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HEALTH PROBLEMS OF TRIBAL WOMEN A STUDY IN PRAKASAM DISTRICT OF ANDHRA PRADESH

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The tribal population faces a number of problems related to health and sanitation. The tribals live in a specific territory. Their culture, style of life and economy are different. Their distinctive culture, residence, style of life and economy are also responsible for the problems of health and sanitation. Tribals live in the villages surrounded by hills, forest, rivers etc. In these areas, they lack communication facilities. Due to lack of communication facilities, they are not able to attain the benefits of the programmes related to general health.

Tribals have their own traditional practitioners for the treatment of diseases. The traditional practitioners have knowledge of medicinal plants. They also prepare medicine from the medicinal plants and bones, teeth, tails, skin, horns, oil of wild animals and birds. They also perform magic to cure the illness. They have knowledge of different types of diseases based on age and sex. They know which type of indigenous medicine will cure which type of disease. But the treatment of traditional practitioners takes time and is not scientific. Their treatment causes death to a numbers of tribals each year because of improper knowledge of diagnosis and medicine. Some Private Medical Practitioners (PMPs) unqualified are also found working in the tribal areas. They have some knowledge of disease and modern medicine. They visit the tribal villages with their treatment bags and earn money by seeing patients and supplying modern medicines. These persons having little knowledge of disease, treatment, medicines are responsible for several deaths of tribals each year.

Health is an important determinant of standard of living. This chapter discussed the health problems and health care of tribal women especially diseases, immunization, nutrition, delivery type, health information, implementation of health care programmes etc.

Objectives

1. To understand the awareness on health issues among tribal women in the study area.
2. To ascertain the various health problems faced by the tribal women.

Hypotheses

1. Ho: There is no statistically significant difference of awareness on health issues by their education.
2. Ho: There is no statistically significant difference of awareness on six killer diseases by their education.

3. Ho: There is no statistically significant difference of diseases caused by wrath of deities/ghosts by their education.
4. Ho: There is no statistically significant difference of health problems related to environment by their place of residence.

Method and material:

In Prakasam district there are 56 mandals in which only 4 mandals were occupied by the tribal population. The tribal population spread over in 52 habitations of 2362 families are living in these habitations with a total of population 8582 as per the 2011 census. Among those four mandals such as Dornala, Peddaravedu, Pullelacheruv and Yerrakonda Palem are the major concentration of tribal population. Thus, from all the four mandals, two mandals i.e. Dornal and Pullela Cheru has been chosen for the study. About 5 villages from each mandal are selected. From all the two mandals 10 tribal population villages are finalised. For the selection of sample out of 605 households in the ten villages, 300 household (49.58 percent) respondents covering the geographical area of tribal women household are selected from 10 villages by using systematic random sample method. The survey was conducted alternatively selected randomly every 2rd household in the sample villages. The data were collected in 10 tribal villages. In a total of 300 households were covered for the present study.

AWARENESS ON HEALTH ISSUES

Majority of the respondents are aware of the health issues like sanitation, AIDS, swine flu, malaria, and healthy food and only a few of the respondents are aware of balanced diet.

Table-1: Awareness on health issues

Sl. No	Particulars	Yes	No	Total N=300
1	Water purification	35.3	64.7	100.0
2	Sanitation	83.3	16.7	100.0
3	Aids	82.7	17.3	100.0
4	Swine flu	86.0	14.0	100.0
5	Malaria	73.3	26.7	100.0
6	Cholera	85.3	14.7	100.0
7	Typhoid	67.0	33.0	100.0
8	Balanced diet	33.3	66.7	100.0
Overall total percentage		68.3	31.7	100.0

The table 1 describe that the knowledge and awareness of the respondents on health ailments. Water purification is very important aspect in health point of view unless there is no clean many of the health ailments prevailed in the area. About 35.3 per cent of the respondents aware of the water purification and 64.7 per cent of the respondents are not aware of the water purification.

Clean sanitation is one of the health issues if there is no clean sanitation we face with contamination of diseases and ultimately we suffer ill health. The table revealed that 83.3 per cent aware of good sanitation and 16.7 per cent are not aware of clean sanitation.

As regards to AIDS, the majority (82.7 per cent) of the respondents aware of the HIV/AIDS and 17.3 per cent are not aware of the AIDS.

The other health ailment is swine flu, the majority (86.0 per cent) of the respondents are known about the disease and remaining 14.0 per cent are unaware of the issue.

According to the responses 73.3 per cent of the respondents are aware of the malaria and 26.7 per cent are not aware of the issue.

The table depicts that 85.3 per cent respondents are aware of the Cholera and 14.7 per cent are unaware of the cholera.

Majority of the respondents are aware of typhoid i.e. about 67.0 per cent of the respondents are aware of the typhoid and consequently 33.3 per cent are aware of balanced diet.

An overall total percentage, the majority respondents i.e. 68.3 per cent were aware of health ailments followed by 31.7 per cent were not aware of health ailments. The overall, awareness level is very high among the tribal women.

Table-2: Correlation between Awareness of health issues by their Age

Sl.No	Variable	r Value	P Value	Decision
1	Water purification	0.065	0.261	Not significant
2	Sanitation	-0.037	0.518	Not significant
3	HIV/Aids	-0.048	0.406	Not significant
4	Swine flu	0.037	0.522	Not significant
5	Malaria	-0.126	0.029	Significant
6	Cholera	0.033	0.565	Not significant
7	Typhoid	-0.147	0.011	Significant
8	Balanced diet	0.155	0.007	Significant

The table 2 portrays that correlation among awareness on health issues and their age. Water purification r value 0.065 and p Value 0.261, Sanitation r value 0.037 and p Value 0.518, HIV/Aids r value 0.048 and p Value 0.406, Swine flu r value 0.037 and p Value 0.522, Cholera r value 0.033 and p Value 0.565 and there is no influence of age on awareness of health issues at 0.05 level.

Therefore, Malaria r value -0.126 and p Value 0.029 Typhoid r value -0.147 and p Value 0.011 Balanced diet r value 0.155 and p Value 0.007 and there is correlation among health issues by their age wise categories increase the level of awareness at 0.05 level.

Table-3: Awareness on health issues by their Education

Ho: There is no statistically significant difference of awareness on health issues by their education.

Health issues	Education	N	Mean	Std. Deviation	F Value	P Value
Water purification	Illiterate	207	1.6763	.46901	2.634	.050
	Primary	71	1.5211	.50311		
	Secondary	14	1.7143	.46881		
	Graduate & above	8	1.8750	.35355		
	Total	300	1.6467	.47880		
Sanitation	Illiterate	207	1.1691	.37573	.056	.983
	Primary	71	1.1690	.37743		

	Secondary	14	1.1429	.36314		
	Graduate & above	8	1.1250	.35355		
	Total	300	1.1667	.37330		
Aids	Illiterate	207	1.1836	.38808	2.772	.042
	Primary	71	1.1268	.33507		
	Secondary	14	1.0714	.26726		
	Graduate & above	8	1.5000	.53452		
	Total	300	1.1733	.37917		
Swine flu	Illiterate	207	1.1546	.36239	.905	.439
	Primary	71	1.0986	.30023		
	Secondary	14	1.0714	.26726		
	Graduate & above	8	1.2500	.46291		
	Total	300	1.1400	.34757		
Malaria	Illiterate	207	1.2899	.45479	1.893	.131
	Primary	71	1.1972	.40070		
	Secondary	14	1.1429	.36314		
	Graduate & above	8	1.5000	.53452		
	Total	300	1.2667	.44296		
Cholera	Illiterate	207	1.1498	.35770	.446	.720
	Primary	71	1.1408	.35034		
	Secondary	14	1.0714	.26726		
	Graduate & above	8	1.2500	.46291		
	Total	300	1.1467	.35436		
Typhoid	Illiterate	207	1.3768	.48576	3.347	.020
	Primary	71	1.2113	.41111		
	Secondary	14	1.1429	.36314		
	Graduate & above	8	1.5000	.53452		
	Total	300	1.3300	.47100		
Balanced diet	Illiterate	207	1.6184	.48697	3.480	.016
	Primary	71	1.7887	.41111		
	Secondary	14	1.8571	.36314		
	Graduate & above	8	1.5000	.53452		
	Total	300	1.6667	.47219		

The descriptive table 3 portrays awareness on various health ailments by their education. The ANOVAs table illustrates the summary of awareness on various health ailments. Sanitation $P=(0.983)$, Swine flu ($P=0.439$), Malaria ($P=0.131$), Cholera ($P=0.720$). The values of standard deviation are very similar among education categories regarding awareness on various health ailments. It is revealed that there is a similarity of opinions amongst the educated and uneducated on awareness on various health ailments at 0.05 level.

Hence, the null hypothesis was accepted and the research hypothesis was rejected.

There are differences of awareness on various health ailments by their education. Water purification ($P=0.050$), Aids ($P=0.042$), Typhoid ($P=0.020$) Balanced diet ($P=0.016$) and the

results show that there is different types awareness level among education wise categories at 0.05 level.

Hence, the null hypothesis was rejected and the research hypothesis was accepted.

Table-4: Aware of six killer diseases by Education

Ho: There is no statistically significant difference of awareness on six killer diseases by their education.

Sl.No	Variable	r Value	P Value	Decision
1	Tetanus	-0.017	0.771	Not Significant
2	Whooping cough	-0.022	0.709	Not Significant
3	Pertussis	0.079	0.174	Not Significant
4	Measles	-0.015	0.792	Not Significant
5	Polio	-0.030	0.605	Not Significant
6	TB	-0.035	0.545	Not Significant

The table 4 divulges that correlation among awareness on six killer diseases and their education. Tetanus r value -0.017 and p Value 0.771, Whooping cough r value -0.022 and p Value 0.709, Pertussis r value 0.079 and p Value 0.174, Measles r value -0.015 and p Value 0.792, Polio r value -0.030 and p Value 0.605, TB r value -0.035 and p Value 0.545 and there is no influence of education on awareness of six killer diseases at 0.05 level. Hence, the null hypothesis was accepted and the research hypothesis was rejected.

HEALTH PROBLEMS OF TRIBAL WOMEN

The tribals are facing acute health problems. They usually take unbalanced and unhygienic food which causes Mahua, Palm juice and wine made up of rotten rices almost every day and in great quantity during festivals. They are now taking country liquor also. A large number of tribal population does not have two square meals yet they do not eschew the habit of taking wines every day. This bad habit affects their economic situation as well as their health.

They often suffer from illness due to lack of proper food and their bad habit of smoking and drinking. Due to lack of proper health consciousness and Health Centres in their villages, many serious diseases are spreading among them. These tribals often come to the urban areas for working on brick kilns and stone crushers and mines. The female tribals get ventral diseases due to sexual exploitation by contractor, managers and brokers. The male tribals also get such diseases due to prostitution and such bad habits. The health problems face especially women are more vulnerable and these are discussed in detailed.

Table-5: Particulars on Spread of Acute Diseases

Sl.No	Particulars	Yes	No	Total N=300
1	Fever	34.7	65.3	100.0
2	Headache	11.7	88.3	100.0
3	Stomachache	14.3	85.7	100.0
4	Skindiseases	25.0	75.0	100.0
5	Itching	18.0	82.0	100.0
6	Any other	9.0	91.0	100.0
An overall total percentage		18.8	81.2	100.0

Physical and psychological ailments among tribal women are given in codified form. Poor body builds increase vulnerability to diseases, not just contagious diseases, but acute diseases as well. As regards to acute diseases, The table displays that among the respondents, Fever disease 34.7 per cent prevalent, Headache 11.7 per cent, Stomachache 14.3 per cent, Skin Diseases 25.0 per cent Itching 18.0 per cent prevalent, any other acute diseases knees and joint pains, Hearth Burns diseases, Anxiety etc 9.0 per cent respectively prevalent among the tribal women in the study area.

An overall total percentage, the majority respondents i.e 81.2 per cent were not suffering with the acute disease, where as 18.8 per cent were suffering with the acute diseases.

Table-6: Particulars on Spread of Acute Diseases Vs. Occupation

		N	Mean	Std. Deviation	F Value	P Value
Fever	Cultivation	134	1.6269	.48545	.325	.861
	Agricultural labour	79	1.6835	.46806		
	Forest Product Collection	45	1.6222	.49031		
	Petty Business	34	1.6765	.47486		
	Any other	8	1.7500	.46291		
	Total	300	1.6500	.47777		
Headache	Cultivation	134	1.9104	.28661	.763	.550
	Agricultural labour	79	1.8734	.33463		
	Forest Product Collection	45	1.8444	.36653		
	Petty Business	34	1.8824	.32703		
	Any other	8	1.7500	.46291		
	Total	300	1.8833	.32156		
Stomach ache	Cultivation	134	1.8731	.33407	1.623	.168
	Agricultural labour	79	1.8101	.39471		
	Forest Product Collection	45	1.8222	.38665		
	Petty Business	34	1.9706	.17150		
	Any other	8	1.7500	.46291		
	Total	300	1.8567	.35100		
Skin diseases	Cultivation	134	1.7463	.43678	.232	.921
	Agricultural labour	79	1.7595	.43012		
	Forest Product Collection	45	1.7778	.42044		
	Petty Business	34	1.7353	.44781		
	Any other	8	1.6250	.51755		
	Total	300	1.7500	.43374		
Itching	Cultivation	134	1.8284	.37848	1.079	.367
	Agricultural labour	79	1.8101	.39471		
	Forest Product Collection	45	1.8889	.31782		

	Petty Business	34	1.7647	.43056		
	Any other	8	1.6250	.51755		
	Total	300	1.8200	.38483		
Any other	Cultivation	134	1.9104	.28661	.190	.944
	Agricultural labour	79	1.9114	.28599		
	Forest Product Collection	45	1.8889	.31782		
	Petty Business	34	1.9412	.23883		
	Any other	8	1.8750	.35355		
	Total	300	1.9100	.28666		

The descriptive Anova's table 7 portrays that Particulars of Acute diseases. The analysis of variance in between the particulars of acute diseases and their occupation. The ANOVAs table shows the summary on F value and P value as regards to Fever $F=0.325$ and $P=0.861$, Headache $F=0.763$ and $P=0.550$, Stomach ache $F=1.623$ and $P=0.168$, Skin diseases $F=0.232$ and $P=0.921$, Itching $F=1.079$ and $P=0.367$, Any other $F=0.190$ and $P=0.944$.

Hence, the values of standard deviation scores are very similar and the scores in between occupation and particulars of acute diseases are no impact. It is revealed that there are no statistically significant impact of occupation on particulars of acute diseases at 0.01 level.

Table-8: Particulars on spread of Chronic Diseases

Sl. No	Particulars	Yes	No	Total N=300
1	Cancer	3.7	96.3	100.0
2	Leprosy	6.0	94.0	100.0
3	HIV/AIDS	7.3	92.7	100.0
4	Heart problem	6.7	93.3	100.0
5	Diabetics	20.7	79.3	100.0
6	Blood pressure	23.7	76.3	100.0
7	Any other RTI/STI	21.7	78.3	100.0
An overall total percentage		12.8	87.2	100.0

The common phenomena in the tribal communities that they more prone to diseases due to lack sanitation, low diet nutrition food and poverty. Other features of these women suffer from multiple diseases. Hence, they are not in the position to say precisely from which disease they are suffering. The disease most frequently observed among tribal women tends to be chronic and are often degenerative, rather than acute. The table indicates that among the tribal women, Cancer disease 3.7 per cent prevalent, Leprosy 6.0 per cent, HIV/AIDS 7.3 per cent, Heart problem 6.7 per cent, Diabetics 20.7 per cent, Blood pressure 23.7 per cent prevalent, any other such as Arthritis, paralysis ulcers etc prevalent among the these women in the study area.

On the whole, 12.8 percent of the respondents suffers from the diseases due to unhygienic conditions and poor nutrition. 87.2 per cent tribal women are not prevalent these chronic diseases.

Table-9: Particulars on spread of Chronic Diseases Vs. Occupation

Chronic Diseases	Occupation	N	Mean	Std. Deviation	F Value	P Value
Cancer	Cultivation	134	1.9701	.17081	.934	.445
	Agricultural labour	79	1.9494	.22065		
	Forest Product Collection	45	1.9556	.20841		
	Petty Business	34	2.0000	.00000		
	Any other	8	1.8750	.35355		
	Total	300	1.9633	.18826		
Leprosy	Cultivation	134	1.9328	.25125	.971	.424
	Agricultural labour	79	1.9494	.22065		
	Forest Product Collection	45	1.9778	.14907		
	Petty Business	34	1.8824	.32703		
	Any other	8	2.0000	.00000		
	Total	300	1.9400	.23788		
HIV/AIDS	Cultivation	134	1.9552	.20759	3.853	.005
	Agricultural labour	79	1.8861	.31975		
	Forest Product Collection	45	1.9556	.20841		
	Petty Business	34	1.9412	.23883		
	Any other	8	1.6250	.51755		
	Total	300	1.9267	.26112		
Heart problem	Cultivation	134	1.9478	.22334	.632	.640
	Agricultural labour	79	1.9241	.26661		
	Forest Product Collection	45	1.9333	.25226		
	Petty Business	34	1.8824	.32703		
	Any other	8	2.0000	.00000		
	Total	300	1.9333	.24986		
Diabetics	Cultivation	134	1.7910	.40809	.578	.679
	Agricultural labour	79	1.7975	.40445		
	Forest Product Collection	45	1.7778	.42044		
	Petty Business	34	1.7647	.43056		
	Any other	8	2.0000	.00000		
	Total	300	1.7933	.40559		
Blood pressure	Cultivation	134	1.7313	.44492	1.966	.100
	Agricultural labour	79	1.8608	.34841		
	Forest Product Collection	45	1.6667	.47673		
	Petty Business	34	1.7647	.43056		
	Any other	8	1.8750	.35355		

	Total	300	1.7633	.42575		
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The descriptive Anova's table portrays that Particulars of Chronic Diseases. The analysis of variance in between the Particulars of Chronic Diseases and their occupation. The ANOVAs table shows the summary on F value and P value as regards to Cancer F=0.934 and P=0.445, Leprosy F=0.971 and P=0.424, Heart problem F=0.631 and P=0.640, Diabetics F= 0.578 and P=0.679, Blood pressure F=1.966 and P=0.100.

Hence, the values of standard deviation scores are very similar and the scores in between occupation and Particulars of Chronic Diseases are no impact. It is revealed that there are no statistically significant impact of occupation on Particulars of Chronic Diseases at 0.01 level.

The ANOVAs table shows the summary on F value and P value as regards to HIV/AIDS F=3.853 and P=0.005. There is statistically different impact of Particulars of Chronic Diseases at 0.01 level.

Table-10: Diseases caused by wrath of deities / ghosts

Sl.No	Particulars	Yes	No	Total N=300
1	Measles	64.7	35.3	100.0
2	Chicken Pox	41.0	59.0	100.0
3	Typhoid	79.3	20.7	100.0
4	Malaria	50.7	49.3	100.0
An overall total percentage		58.9	41.1	100.0

Health problems caused due to deities and ghost the superstitions still believed and practicing by the tribal communities. About measles 64.7 per cent of the respondents believed that it is caused due to deities and 35.3 per cent of the respondents are not believed any superstitions.

As regards the chicken pox about 41.0 per cent of the respondents believed that it is caused by deities and ghosts and 59.0 per cent are not believed any superstitions.

Typhoid, it is viral fever but they believe it is caused due to deities. About 79.3 per cent of respondents believed it and 20.7 per cent are not believed any superstitions.

Malaria, it is inferred that 50.7 per cent of the respondents believed it is caused by deities and 49.3 per cent are not believed any superstitions.

An overall average total percentage of health problems caused by wrath of deities / ghosts that 58.9 per cent strongly believing and 41.1 per cent are not believing that health problems caused by wrath of deities / ghosts.

Table-11: Diseases caused by wrath of deities / ghosts Vs Education

Ho: There is no statistically significant difference of diseases caused by wrath of deities/ghosts by their education.

Correlations						
		Measles	Chicken Pox	Typhoid	Malaria	Education
Measles	Pearson Correlation	1	.049	-.188**	.121*	.095
	Sig. (2-tailed)		.397	.001	.036	.102
	N	300	300	300	300	300

Chicken Pox	Pearson Correlation	.049	1	.141*	-.126*	-.111
	Sig. (2-tailed)	.397		.015	.029	.054
	N	300	300	300	300	300
Typhoid	Pearson Correlation	-.188**	.141*	1	-.059	.018
	Sig. (2-tailed)	.001	.015		.308	.750
	N	300	300	300	300	300
Malaria	Pearson Correlation	.121*	-.126*	-.059	1	.013
	Sig. (2-tailed)	.036	.029	.308		.829
	N	300	300	300	300	300
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

It can be seen from the table 11 that correlation between diseases caused by wrath of deities / ghosts by their education. According to Measles the correlation r value is 0.095 and P value is 0.102 at 0.01 level. Thus, there is no correlation and education is not influenced the measles that diseases caused by wrath of deities among the respondents. Hence, the null hypothesis has been accepted and research hypothesis has been rejected.

The Chicken Pox, the correlation r value is -0.111 and P value is 0.054 at 0.01 level. Thus, there is a moderate negative correlation and chicken pox caused by wrath of deities / ghosts is moderately beliefs among the respondents. Hence, the null hypothesis has been rejected and research hypothesis has been accepted.

Typhoid diseases caused by wrath of deities / ghosts, the correlation r value is 0.018 and P value is 0.750 at 0.01 level. Thus, there is no correlation and education is not influenced the Typhoid that diseases caused by wrath of deities among the respondents. Hence, the null hypothesis has been accepted and research hypothesis has been rejected.

Malaria diseases caused by wrath of deities / ghosts, the correlation r value is 0.013 and P value is 0.829 at 0.01 level. Thus, there is no correlation and education is not influenced the Malaria that diseases caused by wrath of deities among the respondents.

Hence, the null hypothesis has been accepted and research hypothesis has been rejected.

Table-12: Health Problems related to Environment

Sl. No	Problems related to Environment	Yes	No	Total N=300
1	Safe water supply	39.0	61.0	100.0
2	Daily disposal of waste	53.7	46.3	100.0
3	Defecation in open	45.3	54.7	100.0
4	Air pollution	21.3	78.7	100.0
An overall total percentage		39.8	60.2	100.0

The table 12 shows that 39.0 per cent of the respondents said that they did not get safe water supply. 53.7 per cent of the respondents did not make disposal of daily waste. 45.3 per cent of the respondents used to go for open defecation and 21.3 per cent of the respondents felt air pollution in their living environment. These are all causing factors of health problems.

An overall total percentage as regards to problems related to environment that 30.4 per cent of the respondents reported that there is problem of environment and 69.6 per cent of the respondents reported that there is no problem of environment to the tribal women.

Table-13: Health Problems related to Environment Vs. Place of Residence

Ho: There is no statistically significant difference of health problems related to environment by their place of residence.

Correlations						
		Safe water supply	Daily disposal of waste	Defecation in open	Air pollution	Place
Safe water supply	Pearson Correlation	1	.304**	.754**	.167**	.157**
	Sig. (2-tailed)		.000	.000	.004	.006
	N	300	300	300	300	300
Daily disposal of waste	Pearson Correlation	.304**	1	.524**	.027	.194**
	Sig. (2-tailed)	.000		.000	.642	.001
	N	300	300	300	300	300
Defecation in open	Pearson Correlation	.754**	.524**	1	.114*	.228**
	Sig. (2-tailed)	.000	.000		.048	.000
	N	300	300	300	300	300
Air pollution	Pearson Correlation	.167**	.027	.114*	1	.000
	Sig. (2-tailed)	.004	.642	.048		1.000
	N	300	300	300	300	300
**. Correlation is significant at the 0.01 level (2-tailed).						
*. Correlation is significant at the 0.05 level (2-tailed).						

The table 13 reveals that correlation between Health Problems related to Environment by their place of residence.

Safe water supply the correlation r value is 0.157 and P value is 0.006 at 0.01 level. Thus, there is strong positive correlation and Safe water supply problem in two mandals are severe among the respondents. Hence, the null hypothesis has been rejected and the research hypothesis has been accepted.

The Daily disposal of waste, the correlation r value is 0.194 and P value is 0.001 at 0.01 level. Thus, there is strong positive correlation and daily disposal of waste is severe problem of two mandals among the respondents. Hence, the null hypothesis has been rejected and the research hypothesis has been accepted.

Defecation in open, the correlation r value is 0.228 and P value is 0.000 at 0.01 level. Thus, there is very strong positive correlation and defecation in open is a very severe problem in two mandals among the respondents. Hence, the null hypothesis has been rejected and the research hypothesis has been accepted.

The Air pollution, the correlation r value is 0.000 and P value is 1.000 at 0.01 level. Thus, there is no correlation and air pollution not influenced by area wise categories among the respondents. Hence, the null hypothesis has been accepted and the research hypothesis has been rejected

Table-14: Myths related to health problems

Sl. No	Myths related to health problems	Agree	Disagree	Unknown	Total N=300
1	TB is curse of god	51.3	37.3	11.4	100.0
2	TB is hereditary	48.7	40.3	11.0	100.0
3	Leprosy is result of old sins	67.0	15.3	17.7	100.0
4	TB/Leprosy incurable	67.7	15.0	17.3	100.0
5	HIV/AIDS is result of sins	54.0	28.7	17.3	100.0
An overall total percentage		57.7	27.3	15.0	100.0

All people whether rural or tribal, have their own beliefs and practices concerning health and diseases. It is now widely recognized that cultural factors are deeply involved in all the affairs of men and women. Majority of people believe and certain disease are mostly due to supernatural causes like wrath of Gods, breach of taboo, past sins, evil eye and spirit or ghost intrusion and in these disease they usually seek services of exorcist instead of medical advice. In certain other disease, they believe that some physical cause are responsible like effects of whether, water and impure blood, and have self made home remedies and the delay seeking early medical advice.

Communicable diseases are those which transmitted through contact, air, water, placenta etc. mostly virus and vector air and water are carriers of communicable diseases.

However, the tribal communities still believe superstitions that the above disease infect TB is curse of god. It inferred that 51.3 per cent of the respondents agreed it is infected due curse of god followed by 37.3 per cent of the respondents disagree with that reason and 11.4 per cent of the respondents are unknown how it is infected.

As regards to TB is hereditary that 48.7 per cent of the respondents are agreed followed by 40.3 per cent are disagreed and 11.0 per cent of the respondents are unknown about the facts.

About 67.0 per cent of the respondents agreed to leprosy is result of old sins, whereas, 15.3 per cent are disagree with that reason and 17.7 per cent of the respondents are unknown about the disease.

The tribal women believe TB/Leprosy incurable that 67.7 per cent of the respondents are agreed followed by 15.0 per cent are disagree and 17.3 per cent of the respondents didn't know about the fact.

With regard to HIV/AIDS tribal women believe that it is result of sins. About 54.0 per cent of the respondents are agree whereas 28.8 per cent are disagree and 17.3 per cent are unknown about HIV/AIDS infection.

An overall total percentage that 57.7 per cent of the respondents agreed to myths related to health problems followed by 27.3 per cent of the respondents were disagree to that problem and remaining 15.0 per cent of the respondents said that they were unaware of the issues.

Table-15: Myths related to health problems Vs. Education

Correlations							
Myths related to Health Problems		TB is curse of god	TB is hereditary	Leprosy is result of old sins	TB/Leprosy incurable	HIV/AIDS is result of sins	Education
TB is curse of god	Pearson Correlation	1	.237**	-.089	.105	.032	-.033
	Sig. (2-tailed)		.000	.123	.070	.580	.566
	N	300	300	300	300	300	300
TB is hereditary	Pearson Correlation	.237**	1	.358**	.058	.030	-.131*
	Sig. (2-tailed)	.000		.000	.314	.609	.023
	N	300	300	300	300	300	300
Leprosy is result of old sins	Pearson Correlation	-.089	.358**	1	.003	-.030	.047
	Sig. (2-tailed)	.123	.000		.961	.608	.419
	N	300	300	300	300	300	300
TB/Leprosy incurable	Pearson Correlation	.105	.058	.003	1	.004	.000
	Sig. (2-tailed)	.070	.314	.961		.951	.992
	N	300	300	300	300	300	300
HIV/AIDS is result of sins	Pearson Correlation	.032	.030	-.030	.004	1	-.099
	Sig. (2-tailed)	.580	.609	.608	.951		.087
	N	300	300	300	300	300	300
** . Correlation is significant at the 0.01 level (2-tailed).							
* . Correlation is significant at the 0.05 level (2-tailed).							

The table 15 portrays that correlation between myths related to health problems by their education. As regards to TB is curse of god the correlation r value is -0.033 and P value is 0.566 at 0.01 level. Thus, there is no correlation and TB is curse of god not influenced by education among the respondents.

The TB is hereditary the correlation r value is -0.131 and P value is 0.023 at 0.05 level. Thus, there is correlation and education influenced the TB is hereditary that moderately negative correlation. Hence, through education myths are less related to TB is hereditary.

The leprosy is result of old sins the correlation r value is 0.047 and P value is 0.419 at 0.01 level. Thus, there is no correlation and leprosy is result of old sins not influenced by education among the respondents.

The TB/Leprosy incurable the correlation r value is 0.000 and P value is 0.992 at 0.01 level. Thus, there is no correlation and TB/Leprosy incurable not influenced by education among the respondents.

HIV/AIDS is result of sins the correlation r value is -0.099 and P value is 0.087 at 0.01 level. Thus, there is no correlation and HIV/AIDS is result of sins not influenced by education among the respondents.

Conclusion:

Tribal women are most downtrodden group in the Indian society. Like all women, the Tribal women also considered backward community of the society. Tribal women are educationally, economically, backward. They live in unhygienic conditions without toilet facilities. They were belonging to low income group and work in their own field or others. Health awareness is not found in tribal women's mainly because of illiteracy, and ignorance. Efforts to raise health awareness about importance of timely health seeking, and raise awareness among tribal women about right to quality service are required. There is need to bring health awareness in grass root level of tribal community.

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