

The Quality of Life among Tribal Communities Living in Western Ghats: An Exploratory Research

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Abstract

The Western Ghats (WG), also called Sahyadri, are a mountain range that covers 140,000 square kilometres and extends parallel to the western coast of the Indian Peninsula. The WG have been home to over fifty distinct tribes. The tribal community residing in the WG faces a multitude of obstacles, such as economic instability, low literacy rates, poor living conditions, limited political influence, and health-related issues. Quality of life (QOL) describes the well-being of a human's life. This study aimed to investigate the QOL of tribal communities living in WG. The data were collected from the tribal settlement in the Ranni, Konni and Attapday forest division. This study was qualitative in nature and adopted exploratory research design and sampling design was purposive. The data collected for the study was through the single focus group discussions. 15 single focus group discussion were conducted. Each focus groups consisted with 12 participants, of which 6 were males and 6 were females. The data were analysed by thematic content analysis. This study proposed a model of quality of life; the model includes eight factors such as Social Relationship, Health, Work, Financial and Material Wellbeing, Belonging, Personal Safety, Quality of Environment, Emotional Wellbeing.

Keywords: Exploratory Research, Quality of Life, Tribal Communities, Western Ghats.

Introduction

Indian tribes, often known as aboriginal communities or adivasi, have inhabited forests since the very beginning of time. On 15% of India's land, 10.40 million tribal people reside, making up 8.60 percent of the country's total population. Forests and tribes have traditionally and culturally been linked. Most of them live close to the forest and depend on it for their livelihood (1).

The Western Ghats (WG), also called Sahyadri, are a mountain range that covers 140,000 square kilometers and extends parallel to the western coast of the Indian Peninsula. Gujarat, Maharashtra, Karnataka, Kerala, Tamilnadu, and Goa are among the states it crosses. It is a UNESCO World Heritage Site and one of the eight hotspots for biological diversity in the world. There are 139 mammal species, 5000 different kinds of flowering plants, 179 amphibian species, 508 bird species, and other recently discovered species that are present in the WG. At least 325 species that are threatened worldwide are found in this area (2).

The state of a person's life is referred to as their QOL. The QOL encompasses more than just an individual's subjective sense of well-being; it also

includes mental, social, professional, spiritual, marital, and physical functioning (3).

Furthermore, a person's level of life satisfaction is a measure of their QOL. The following elements are critical to a high standard of living: mental, material, and bodily well-being; interaction with others; chances for one's own skill development; exercising one's rights and choosing one's own way of life; and involvement in society. QOL is the freedom to decide how to live one's life, to prosper, and to engage in civic life in a community that values civic engagement, social connectedness, trust, and other integrative norms (4).

The concept of QOL refers to how a person views their place in life in relation to the culture and value systems in which they reside as well as their aspirations, standards, expectations, and concerns (5).

There is a plethora of research accessible these days about the selection of indicators for gauging QOL. These metrics stand for the contextual, interpersonal, and individual facets of QOL. Decades of discussion on creating indices to measure QOL have resulted in a number of

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significant initiatives carried out by various scholars worldwide (6).

An increasing number of people agreed as a result of these exercises that a thorough, wide-ranging, data-driven approach was required to define and measure the QOL in various societies and to create indices that could be used for both analytical and policy-making purposes (7). These indicators are routinely employed to assess the development and well-being of communities and to create strategies for maintaining the standard of living in the long run (8).

There are few, but growing, studies evaluating the QOL of Indian tribal groups. The deprivation index was used to evaluate the quality of life of the tribal community in Kerala State, India. The results showed that, in comparison to the state's general population, the tribal population's level of deprivation in terms of housing, basic amenities, and economic standing is quite high (9).

The primary goal of evaluating QOL is to give people the chance to live longer, healthier, more fulfilling lives in a pleasant environment. Measuring a society's QOL will enable development authorities to pinpoint problem areas and offer practical management recommendations for enhancing the wellbeing of its citizens (10).

After reviewing the review of literature on this proposed topic of research, Researcher found that there is lack of studies/researches related with this topic. Many literatures ensure the long-term viability of mental health of tribal communities, hence enhancing QOL, an effective means for uplifting their life and also allowing tribals to live more productive and stately lives. Because there is a paucity of literature, the concerned ministry will not pursue tribal livelihood development programmes concerned with psychological approach. This study seeks to fill a research vacuum by addressing the livelihood status of tribal living in the WG in terms of quality of life. Therefore, this is designed and aimed to fill these gaps and try to empower them by uplifting their QOL.

In the WG, there are tribes. The WG have been home to over fifty distinct tribes since ancient times. The majority of indigenous people mostly depend on the forests for their livelihoods. The tribal community residing in the WG faces a multitude of obstacles, such as economic

instability, low literacy rates, poor living conditions, limited political influence, and health-related issues. With the intention of enhancing policy in the tribal area, the current study looked at the quality of life among tribal people living in the WG. In essence, this study helps researchers and policy makers extrapolate the knowledge about this tribal settlement.

After reviewing the literature on this research topic, the researcher found that there is a lack of studies or research related to the proposed topic, and most of the studies have adopted a quantitative research design. There is a paucity of literature. Some factors affecting QOL among the population are unknown.

Therefore, this proposed study is designed and aimed to fill these gaps. For this, the researcher set three objectives for this study, which are to Study the quality of life of the tribal communities residing in the WG in detail, To Identify major domains/components comes under the QOL among tribal communities living in WG, To find out the causal factors behind the major domains/components comes under the QOL of Tribal Communities in WG.

Methodology

Statement of the Problem

Basavarajaiah *et al.*, 2020 (1) conducted a study on Tribal Livelihood Status in Western Ghats. In this study, the WHO-QOL scale was used to conduct a quality health survey among tribal communities residing in the Western Ghats. The results indicate that the average overall QOL index score is 38.68 ± 7.13 (95% CI: 24.66-52.70), with health domains eventually floating negatively ($r = -0.13$). The average life span of the tribes in the Western Ghats was 45.59 years (1).

Therefore, we must thoroughly examine the quality of life of the tribal communities residing in the WG and identify the element or factors and domains that are causally linked to the poor Quality of Life.

Research Design

The study was adopted a qualitative research design and it was exploratory in nature.

Study Areas

Western Ghats (WG): The WG mountains stretch between 30 and 100 kilometers inland, running parallel to the western coast from the southernmost state of Gujarat in the north, through

the states of Maharashtra, Goa, Karnataka, and Tamil Nadu, and ending in the southernmost state of Kerala in the south, between 17°43' N and 08°25' N by 73°03' E and 77°59' E. For this study, data was acquired from the Konni, Ranni, and Attappady forests on the WG of Kerala (Figure 1 and Figure 2).

Ranni Forest Area: The Ranni Forest Division is located in the Pathanamthitta District of Kerala, India, comprising the Ranni, Vadasserikkara, and Goodrical ranges. It is also part of the WG. Ulladan, Malavedan, Malappandaram, Malaoorali, Vanakudi, Adiyan, Vettuvan, Kani, and Arayan are the main tribal communities in this region. For this study, data from the Mannadisala, Aryanjilimannu, Krumbanmoozhi, Anathodu, Velamplavu, Laha, Thannithod, and Kodumudi settlements in the Ranni region was collected (Figure 1 and Figure 2).

Konni Forest Area: The Konni Forest Division is located in the Pathanamthitta district of Kerala, India. It is the first reserve forest in Kerala. The division is part of the WG, which were designated as a UNESCO World Heritage Site. The forest area is a repository for many endemic species of the Western Ghats. Malai Pandaram tribes are very prominent in this area. For this study, data from the Kattathi settlement in the Konni region was collected (Figure 1 and Figure 2).

Attappady Forest Area: Attappady, located in Palakkad's Mannarkkad taluk, is home to one of Kerala's largest tribal populations. In close proximity to the Nilgiri Hills and the WG,

Attappady is situated on the boundary between Kerala and Tamil Nadu. Irulas, Mudugas, and Kurumbas, are the main tribal community in this area and each having their own unique customs, cuisine, and way of life. For this study, data from the Anwai settlement in the Attappady region were collected (Figure 1 and Figure 2).

Figure 1 shows a two-dimensional view of the study areas selected the study areas for data collection, such as forest areas identified by Ranni and Konni Attapadi mentioned on the Kerala Map. Figure 2 shows a three -dimensional view of the study areas selected the study areas for data collection, such as forest areas identified by Ranni and Konni Attapadi mentioned on the Kerala Map.

Sample Size and Sample Description

The data collected for the study was through the single focus group discussions. 10 single focus group discussion were conducted. Each focus groups consisted with 12 participants, of which 6 were males and 6 were females. Participants were recruited through purposive sampling technique. The information was taken from the different tribals settlement of Kerala (Table 1). The sample distribution across tribal settlement mentioned below.

Table 1 shows the sample distribution across various tribal settlements, as well as the number of FGD conducted there.

Figure 3 shows the researcher conducting FGD across various tribal settlements.

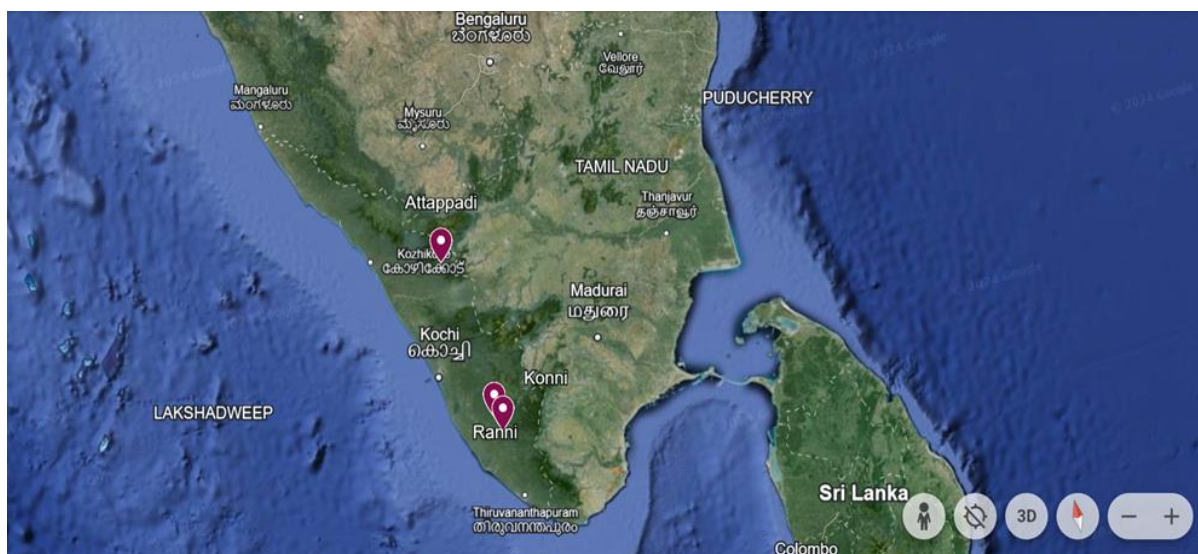


Figure 1: Two-Dimensional View of Study Area (Source: Google Map)



Figure 2: Three-Dimensional View of Study Area (Source: Google Map)

Table 1: The Sample Distribution Across Tribal Settlement

Name of the Division	Name of the Tribal Settlement	Number of FGD	Total Sample Size
Ranni Division	Mannadisala	2	24
	Aryanjilimannu	2	24
	Krumbanmoozhi	2	24
	Anathodu	1	12
	Velamplavu	1	12
	Laha	2	24
	Thannithod	1	12
	Kodumudi	2	24
Konni Division	Kattathi	1	12
Palakkad	Anwai	1	12
Total	10(Total Number of Tribal Settlement)	15 (Total Number of FGD)	180 (Total Sample Size)



Figure 3: Researcher Collecting Data from the Participants

Tools

Focus group discussion (FGD): A single focus group's primary characteristic is its interactive discussion of a subject led by a group of all participants and a team of facilitators in one place as one group (11). This kind of focus group discussion is the most typical and traditional kind. The moderator and a co-moderator are in charge of this discussion. The study is qualitative in nature, with the members typically being questioned about their beliefs, opinions, attitudes, perceptions, and ideas. The focus group discussion was used to gather the necessary data. In contrast to other research methodologies, participant opinion sharing was unrestricted. The FGD is regarded as a kind of semi-structured group interview. Many tools are available for measuring the general population's QOL, but none are available for measuring the quality of life among tribal people. Tribal population QOL differs from general population QOL. Tribal people's quality of life cannot be assessed using QOL measures that are already in use. So in this investigation, the researcher chose to use FGD as a measure.

Data Analysis Technique

Thematic Content Analysis: Finding and analyzing various themes in the data is done using a sort of qualitative research called thematic content analysis (12). We looked at the data using thematic content analysis. Data is analyzed using the thematic content analysis method to find recurring themes. The process of doing a thematic content analysis starts with the researcher familiarizing themselves with the information gathered. Coding, the second phase, concentrates on the key phrases that the respondents used. Finding the themes in the data is the third phase. Examining the themes entails finding new topics, combining certain themes, and rejecting some concepts. This is the fourth phase in the process. Identifying and labelling the themes is the fifth phase, and documenting the data analysis is the last and final step. The Thematic Content analysis examined the themes found in the participants' responses.

Procedure

Everyone in the group was seated comfortably, and a rapport had been built. The facilitator and co-moderator led the FGD. The moderator/first researcher (ST) questioned the participants while

the co-moderator (STP) noted and recorded the answers they provided (Figure 3).

The data was gathered through the use of a FGD among the People Belongs to Tribal Community (Figure 3). The individuals were informed that their information would be kept private and were asked for their approval to record it. They were instructed to sit in a circle and were asked a series of questions, both planned and unplanned, to which they had to react. Thematic content analysis was used to analyse the gathered data. The respondents' answers were recorded exactly as they were given.

Transcription, the initial stage of thematic content analysis, was completed by the moderator/first researcher (ST). In order to have an understanding of the information gathered, it required copying the recorded data onto paper. The second researcher (MKP) completed step two, which involved the editing and verifying procedures. In this step, the information was condensed into smaller portions. Reading the transcript data enabled this process, and all of the related themes were compiled into one group. Analyzing and interpreting the themes is the third phase in a thematic content analysis. The first and second researchers (ST and MKP) worked together to complete this stage, which involved interpreting the themes in terms of their psychological significance. The process of generalization, the fourth phase, was also completed by both the moderator/first researcher and second researcher together (ST and MKP), and it required pointing out the variations and parallels, which were likewise organized into paragraphs. Validation was the last and fifth phase in thematic content analysis procedure. The second researcher (MKP) completed this procedure, and the transcripts were verified in this step, after which the main theme was determined.

Results and Discussion

Quality of Life

Researchers discovered themes (Table 2) related to the quality of life among tribal residents of the WG through content analysis. A conceptual model of quality of life has been proposed by researchers based on it. It is named as S and M QoL Model (Sannet Thomas and Dr. Manoj Kumar Pandey Quality of Life Model, Figure 4).

Table 2: Major Themes, Categories and Codes of FGD Emerged from Content Analysis

Major Theme	Sub Themes Identified	Codes/Responses
Quality of Life	A Social Relationship	Family, Friends, Neighbours, Social Discussion, social events, meetings, exchange, cooperation, and accommodation
	B Health	Disease, Pain, Disorder, Physical Health, Mental Health, Health Facilities, illness, treatment, prevention
	C Work	Job, Occupation, Work availability, wages, Job Satisfaction, thozhilurappu, agriculture, selling
	D Financial and Material Wellbeing	Money, electricity, appliances, security, autonomy, cloth, food water
	E Belonging	Social networks, workplaces, schools, communities, cultural groups, Tribes, Attachment
	F Personal Safety	attacked by wild animals, flood, monsoons
	G Quality of Environment	Educational system, Transportation, Drinking Water, employment and agriculture, Cell Phone Signals, Internet
	H Emotional Wellbeing	Feeling, Wishes, Happiness, Emotion, Satisfaction

**Figure 4:** S and M QoL Model (Sannet Thomas and Dr. Manoj Kumar Pandey Quality of Life Model)

This is the model developed by the researchers after conducting this study. This model Known as the S and M model of quality of life.

Social Relationship

Any interaction or relationship between two or more people is referred to as social relationships. (13) Social interaction is the foundation of social relationships. Exchange, competition, conflict, cooperation, and accommodation are the five basic types of social interaction. Competition and conflict tend to promote social change, whereas exchange, cooperation, and accommodation typically maintain the social structure (13). The tribal settlement in this area as a result of the drug usgae, there is competition and conflict. But when

it comes to the positive aspects of social relationship, exchange, cooperation, and accommodation are more obvious among them. They have positive relationships with most people, including neighbours and family so that they can keep their neighbourhood secure and peaceful. They have fostered trust and respect for one another among those around them. Their desire in conversing with people is constant. They discovered enjoyment in that, scheduling social events and preserving their relationships with people as they saw fit. Even though they occasionally experienced difficulties, they remained steadfastly committed to their loving relationships.

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (14). An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. Social inequality is still a significant predictor of health in Kerala, a state with progressive social policies. Compared to non-tribal groups, tribal groups experience higher rates of underweight, anemia, and goitre, but they also have comparable rates of hypertension and tuberculosis. There are notable disparities in health outcomes among native communities as well (15).

The tribal people are not always satisfied with their physical health. Because the medical and preventative health services that are offered to tribal people are not used by them. Tribal health issues require particular attention because many tribal communities are underdeveloped (16).

It has been reported that a number of tribal people in Attappady (a tribal settlement in Kerala) have developed into "psychiatric patients" due to severe socioeconomic problems such as land confiscation, unemployment, malnourishment, and discrimination. These people had "diagnoses" of depressive disorders, substance abuse, and other "serious mental illnesses" (17). Similarly some people here are also not satisfied with their mental health.

People are satisfied with the health services and schemes received from the government. But most of the people are not fully aware about the government schemes. Tribal people getting mobile health services in their village but hospitals are very far from their places.

Tribal health is positively impacted by the amount of forest products and the indigenous healthcare system available to them. They have a unique method for both diagnosis and treatment. They typically use herbs and other natural materials that they gather and process locally to make their own medication. But at this present moment the young generations are not aware about indigenous healthcare system. So that the young people are not aware about healthy habits and lifestyle.

The tribal population has a high prevalence of drug addiction. It was noted by the present that the trends of drunkenness, tobacco use, and smoking started early and persisted throughout life. The

majority of the men in the hamlet use pan masala, smoke, and drink alcohol. Not many women use pan masala either. Tribal people have very limited access to health care services, and the majority of the female population is concerned about the health of their children.

The Researcher found that, initiating area-specific, group-specific, and health need-specific action research studies is imperative among India's tribal communities. These studies will ultimately assist the authorities in developing effective need-based health care strategies among India's diverse tribal groups.

Work

Most of them are not satisfied with their occupation except government employees from the community. They are not getting nominal pay from their occupation. They are saying most of the time they are struggling for the job and most of them are depended on "thozhilurappu" scheme. Earlier they were collecting forest product from the forest as a livelihood. Now due to deforestation and implementation of new forest law they are not getting enough forest product for their livelihood. Their current job is not enough to them to lead a healthy life. They are not getting the job that they need to live.

This tribes have a wide variety of occupations. Some work as small-scale carrying basket makers, hunters, and gatherers.

This tribes who own land in this area cultivate a variety of crops, such as ginger, jack, ragi, rice, mango, etc. However, some tribes have been able to find work in the government and private sectors. Those who are doing small scale carrying job are not all the time satisfied with the income they receive from their job.

They are always expecting better occupation and good income. They are capable for all kinds of physical demanding job but at present due to lack of education they are not coming to the mainstream jobs. They were telling they are not successful in their current job and they are physically and mentally stressful with their job because they are not getting required wages from the job. Most of the time they are cheated in the work they do in such a way they are not getting a fair price for wages or product.

Financial and Material Wellbeing

The degree to which your resources, financial condition, and financial decisions give you security

and autonomy is referred to as your financial and material well-being. Most of the tribals most of the time not satisfied with their financial situation. Most of them are suffering from anxiety or depression due to financial difficulties. They don't have the financial means to live on. They are also not satisfied with the basic facilities (electricity, appliances, etc.) in the houses they live in. Most of them reported that they don't have enough clothes to wear. They are not getting enough food and drinking water. Overall, they are not satisfied with their Financial and Material Wellbeing.

Sense of Belonging

A person's subjective sense of being a vital member of their social networks, workplaces, schools, communities, cultural groups, and geographical locations is known as their sense of belonging (18). They have a strong ethnic identity because they feel like they are the sons of the soil and belong to their own community. The precivilized community's members were deeply bonded to one another; similarly, these community members also connected with each other with strong belongingness. They undoubtedly believed that they belonged together by nature, and, to the extent that they were aware of others who were not like them, they believed that their own ways were superior to others'. These traits can also be claimed because we observe them to be true of modern primitive societies, in addition to the required effects of the community's small size and isolation.

They claimed to have strong relationships with their family and friends and to feel happy when they are among their tribe. They believe that members of their community have accepted them. They believe they will always be accepted by their group. While they are in their community, they never feel alone or as like people don't care about them. Friends and relatives constantly involve them in their plans.

Perceived Personal Safety

The ability to conduct one's daily activities without fear or worry of physical, psychological, or emotional harm from others is known as personal safety. Perceived personal safety is an experienced feeling, distinct from actual safety, security or risk, and therefore needs to be approached differently (19).

They claimed that they don't feel secure in their house most of the time, particularly at night.

Numerous times, they were attacked by wild animals. Thus, the majority of the time, people fear attacks by wild animals. They erected fencing and bio-fencing with lemongrass to keep the animals out. Regarding their protection, they are dissatisfied with the security measures in place now.

The majority of the time, neither the farm nor the workplace is safe for them. Because the tribal people live in forested areas, it is very difficult for them to travel to the hospital in an emergency. Nevertheless, the government has provided free medical treatment in the hospital as well as mobile medical assistance to the tribal people. According to their report, in the event of an emergency illness, they are not provided with hospital facilities.

They become isolated when the monsoon or heavy rains arrive, so they often don't have security during monsoons and floods. Additionally, they stated that they do not have access to travel facilities in an emergency.

Quality of Environment

The Quality of Environment is the quality of the ecosystem/place a person lives. The tribal settlement's population stated that because their kids must travel farther to get to school, they are dissatisfied with the village's educational system. They are dissatisfied with the college system's ability to give their kids a higher education or associated services. The infrastructure for employment and agriculture does not satisfy them either. The village's transportation infrastructure and access to drinking water are sources of dissatisfaction for them. In order to contact with individuals outside of their hamlet, they also stated that they are not content with the signals from their cell phones or the internet. The way their premises are kept up does not satisfy them.

Emotional Wellbeing

The ability to pursue self-defined goals, life satisfaction, a sense of meaning and purpose, and an overall pleasant emotional state are all considered indicators of emotional well-being. A sense of equilibrium in one's feelings, ideas, social interactions, and goals is a component of emotional well-being. Subjective well-being was found to be significantly lower in tribal adolescents compared to non-tribal adolescents (20).

The residents of this tribal village stated that they didn't feel that their wishes were being fulfilled. Most of the time, people think there is nothing in

their lives to look forward to. They are adored by others and most of the time they love people back. Most of the time, they are not happy, yet occasionally they feel joyful and upbeat. When faced with unforeseen circumstances, they panicked and worried most of the time. They have barely been up in the morning for a very short time, hoping for a wonderful day. The most of the time, they don't particularly cherish what they do.

Conclusion

Summarizing the scientific results that followed, it can be said that the WG are a haphazard harbour home to a diverse and vast tribal civilization. The majority of tribal members struggle with quality-of-life issues. Their social relationships, health, work, financial and material well-being, belonging, personal safety, quality of environment, and emotional well-being were the eight primary components that made up their quality of life, according to the findings. People are having problems in all aspects. The location of tribal settlements is always moulded to be isolated from the main region and the bare necessities. In order to empower tribal people, future researchers need to develop an intervention for the betterment of tribal communities, expand their scientific knowledge to identify the actual problems facing tribal people, and address the issues on the appropriate platform.

Abbreviations

WG: Western Ghats

QOL: Quality of Life

FGD: Focus Group Discussion

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Author Contributions

Study design: Sannet Thomas and Dr. Manoj Kumar Pandey. Data collection: Sannet Thomas with the Help of ST Promoters, Analysis and interpretation: Sannet Thomas and Dr. Manoj Kumar Pandey. Drafting of the manuscript: Sannet Thomas Critical revision of the manuscript: Sannet Thomas and Dr. Manoj Kumar Pandey. Approval of the final version for publication: Dr. Manoj Kumar Pandey

Conflict of Interest

The authors have disclosed no financial or non-financial interests.

Ethics Approval

This study was approved by the Research Degree Committee (No:3528), Veer Bahadur Singh Purvanchal University, Jaunpur, and Permission was taken from Directorate of Scheduled Tribes Development Department, Government of Kerala (Order No: B/B2/2043/2022/STDD(1) dated 30/11/2022 and Order No: B/B2/2043/2022/STDD(2) dated 30/05/2023) and also from The Principal Chief Conservator of Forests (WL) and Chief Wildlife Warden (Order No: KFDHQ-407/2023-CWW/WL10 dated 21/01/2023 and Order No : KFDHQ-407/2023-CWW/WL10 dated 17/06/2023). The Written informed consent forms were signed by all the subjects participating in the study and for taking photography, virtual recording and other cultural beliefs of indigenous knowledge related to this study.

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