Research Paper

Quality of Life and Alcohol Use among Scheduled Tribes in Wayanad District of Kerala

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ABSTRACT

Alcohol use is an unhealthy drinking behaviour which may range from heavy episodic drinking to alcohol addiction and in exorbitant cases the outcome will be health issues. Quality of life is an extent to which an individual is contented with their physical state, emotional well-being, social relationship and habitat. The major focus was to measure quality of life and alcohol use among scheduled tribe population in Wayanad district of Kerala. For the same purposive sampling technique was used. The samples include 110 (55 males and 55 females) scheduled tribes of Wayanad district of Kerala. Malayalam version of WHO AUDIT and WHOQOL-BREF questionnaire were used. The findings suggest negative correlation between alcohol use and quality of life. There exists a significant difference in alcohol consumption based on sex of the participants. There also exists variation in quality of life on the basis of sex, education and occupation of the participants. Quality of life decreases with increase in alcohol use.

Keywords: *Quality of Life, Alcohol Use, Scheduled Tribes*

QUALITY OF LIFE (QOL):

Quality of life is a dominant criterion that gives an intuition on the way usage of alcohol influence the living of those who consume it. World Health Organization (WHO,1995) stated QOL as "An individual's perception of their position in life in the context of the culture and the patterns of values in which he lives and the extent or incompatibility of this with his goals, expectations, and interests of mental health, independence and personal and social relationships". When an individual is satisfied with their way of living it means they are contented with their physical state, emotional well-being, social relationship and habitat.

ALCOHOL USE:

Alcohol use is a range of harmful alcohol consumption behavior varying from heavy episodic drinking to alcohol addiction and in exorbitant cases the outcome will be health issues. Apart from health issues, increased consumption of alcohol can affect both social functioning and economic development of an individual. It can drastically change the way

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an individual think and the pattern of their living. Over consumption of alcohol can decline the progress of an individual and also the society. So proper measures have to be taken in order to reduce the alcohol consumption.

SCHEDULED TRIBES

Scheduled tribes are an indigenous people who are officially regarded as socially disadvantaged. They are also known as Adivasis and are not equally treated as the other population. Scheduled tribes belong to the underdeveloped group of population. There way of living and traditions differs. The scheduled tribes, based on 2011 census contribute to 8.6 percentage of the total population. Hence great focus has to be given in order to uplift this population. There is an increase in alcohol consumption among this population which can decline their standard of living.

Most of the previous research shows a negative relation between the two variables (quality of life, alcohol use). But in research conducted by (Chan et Al., 2009) and (Dakins B. L et al., 2010) shows that quality of life increases with alcohol consumption. Previous studies also point out that there is difference in physical well-being, mental well-being, social relationship and habitat with the usage of alcohol. Study conducted by (Olickal J. J et al., 2022) highlighted that there is shortage of studies done on QOL and alcohol use. Previous studies conducted on alcohol use and quality of life shows the importance of conducting research on this area. Only less research are conducted on the topic among scheduled tribes.

METHODOLOGY

Research design
For the present study an exploratory design was adopted to estimate the QOL and alcohol use among scheduled tribe population in Wayanad district of Kerala.

Statement of the Problem
Certain previous data shows 39.1% of increase in alcohol use within the tribal population and it was more among men (49.3%) than women (27.9%) (Chaturvedi, H. K et Al, 2019). Alcohol use may have an impact on the standard of living. Alcohol consumption may cause a decline in an individual's standard of living. Tribal people are among the most geographically underdeveloped and underserved communities in the population (Office of Registrar General & Census commission of India Census 2011 New Delhi,2013). It is very much important to focus this study on the tribal population and less studies are done on this variable (quality of life, alcohol use) among the scheduled tribe population.

Operational definition
- **Alcohol use** -Consumption of alcohol which consist of more than one standard drink in a month.
- **Quality of life** -The extend to which a person is healthy both physically and psychologically, comfortable, has good social relationship and satisfied with the environment.
- **Scheduled tribes** -An indigenous people who are not equally treated, denied of opportunities and regarded as socially disadvantaged.

Objectives
- To assess the relation between quality of life and alcohol use among the scheduled tribe population in Wayanad district of Kerala.

- To assess variations in alcohol use between male and female scheduled tribes.
- To assess quality of life based on sex of the participants.
- To assess quality of life based on education of the participants.
- To assess quality of life based on occupation of the participants.

Hypothesis
- **Ho1**-There is no significant relation between quality of life and alcohol use among the scheduled tribe population in Wayanad district of Kerala.
- **Ho2**-There is no significant difference in alcohol use between male and female scheduled tribes.
- **Ho3**-There is no significant difference in quality of life on the basis of sex of the participants.
- **Ho4**-There is no significant difference in quality of life on the basis of education of the participants.
- **Ho5**-There is no significant difference in quality of life on the basis of occupation of the participants.

Universe of the study
Wayanad district of Kerala

Population
The population of the study was scheduled tribes.

Inclusion criteria:
1. Scheduled tribe who use alcohol.
2. Scheduled tribe between the age of 21-50.
3. Male and female scheduled tribes in Wayanad district

Exclusion criteria:
1-Scheduled tribe who suffer from any mental health disability.
2- Scheduled tribe between the age of 1-20 and above 51.
3- Non scheduled tribe population in Wayanad.

Sample and sampling technique
For the current study samples are collected by purposive sampling method. The questionnaire has given to the participants. The total number of the samples were 110.

Tools for the study
Personal data schedule
The researcher prepared a personal data sheet to collect details of the participants. Personal data schedule has helped the researcher to collect information about age, sex and occupation of the participants.

WHO QOL-BREF Questionnaire
The WHO QOL-BREF is a brief edition of WHO QOL-100.In 2004, Skevington SM. O'Connel KA and Lotfy M and WHO QOL group developed it. This questionnaire could be self-administered and consist of 26 questions. For internal consistency alpha coefficient extend from 0.66 to 0.84 for domains, 0.86 to 0.91 for the total score. The scale has good construct and content validity. For the present study a validated pretested Malayalam version

of WHOQOL-BREF questionnaire was used to estimate the quality of life among the scheduled tribes in Wayanad district of Kerala. The translated version of the questionnaire is internally consistent and the Cronbach alpha of the translated version is 0.86. It demonstrated discriminant and construct validity.

WHO-AUDIT questionnaire
It was developed by (Babor et al,1989) in order to assess individuals with unhealthy patterns of alcohol drinking. The scale indicated high reliability (r = 0.86) and internal consistency. For the present study self-report version, Malayalam translated WHO-AUDIT questionnaire was used to estimate the alcohol use among scheduled tribes in Wayanad district of Kerala. Bangalore institute of translation studies has translated it into Malayalam and retranslated back to English

Procedure for data collection
The researcher met the participants individually at various colonies in Wayanad district of Kerala. The personal data schedule, WHOQOL-BREF questionnaire and WHO-AUDIT questionnaire were given to the participants and they were asked to mark the responses in the appropriate place. The researcher herself recorded the response sheet for those participants who were not able to write.

The sample size in this study initially consisted of 130 participants and were chosen using purposive sampling technique. Out of which five dropped as they were disinterested in participating in the study. after which 125 participants were consented to be part of the study out of which 15 participants data were excluded as it was incomplete and ultimately wanted participants completed the data and further it was analyzed.

After establishing good rapport with the participants, the study was explained in brief and it was followed by taking informed consent and confidentiality was assured to the participants. The participants were provided with personal data schedule. After collecting the personal data schedule, the WHOQOL-BREF Questionnaire has been given to the participant. They were given clear instruction which has to be followed. Further the WHO-AUDIT Questionnaire was given to the participant.

Figure :1 Shows the procedure for data collection
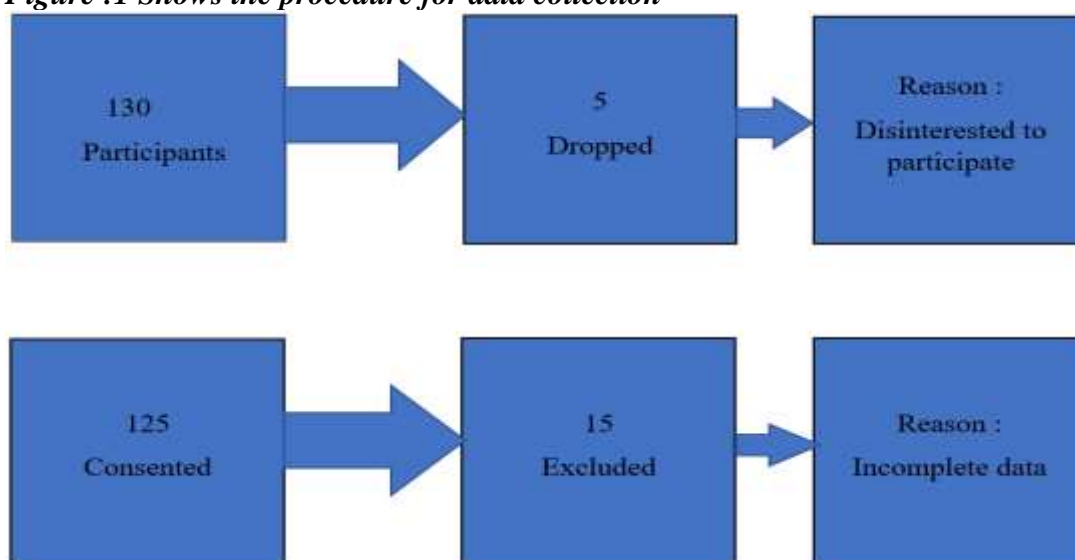
Ethical consideration
- From each participant informed consent was taken.
- Confidentiality was maintained throughout the study
- Forceful participation was not encouraged.
- Results of the study were debriefed to the participants.

The participant was informed that they could terminate from participating in the study whenever they wanted.

No harm was caused to the participants verbally or physically.

Statistical techniques:
- **Pearson correlation:** It (Pearson -product moment correlation) was used to find the relation between quality of life and alcohol use among the scheduled tribes of Wayanad district of Kerala.
- **t-test:** In order to find the variations in the alcohol consumption and quality of life between male and female scheduled tribes an independent sample t test was utilized.
- **ANOVA:** For the current research ANOVA was used to examine the quality of life based on the education and occupation of the scheduled tribes in Wayanad district of Kerala.

RESULTS AND DISCUSSION

Correlation among alcohol use and quality of life
Ho1- There is no significant relation between quality of life and alcohol use among the scheduled tribe population in Wayanad district of Kerala.

Table 1: Pearson product moment correlation between quality of life and alcohol use.

Variable	N	M	S.D.	1	2
Quality of life	110	33.24	12.90	_	
Alcohol use		15.15	9.03	-.514**	_-

**p=0.00, <0.01

Table 1 shows the result of correlation between two variables. There was a total of 110 scheduled tribes The mean score obtained for variables (quality of life, alcohol use) are 33.24 and 15.15 respectively and SD for variables (quality of life, alcohol use) are 12.90 and 9.03 respectively. The coefficients obtained for quality of life is (r = -0.514). Correlation found to be significant at the 0.01 level. Quality of life is having a negative correlation with alcohol use. It indicates when alcohol use increases quality of life (Qol) decreases.

Assessing the relation of quality of life (Qol) domains with alcohol use:
Table 2 Pearson product moment correlation between quality of life domains and alcohol use

Variable	N	M	S.D	1	2	3	4	5
Alcohol use	110	15.15	9.03	-	-	-	-	-
Physical health		35.75	19.40	-.60**	-	-	-	-
Psychological health		38.13	15.12	-.37**	.68**	-	-	-
Social relationship		29.64	15.35	-.25**	.48**	.37**	-	-
Environment		29.24	12.93	-.38**	.63**	.66**	.65**	-

**p= 0.00<0.01

Table 2 shows the correlation between five variables. The mean score obtained for variables alcohol use, physical, psychological, social relationship and environment health are 15.15, 35.75, 38.13, 29.64 and 29.24 respectively and SD for variables alcohol use, physical, psychological, social relationship and environment health are 9.03, 19.40, 15.12, 15.35 and 12.95 respectively. In the current study variable alcohol use is negatively correlated with physical, Psychological, social relationship and environment health. The coefficients obtained for each variable are the following: for physical health ($r=-0.60$), for psychological health ($r=-0.37$), for social relationships ($r=-0.25$) and for environment ($r=-0.38$). Correlation found to be significant at 0.01 level.

Alcohol use has a strong negative correlation with physical health because the correlational coefficient is between (-0.79 to -0.60). Alcohol use has a weak negative correlation with psychological, social relationship and environment because the correlational coefficient is between (-0.20 to -0.39). It indicates when alcohol use increases the physical health decreases at high level. When alcohol use increases the psychological, social relationship and environment health decreases at lower level among the scheduled tribes in Wayanad.

In studies conducted by J. J Olickal et al (2021) and Shrivastava, S &Bhatia M. S (2013) results indicated that the alcohol use has an impact over all the four domains (Physical health, psychological, social relationship and environment). Physical health, psychological, social relationship and environment health decreases with increase in alcohol use. Thus, the present study also indicates negative correlation of alcohol with all the four domains.

Testing the tenability of hypothesis:
Ho1: There is no significant relation between quality of life and alcohol use among the scheduled tribe population in Wayanad district of Kerala.
The Pearson product moment correlation was used to find the relation between the overall quality of life and alcohol use as well as between quality of life domains and alcohol use. Correlation was significant at 0.01 level. Quality of life tend to have negative correlation with alcohol use. Hence hypothesis one is not accepted and restated as:
"There is significant relation between quality of life and alcohol use among the scheduled tribe population in Wayanad district of Kerala".

Assessing alcohol use between male and female scheduled tribes
Ho2- There is no difference in alcohol use among male and female scheduled tribe in Wayanad district of Kerala.
In order to find the difference in the alcohol use between males and females an independent sample t test was used.

Table 3 Shows the t test value for male and female scheduled tribes in alcohol use

Gender→		Male			Female		t	P
Variable↓	N	M	SD	N	M	SD		
Quality of life	55	22.18	6.37	55	8.10	4.83	13.05**	.00

**P<0.01

The total sample size (N = 110). The number of males, N=55 and the number of females, N = 55. The mean score obtained for male scheduled tribes for alcohol use was 22.18 and the mean score obtained for female scheduled tribes for alcohol use was 8.10 respectively. The SD score obtained for male scheduled tribe for alcohol use was 6.37 and for female

scheduled tribes was 4.83. The t value for gender, for alcohol use is 13.05. It was significant at 0.01 level. It indicates that there are variations in alcohol use among male and female scheduled tribes in Wayanad district of Kerala. The present study shows males use comparatively more alcohol than females.

In research carried out by Ray.J et al (2018) and Tomar, P et al. (2016) also highlights the difference among male and female participants in alcohol use. In these studies, male participants consume comparatively more alcohol than females. The current study also states there lies variations in the alcohol use among the males and females.

Testing the tenability of hypothesis:
Ho2: There is no significant difference in alcohol use among male and female scheduled tribe in Wayanad district of Kerala.
The present study shows males use comparatively more alcohol than females. Hence hypothesis 2 is not accepted and restated as:
"There is difference in alcohol use among male and female scheduled tribe in Wayanad district of Kerala".

Assessing quality of life based on sex of the participants
Ho3: There is no significant difference in quality of life based on sex of the participants.
Total sample is divided into two category based on sex. The categories are male and female. The first category male consists of 55 participants and the second category female consist of 55 participants. The data obtained are shown in table 4.

Table 4 shows t test value of male and female scheduled tribes on quality of life

Gender→	Male			Female			t	P
Variable↓	N	M	SD	N	M	SD		
Quality of life	55	27.31	10.27	55	39.16	12.61	-5.40**	.00

**P<0.01

The mean score obtained for male participants for quality of life is 27.31 and the mean score obtained for female participants for quality of life is 39.16 respectively. The t value obtained for the variable sex for quality of life is -5.40. The significant level was 0.01. It indicates sex of the participant is having an influence on quality of life. Hence sex of the participant is able to influence quality of life of scheduled tribes in Wayanad district of Kerala. The present study shows female scheduled tribes have comparatively more quality of life than male scheduled tribes.

Assessing quality of life domains based on sex
Table 5 Shows t test value of male and female scheduled tribes on quality of life domains

Gender→	Male			Female			t	P
Variable↓	N	M	SD	N	M	SD		
Physical health	55	25.43	15.85	55	46.05	17.09	-6.55**	.00
Psychological health	55	32.14	10.75	55	44.10	16.53	-4.49**	.00
Social relationship	55	26.94	14.61	55	34.32	16.72	-3.76**	.00
Environment	55	24.85	9.97	55	33.61	14.11	-3.76**	.00

*** P<0.01*

Table 5 shows t test value of male and female scheduled tribes on quality of life. Obtained mean score for male participants for physical health, psychological health, social relationship and environment health are 25.43, 32.14, 26.94, and 24. 85 respectively. The mean score obtained for females for physical, psychological, social relationship and environment health are 46.05, 44.10, 34.32 and 33.61 respectively.

The SD scores obtained for males for physical, psychological, social relationship and environment health are 15.85, 10.75, 14.61 and 9.97 respectively. The SD scores obtained for females for physical, psychological, social relationship and environment health are 17.09, 16.53, 16.72 and 14.11 respectively.

The t value obtained for the variable sex for physical, psychological, social relationship and environment health is -6.55, -4.49. The t values significance level was 0.01. It indicates sex of the participant is having influence on physical health. The present study shows female scheduled tribes have comparatively more physical health than male scheduled tribes. The t value obtained for the variable sex for psychological health is -4.49. The t values significance level was 0.01. It indicates sex of the participant is having influence on psychological health. The present study shows that females of scheduled tribe have comparatively better psychological health than male scheduled tribes.

The t value obtained for the variable sex for social relationship is -3.76. The t values significance level was 0.01. It indicates sex of the participant is having influence on social relationship. The present study shows that females of scheduled tribes have better social relationship than male scheduled tribes in Wayanad district of Kerala. The t value obtained for the variable sex for environment is -3.761. The t values significance level was 0.01. It indicates sex of the participant is having influence on environment domain. The present study shows that females of scheduled tribe have combatively better environment health than male scheduled tribes.

In a study conducted by Lee, K. H., Xu, H. & Wu, B (2020) among community dwelling older adults, results indicated elderly male adults reported a better quality of life than elderly female adults. On contrary to the above study the current study shows that the females of scheduled tribes are having better quality of life than males of scheduled tribes in Wayanad district.

Testing the tenability of hypothesis:
Ho3: There is no significant difference in quality of life based on the sex of the participants.
Both the overall quality of life and domain wise was measured in accordance with the sex of the participants. The t value obtained for the variable sex for quality of life was significant at 0.01 level. This study found that female scheduled tribe had comparatively better quality of life than male scheduled tribe. Hence the hypothesis was not accepted and restated as:
"There is significant difference in quality of life on the basis of sex of the participant".

Assessing quality of life based on education of the participants
Ho4- There is no significant difference in quality of life based on education of the participants.
The total sample is divided into five groups in accordance with the level of education. The groups are: (1) Illiterate, (2) Lower primary, (3) Upper primary, (4) High school and (5) Higher secondary. The first group (illiterate) consists of 36 participants, the second group

(lower primary) consist of 6 participants, the third group (upper primary) consist of 17 participants, the fourth group (high school) consist of 39 participants and the fifth group(higher secondary) consist of 12 participants. The data obtained after one way ANOVA is given in the table 6.

Table 6 Shows quality of life based on education of the participants

Education →	Illiterate		LP		UP		HS		H Sec		F	P	η^2
Variable↓	M	SD	M	SD	M	SD	M	SD	M	SD			
Quality of life	32.77	10.05	25.95	12.10	34.51	11.41	28.74	10.45	51.12	15.57	9.91	.00	.274

**p<0.01

Note: LP-Lower Primary, UP-Upper Primary, HS-High School, H sec -Higher secondary
η^2- eta squared

The mean value obtained for illiterates for quality of life is 32.77 and SD is 10.05 respectively. The mean value obtained for lower primary (LP) for quality of life is 25.95 and SD is 12.10 respectively. The mean value obtained for upper primary (UP) for quality of life is 34.51 and SD is 11.4 1respectively.The mean value obtained for High school (HS) for quality of life is 28.74 and SD is 10.45 respectively. The mean value obtained for higher secondary (H sec) for quality of life is 51.12 and SD is 15.27 respectively.

The F ratio for quality of life is 9.91. The F ratio for quality of life is significant at 0.01 level. So, there is considerable variations existing between different levels of education of scheduled tribes. Scheduled tribes with higher secondary level of education have better quality of life than other participants who are illiterate or with lower primary, upper primary or high school level of education.

The eta squared value obtained for different level of education of participants for quality of life is 0.274 which indicates large effect size. Therefore 27.4% of the difference in quality of life was due to the variations in the level of education of the participants.

Assessing quality of life domains based on education
Data obtained after one way ANOVA is given in the table 7.

Table 7 Shows quality of life domains based on education

Education →	Illiterate		LP		UP		HS		H Sec		F	P	η^2
Variable↓	M	SD	M	SD	M	SD	M	SD	M	SD			
P H	34.32	16.50	32.50	18.46	40.53	18.95	28.59	18.69	57.83	14.85	6.71	.00	.204
Ps H	37.08	11.13	27.33	12.81	41.18	15.36	35.18	15.63	51.92	17.06	4.30	.00	.141
S. R	31.00	15.80	19.67	13.18	26.82	8.38	25.87	9.44	46.75	24.66	6.13	.00	.189
Env	27.72	8.55	24.33	8.89	29.53	11.47	25.49	9.37	48.00	20.96	9.91	.00	.274

**p<0.01,

Note: LP-Lower Primary, UP-Upper Primary, HS-High School, H Sec-Higher secondary, PH-physical health, PS H-psychological health, SR-social relationship and Env -environment

Table 7 shows quality of life domains based on education of the participants. Mean value and SD obtained for illiterate, lower primary (LP), upper primary (UP), high school (HS) and higher secondary (H sec) for physical health is (M=34.42, SD=16.50), (M=32.50, SD=18.46), (M=40.53, SD=18.95), (M=28.59, SD=18.96) and (M=57.03, SD=14.85) respectively. The mean value and SD obtained for illiterate, lower (LP) and upper primary (UP), high school (HS) and higher secondary (H sec) for psychological health is (M=37.08, SD=11.13), (M=27.33, SD=12.81), (M=41.18, SD=15.36), (M=35.18, SD=15.63) and (M=51.92, SD=17.06) respectively. The mean value and SD obtained for illiterate, lower (LP) and upper primary (UP), high school (HS) and higher secondary (H sec) for social relationship is (M=31.00, SD=15.80), (M=19.67, SD=13.18), (M=26.82, SD=8.38), (M=25.87, SD=9.44) and (M=46.75, SD=24.66) respectively. The mean value and SD obtained for illiterate, lower (LP) and upper primary (UP), high school (HS) and higher secondary (H sec) for environment is (M=27.72, SD=8.55), (M=24.33, SD=8.39), (M=29.53, SD=11.47), (M=25.49, SD=9.37) and (M=48.00, SD=20.96) respectively.

The F ratio for physical health is 6.719, for psychological health is 4.307, for social relationship is 6.135 and for environmental health is 9.917 and is significant at 0.01 level. So, there is considerable variations existing between scheduled tribes with different educational level. Scheduled tribes with higher secondary level of education have better physical, psychological, social relationship and environment health than other participants who are illiterate or with lower primary, upper primary and high school level of education.

The Eta squared value obtained for different level of education of participants on physical health was 0.204 which indicates large effect size. 20.4% of the variance in physical health of the participants are due to the difference in their level of education.

The Eta squared value obtained for different level of education of participants on psychological health was 0.141 which indicates large effect size. 14.1% of the variance in psychological health of the participants are due to the difference in their level of education.

The Eta squared value obtained for different level of education of participants on social relationship was 0.189 which indicates large effect size. 18.9% of the variance in social relationship of the participants are due to the difference in their level of education.

The Eta squared value obtained for different level of education of participants on environment health was 0.274 which indicates large effect size. 22.4% of the variance in environmental health of the participants are due to the difference in their level of education.

In a study conducted by Javed. S., Javed. S.& Khan, A (2016) on "Effect of education on quality of life and well-being". It was found that better standard of life among educated than uneducated. Present study also shows better quality of life among educated scheduled tribes than illiterates.

Testing the tenability of hypothesis:
Ho4: There is no significant difference in quality of life based on the education of the participants.
Both the overall and quality of life domains was assessed on the basis of different level of education. For quality of life overall F ratio was significant at 0.01 levels. The scheduled tribe whose level of education was higher secondary found to have better quality of life. Hence hypothesis 4 was not accepted and restated as:

"There is significant difference in quality of life based on the education of the participant".

Assessing quality of life based on occupation of the participants
Ho5-There is no significant difference in quality of life based on occupation of the participants.
Total sample was divided into three groups on the basis of their type of occupation. The groups are (1) Manual labour, (2) Unemployed, (3) Other type of occupation. The first group (Manual labour) consists of 82 participants, the second group (unemployed) consist of 14 participants and third group (other type of occupation) consist of 14 participants respectively the data obtained after one way ANOVA is given in the table 8.

Table 8 Shows quality of life based on occupation of the participants

Occupation→	Manual labour		Other occupation		Unemployed		F	P	η^2
Variable↓	M	SD	M	SD	M	SD			
Quality of life	29.99	10.57	47.62	16.57	37.87	11.39	15.40	0.00	0.224

**p<0.01

Table 8 shows quality of life based on occupation. The mean value and SD obtained for manual labor for quality of life are 29.99 and 10.57. Mean value and SD obtained for other occupation for quality of life are 47.62 and 16.57 respectively. The mean value and SD obtained for unemployed for quality of life are 37.87 and 11.39 respectively. The F ratio for quality of life is 15.402. The F ratio for quality of life is significant at 0.01 level. So, there is considerable variation existing between participants with different type of occupation. The scheduled tribes who are doing other type of occupation has better quality of life than scheduled tribes who are unemployed and doing manual labor.

The Eta squared Value obtained for different type of occupation of participants on quality of life was 0.224 which indicates large effect size. 22.4% of the difference in quality of life of the participants are due to the variations in their type of occupation.

Assessing quality of life domains based on occupation
Table 9 Shows quality of life domains based on occupation of participants

Occupation →	Manual labour		Other occupation		Unemployed		F	P	η^2
Variable ↓	M	SD	M	SD	M	SD			
Physical health	30.60	17.70	51.86	16.62	49.79	16.40	14.10	.00	.209
Psychological health	35.51	13.18	51.50	17.69	40.07	16.84	7.63	.00	.125
Social relationship	27.35	12.82	43.71	23.09	28.93	13.07	7.63	.00	.125
Environment	26.22	8.60	43.43	22.17	32.71	12.76	13.77	.00	.205

**p<0.01

Table 9 shows quality of life based on occupation of participants. The mean value and SD obtained for manual labor, other occupation and unemployed for physical health are (M=30.60, SD=17.70), (M=51.86, SD=16.62) and (M=49.79, SD=16.40) respectively. The mean value and SD obtained for manual labor, other occupation and unemployed for psychological health are (M=35.51, SD=13.18), (M=51.50, SD=17.69) and (M=40.07,

SD=16.84) respectively. The mean value and SD obtained for manual labor, other occupation and unemployed for social relationship are (M=27.35, SD=12.82), (M=43.71, SD=23.09) and (M=28.93, SD=13.07) respectively. The mean value and SD obtained for manual labor, other occupation and unemployed for environment are (M=26.27, SD=8.60), (M=43.43, SD=22.17) and (M=32.71, SD=12.76) respectively.

The F ratio of physical health is 14.10, for psychological health is 7.63, for social relationship is 7.63 and for environmental health is 13.77 which is significant at 0.01level. There is considerable variations existing in physical, psychological, social relationship and environment health for participants with different type of occupation. Scheduled tribes who do other type of occupation has better physical, psychological health, social relationship and environment health than scheduled tribes who are unemployed or doing manual labor.

The Eta squared value obtained for different type of occupation of participants on physical health was 0.209 which indicates large effect size. 20.9% of the variance in physical health of the participants are due to the difference in their type of occupation.

The Eta squared value obtained for different type of occupation of participants on psychological health was 0.125 which indicates moderate effect size. 12.5% of the variance in psychological health of the participants are due to the difference in their type of occupation.

The Eta squared value obtained for different type of occupation of participants on social relationship was 0.125 which indicates large effect size. 12.5% of the variance in social relationship of the participants are due to the difference in their type of occupation.

The Eta squared value obtained for different type of occupation of participants on environmental health was 0.205 which indicates large effect size. 20.5% of the variance in environmental health of the participants are due to the difference in their type of occupation.

Testing the tenability of hypothesis:
Ho5: There is no significant difference in quality of life based on occupation of the participants:
Both the overall and   quality of life domains was measured based on different type of occupation. One way ANOVA was used. For overall quality of life as well as for domains F ratio was significant at 0.01 levels. The scheduled tribe who were doing other type of occupation found to have better quality of life. Hence hypothesis 5 was not accepted and restated as:
"There is significant difference in quality of life based on the occupation of the participant".

CONCLUSION
This study was done between two variables-Quality of life and alcohol use. In this study there is negative correlation between alcohol use and quality of life among the scheduled tribe of Wayanad district of Kerala. The study also reveals that there are variations in alcohol use among male and female scheduled tribes in Wayanad district. There are an influence of sex, education and occupation of participants on quality of life.

Implications
Getting an insight of how alcohol use is related to quality of life can help to improve the standard of life among the scheduled tribes. The effort of this research was to figure out how

alcohol use can decrease physical, psychological, social relationship and environmental health of an individual. By examining the results, it could be used for further upliftment of the tribal community. This study could also help the government authorities and tribal welfare authorities to bring a change in the quality of life and could also guide them to uplift the tribal community. It would help the authorities to bring certain training programs or awareness program in order to decrease the use of alcohol among the scheduled tribes.

Limitations of the study:
- Study was conducted only on tribal population so the findings could not be generalized.
- The samples were collected only from a specific area (Wayanad, Kerala).
- The data were self-reported by the participants so there are chances for responses based on social desirability.

Suggestions for future studies:
- Future studies could be done on large sample size.
- Future studies could focus on other populations.
- Future studies should include more variables.
- Further researchers should include different geographical locations and samples across different culture.

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