

# Exploring Health, Hygiene, and Cultural Dynamics among Tribal Women

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## Abstract:

For the purpose of facilitating successful learning and growth, individuals are required to preserve their cleanliness and health. Nevertheless, a significant number of tribal women are confronted with health problems that have the potential to put their wellbeing in jeopardy. The purpose of this research is to evaluate the health condition of women in Madhukkur, which is located in the Thanjavur District, as well as their methods of accessing medical education and treatment. The societal and behavioural dimensions of their health are brought to the forefront by this study. The experiences of 92 tribal women aged 40 and older were investigated using a rigorous research strategy and a detailed questioning procedure. The participants were women of tribal descent.

The findings of the study revealed that, there are around 27.1% of women who self-medicate because they are unable to afford medical consultations or because they do not have enough time to pursue medical treatment. On the other hand, a sizeable 86.1% of women obtain their medical treatment in health care institutions that are run by the government. A little less than forty-seven percent of women who took part in eighty-three percent of government health programs reported having trouble receiving vital health information. It seems that a significant number of people are lacking in understanding about health-related issues. A third of those who participated in the survey said that cultural norms have a role in their decision to seek medical attention. 39% of those who participated in the survey responded that they would be willing to use both conventional and modern therapy approaches simultaneously, even if doing so would involve a greater financial expenditure.

There are still a considerable number of people who have difficulty trusting and understanding healthcare providers, despite the fact that there have been breakthroughs in public health programs that have made it easier to get aid. In their presence, it is very necessary to apply an increased level of vigilance. Educating Tribal women in this area about health, improving communication amongst healthcare providers, and making sure that training programs are culturally appropriate are all necessary steps to take in order to improve the health of Tribal women in this region. After doing research, it was discovered that in order to link health knowledge with practical activities, tribal women who are experiencing bad health outcomes need a strategy that is centered on community engagement.

**Keywords:** *Health, Hygiene Practices, Tribes, Women, Behavioural Analysis, Sociocultural Dimensions.*

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## 1. INTRODUCTION

People from tribes, especially women, frequently have problems accessing medical care and staying clean because they live in rural areas, are impoverished, or are cut off from other people. People have always had a hard time keeping up with appropriate cleanliness standards, even though good health is important for human flourishing. Women in India face varied health issues according on where they reside. Even if things have

gotten better, less than half of individuals use professional delivery services. More over 80% of pregnant tribal women obtained comprehensive prenatal ultrasound examinations, which is more than the national average of 79%. Menstrual hygiene is one important concern that has come to light: 48% of Native American women in the US between the ages of 15 and 24 claim they use unsterile tampons, which makes them

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more susceptible to have infections in their reproductive systems.

Women of tribal descent are more likely to suffer anemia and not get enough nutrients than women from other cultures. 65% of native women between the ages of 15 and 49 have anemia, whereas only 47% of women who are not native do. The system continues having issues, however. Research shows that 78% of families in tribal communities can access private facilities. This makes it far more probable that individuals will become sick and that the circumstances will grow worse. This research examines the accessibility of healthcare and sanitation facilities for women over 40 in the tribal communities of the Madhukkur plains, located in the Thanjavur district. The aim of this project is to assist tribal women in gaining knowledge about health, facilitate their access to sanitation facilities, and establish community-led intervention programs tailored to their individual needs. This program will look at both the problems and the chances of improving health outcomes.

### 2. METHODOLOGY

This section describes the study design, sample size, data collecting techniques, instruments, and data analysis approaches. The strategy was carefully devised to find out how local women in Madhukkur, Thanjavur District, get medical attention and keep themselves clean. We employed a rigorous quantitative strategy to get objective, accurate, and generalizable data that helps us figure out the health problems that tribal women have.

#### 2.2 Research Design

A comprehensive descriptive research methodology was used to examine the personal hygiene practices, health-seeking behaviours, and sociodemographic attributes of tribal women. This is the technique used to get in-depth understanding about the target group's habits, opinions, and present problems without altering anything.

#### 2.3 Universe of the Study

The local women who resided in Madhukkur Block, Thanjavur District, Tamil Nadu, to vote. There aren't many effective medical facilities in the region, and many still utilize traditional ways of treatment.

#### 2.4 Sampling Design

To identify samples in this research, a purposive sampling technique was utilized. For this study, the researcher discovers women over 10 from tribal groups that dwell in the research region all the time. They opted to employ descriptive sampling to do this.

#### 2.5 Sample Size

For the research, 92 participants were the sample size and it was chosen to offer a fair picture of the tribal women population across a variety of age groups and socioeconomic strata, based on estimates of the population and how feasible it would be to collect data.

### 2.6 Data Collection Tools

A structured interview schedule was used for collecting the data. The tool includes socio-demographic profile, health and hygiene practices, and health-seeking behavior.

### 2.7 Limitations of the Study

The scope of the study was limited, as it concentrated solely on tribal women from Madhukkur aged 40 and above, thereby restricting its applicability to other age groups or geographical regions. Data collection relied on self-reports, which could be influenced by inaccuracies in memory recall or the inclination to present oneself favorably to others. We lacked sufficient time to thoroughly examine the cultural distinctions among the tribes.

## 3. MAJOR FINDINGS OF THE STUDY

### 3.1. Socio-Demographic Profile of the Respondents (Table No. 1)

Table 1. Socio-Demographic Profile of the Respondent

S. No	Category	Particulars	Frequency	Percentage
1	Religion	Hindu	92	100.00%
2	Mostly Speaking Language	Tamil	72	78.31%
		Telugu	17	18.75%
		Malayalam	3	2.71%
3	Marital Status	Married	68	74.2%
		Unmarried	6	6.30%
		Widow	18	19.5%
4	Age	18-22 Years	11	12.2%
		23-27 Years	9	9.8%
		28-32 Years	12	12.8%
		33-37 Years	19	20.9%

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	Above 38 Years	41	44.3%
<b>5</b>	<b>Education</b>	Primary Education	36 38.9%
		Secondary Education	22 24.4%
		Graduation	10 10.4%
		Others	25 27.1%
<b>6</b>	<b>Occupation</b>	Employed	55 60.1%
		Agriculture/Farming	5 5.1%
		Business/Ser vices	3 3.0%
		Student	5 5.4%
		Homemaker/Others	24 26.4%
<b>7</b>	<b>Family Income</b>	Rs 10,000	44 47.5%
		Rs 10,000-Rs 20,000	37 40.0%
		Above Rs 20,000	11 12.5%
<b>8</b>	<b>Family Type</b>	Joint	29 31.8%
		Nuclear	63 68.2%
	<b>Total</b>	<b>92</b>	<b>100.00%</b>

According to the sociodemographic statistics, all 92 of the persons who responded are belonging to the Hindu religion. This indicates that the culture in the area under investigation is same. Malayalam (2.71%), Tamil (78.31%), and Telugu (18.75%) are the three languages on which the majority of people are able to communicate. When it comes to the persons that responded, the majority of them are married (74.2%), while 19.5% are widows. This demonstrates how vulnerable many tribal women are and how they would need assistance in the event that their marriages come to an end.

A significant proportion of the sample is comprised of individuals who are of middle age or older. above forty-three percent of those who responded are above the age of 38, which is the reason behind this. Among them,

24.4% have completed their high school education, while 38.9% have just recently completed their basic education. Their inability to read and write is shown by this. Among those who responded, 26.4% are parents who choose to remain at home, while the remaining 60.1% are employed in occupations that are either low-paying or informal.

Despite the fact that income levels are still low, 47.5% of individuals are earning less than ₹10,000 per month. What this demonstrates is how obviously destitute these individuals are. In light of the fact that nuclear families constitute 68.2% of all households, it would seem that traditional joint family arrangements are gradually undergoing a transformation. As a direct result of this, there may be a reduction in the amount of informal social support for medical treatment

### 3.2. Health Status and Protection against Health Issues

**Table No.2 Distribution of Respondent's Health Status over the Past 6 months**

S.No	Particulars	Frequency	Percent
1	Good	40	43.4
2	Fair	43	46.8
3	Poor	9	9.8
	<b>Total</b>	<b>92</b>	<b>100.00</b>

According to the findings of the health evaluation, 46.8% of respondents indicated that their health was satisfactory, 43.4% said that it was great, and 9.8% said that it was bad during the course of the previous six months. However, the large number of persons who classified their health as "fair" shows the prevalence of chronic health difficulties that are caused by poor diet and restricted access to medical treatment.

**Table No.3 Distribution of Respondent's Protection against Health Issues**

S.No	Particulars	Frequency	Percent
1	Well Protected	34	37
2	Reasonably Protected	46	50
3	Insufficiently Protected	12	13

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<b>Total</b>	<b>92</b>	<b>100.00</b>
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The majority of the people who responded to the poll seem to be in a state of health that is considered to be average. A total of 50 % of those who participated in the survey believed that they had a moderate level of protection against health problems, thirty-seven percent thought that they were well protected, and 13% felt that they were not properly protected. This suggests that the majority of tribal women have the perception that they are safe, despite the fact that a sizeable section of the population does not have enough health insurance, preventive knowledge, or financial ability to get the essential medical treatment. Based on the analysis of the data, it is evident that health security continues to be unequal, and structural inequities are a contributing factor to the fact that health outcomes are worse.

### 3.3. Prevalence of Chronic Diseases and Medical Treatment

**Table No.4 Distribution of Respondent's Issue in facing any Chronic Diseases**

S.No	Particulars	Frequency	Percent
<b>1</b>	No	38	<b>41.3</b>
<b>2</b>	Yes	54	<b>58.7</b>
<b>Total</b>		<b>92</b>	<b>100.00</b>

The study finds that 58.7% of individuals who participated reported having chronic diseases. People have feelings of both amazement and unease when they realize this number. There are a number of factors that contribute to the very high prevalence of chronic health issues among Aboriginal women. It is possible that variables such as stress at work, a lack of adequate nutrition, and an inability to get preventive medical treatment are all contributors to the condition.

**Table No.5 Distribution of Respondent's Duration of Medical Treatment**

S.No	Particulars	Frequency	Percent
<b>1</b>	Past 5 Years	37	<b>40.2</b>
<b>2</b>	5-10 Years	12	<b>13.1</b>
<b>3</b>	More than 10 Years	4	<b>4.3</b>
<b>4</b>	Not Applicable	39	<b>42.4</b>
<b>Total</b>		<b>92</b>	<b>100.00</b>

Out of individuals who had treatment, 40.2% of them said that they went to the doctor within five years after receiving treatment. Furthermore, 4.3% of these patients had been receiving treatment for more than ten years, and 13.1% of them had been subjected to therapy for a length of time ranging from five to ten years. In spite of this, 42.4 percent of individuals who participated said that they had not had complete medical treatment in a considerable amount of time. It is possible that this leads one to believe that they faced obstacles in their pursuit of medical care or that they did not have significant health issues. Both choices are open to consideration. The findings of the research highlight two significant aspects: the prevalence of chronic illnesses is still extremely high, and individuals do not get sufficient ongoing medical treatment. This demonstrates that the healthcare system does not comprehend or respond appropriately to these concerns. True life exists in each of these realms. Both of these realities are made more transparent by the data that was obtained.

### 3.4. Health Literacy and Understanding of Health Information

**Table No.6 Distribution of Respondent's Confidence in Understanding Basic Health Information**

S.No	Particulars	Frequency	Percent
<b>1</b>	Strongly Disagree	43	<b>46.7</b>
<b>2</b>	Disagree	5	<b>5.4</b>
<b>3</b>	Neutral	18	<b>19.6</b>
<b>4</b>	Agree	25	<b>27.2</b>
<b>5</b>	Strongly Agree	1	<b>1.1</b>
<b>Total</b>		<b>92</b>	<b>100.00</b>

Only 27.2% of survey respondents expressed confidence in their ability to manage their comprehensive health information. Over 46.7% of participants in the study expressed significant disagreement regarding this concept. 1.1% of respondents expressed strongly agree for this concept, while 19.6% are neutral. This suggests that individuals possess diverse viewpoints regarding the assertion. Participants reported difficulties in understanding health information provided through different media, including posters, booklets, and online discussion forums. The issue is deteriorating due to multiple factors, including inadequate reading skills and poor communication abilities across diverse cultural contexts.

**3.5. Access to Healthcare and Utilization Patterns (Tables No. 17, 35, and 36)**

**Table No.7 Distribution of Respondent’s Access to Healthcare in Community is Convenient**

S.No	Particulars	Frequency	Percent
1	Strongly Disagree	35	38.3
2	Disagree	11	11.9
3	Neutral	10	10.8
4	Agree	31	33.6
5	Strongly Agree	5	5.4
<b>Total</b>		<b>92</b>	<b>100.00</b>

The majority of individuals requiring healthcare access in private institutions. A mere 38.3% of individuals opt for private healthcare facilities, whereas 5.4% rely on community institutions for their medical treatment needs. This indicates that women are inclined to depend on publicly funded institutions and may lack trust in or access to private care options.

**4. DISCUSSION**

**4.1 Socio-Demographic Context and Its Implications for Health**

Many women are responsible for caring for their family members since 74.2% of women are married and 19.5% are widowed. On the other side, people of a certain gender could find it difficult to get medical care. More than 39% of respondents to the study said that they had just completed elementary school. This demonstrates their lack of knowledge on health-related topics. Mothers' and communities' health is significantly impacted by women's educational attainment, according to the National Family Health Survey (NFHS-5, 2021). According to Nayak and Nair (2022), ignorant tribal women often delay seeking medical care and fail to consider the need of maintaining personal cleanliness. The fact that a sizable percentage of respondents 47.5% reported earning less than 10,000 naira annually makes it more difficult for them to get both preventive and curative medical treatment.

**4.2 Health Status and Disease Prevalence**

While 57 percent of people who took part in the survey said that they were in good health, 58.7 percent of those who participated in the study reported that they were experiencing persistent health problems. It may be more challenging to maintain a diet that is nutritionally balanced if you put off getting your yearly medical checkups. Tribal people were found to have a high

frequency of musculoskeletal disorders, hypertension, and anemia, according to research that was carried out in 2023 by the Indian Council of Medical Studies. One of the primary reasons for this predicament is that there is a deficiency in both enough sustenance and reliable medical care.

There are a variety of environmental and behavioral variables that have an effect on the chronic illnesses that the individuals who took part in the study were experiencing. There are a number of reasons that contribute to an increase in the risks that are associated with one's health. These factors include a chronic lack of cleanliness, a 27.1% increase in self-medication, and a lack of understanding about the prevention of sickness. According to Rao et al. (2020), the lack of access to healthcare and sanitary facilities in South India has a negative influence on the health of tribal women. This is because tribal women in South India do not have sufficient access to these services. The aforementioned assumptions are backed by the facts that were presented before.

**4.3 Health Literacy and Communication Barriers**

The lack of health literacy is one of the study's noteworthy conclusions. Of those surveyed, 47% strongly disagreed with the idea that they knew the fundamentals of health. More than 61% of those surveyed said they didn't understand modern health issues. This shows that people's literacy and cultural backgrounds differ significantly from how health information is distributed. According to Nutbeam's (2008) Health Literacy Model, people may improve their health outcomes by learning, understanding, and using health information. The findings of the research provide strong proof that information must be conveyed in a manner that is suitable for both language and culture. According to Singh et al. (2022), poor literacy rates and language obstacles made it difficult for tribal women in Tamil Nadu to contact medical specialists. As a result, individuals were less likely to spread myths and disobey medical advice.

**4.4 Cultural and Social Determinants of Health-Seeking Behaviour**

39.1% of those who participated in the study expressed satisfaction with the way in which traditional and contemporary therapy approaches were integrated. On the other hand, 33.1% of the persons who participated in the research said that cultural norms made it more difficult to get medical treatment. In the field of medicine, the phrase "hybrid model" refers to the practice of combining contemporary medical practices

with traditional medical knowledge in order to provide patients with more effective care. In order to get the necessary medical treatment, you could have to wait for a longer period of time if you employ procedures that are no longer considered to be up to date. According to the Behavioral Model of Health Services Utilization (1995) developed by Anderson, social and cultural variables have a substantial impact on how individuals perceive the need of receiving professional medical treatment. According to the findings of the study conducted by Sundaraman and colleagues (2021), it may be difficult for tribal people to get medical care.

The dependence on traditional healers, the refusal to adopt contemporary medical methods, and the cultural barriers that exist are just some of the issues that need to be addressed. According to the findings of the poll, just 45.4% of respondents said that they felt comfortable discussing their health issues in public. When it comes to sexual and reproductive health concerns, there are a number of factors that might make engaging in conversation challenging. Individuals choose to act in this manner for a variety of reasons, the most important of which are personal considerations, cultural expectations, and a fear of criticism. Studies that indicate that the stigma that is associated with gynecological care considerably hinders women's access to such treatments provide evidence that supports the arguments that Ghosh and Munda (2020) have given. These assumptions are shown to be correct by the facts being presented.

#### **4.5 Access to Healthcare and Infrastructure Gaps**

Respondents said that it is challenging to keep government hospitals accessible to everyone, despite the fact that 86.1% of people use them. According to the poll, around 37.5% of respondents disagreed significantly with the statement that accessing healthcare in their area was simple. Sixty-four percent of poll respondents said they had difficulty finding transportation. These findings suggest that Donabedian's (2005) technique for assessing healthcare facilities' quality is still applicable. By doing this, they show how logistical and structural problems might affect patient results and satisfaction. Due to financial constraints or accessibility issues, a significant portion of women are delaying the completion of essential medical testing. Conversely, individuals are either delaying the process of getting help or treating themselves. One of the main variables influencing how long patients must wait for medical treatment in rural and tribal communities is the remote location of medical facilities (Gupta et al., 2021). Even if they had

insurance, 83% of respondents were unsure on how to maximize the benefits of government health insurance programs. There is an issue that has to be resolved as quickly as possible with the way the policy is being implemented. The considerable discrepancies between the accessible policies and the community's actual application of those regulations make this quite evident.

#### **4.6 Implications for Health Policy and Social Work Practice**

The results suggest that in areas where locals live, it is critical to include culturally relevant communication, mobile health programs, and community-focused health education. Social workers play a crucial role in ensuring that government healthcare goals are in line with the real-world struggles faced by tribal women. In their role as frontline facilitators, social workers may help with participatory health planning, launch awareness campaigns in community languages, and build relationships with community leaders. Furthermore, there's a strong possibility that they would start awareness-raising initiatives inside their own businesses or workplaces. There are many reasons why people could be more inclined to utilize health services more often. These include safeguarding the patient's right to privacy, providing patients with dependable, high-quality treatment, and helping patients build trust with the medical staff. The research's conclusions indicate that addressing issues of sociocultural inclusion and empowerment is crucial to improving the health of tribal women. For participatory health governance to be effective, this is a necessary step. To achieve this goal, we will need more than our current infrastructure would provide. The evidence provided unequivocally demonstrates that a variety of social, cultural, and structural factors influence the cleanliness and health practices of Tribal women in Madhukkur.

### **5. SUGGESTIONS AND RECOMMENDATIONS**

The parts that will follow this one will cover every topic that was raised in the paragraphs that before it. Making products more inexpensive and accessible, raising knowledge of the difficulties they provide, and adjusting public perception to reflect these shifts are some issues that need attention. These are only a few of the issues that need to be addressed.

#### **5.1 Health Education and Literacy Development**

It is advisable for health literacy initiatives to start in Telugu and Tamil, the languages understood by the community, to enhance comprehension of essential health concepts related to preventative care and appropriate hygiene. Peer educators use folk media and face-to-face contact to provide people correct

knowledge. Community health educators may get training to become peer educators. Women who have problems reading require extra support with functional health education and can accomplish this with things like pictures, interactive displays, and street acts. The government's existing programs, such as the PoshanAbhiyaan and the Swachh Bharat Mission, should include training on themes like maternal health, nutrition, sanitation, and how to prevent anemia.

### **5.2 Improving Healthcare Access and Infrastructure**

It is recommended that mobile health clinics be established in Madhukkur 1's most remote districts to provide a range of medical services, including as routine exams, chronic sickness treatment, and prenatal care. The best course of action for overcoming the challenges posed by their geographic location is the creation of mobility assistance organizations. The provision of community vans and community-funded medical transportation are two instances of services that fall under this category. More assistance will be given to Primary Health Centers (PHCs) that are already operating as a consequence of the increase in the number of professionals, especially female doctors and culturally competent health workers. The District Health Department and neighborhood non-governmental groups may be able to provide services including dental, eye, and reproductive health care as well as non-communicable disease testing by routinely hosting health outreach camps. The community may get these services.

### **5.3 Cultural Sensitivity and Community Engagement**

In the field of healthcare, it is imperative that the cultural norms and beliefs of tribal groups be taken into consideration. By working together with local authorities and traditional healers, you may increase the likelihood that people will trust you and adopt modern treatment. Community gatherings are also essential in order to achieve the goal of lowering the stigma that is connected with addressing health concerns that pertain to an individual's personal and reproductive health. In order to encourage the integration of traditional and contemporary healthcare systems, it is important to educate people about the use of safe herbal medicines and discourage the use of techniques that are either outdated or potentially harmful. Intercultural communication training should be provided to social workers and medical professionals so that they may have a better understanding of how people from different cultures perceive health and sickness.

### **5.4 Strengthening Institutional and Policy Measures**

If native women start successful businesses, they could be able to lower their medical bills and become less reliant on others for money. Making food, selling herbal products, and tailoring clothes are all examples of enterprises that fall within this group. It is advised that the community set up self-help groups (SHGs) and microcredit initiatives to support women as a group and pay for their medical expenditures. Make sure that all government-funded health insurance schemes, including Ayushman Bharat and the Chief Minister's Health Insurance Scheme, cover both men and women for free. Local helpers also help women sign up for and use these programs. It is extremely vital to let local panchayats know that when they make plans and give out money, the health and hygiene of tribal women should be their first priority.

## **6. CONCLUSION**

The issues of health and hygiene are not only biological problems for persons who are economically disadvantaged, particularly women who come from tribal groups; rather, they are closely tied to the social and cultural frameworks of society. Specifically, the purpose of this research was to investigate the ways in which socioeconomic position, cultural norms, health literacy, and access to healthcare facilities influence the health and treatment responses of women who belong to tribal communities. The research was conducted in a number of different locations, one of which being the Madhukkur site, which is situated in the Thanjavul District. In spite of the fact that the majority of people who participated in the survey were well aware of the importance of cleanliness, the data suggested that health education, preventative measures, and healthcare continue to be challenging to properly implement.

Taking into account the results, it is clear that an all-encompassing strategy is required in order to enhance the health of tribal women. The implementation of this plan need to include a broad variety of activities, including the education of individuals on various cultures, the development of infrastructure, the provision of additional financial resources, and the extension of knowledge. It is possible that the research will be of use to those who are employed in the fields of politics, social work, and medicine and who are attempting to strike a balance between the objectives of public health and the realities of the life of tribal women. Therefore, this is due to the fact that the study provides information that is not only accurate but also beneficial and valuable.

The survey findings demonstrate that most tribal women live in ways that make it challenging for them to acquire

contemporary medical treatment and an education. More than half of the respondents who completed the poll had chronic diseases, which meant they were more likely to have health issues since they ate badly and didn't know how to prevent them. Most women went to public hospitals for medical treatment, but they didn't go there very frequently since it was hard to get there, it was far away, and they had difficulties communicating. Ultimately, the only method to attain lasting health improvement among tribal women is via community-oriented, inclusive, and continuous participation. In this kind of participation, women are not just passive beneficiaries; they are actively involved in shaping their own health outcomes. This move would not only benefit each person, but it would also bring the tribal people of Tamil Nadu and India closer together.

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