



LITERACY, MENTAL HEALTH AND QUALITY OF LIFE AMONG TRIBAL WOMEN IN THE HILL DISTRICTS OF WEST BENGAL

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Abstract

Gender representation is low in almost every field of life, and in institutions political as well. This has caused further barriers for women in getting a necessary formulation of legislation for protection of women rights, equality provisions, and a better status in socio-economics. Tribal women appear to have been nurtured in traditional values, beliefs and culture which are marked by male dominance, tending to marginalize the women. Women's inability to perform effectively in such an environment becomes a matter of serious concern. There is negligible mention of the mental health status of Scheduled Tribe populations in the ICMR. Quality of life on the other hand include the satisfaction of one's needs, the experience of well-being, and working conditions. The present study thus makes a modest attempt and explores to study literacy and its association with mental health and quality of life on tribal women in Darjeeling and Kalimpong Districts of West Bengal.

Keywords: *Gorkha Tribal women, Literacy, Mental Health and Quality of Life*

Introduction

A tribal woman holds a significant position in the socio-economic and political structure of her society. The picture of female literacy in this country, indeed, is as depressing as possible, but even such a fairly grim picture is not too scary when considering the fact that by and large Scheduled Caste and Tribe females seem to be the most illiterate in the country, though a few tribes boast of higher figures. In all activities they are engaged in within social and economic life, these people have the free hand to do whatever they like. It has become very incumbent, however, to reiterate that, in herself, the tribal woman is exactly the same as with any woman: she has the same passion, love and fears, the same devotion to household, husband,

and children. The tribal women either have less education or lack it altogether (Challenge, 2021).

At present, Women are lagging far behind men in education. The number of girls compared to boys not going to school amounts to about ten million. Two-thirds of the world's women are illiterates. The result is that it caused poor economic status with less education and ignorance to be the cause of severe health hazards. Pregnancies and diseases related to them claim the lives of half a million women. In addition, early marriages bring down their quality of life in terms of income, education, and awareness. The aforementioned is regarding violent behavior-a very significant social issue women face-and this ranges from being hit, raped, to domestic violence. Gender representation is low in almost every field of life, and in institutions political as well. This has caused further barriers for women in getting a necessary formulation of legislation for protection of women rights, equality provisions, and a better status in socio-economics. All these things made it extremely difficult for women to excel in the male status and improve the environment for a healthy life (Leone, 2006). Biswas S. and Pal. S. (2020) describe the tribal communities in India as being the most backward. Over 70 percent of women in India live below or at the minimal subsistence level (Mukhopadhyay, 1984). These 'doubly disadvantaged' women do not fight to secure their rights against oppression but for survival (Mukhopadhyay, 1984). Reddy (2004) also adds that the literacy condition among the tribals is very poor and worst among the Tribal Women. Bringing any changes in social and economic reforms among the tribals would be a Herculean task unless their literacy rate increases in general and that of their women in particular. Until a woman is educated, there is little scope for the socio-economic transformation. Thus, emphasis on educating Tribal Women should give rapid pace to the development of tribal communities and their contribution to nation building. Change is very much dependent on the quality of education. With good education level, people change their outlook on many aspects in their life. While education has crept into everyone's life, the degree of neglect, influence and impact vary from man to woman. Education is important to every one of us, but rather the more important to girls and women because the education of girls or women has intergenerational impact and effects in their own families.

Mental illnesses are increasing with the urbanization process. It is thus, imperative to meet the 2030 Sustainable Development Goals (SDGs) by meeting the healthcare needs of the tribal people. Without prioritizing and concentrating on the healthcare needs of the indigenous people of the country, SDGs will be difficult to achieve (Patel, et al. 2018).

Research on the tribal people of Australia and Canada strongly appeared to have revealed a surprising fact that they have a broader definition of health than the WHO definition acknowledging the status of mental health (Foster & Mayer, 1966). There is very little literature on the health of tribal populations all over the world (WHO, 2001). There is no or negligible mention of the mental health status of Scheduled Tribe populations in the ICMR Bulletin (2003), Health Status of Primitive Tribes of Odisha, Burden and Pattern of Illnesses Among Tribal (2015), Report of the Technical Committee on Mental Health (2016), and the National Mental Health Survey (2016).

Lund, C. et al (2010) Despite the incredible achievements made in the field of mental health in the than a few tribes who still suffered in abject poverty and health equity inequality. Social determinants like education, living standards, the environment, access, and equity in countries like India contribute immensely to causation and recovery from health and mental health-related challenges. Poverty and low living standards and the associated factors contribute to the increased incidence. One of the major reasons for poor mental health among tribal people, especially women, is poor health-seeking and healthcare utilization (Mohindra et al., 2010). Mental health services are often hard to access for these groups (Anvar et al., 2019).

Quality of life is one of the concepts that are emerging in the world. The quality of life or QoL history of the tribal population of India is to a great extent oral and not much written down. In fact, the new ideas involved include the state of the environment, happiness, housing, work, material satisfaction, and total well-being concerning that population living in that area (Gotay, 1992). Measures of the quality of life reflect an individual's expectations or aspirations stemming from his experiences at a time (Calman, 1984). Dissart and Deller (2000) put forward that objective facts and subjective perceptions determine the quality of life of a person. Kane (2001) described quality of life from variables like the being in a safe, secure, and ordered environment, physical comfort, enjoyment, meaningful activity, relationships, functional competence, dignity, privacy, autonomy, individuality, and spiritual well-being. According to Noronha and Nairy (2005), the major characteristics of quality of life include the satisfaction of one's needs, the experience of well-being, and working conditions. According to Phillips (2006), quality of life endowed an autonomy to opt to enjoy life, develop oneself, and participate as citizens in a society of significant civic integration, high social connectivity, trust, and other integrative norms. In accordance with the definition given by the World Health Organization, "quality of life" stands for "that part of life which is

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determined by the multiplicity of health, comfort, education, social and intellectual attainments, freedom of action.

Need and Significance of the study:

In India the level of awareness among tribal women there concerning their rights such as political, legal, and economic rights and the knowledge of taking advantage of these rights is still quite low. Tribal women still lag behind in almost all spheres and undergoing hardship and sufferings. Tribal women in Indian society suffer from dual disadvantages of being a woman and tribal woman. It is essential to check whether the tribal people are aware of seeking help in mental health, how they go about doing so, and what is the hindrance in their seeking help.

Studies concerning the assessment of quality of life through various factors among Indian tribal populations have been scanty but steadily increasing. The life assessment is based on a core thought of affording an opportunity for people to live longer healthy, creative, satisfying lives in a good environment. It is often stated that these women, as a group, have little to aspire to and are satisfied with themselves and what they have (G. Sandhya Rani, N. Rajani, and P. Neeraja., 2011). Measuring quality of life in the society would help development authorities identify the problem areas and suggest effective management for improvement in the well-being of individuals in that society (Potter J, Cantarero R, Wood H.).

The two hill districts known as Darjeeling and Kalimpong is said to be one of the most backward districts where tribal development is concerned compared to other districts of West Bengal. The main reasons behind this are that the hill district is in the most interior part compared to the plains, they are totally in isolation from the plain areas. Because of its geographical location the region has been facing lots of deprivation when it comes to health, employment, education, job opportunities and communication. A lot of studies have been made in different parts of the country, but there is lack of information about the actual decision-making pattern with regards to the Gorkha tribal women of Hill District of Darjeeling. Additionally, there are very few studies that have partially shed light on the interconnection of tribal women with their educational qualification, mental health, quality of life and their decision making in the Hill Districts of West Bengal. Thus, the present study is an attempt to highlight the Mental health and quality of life the Gorkha tribal women of Hill Districts of West Bengal State which is situated in the interior Northern Hill Belt of West Bengal.

Rationale of the Study

It is a bitter fact that tribal women lag much behind in many fields even when there are varied constitutional provisions and policies for the tribals. Serious paucity of studies regarding mental health issues on tribal women is a matter that needs to be taken very seriously. There is a need for an effective consideration of mental health issues within tribal communities by developing interventions to reduce their incidence and to provide services within an acceptable, accessible, and affordable framework.

This study is most likely to have significant implications on policy making in these areas, especially for new policies concerning the social lives of tribal women. It would also assist the tribe in developing their quality of life and mental health. Researches in these areas would thus open fresh areas of research in the field and concerned areas. The study would indeed be fruitful in formulating new innovative strategies to counter social issues and mental health problems among the tribal women hilly areas of west Bengal. The study would provide good impacts for future generations of tribal hill districts west Bengal populations. The quality of life and mental well-being among tribal women located at hilly regions of west Bengal is what this study aims to shed light on.

Objectives

1. To study the relationship between Literacy and Quality of Life tribal women in the Hill Districts of West Bengal
2. To study the relationship between Literacy and Mental Health of tribal women in the Hill Districts of West Bengal.
3. To study relationship between the Quality of Life and Mental Health of tribal women in the Hill Districts of West Bengal.

Hypothesis of the Study

H₀1: There is no significant relationship between literacy and quality of life of tribal women in the Hill Districts of West Bengal.

H₀2: There is no significant relationship between literacy and mental health of tribal women in the Hill Districts of West Bengal.

H₀3: There is no significant relationship between Quality of Life and Mental Health of tribal women in the Hill Districts of West Bengal

Literature Review: Adhikary (2008) indicated that serious measures need to be adopted toward improving educational status among tribal women. District-wise survey has to be conducted and causes are to be found out why non-enrollment of girls in tribal communities is taking place.

Das Gargi (2012) stated that the tribal women enjoy autonomy at their household level, especially in social aspects and enjoy equal rights along with their husbands in economic matters but their community participation is high due to high investment returns. However, their autonomy level is fixed at lower stands. This is primarily because of low literacy and even unemployment.

Ali et al., (2016) assessed the mental health status (emotional problems, hyperactivity, peer relations and conduct problems, and pro-social behavior) among school-going tribal adolescents in Ranchi, Jharkhand. Results from the study show that among all participants, 5.12% of students exhibited emotional symptoms, 9.61% had conduct problems, 4.23% showed hyperactivity, while 1.41% suffered from significant peer problem.

Diwan., 2012 conducted research has emphasized regarding studying the effect of gender, socio-economic status, and age on the mental health condition among tribal factory workers in Ranchi, Jharkhand. Of the three factors that is gender, socio economic status, and age, gender was found to produce main effect on mental health.

Mankani R. V. and Ganga V. Yenagi (2012) their study findings reported better mental health among working women than their counterparts. Age, education, income, and number of children had a positive and highly significant relationship with working women, while negative and highly significant relationship existed with family size and mental health of the working women.

Joseph, F. L. K & Joseph, J. (2021) found that the anxiety, depression, and stress levels were found to be higher in women belonging to Wayanad district. Furthermore, it is indicated that age of the tribal women significantly influenced the quality of life and depression, anxiety, and stress.

Jana, N. C. & Ghosh, P. K. (2015) The study illustrates that the quality of life in the Mayurbhanj district in Orissa has been improving since historical times, however, caste and gender socio-economic disparities remain the causes of concern in tribal and semi-tribal belt areas.

Bal, L. & Panda, S. (2024). In this study quality of life of married women resulted to be significantly better in physical, psychological, and social domains than the widow women.

Saharnaz Nedjat's (2011) study on the Iran population indicates that factors like age, sex, and education, and employment status play major roles in determining the quality of life.

SenthilKumar SV, Ravichandhiran G, Agadi S, Wali AR, Dhongadi P. (2024) This study found that poor social and psychological QOL of tribal population in comparison to

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environmental and physical domains QOL in Chengalpattu District. Despite a plethora of government initiatives, the tribal population faces an entire gamut of issues and problems in India.

Thus, the studies pertaining to Tribal women and basically their social domain and the aspects of their mental health and Quality of Life of the tribal population needs to be highlighted in the most corner of the Indian subcontinent. In the hill region of West Bengal where different Tribal population like Limbu (Subba), Tamang, Lepcha, Bhutia, Sherpa and Dukpa resides not much literatures are available. This part of literature was not much explored before.

Research Methodology

- 1. Research Design:** The researcher has used Descriptive Survey Research Design as it suits for specifically describing the characteristics of a particular field of study. The study is based on both qualitative and quantitative using primary data.
- 2. Study Area and Population:** The study areas considered was Darjeeling and Kalimpong Hill Districts of West Bengal, and the population for the study consists of Gorkha Tribal women dwelling in the two hill regions of West Bengal. It includes all tribal women (Tamang, Subba, Lepcha, Bhutia, Sherpa and Dukpa) ageing 20-50 years residing in Panchayat and Municipal areas of Darjeeling and Kalimpong Hill Districts of West Bengal.
- 3. Sample & Sampling Procedure** The study was conducted on 500 tribal women from Darjeeling (n=285) and Kalimpong (n=215) district, West Bengal. Convenience Sampling Technique was used to select the samples for the study.

Variables

The following socio-economic and demographic variables were considered as Independent variables: age, marital status, locality, literacy profile, occupation, religion, caste, type of family, earning members in family. Mental health and Quality of life of the Tribal women was considered as Dependent Variables in this study.

Tools Used

1. Demographic Data sheet, prepared by the researcher
2. Mental Health Check-List developed and standardized by Dr. Pramod Kumar
3. The WHOQOL-BREF scale which included 24 questions (adopted from WHO - Quality of Life scale) was used for the study.

Statistics applied

Data entry and analysis was done using Statistical Package for Social Sciences (SPSS) version 25 and MS Excel 2010. t-test was used to compare the averages of two separate groups. Correlation Coefficient was used to measure the strength of a linear association between two variables.

Results and Interpretation

Objective 1: To study relationship between Literacy and Quality of Life tribal women in the Hill Districts of West Bengal

H₀1: There is no significant relationship between literacy and quality of life of tribal women in the Hill Districts of West Bengal.

Table 1: Correlation coefficient between Literacy Profiles and Quality of Life

	Mean	SD	N	r	p	Remarks
Literacy Profile	2.72	1.378	500	-.020	.663	Not significant
Quality of Life	94.84	12.688	500			

The interpretations of above are as follows:

Table 1 shows the value of Pearson Correlation Coefficient to be -.020 with p- value .663, which means there is a negative association between the variables. Result of Pearson coefficient correlation between Literacy Profiles and Quality of Life of Gorkha Tribal women indicates that there was no significant correlation ($r = -.020$, $p > 0.01$) between Literacy and Quality of Life of tribal women.

Findings: It was found that there was a negative association between literacy and quality of life of the Gorkha Tribal women.

Hence, The null hypothesis ‘There is no significant correlation between Literacy and Quality of Life of Gorkha Tribal women’ was accepted.

Objective 2: To study relationship between Literacy and Mental Health of tribal women in the Hill Districts of West Bengal.

H₀2: There is no significant relationship between literacy and mental health of tribal women in in the Hill Districts of West Bengal

Table 2: Correlation coefficient between Literacy Profile and Mental Health

	Mean	SD	N	r	p	Remarks
Literacy Profile	2.72	1.378	500	-.015	.739	Not significant
Mental Health	11.23	5.487	500			

The interpretations of above are as follows:

It is evident from the table 18 that the value of Pearson Correlation Coefficient to be $-.015$ with p -value $.739$, which means there is a negative association between the variables. Result of Pearson coefficient correlation between Literacy Profiles and Mental Health of Gorkha Tribal women indicates that there was no significant correlation ($r = -.015$, $p = .739$, $p > 0.01$).

Findings: It was found that there was a negative association between literacy and mental health of the Gorkha Tribal women.

The null hypothesis 'There is no significant relationship between Literacy Profile and Mental Health of Gorkha Tribal women' was accepted.

Objective 3: To study relationship between the Quality of Life and Mental Health of tribal women in the Hill Districts of West Bengal.

H_03 : There is no significant relationship between Quality of Life and Mental Health of tribal women in the Hill Districts of West Bengal

Table 3: Correlation coefficient between Quality of Life and Mental Health

	Mean	SD	N	r	p
Quality of Life	94.84	12.688	500	$-.246^{**}$	$.000^{**}$
Mental Health	11.23	5.487	500		

****** Correlation is significant at the 0.01 level (2-tailed).

The interpretations of above are as follows:

Result of Pearson coefficient correlation between Quality of Life and Mental Health of Gorkha Tribal women indicates that there was a significant high correlation ($r = -.246$, $p < 0.01$). It is found that when mental health decreases the quality-of-life increases.

Findings: It is found that the quality of life of the Gorkha Tribal women increases when there is a decrease in the value of mental health. Hence, it can be said that Quality of Life correlates to the Mental Health of the Gorkha Tribal women residing in the Hill Districts of West Bengal. The null hypothesis 'There is no significant relationship between Quality of Life and Mental Health of Gorkha Tribal women' is rejected.

Discussion

The study showed a negative association between literacy and quality of life of the Gorkha Tribal women. This may be because quality of life of an individual does not depend on their literacy. There can be numerous other factors that lead to the quality of life of an individual. It could be social, economic, physical, psychological and environmental and so on that leads to a good quality of life.

There was a negative association between literacy and mental health of the Gorkha Tribal women. This could be because mental health is more related to the stress and psychological aspect rather than literacy of an individual. It has always been seen that lesser the stress and psychological trauma lesser will be the chance of poor mental health. Hence, here literacy is not the factor for good or poor mental health.

A significant association was found between the quality of life and mental health of the Gorkha Tribal women. Quality of life increased when there was a decrease in the value of mental health (as higher scores in mental health means poor mental health). This may be because if a person is mentally sound then his quality of life will be sound. In contrary if a person is mentally disturbed and stressed the quality of life also degrades.

The findings were in consonance to the findings of (Salehpoor, Rezaei & Mozaffar, 2014) where the study depicts that when the quality of life increases, depression, anxiety and stress gets reduced.

Recommendations

Many of the tribes do not seek modern treatment for health and mental health problems. The Mental Health services need to be provided at accessible distance to improve the mental health service utilization. It is necessary to develop a national level policy on mental health issues of tribal communities or populations. There is a need to develop innovative strategies to provide mental health services that are relevant to different communities and age groups. There is a need for a strong action plan for implementing these campaigns. More actions should be incorporated to inbuilt self-reliance among tribal females in these regions.

With respect to Quality-of-Life Priority must be given to timely monitoring the improvement in their status and quality of life. Giving an awareness programme on need of good quality of life, activities to increase literacy rate, providing financial support, enhancing parent support, and facilitating for good environment could increase quality of life. Priority must be given to timely monitoring the improvement in their status condition.

Suggestions for Further Research

1. The present study was a descriptive survey-based study and involved quantitative data. However, further research could be conducted with longitudinal approach involving observations of literacy with quality of life, and mental health.
2. A comparative study with same variables could be conducted on women belonging to Scheduled Caste, Scheduled Tribe and General category.

3. The study included participants with diverse age ranges, but future research could focus on school-going or dropout children, students in higher education and teachers from different levels of education to obtain unique insights.
4. A tribal community of Darjeeling and Kalimpong Districts of West Bengal needs a special mental health plan. Such a Health Plan should be constructed on the basis of needs of tribal peoples. Focus should be given on the delivery of mental health services in tribal areas, which is very poor.
5. More researchers can be undertaken on the current mental health services in India and on the appointed mental health professionals.
6. More studies can be conducted on the quality of life with the wellbeing and earning capacity of tribal people based on the literacy level.

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