant areas of dissatisfaction that negatively affect the community's overall quality of life. While health services and access to leisure activities are moderately satisfactory, there is room for improvement in these areas as well. Overall, the community feels safe and enjoys a moderate level of meaningfulness and cheerfulness in life. Yet, financial difficulties and suboptimal physical conditions prevent greater satisfaction.

Gender is the only demographic variable with a statistically significant impact on quality of life, with males reporting a better quality of life compared to females. Age and tribe do not show significant differences, indicating that these variables do not substantially affect the quality of life among the participants. Efforts to improve the quality of life may need to focus on addressing gender-based disparities, while age and tribal differences may not be major factors in this context.

Paniya struggle more with physical conditions, financial stability, and safety compared to *Kurichiya*, who fare slightly better in these areas. *Kurichiya* exhibit better satisfaction in areas like security, financial stability, residential facilities, and social support, though both communities share challenges in health services and economic well-being. *Paniya*, however, enjoy more leisure time and slightly better sleep quality, providing pockets of well-being within their overall challenges. In general, *Kurichiya* report a somewhat better quality of life across several dimensions, but both groups experience significant difficulties, particularly with finances, health, and physical conditions. This mixed sentiment suggests that while certain aspects of their lives bring satisfaction, there is substantial room for improvement, particularly in addressing health and economic vulnerabilities. Efforts to enhance these areas could significantly improve the overall quality of life for the *Paniya* and *Kurichiya* communities. Addressing these concerns could lead to an enhanced quality of life for the *Kurichiya* community, balancing their strong social bonds with improved economic and physical well-being.

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