ANALYSIS ON KNOWLEDGE, ATTITUDE AND PRACTICE AMONG TRIBAL WOMEN OF NILGIRIS DISTRICT WITH REFERENCE TO PCOS

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ABSTRACT:

This study deciphers thetraditional methods followed by the tribal women to treat their irregular menstrual cycle and also assess their knowledge about treating the menstrual problem. In India there are around 104 million tribal women. They comprise of 705 tribes and account for 8.6% of the country's population. Cognizant of the dissimilar socio-cultural constructions and way of life in these societies, the Govt. of India has placed down the three landmark strategy expressions of the Constituents of India, the Panchsheel Principles and the PESA act for the defense and expansion of tribal groups. These policy precautions notwithstanding, the voted representatives from tribal zones frequency voice the problematic of poor health and health services. Many media According to reports, the aboriginal population continues to enjoy amenities and services. Malnutrition, child mortality, and infections such as malaria are all too common in these areas. Several reports showthat the tribal population continues to lack amenities and services. Malnutritive research design has been used to conduct the research. Proportionate stratified random sampling method has been adopted and a well-structured survey questionnaire was used for collecting data from the respondents. Sample size has been derived as 155 samples at 95% confidence level. The collected data were processed with IBM-SPSS statistical software version 23.0. The statistical tools used for the study are such as Demographics Profile, Cross tables, T Test, ANOVA test with the post hoc test and Correlation Analysis.

Index Terms- Tribal communities, socio-cultural, traditional knowledge, low education, economic growth and low rate of health services.

I. INTRODUCTION

The tribal communities usually have their own customs and beliefs which separates them from other urban community. The specific details of the tribal women include observations oftheir menstrual cycle pattern and other anthropometric factors. Analysis shall be made to understand the knowledge, attitude and practice prevalent among the tribal women in order to find out the different ways they adopt to overcome the problems during their mensural cycle. This study additionally investigates about the food habits followed by tribal women, sincefood and food habits play an important role in determining the healthof human beings. The emotional pattern of women changes during the period of their menstrual cycle due to hormonal fluctuations when compared to other days and this is further analyzed in this study in order to find out the perception of the tribal women with reference to menstrual health. Lack of awareness about diet among tribal women may lead to complications that arise due to irregular menstrual cycle. This analysis is specially made for knowing about the difference in the food habits which plays a major role in determining the difference in their menstrual cycle and suggestion is given about the intake of foods for the occurrence of regular menstrual cycle which willhelp the tribal women to maintain agood reproductive health. There are many remedial measures to mitigate menstrual problems and the primary objective of this study is to identify

their traditional healthcare practices followed and reinforced those practices through a structured awareness programme to the tribal women. The content of the awareness program should be valid for creating a huge difference in the life of tribal women.

II. OBJECTIVES

- \checkmark To explore the individual and family factors linked with the tribal community.
- ✓ To decipher the conventional heath and healthcare services available for tribal women in Nilgiris district.
- ✓ To arrange awareness programmers for improvement of tribal women's life.

III. LITERATURE REVIEW

Several studies were undertaken about tribal and their economy but no study was undertaken about the socio economic condition of female headed tribal farm households belonging to small and marginal farms.

Thakur, (2020) This study concluded the upgrade of educational interests of the scheduled tribes the constitution includes an article in the section connecting to the Directive Principles of the National Policy uttering that the "state shall encourage with special care the enlightening and economic welfares of the frailer units of the people, and in specific of scheduled castes and scheduled tribes and shall defend them from social unfairness and all procedures of misuse".

Singh, et al., (2019) in his study finished the tribal are mainly rural. The illiterateness rate of the tribal is 23.63%. This is lower than that of the overall population (62.21%). The literateness rate of the rural tribal female is 12.74%. The fitness status of the tribal is lower and mediocre compared to that of the overall population. It is so or it is since the attitude of the tribal to health that disease is caused by paranormal powers and anger of their deities and family spirits and therefore, they can be preserved by the conciliation of these enraged paranormal powers by expenses of animals, spiritual rituals, sorcery and the sorcery, Despite their paranormal politics the tribal have an native medical system founded on basils.

Low Status of The Tribal Women: Rajyalakshmi, (2019) in this reported as been the women do not have the verdict making power. The separation of work is heavily laden against the tribal woman sincein addition to an equivalent share in the economic production procedure she has to take the only responsibility of family chores. In sure tribes only the males can contribute in ancestor adoration. Usually she cannot hold the workplace of a priest.

K.T.Chandy (2011-2013) studied economic, salary, saving, and investment design of the tribal relations in the districts. Though his study enclosed 450 tribal families but he has not considered farm families belonging to female controlled small and marginal families in specific. However he has correctly observed in his education that the sex ratio is comparatively higher than other community groups.

IV.RESEARCH METHODOLOGY

A research review has been conceded out by individually visiting the family.

4.1 Coverage:

- \checkmark Universe of the study
- > Tribal Women living in Nilgiris district of Tamil Nadu in India.
- ✓ Populace of the study
- The target population of this study is 3,373,594 tribal women in Tamil Nadu; India's rural areas. The populace for this study is 300 tribal women in Nilgiris district of Tamil Nadu in India.
- ✓ Sample frame
- > The respondents are households in Tamil Nadu, India, who live in rural areas. The respondents are the households
- ✓ Sample size
- The sample size for this study is 300 people, and the samples were chosen using the Stratified Random Sample approach. The sample size for this study is 300 respondents and Sampling methods Stratified Random sample method used for selecting the samples.

4.2 Data collection:

- ✓ Types of data
- > Both the primary and secondary data wereused for the study.

4.3 Tools for Data Collection

A well-structured and validated questionnaire based survey was used for gathering data from tribal women. Field review method through questionnaire was accepted to gather the primary data, from the illustrious respondents. The investigator has interviewed all the respondents individually, in the tribal study site to assemble the information. **4.4 Data analysis:**

4.4 Data analysis:

- ✓ Research Design
- > The present study is attentive on the empirical research design.

- ✓ Statistical methods for the analysis
- Demographics Profile
- Cross tables Analysis
- ➤ T Test
- ANOVA test and
- Correlation Analysis

V. Results and Discussion

5.1 Results of Demographics Profile of the respondents:

Table 1: Demographics Profile									
Age	Ν	%	Marital Status	Ν	%				
19-23	67	43.2	Married	131	84.5				
24-28	61	39.4	Single	24	15.5				
29-33	27	17.4							
Total	155	100.0	Total	155	100.0				
Ν	%	Ν	%	Ν	%				
Illiterate	65	41.9	Not Working	21	13.5				
Elementary	80	51.6	Working	134	86.5				
Higher Secondary	6	3.9							
Graduate	4	2.6							
Total	155	100.0	Total	155	100.0				

The respondents were young tribal women across all age groups. Of all the responses were collected from 155 tribal women. 43.2% from 19-23 age category, 39.4% from 24-28 age category and 17.4% from 29-33 category. Among the respondents 84.5% are married women and 15.5% are unmarried women. By analyzing the educational qualification of respondents it is found that most respondents are either illiterate (41.9%) or completed elementary school (51.6%). Most respondents are working (86.5%) as they go to estate works largely and considerable amount of women are not working (13.5%).

General Factors



Figure 1:Demographics Profile of the respondents



The general health factors of the respondents are shown in the figure. Height wise, most respondents (38.7%) belong to category 2 (147-156 cm) and only 2 respondents are above 177 cm with a mean of (2.54 ± 0.98). Weight of the women are distributed across all weight categories with 28.4% respondents belong to category 4 (75-84 kg) with a mean of (2.59 ± 1.14). Most women (36.8%) are in category 1 in BMI index which corresponds to normal category (19-24 BMI), 26.5% are over-weight (25-29 BMI) and 36.8% are obese (>30 BMI). Blood pressure of most respondents are between (110-120 mmHg) with a mean of (1.82 ± 0.80).

5.2 Results of crosstabs analysis:

An analysis of cross tabulations can be conducted to better understand the relationship between two or more variables. The cross-tabulation method is used to cross-compare the findings of one variable or more to the findings of another (or others). Categorical data can be separated into groups that are mutually exclusive, and cross tabulation is most commonly used for these types of data. It is possible to uncover hidden connections in data by analyzing cross-tabulations. Market research and survey research are great examples of cross-tabulations. The cross tabulation of categorical data had been carried out using SPSS tool. 89 women who contributed to the study had an irregular menstrual cycle and 66 of them had a regular menstrual cycle.

		Crosstab			
			During the last month, Have you often been bothered by feeling		
			down ,depresse	a or nopeless?	
			Yes	No	Total
Menstural Cycle	Irregular	Count	53	36	89
		% within Menstural Cycle	59.6%	40.4%	100.0%
	Regular	Count	3	63	66
		% within Menstural Cycle	4.5%	95.5%	100.0%
Total		Count	56	99	155
		% within Menstural Cycle	36.1%	63.9%	100.0%

 Table 2: Menstrual cycle * during the last month, have you often been bothered by

 Feeling down, depressed or hopeless

		Chi-Squa	re Tests		
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	49.688ª	1	.000		
Continuity Correction ^b	47.333	1	.000		
Likelihood Ratio	58.268	1	.000		
Fisher's Exact Test				.000	.00
Linear-by-Linear Association	49.367	1	.000		
N of Valid Cases	155				

Table 3: Chi-square Test

The table above depicts a crosstab analysis of two variables: Menstrual cycle * during the last month, Have you ever been disturbed by a sensation of hopelessness, sadness, or depression? By assessing the above table, we can conclude that 59.6% of the women who suffer from irregular menstrual cycles think that irregular menstrual cycles are very bothersome. Hormones can have a variety of effects on women's vehemence and moods over the course of her life. The influence on a female's moods has a detrimental effect on her wellbeing. This seems to be relevant for the majority of women. Individuals with issues related to their menstrual periods, may have symptoms connected to psychiatric disorders. The p value is 0.000 according to the statistical degree of significance. It is regarded significant if p is less than 0.05; it is regarded trivial if p is greater than 0.05. Our study's p value is 0.000, which is less than 0.05. This demonstrates that there is a link between the menstrual cycle and the degree to which it affects them.

5.3 Results ofT - Test:

The study had 89 participants with irregular menstrual cycle and 66 participants with regular menstrual cycle. Data were collected from the tribal women on the "Practices" they follow with respect to food and other consumption and the significant differences among the groups has been analyzed using T-Test.

The independent-samples t-test is used to examine if there is a difference in the means of two independent groups on a continuous dependent variable. T-test will establish any statistically significant difference between the two groups. The three key data values required to compute a t-test are T the mean difference, the standard deviation and the number of data values in each group. To evaluate statistical significance, a t-test examines the t-statistic, t-distribution values, and degrees of freedom. Depending on the data and type of analysis required, there are various types of t-tests that can be used.

	I WOIC II I				
Group Statistics					
	Menstrual Cycle	N	Mean	Std. Deviation	Std. Error Mean
How often do you eat fruits and vegetables?	Irregular	89	2.1011	.40014	.04241
	Regular	66	2.0758	.58993	.07262
How often do you consume non-veg foods?	Irregular	89	3.0000	.00000	.00000
	Regular	66	1.5909	.49543	.06098
How often do you consume soft drinks	Irregular	89	1.5169	.74028	.07847
(carbonated drinks)?	Regular	66	3.2576	.53524	.06588
How often do you eat sweets?	Irregular	89	3.6404	.93234	.09883
	Regular	66	3.1515	.86367	.10631
How often do you consume	Irregular	89	3.8989	.54450	.05772
cakes/cookies/biscuits?	Regular	66	2.5303	1.12619	.13862
How often do you consume potato	Irregular	89	4.0000	.00000	.00000
chips/popcorns?	Regular	66	2.5303	.96428	.11869
How often do you eat pizza/ burger/	Irregular	89	3.8202	.57528	.06098
sandwich/puffs/ samosa?	Regular	66	3.9697	.24618	.03030

Table 4: T Test

Do you usually consume fruit juices? How	Irregular	89	3.1573	.58190	.06168
many times?	Regular	66	2.1061	.68228	.08398
Do you usually drink coffee/tea? How often	Irregular	89	1.8090	1.06469	.11286
per day?	Regular	66	2.1970	.63778	.07850
Do you skip your meals or have any	Irregular	89	1.3933	.49124	.05207
fasting?	Regular	66	2.1970	1.04100	.12814

Non-Vegetarian Food Intake and Menstrual Cycle

The differences in the regularity of non-vegetarian food consumption were compared between women with regular and irregular menstrual cycles using an independent-samples t test. Levene's test for equality of variances found that the assumption of homogeneity of variance was violated (p=0.000). From the group statistics table it can be inferred that frequency of consuming non veg food was found to be higher in women with regular menstrual cycle (1.59 ± 0.49),) than the women with irregular menstrual cycle (3.00 ± 0.00), a statistically significant difference of 1.40 (95% CI, 1.28 to 1.53), t(65) = 23.106, p = 0.00. The intake of non-vegetarian food leads to the accumulation of cholesterol and triglycerides. Therefore, the consumption of non-vegetarian by women led to irregular menstrual cycles more often.

5.4 Results ANOVA Test:

ANOVA is a statistical method that divides observed aggregate variability of a data set into two distinct parts: systematic components and random effects. The supplied data set is not statistically impacted by random factors, whereas systematic influences are. Analysts use the ANOVA test as part of a regression study in order to examine the effect of independent variables on the dependent variable. Using an ANOVA test, you can compare more than two groups at the same time to find out if there is a correlation between them.

Descriptive		-				_	
						95%	Confidence
						Interval for Mean	
				Std.		Lower	Upper
		Ν	Mean	Deviation	Std. Error	Bound	Bound
Menstrual Cycle	Illiterate	65	1.415 4	.49662	.06160	1.2923	1.5384
	Elementary	80	1.462 5	.50174	.05610	1.3508	1.5742
	Higher Secondary	6	1.166 7	.40825	.16667	.7382	1.5951
	Graduate	4	1.250 0	.50000	.25000	.4544	2.0456
	Total	155	1.425 8	.49607	.03985	1.3471	1.5045
What is the traditional method	Illiterate	65	2.046 2	.83723	.10385	1.8387	2.2536
of treating menstrual irregularities?	Elementary	80	2.137 5	.83808	.09370	1.9510	2.3240
	Higher Secondary	6	2.000 0	.89443	.36515	1.0614	2.9386
	Graduate	4	2.250 0	.95743	.47871	.7265	3.7735
	Total	155	2.096 8	.83568	.06712	1.9642	2.2294
Do you have adequate knowledge on alternate methods of treatment?	Illiterate	65	1.230 8	.42460	.05267	1.1256	1.3360
	Elementary	80	1.200 0	.40252	.04500	1.1104	1.2896
	Higher Secondary	6	1.000 0	.00000	.00000	1.0000	1.0000
	Graduate	4	1.000 0	.00000	.00000	1.0000	1.0000

Table 5: Result of ANOVA Test

	Total	155	1.200 0	.40130	.03223	1.1363	1.2637
Tell us about the medicines/ Herbs used for the treatment.	Illiterate	65	3.138 5	1.10223	.13671	2.8653	3.4116
	Elementary	80	2.987 5	1.23753	.13836	2.7121	3.2629
	Higher Secondary	6	3.833 3	.98319	.40139	2.8015	4.8651
	Graduate	4	3.250 0	.95743	.47871	1.7265	4.7735
	Total	155	3.090 3	1.16979	.09396	2.9047	3.2759
Are you aware of treatment facilities	Illiterate	65	1.692 3	.46513	.05769	1.5771	1.8076
available at primary healthcare center?	Elementary	80	1.687 5	.46644	.05215	1.5837	1.7913
	Higher Secondary	6	2.000 0	.00000	.00000	2.0000	2.0000
	Graduate	4	2.000 0	.00000	.00000	2.0000	2.0000
	Total	155	1.709 7	.45538	.03658	1.6374	1.7819
Are you aware of the various	Illiterate	65	1.830 8	.37787	.04687	1.7371	1.9244
healthcare schemes?	Elementary	80	1.812 5	.39277	.04391	1.7251	1.8999
	Higher Secondary	6	2.000 0	.00000	.00000	2.0000	2.0000
	Graduate	4	2.000 0	.00000	.00000	2.0000	2.0000
	Total	155	1.832 3	.37485	.03011	1.7728	1.8917
Have you been benefited by any	Illiterate	65	1.769 2	.42460	.05267	1.6640	1.8744
NGO for health related issues.	Elementary	80	1.650 0	.47998	.05366	1.5432	1.7568
	Higher Secondary	6	1.833 3	.40825	.16667	1.4049	2.2618
	Graduate	4	1.500 0	.57735	.28868	.5813	2.4187
	Total	155	1.703 2	.45832	.03681	1.6305	1.7759
What is the conventional	Illiterate	65	1.523 1	.50335	.06243	1.3984	1.6478
practice to prevent menstrual	Elementary	80	1.450 0	.50063	.05597	1.3386	1.5614
irregularities? List some practices.	Higher Secondary	6	1.333 3	.51640	.21082	.7914	1.8753
	Graduate	4	1.750 0	.50000	.25000	.9544	2.5456
	Total	155	1.483 9	.50136	.04027	1.4043	1.5634

We can deduct from the preceding data that the mean for women who have completed primary education is very high, at around 1.4625. There is no evident difference in mean menstrual cycle amongst illiterate, primary, higher secondary, and graduate students. Graduate women have the highest mean satisfaction of 2.2500 when it comes to traditional methods of treating abnormalities. There is no apparent difference in mean between illiterate, elementary, higher secondary, and graduate students when it comes to traditional methods of correcting abnormalities. The mean for illiterate people in terms of adequate knowledge is very high, at around 1.2308. There is no obvious variation in mean amongst women with varying levels of schooling. People who have completed up to higher secondary education have the highest mean of roughly 3.8333 when it comes to medicines and plants utilized. There is no noticeable variation in mean amongst women with different educational backgrounds when it comes to medicines or plants utilized. In terms of treatment facilities accessible at primary healthcare centers, the mean for women who have pursued both higher secondary and graduate education is high, at around 2.0000. There is no observable variation in mean amongst women with varying levels of schooling. Women who have completed both higher secondary and post-secondary education have a high level of awareness of healthcare programmes, with a score of around 2.0000. There is no obvious variation in mean amongst women with varying levels of schooling. When it comes to women who have benefited from an NGO, the mean for women who have completed higher secondary school is high, at roughly 1.833. There is no visible variation in mean amongst women with varying levels of schooling. When it comes to traditional methods for preventing menstrual irregularities, the average for graduate women is approximately 1.7500. There is no discernible variation in mean amongst women with varying levels of schooling.

5.5 Results Correlation:

Correlation is a statistical method that calculates how much two variables move in relation to one another. According to a correlation coefficient, the strength of the relationship between two variables can be quantified. There is a range of correlation coefficients between -1.0 and 1.0. A perfect positive correlation has a correlation coefficient of exactly one. Negative correlations mean that two variables move in the opposite direction, while no correlation means that they do not have a linear relationship.

HYPOTHESIS

H1: There is an association between Menstrual cycle and Excessive hair growth

H2: There is an association between Menstrual cycle and Weight

H3: There is an association between menstrual cycle and BMI

H4: There is an association between menstrual cycle and Blood pressure

H5: There is an association between menstrual cycle and Feeling down, depressed or hopeless since last month

H6: There is an association between menstrual cycle and Feeling excessively worried or concerned

H7: There is an association between menstrual cycle and Diabetic or hypertension patient

H8: There is an association between menstrual cycle and Losing control over eating

H9: There is an association between menstrual cycle and Disgusted, depressed or guilty about eating

H10: There is an association between menstrual cycle and Frequency of food intake

H11: There is an association between menstrual cycle and Frequency of intake non veg food

H12: There is an association between menstrual cycle and Consumption of soft drinks

H13: There is an association between menstrual cycle and Frequency of consumption of sweets

H14: There is an association between Menstrual cycle and Frequency of consumption of cakes/cookies/biscuits

H15: There is an association between Menstrual cycle and Frequency of consumption of potato/ chip/popcorn

H16: There is an association between Menstrual cycle and Frequency of consumption of pizza/burger/sandwich/puff/samosa

H17: There is an association between Menstrual cycle and Frequency of intake of fruit juices H18: There is an association between Menstrual cycle and Frequency of intake of coffee/tea per day

H19: There is an association between Menstrual cycle and Fasting

H20: There is an association between Excessive hair growth and Weight

H21: There is an association between Excessive hair growth and BMI

H22: There is an association between Excessive hair growth and Blood pressure

H20: There is an association between Excessive hair growth and Weight

H21: There is an association between Excessive hair growth and BMI

H22: There is an association between Excessive hair growth and Blood pressure

H23: There is an association between Excessive hair growth and Feeling down, depressed or hopeless since last month

H24: There is an association between Excessive hair growth and Feeling excessively worried or concerned

H25: There is an association between Excessive hair growth and Diabetic or hypertension patient

H26: There is an association between Excessive hair growth and Losing control over eating H27: There is an association between Excessive hair growth and Disgusted, depressed or guilty about eating

H28: There is an association between Excessive hair growth and Frequency of food intake H29: There is an association between Excessive hair growth and Frequency of intake of Non veg food

H30: There is an association between Excessive hair growth and Consumption of soft drinks H31: There is an association between Excessive hair growth and Frequency of consumption of sweets

H32: There is an association between Excessive hair growth and Frequency of consumption of cakes/cookies/biscuits

H33: There is an association between Excessive hair growth and Frequency of consumption of potato/ chip/popcorn

H34: There is an association between Excessive hair growth and Frequency of consumption of pizza/burger/sandwich/puff/samosa

H35: There is an association between Excessive hair growth and Frequency of intake of fruit juices

H36: There is an association between Excessive hair growth and Frequency of intake of coffee/tea per day

H37: There is an association between Excessive hair growth and Fasting

H38: There is an association between Height and Weight

H39: There is an association between Height and BMI

H40: There is an association between Height and Frequency of food intake

H41: There is an association between Height and Frequency of consumption of sweets

H42: There is an association between Weight and BMI

H43: There is an association between Weight and Blood pressure

H44: There is an association between Weight and Feeling down, depressed or hopeless since last month

H45: There is an association between Weight and Feeling excessively worried or concerned

H46: There is an association between Weight and Diabetic or hypertension patient

H47: There is an association between Weight and Losing control over eating

VI. CONCLUSIONS:

A report on "Specific details of tribal women" states that it should be emphasized again that menstrual cycle should not only target policymakers but also implementers at all levels. Menstrual cycle of the stakeholders should become a key component of effective menstrual cycle interventions. In this study it is stated that menstrual cycle is one of the most pensive issues of the present-day society. There is a great need of menstrual cycle awareness program at mass level so that mindset of the people for women can be changed. In contrast to the common belief this is where menstrual cycle plays a crucial role. Present study discloses that the level of menstrual cycle problems for women depends on their food habits. It is the sole responsibility of the government agencies to protect the women and to develop their life style. In this study it is also mentioned that education level of the respondent gives them the ability to get an idea about menstrual cycle. Income and the religions aspects of the respondent help them to know about the various menstrual cycle problem. This clearly states that menstrual cycle problem occurs mostly because of lack of knowledge. Finally, it is being concluded that such menstrual cycle problem occur mainly because of food habits and lack of knowledge in treating the menstrual cycle problem.

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