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MATERNAL HEALTH AMONG TRIBAL WOMEN
(A Study of Chenchu Women in Kurnool district, Andhra Pradesh)

Dr. Kookutla Aruna (Alias) A. Hampamma
M.A, Ph.D, Anantapuram.

ABSTRACT

Maternal health encompasses the physical, emotional, and social well-being of women throughout pregnancy, childbirth, and the postpartum period. It involves providing access to quality healthcare, support, and education to ensure positive outcomes for both mothers and their children. The impact of poor maternal care extends beyond personal health, affecting families, communities, and society as a whole. In the case of the Chenchu community residing in Kurnool district, Andhra Pradesh, the antenatal care (ANC) they receive is a concerning aspect. Several factors, such as education, economic status, and socio-cultural influences, play a role in determining the status of maternal care among them. The unique cultural aspects of Chenchu women are also at risk, including their maternal health. Due to their remote locations and limited resources, accessing modern healthcare facilities becomes challenging, posing risks to their well-being.

This study aims to explore the maternal health status of Chenchu women, shedding light on the issues they face and highlighting the need for improvement in their healthcare access and support.The study seeks to contribute insights that can inform targeted healthcare strategies for improved maternal well-being in tribal communities.

Key words: Chenchu Tribes, maternal health, ANC, PNC

Introduction

Tribal communities often inhabit remote and geographically challenging regions. Historical neglect, displacement, and limited access to mainstream healthcare contribute to health disparities among tribal women. Many tribal areas lack adequate healthcare infrastructure, including hospitals, clinics, and trained medical professionals. This results in reduced access to essential maternal healthcare services for tribal women. Cultural diversity among tribal communities may lead to linguistic barriers in healthcare communication. Understanding and addressing these cultural nuances is crucial for effective healthcare delivery, especially in maternal health where cultural practices play a significant role.

Tribal communities often rely on traditional healing practices. While these practices hold cultural significance, they might not always align with modern healthcare standards. Integrating traditional and modern healthcare in a culturally sensitive manner is a challenge. Tribal populations frequently experience economic disadvantages. Poverty, limited educational opportunities, and lack of employment prospects can contribute to poor health outcomes, including inadequate maternal healthcare.

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Tribal women, due to the aforementioned factors, may face higher rates of maternal mortality and morbidity. Lack of access to skilled birth attendants, antenatal care, and postnatal care contributes to these disparities. Educational disparities and limited health awareness contribute to delayed or inadequate healthcare-seeking behavior among tribal women. Lack of awareness about maternal health practices and the importance of institutional delivery can lead to adverse outcomes.

Nutritional deficiencies, common in many tribal communities, impact maternal and child health. Limited access to a balanced diet and prenatal supplements can lead to complications during pregnancy and childbirth. Some tribal communities face displacement due to various reasons. This can result in the loss of traditional practices related to maternal health, impacting the overall well-being of tribal women.

Discrepancies in the implementation of government healthcare policies, especially in tribal regions, contribute to disparities. Limited awareness about available schemes and difficulties in accessing them further compound health challenges.

Understanding these background factors is crucial for developing targeted interventions that consider the unique circumstances and needs of tribal women in the context of maternal health. It emphasizes the importance of culturally sensitive approaches, community engagement, and equitable healthcare policies.

Background of the chenchu tribe

The Chenchu tribal community in Andhra Pradesh, India, is recognized as a particularly vulnerable group, primarily residing in the hilly regions and forests of the Nallamala Hills. As one of the oldest tribal communities in India, they have a unique cultural heritage, traditionally relying on hunting and gathering for sustenance. The Chenchu's social structure is built on a close-knit kinship system, and they often inhabit small hamlets within the forest, maintaining their Dravidian language family dialect. However, the community faces challenges such as displacement, marginalization, and restricted access to resources and basic amenities. Modern pressures like deforestation, industrialization, and government policies have further impacted their traditional lifestyle, leading to issues such as land rights disputes and limited resource access.

Need for the study

Focused maternal health research is vital to address persistently high maternal mortality rates, particularly in marginalized communities. Understanding contributing factors is crucial for effective interventions, especially for vulnerable populations like tribal women. Maternal health research allows a nuanced exploration of unique challenges, providing targeted solutions. It unravels complexities related to socio-economic status, education, healthcare access, and cultural practices. This research identifies root causes and addresses disparities in healthcare infrastructure, cultural barriers, and socio-economic factors, offering specific insights for improvement.

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Maternal health research uncovers issues related to women's empowerment, education, and socio-economic status, contributing to long-term improvements in outcomes. Focused research has the potential to significantly reduce health disparities by understanding and addressing specific challenges faced by marginalized groups. Researchers play a pivotal role in creating more equitable health outcomes. Findings from focused maternal health research can have a global impact, informing strategies applicable across diverse contexts.

In conclusion, focused research on maternal health is essential not only for addressing the immediate health needs of vulnerable populations but also for creating sustainable, culturally sensitive, and evidence-based interventions that contribute to broader improvements in global maternal health outcomes.

Objectives of the study

To assess the current status of maternal health among Chenchu women, including their access to antenatal care (ANC), delivery services, and postpartum support.

Literature review

The studies collectively underscore the multifaceted challenges and nuances surrounding maternal and child health in tribal populations across India. Sandhya Rani et al. (2007) shed light on limited healthcare seeking practices among tribal adolescent girls, emphasizing the need for targeted interventions. Gaur Parul (2008) accentuated the prevalence of traditional health culture among tribal women, stressing the importance of interventions that respect and incorporate cultural beliefs. Richa Chandrakar et al. (2009) drew attention to the poor health conditions in specific tribal communities, urging comprehensive research for a deeper understanding and effective solutions.

Pandey (2009) highlighted the critical importance of addressing high infant mortality rates, outlining challenges in ensuring the well-being of children under the age of five in India. The studies collectively point to the intricate interplay of factors, such as education, cultural preferences, and socio-economic conditions, in shaping maternal and child health outcomes among tribal populations. Additionally, efforts to improve education, particularly for women, emerge as a recurring theme, with studies like Kumari and Kshatriya (2017) and Vashisht et al. (2019) emphasizing its positive impact on healthcare utilization.

Furthermore, disparities in antenatal care utilization based on age, socio-economic status, and education are evident in studies by Bhattacherjee et al. (2013), Pandey et al. (2014), Jahan et al. (2016), and Ray et al. (2018). These findings collectively underscore the need for tailored interventions that consider the unique socio-cultural contexts of tribal communities, address barriers to healthcare access, and prioritize education as a key determinant of improved maternal and child health outcomes.

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Methodology

The study focuses on Chenchu Tribal settlements in Kurnool District, Andhra Pradesh, India, selected due to the district's high priority status based on maternal and child mortality rates. Out of 43 villages in 14 mandals, 12 villages in seven mandals were chosen for intensive fieldwork, primarily located near hilly and isolated areas. Preliminary data were collected from these villages, with an estimated 700 households. The research involved 300 sample respondents chosen through multistage random sampling. Data collection methods included structured interviews conducted at respondents' homes, utilizing qualitative approaches such as Focus Group Discussions, in-depth interviews, and participant-observation techniques from various primary and secondary sources.

Results and discussion

The maternal care of the pregnant women includes Antenatal checkups at least three times during the pregnancy, Tetanus injection (TT) thrice. The maternal care of the pregnant women includes visits to health centers or visits by the health workers for Antenatal checkups at least three times during the pregnancy, consuming the IFA tablets (at least 100 tablets); Tetanus injection (TT) thrice, and tests for anemia.

The distribution of the tribal women with respect to maternal care which includes ANC checkups, Hemoglobin tests to find out anaemia issues, TT injection for their immunization, and IFA tablets consumption is presented in table 1

Table 1 presents the distribution of tribal women based on ANC visits during pregnancy. Out of 300 respondents, 56 (18.7%) had a single ANC, 135 (45.0%) had two ANC visits, and only 93 (31.0%) underwent ANC three times. The dire condition of Chenchu women in receiving full ANC is evident. The data also reveals a serious anemia problem, with 57.3% having Hb between 7 to 11, 41.0% with 5 to 7 Hb, and 5 respondents unaware of anemia.

Regarding IFA tablet consumption, 52.7% received but did not consume them, 37.3% had one IFA per day, and only 4.3% received and consumed 100+ IFA tablets for three months. Despite awareness, respondents did not fully utilize IFA tablets. Additionally, 58.0% received TT injection once, and 35.3% received it twice during pregnancy.

Similar observations were found by Shahina Begum, Ajeesh Sebastian (2017) in their study. Only a few review articles, among many, published from 1990 to 2015 on childbirth practices, have clearly explained the traditional methods of childbirth among the tribals of Maharashtra. The strong presence of cultural practices affecting the use of MCH services in tribal groups has been reported. ANC registration is as low as 11%, although 70-99% of women receive the IFA and 79% of women receive the TT vaccine.

TABLE 1

DISTRIBUTION OF RESPONDENTS BY MATERNAL CARE

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Maternal care	No. of Respondents	Percent
ANC Check Up		
1 ANC	56	18.7
2 ANCs	135	45
3 or more ANCs	93	31
Not Pregnant	7	2.3
None	9	3
Total	300	100
Anemia		
5 To 7 Hb	123	41
7 To 11Hb	172	57.3
Don't know	5	1.7
Total	300	100
IFA Tablets		
Received but not consumed completly	158	52.7
One IFA per day Received and consumed	112	37.3
100+ IFA tablets/syrup for at least three Months	13	4.3
Not Pregnant	7	2.3
None	10	3.3
Total	300	100
TT Injection		
No TT	13	4.3
1	174	58

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2	106	35.3
Not Pregnant	7	2.3
Total	300	100

Table 2 explores the association between education level and maternal care. Among those with single ANC, 13.3% illiterates, 5.0% with primary education, and 0.3% with higher education. For two ANC visits, 27.3% illiterates, 14.3% with primary education, and 3.3% with higher education. For three ANC visits, 16.3% illiterates, 10.3% with primary education, and 4.3% with higher education. Non-pregnant women and those who never had ANC check-ups are also accounted for.

The majority (58.0%) of respondents received TT injection once. Among them, 39.3% are illiterates, 14.3% have primary education, and 4.3% have higher education. For those who reported receiving TT injection twice (35.3%), 16.7% are illiterates, 15.3% have completed primary education, and 34.3% have higher education. Thirteen respondents (4.3%) did not take TT, and seven (2.3%) are non-pregnant women.

TABLE 2

Distribution of respondents by maternal care and level of education

Maternal care	Education level			Total
	Illiterate	Primary	Higher	
ANC Check Up				
1 ANC	40 13.30%	15 5.00%	1 0.30%	56 18.70%
2 ANCs	82 27.30%	43 14.30%	10 3.30%	135 45.00%
3 or more ANCs	49 16.30%	31 10.30%	13 4.30%	93 31.00%
Not Pregnant	5 1.70%	2 0.70%	0 0.00%	7 2.30%
None	7 2.30%	2 0.70%	0 0.00%	9 3.00%
	183	93	24	300

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Total	61.00%	31.00%	8.00%	100.00%
T. T Injection				
No TT	10 3.30%	2 0.70%	1 0.30%	13 4.30%
1	118 39.30%	43 14.30%	13 4.30%	174 58.00%
2	50 16.70%	46 15.30%	10 3.30%	106 35.30%
Not Pregnant	5 1.70%	2 0.70%	0 0.00%	7 2.30%
Total	183 61.00%	93 31.00%	24 8.00%	300 100.00%
Anemia problem				
5 To 7 HB	64 21.30%	44 14.70%	15 5.00%	123 41.00%
7 To 11HB	116 38.70%	47 15.70%	9 3.00%	172 57.30%
Don't know	3 1.00%	2 0.70%	0 0.00%	5 1.70%
Total	183 61.00%	93 31.00%	24 8.00%	300 100.00%
IFA Tablets				
Received but not consumed completely	107 35.70%	43 14.30%	8 2.70%	158 52.70%
One IFA per day Received and consumed	61 20.30%	37 12.30%	14 4.70%	112 37.30%
100+ IFA tablets/syrup for at least three Months	5 1.70%	7 2.30%	1 0.30%	13 4.30%
Not Pregnant	5 1.70%	2 0.70%	0 0.00%	7 2.30%
	5	4	1	10

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None	1.70%	1.30%	0.30%	3.30%
Total	183 61.00%	93 31.00%	24 8.00%	300 100.00%

Out of 300 women, 57.3% have Hb levels between 7 to 11. Among them, 38.7% are illiterates, 15.7% have primary education, and 3.0% have higher education. Additionally, 41.0% reported Hb levels between 5 to 7, with 21.3% being illiterates and 14.7% having completed primary education. Five respondents are unaware of anemia.

More than half of the women (52.7%) received IFA tablets/syrup but did not consume them. Among them, 35.7% are illiterates, 14.3% have primary education, and 4.7% have completed higher education. Additionally, more than one-third (37.3%) received and consumed one IFA per day. Out of these, 20.3% are illiterates, 12.3% have primary education, and 2.7% have higher education. Only 4.3% received 100+ IFA tablets and consumed them for at least three months, with 1.7% being illiterates, 6.3% having primary education, and 0.3% having higher education.

Among the respondents who have not received IFA tablets, only 3.3% are illiterates, with 1.7% having primary education, and 0.3% having higher education. The data indicates a serious anemia problem among the sample respondents, possibly due to the intake of insufficient nutrient food. Despite awareness of IFA tablets, the majority of respondents are not utilizing them.

Occupation and Maternal care:

Table 3 presents the data of maternal care with respect to occupation. Among the 94 samples from Non-Agricultural Labour, 4.0% had a single ANC, 12.7% underwent ANC twice, and 13.7% underwent ANC three times. In terms of TT injection, 16.7% received it once, 13.3% twice, and 1.0% did not take TT. The data provides insights into maternal care practices based on occupation, highlighting variations in ANC and TT injection utilization.

Regarding Anemia problem 41 (13.7%) respondents had 5 – 7 Hb,52(17.3%) women had 7 – 11 Hb. The remaining respondent doesn’t even know about the anemia.

Among the respondents, 13.7% had an Hb level between 5-7, 17.3% had an Hb level between 7-11, and some respondents were unaware of their anemia status. This data indicates a prevalence of anemia among the sampled population, with varying degrees of severity.

Regarding the usage of Iron and Folic Acid (IFA) tablets 47 (15.7%) women reported that they received the IFA tablets but not consumed, 36 (12.0%) of the respondents received One IFA per day and consumed, 7 (2.3%) consumed 100+IFA tablets/syrup for at least three months, 3 (1.0%) have not used any tablets.

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Table 3

Distribution of Respondents by Maternal Care and Occupation

Maternal care	Major Occupation								Total
	Non Agricultural Labour	Agricultural Labour	Gathering forest products	Preparing Alcohol	Sheep rearing and Gathering forest products	Working as guides	Working as field gaurds	Miscellaneous	
ANC Check Up									
1 ANC	12	6	32	0	3	0	2	1	56
	4.0%	2.0%	10.7%	0.0%	1.0%	0.0%	0.7%	0.3%	18.7 %
2 ANCs	38	30	46	12	4	0	3	2	135
	12.7%	10.0%	15.3%	4.0%	1.3%	0.0%	1.0%	0.7%	45.0 %
3 or more ANCs	41	18	19	6	0	4	2	3	93
	13.7%	6.0%	6.3%	2.0%	0.0%	1.3%	0.7%	1.0%	31.0 %
Not Pregnant	1	0	3	0	3	0	0	0	7
	0.3%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	2.3 %
None	2	1	5	0	0	0	0	1	9
	0.7%	0.3%	1.7%	0.0%	0.0%	0.0%	0.0%	0.3%	3.0 %
Total	94	55	105	18	10	4	7	7	300

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	31.3%	18.3%	35.0%	6.0%	3.3%	1.3%	2.3%	2.3%	100.0%
T. T Injection									
No TT	3	3	7	0	0	0	0	0	13
	1.0%	1.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%
1	50	27	68	10	5	1	7	6	174
	16.7%	9.0%	22.7%	3.3%	1.7%	0.3%	2.3%	2.0%	58.0%
2	40	25	27	8	2	3	0	1	106
	13.3%	8.3%	9.0%	2.7%	0.7%	1.0%	0.0%	0.3%	35.3%
Not Pregnant	1	0	3	0	3	0	0	0	7
	0.3%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	2.3%
Total	94	55	105	18	10	4	7	7	300
	31.3%	18.3%	35.0%	6.0%	3.3%	1.3%	2.3%	2.3%	100.0%
Anemia problem									
5 To 7 Hb	41	31	37	3	4	4	3	0	123
	13.7%	10.3%	12.3%	1.0%	1.3%	1.3%	1.0%	0.0%	41.0%
7 To 11Hb	52	24	64	15	6	0	4	7	172
	17.3%	8.0%	21.3%	5.0%	2.0%	0.0%	1.3%	2.3%	57.3%
Don't know	1	0	4	0	0	0	0	0	5
	0.3%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%

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Total	94	55	105	18	10	4	7	7	300
	31.3%	18.3%	35.0%	6.0%	3.3%	1.3%	2.3%	2.3%	100.0%
IFA Tablets									
Received but not consumed completly	47	20	65	9	7	2	4	4	158
	15.7%	6.7%	21.7%	3.0%	2.3%	0.7%	1.3%	1.3%	52.7%
One IFA per day Received and consumed	36	29	32	8	0	2	3	2	112
	12.0%	9.7%	10.7%	2.7%	0.0%	0.7%	1.0%	0.7%	37.3%
100+ IFA tablets/syrup for at least three Months	7	4	2	0	0	0	0	0	13
	2.3%	1.3%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%
Not Pregnant	1	0	3	0	3	0	0	0	7
	0.3%	0.0%	1.0%	0.0%	1.0%	0.0%	0.0%	0.0%	2.3%
None	3	2	3	1	0	0	0	1	10
	1.0%	0.7%	1.0%	0.3%	0.0%	0.0%	0.0%	0.3%	3.3%
Total	94	55	105	18	10	4	7	7	300

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	31.3%	18.3%	35.0%	6.0%	3.3%	1.3%	2.3%	2.3%	100.0%

The maternal care practices among the sampled population varied significantly based on their occupations. Non-Agricultural Labour, constituting 31.3% of the samples, demonstrated challenges in receiving comprehensive antenatal care (ANC), with 4.0% having single ANC, 12.7% undergoing ANC twice, and 13.7% undergoing ANC thrice. A similar pattern was observed in TT injections and anemia levels. Agricultural Labour, comprising 18.3% of the samples, exhibited a distinct trend, with 2.0% having single ANC, 10.0% undergoing ANC twice, and 6.0% undergoing ANC thrice. Forest Product Gathering, involving 35.0% of the samples, showed 10.7% having single ANC, 15.3% undergoing ANC twice, and 6.3% undergoing ANC thrice. Other occupations like Alcohol Preparation, Sheep Rearing & Gathering Forest Products, Guides, and Field Guards presented varying ANC patterns. This detailed breakdown underscores the nuanced disparities in maternal care practices across diverse occupational groups within the studied population.

Table 4 provides insights into the place of delivery and assistance during childbirth in the study area. Among 300 pregnant women, 68.7% delivered at government health institutions, with 57.7% assisted by a doctor and 11.0% by an ANM/Nurse. The data indicates a declining trend in home births, constituting 15.7%, with various assistance sources, including Family Elders/Mother/Neighbours and untrained Dai. Notably, 9.3% of respondents opted for honey as the first food for newborns, 11.7% used sugar water, 27.0% chose Cow/Goat/Bufellow Milk, while 45.0% prioritized direct breastfeeding with colostrums. This comprehensive overview highlights the prevailing childbirth practices and feeding choices within the studied tribal community.

Table 4

Distribution of Respondents by Place of Delivery and Delivery Assistance

Delivery Place	Who assisted the delivery?						Total
	ANM/ Nurse	Doctor	Family Elders/ Mother/ Neighbours	Untrained dai	First pregnancy (Not Delivered)	Not Pregnant	
Government Health institutions	33	173	0	0	0	0	206
	11.00%	57.70%	0.00%	0.00%	0.00%	0.00%	68.70%
Private Hospital	0	11	0	0	0	0	11

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	0.00%	3.70%	0.00%	0.00%	0.00%	0.00%	3.70%
Home	0	0	22	25	0	0	47
	0.00%	0.00%	7.30%	8.30%	0.00%	0.00%	15.70%
Other places	0	0	5	8	0	0	13
	0.00%	0.00%	1.70%	2.70%	0.00%	0.00%	4.30%
First pregnancy (Not Delivered)	0	0	0	0	16	0	16
	0.00%	0.00%	0.00%	0.00%	5.30%	0.00%	5.30%
Not Pregnant	0	0	0	0	0	7	7
	0.00%	0.00%	0.00%	0.00%	0.00%	2.30%	2.30%
Total	33	184	27	33	16	7	300
	11.00 %	61.30 %	9.00%	11.00%	5.30%	2.30%	100.00 %

Summary

The study indicates that Chenchu respondents face nine distinct health issues, not all pregnancy-related. Among pregnant women, 60.7% reported edema, 8.7% jaundice, and 2% abnormal fetus position. Women aged 19-28 faced various health complications, including TB, kidney failure, and Hepatitis B. A significant majority (84.6%) of respondents, engaged in low-paid manual work, experienced diverse health problems.

The study also notes that in the examined area, 18.7% had a single ANC, 45.0% underwent ANC twice, and only 31.0% had ANC three times, indicating challenges in receiving full ANC. Notably, 61.0% of illiterate respondents had two or more ANC checkups. Those involved in non-agricultural and agricultural labor, and forest product gathering, were more likely to undergo ANC. While 52.7% received IFA tablets, a significant portion did not consume them. Illiterate respondents engaged in manual labor were more likely not to utilize IFA tablets fully. Additionally, a majority (58.0%) had one TT injection, with illiterates being prevalent in this group.

The study indicates that the majority of deliveries (68.7%) occurred at government health institutions, with 206 being normal and 30 through Caesarian. Most deliveries were assisted by doctors (184), followed by ANM/Nurse (33), and others. Postnatal checkups were received by 146 within 24 hours, 68 within 24 to 48 hours, and nearly all within 41 days. Common postnatal complaints included fever (71), hair loss (72), severe headache (46), and loss of appetite (32). Health problems were more prevalent among respondents with two or three conceptions.

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The study revealed that the majority of the respondents are not seeking medical assistance because of various reasons like cost which is too much for them due to their low annual income, unwillingness of family members, and lack of transport facility. But in reality many of the respondents don't trust the medical facility.

The study reveals a progressive decline in home births. It is also found that mother who delivered under the supervision of health personnel with all medical facilities have more chance to receive postnatal care than those who did not deliver in health care centers.

From the above, the ANM / Nurse is more accessible to maximum number of respondents and take care of them during childbirth. Hence, most of the tribal people have a greater reliance on ANM / nurse.

Conclusion

The study emphasizes the unique health challenges faced by tribal communities, such as the Chenchu, stemming from their distinct lifestyle and environment. These challenges include poverty, lack of sanitation, and limited access to healthcare. The research underscores the need for targeted support and collaboration between government, NGOs, and community leaders to address these issues while respecting and preserving cultural practices.

Specific findings include a connection between certain occupations, like forest product gathering and manual labor, with abortion rates. Challenges in receiving complete antenatal care (ANC), particularly related to IFA tablets, are highlighted, attributed to factors like illiteracy and engagement in labor activities.

Regarding deliveries, the majority among the Chenchu occur in government health institutions, indicating a positive decline in home births. However, the study notes a reluctance to seek medical help for non-childbirth-related issues due to reasons like cost and distrust in government facilities.

In conclusion, the study underscores the importance of empowering and supporting indigenous communities like the Chenchu, balancing cultural preservation with access to quality healthcare and education. It recognizes the ongoing efforts to safeguard their rights and promote sustainable development, crucial for preserving the cultural heritage and overall well-being of the Chenchu tribal community in Andhra Pradesh.

Recommendation

The recommendations for improving the health outcomes of tribal communities, particularly the Chenchu, include:

- Provide health information about available schemes and their significance, with a specific focus on postnatal care.
- Raise awareness through distribution camps, personal counseling, and sensitizing senior family members.
- Prioritize efforts to enhance women's knowledge on maternity and related issues.

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- Utilize distribution camps, personal counseling, and education to empower women with essential maternal health information.
- Provide monetary support to alleviate tribes from unnecessary expenditures related to maternity care.
- Train a greater number of tribal females to work as Assistant Nurse Midwives (ANM).

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