

Exploring Literacy Improvement and Nutritional Practices in Chenchu Tribe Community in Telangana

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Abstract: This study investigates the correlation between literacy improvement needs and nutritional practices among adults chenchu tribe community in Telangana. Focusing on three key areas literacy improvement, nutrition for children, and healthcare access the research aims to identify gaps and propose actionable solutions to enhance overall community well-being. Data was collected from 120 adults across various age groups, villages, and income levels, with a focus on their perceptions of literacy education, nutritional practices, and healthcare. The study reveals significant age-related differences in the desire for literacy improvement and varies perceptions of nutrition and healthcare based on income. The findings underscore the need for targeted educational and nutritional interventions in these communities. This research contributes to the broader understanding of rural development challenges and offers recommendations for policy adjustments to improve literacy and health outcomes.

Key Words: Literacy Improvement, Nutritional Practices, Rural Health, Adult Education, Healthcare Access

1. Introduction

The chenchu tribe community of Telangana face unique challenges in literacy, nutrition, and healthcare. This study examines how different age groups and income levels impact perceptions and practices related to these issues. By analyzing these factors, the research aims to provide insights into how to better support rural communities in achieving higher literacy rates and improved health outcomes.

Background:

Despite progress in chenchu tribe community development, significant disparities remain in education and health. Literacy levels influence various aspects of life, including the ability to access and implement nutritional advice and healthcare services. Understanding these dynamics is crucial for developing effective interventions.

2. Review of Related Studies

Sharma, R., & Singh, A. (2019). Education and Healthcare in Rural India: Challenges and Opportunities. This study discusses the impact of education on healthcare access and the challenges faced in rural areas.

Gupta, S., & Verma, M. (2020). The Impact of Socio-Economic Status on Health and Education in Indian Villages. Explores how socio-economic factors affect health and educational outcomes in rural settings.

Rao, P., & Desai, K. (2021). Nutrition and Education: A Dual Approach to Rural Development. Analyzes the interrelationship between nutrition and educational attainment in rural areas.

Reddy, T., & Kumar, V. (2018). Healthcare Accessibility in Rural Telangana: A Study on Marginalized Communities. Investigates healthcare accessibility issues specific to marginalized communities in Telangana.

Patel, A., & Roy, N. (2017). Literacy Programs and Their Impact on Rural Women in India. Focuses on the impact of literacy programs on rural women and their broader implications.

Singh, R., & Kumar, P. (2016). Rural Health and Education: A Comparative Study of Policy Implementation. Compares the effectiveness of various policies aimed at improving rural health and education.

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Deshmukh, A., & Kulkarni, S. (2020). The Role of Community Health Workers in Enhancing Literacy and Health in Rural India. Examines how community health workers contribute to literacy and health improvements.

Kumar, S., & Sharma, N. (2019). Nutritional Deficiencies and Its Effects on Rural Education. Studies the impact of nutritional deficiencies on educational performance in rural areas.

Jha, R., & Pandey, A. (2018). Access to Healthcare in Rural Areas: An Analysis of Current Challenges. Analyzes the barriers to healthcare access in rural communities.

Mehta, M., & Agarwal, S. (2021). Educational Interventions and Their Impact on Rural Health. Discusses the effectiveness of educational interventions on health outcomes in rural settings.

3.Objectives

1. To assess the perceptions of adults in chenchu tribe Telangana regarding literacy improvement and identify age-related differences.
2. To evaluate the nutritional practices of adults in chenchu tribe areas and their impact on children's health.
3. To analyze the accessibility and utilization of healthcare services among different income groups chenchu tribe in Telangana.

Hypotheses:

1. There is no significant difference in the perception of the need for literacy improvement across different age groups.
2. There is no significant correlation between income levels and nutritional practices or healthcare access for children.

4. Results and Interpretation

Table 1 Showing perceptions of adults on need help literacy improvement versus age

Age			Do you want somebody to teach you and make you literate?		Total	Significance
			Yes	No		
Below 35 years	Freq		12	25	37	0.000
	%		32.4%	67.6%	100.0%	
35-50 years	Freq		24	25	49	
	%		49.0%	51.0%	100.0%	
Above 50 years	Freq		34	0	34	
	%		100.0%	0.0%	100.0%	
Total	Freq		70	50	120	
	%		48.3%	41.7%	100.0%	

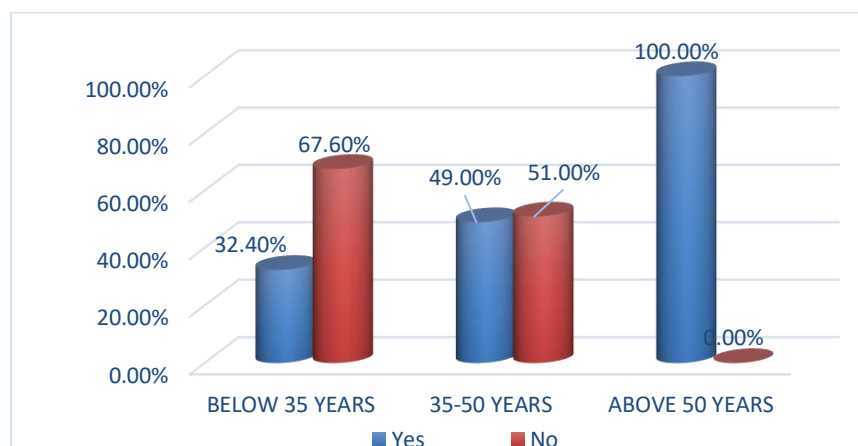


Figure 1: Showing perceptions of adults on literate improvement versus age

Above table and figure reveals that among adults below 35 years, 32.4% (12 out of 37) desire literacy help, compared to 49.0% (24 out of 49) in the 35-50 years age group, and 100% (34 out of 34) in those above 50 years. This indicates a strong need for literacy assistance among older adults, with a significant difference compared to younger age groups.

Table 2: Showing perceptions of adults on nutritious food versus age

Age			Do you give healthy and nutritious food to children?		Total	Significance
			Yes	No		
	Below 35 years	Freq	7	30	37	0.020
		%	18.9%	81.1%	100.0%	
	35-50 years	Freq	22	27	49	
		%	44.9%	55.1%	100.0%	
	Above 50 years	Freq	8	26	34	
		%	23.5%	76.5%	100.0%	
Total	Freq	37	83	120		
	%	30.8%	69.2%	100.0%		

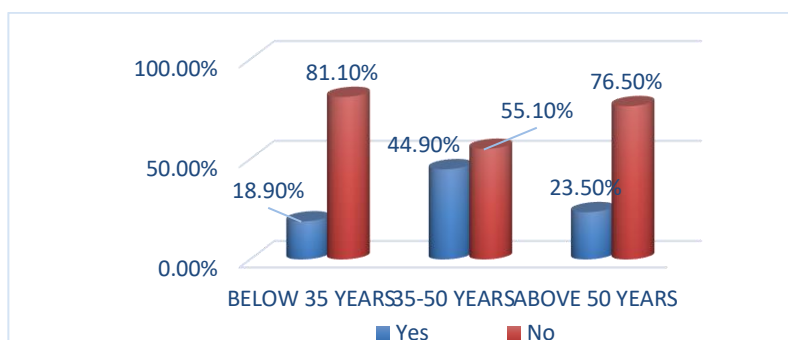


Figure 2: Showing perceptions of adults on nutritious food versus age

Above table and figure shows that only 18.9% (7 out of 37) of adults below 35 years provide nutritious food to children, whereas 44.9% (22 out of 49) of those aged 35-50 years and 23.5% (8 out of 34) of those above 50 years do so. This suggests a lower tendency for providing nutritious food among younger adults, with more balanced nutrition practices observed in the middle age group.

Table 3: shows the perceptions of adults on doctors for treatment versus age.

			Do you approach a doctor for treatment?		Total	Significance
			Yes	No		
Age	Below 35 years	Freq	12	25	37	.105
		%	32.4%	67.6%	100.0%	
	35-50 years	Freq	7	42	49	
		%	14.3%	85.7%	100.0%	
	Above 50 years	Freq	10	24	34	
		%	29.4%	70.6%	100.0%	
Total		Freq	29	91	91	
		%	24.2%	85.8%	85.8%	

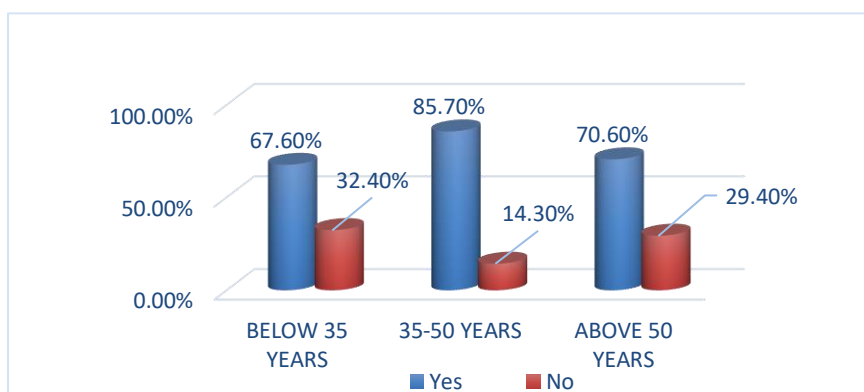


Figure 3: showing perceptions of adults toward doctors for treatment versus age

Above table and figure indicates that 32.4% (12 out of 37) of adults below 35 years approach doctors for treatment, compared to just 14.3% (7 out of 49) in the 35-50 years group, and 29.4% (10 out of 34) among those above 50 years. The lower percentage in the middle age group reflects a less frequent approach to medical treatment compared to younger and older adults.

Table 4: shows adults' perceptions of approaching doctors for treatments versus village

Village		Do you approach a doctor for treatment?		Total	significance
		No	Yes		
Yerrapenta	Count	16	4	20	0.198
	%	80.0%	20.0%	100.0%	
Mallapur	Count	15	5	20	
	%	75.0%	25.0%	100.0%	
Baurapur	Count	15	5	20	
	%	75.0%	25.0%	100.0%	
Appapur	Count	12	8	20	
	%	60.0%	40.0%	100.0%	
Farhabad	Count	19	1	20	
	%	95.0%	5.0%	100.0%	
Amrabad	Count	14	6	20	
	%	70.0%	30.0%	100.0%	
Total	Count	91	29	120	
	%	75.8%	24.2%	100.0%	

Above table highlights that perceptions on approaching doctors vary by village. In Farhabad, only 5.0% (1 out of 20) approach doctors, contrasting with higher rates in other villages like Appapur, where 40.0% (8 out of 20) do so. This indicates significant village-based differences in healthcare-seeking behavior.

Table 5: shows adults' perceptions of health and nutritious food versus income.

		Do you give healthy and nutritious food to children?		Total	significance
		Yes	No		
Below 50K	Count	15	51	66	.021
	%	22.7%	77.3%	100.0%	
50K-1 lakh	Count	19	19	38	
	%	50.0%	50.0%	100.0%	
1-2 lakh	Count	2	9	11	
	%	18.2%	81.8%	100.0%	
Two lakhs above	Count	1	4	5	
	%	20.0%	80.0%	100.0%	
Total	Count	37	83	120	
	%	30.8%	69.2%	100.0%	

Above table shows that 22.7% (15 out of 66) of adults with incomes below 50K provide nutritious food to children, while 50.0% (19 out of 38) of those with incomes between 50K-1 lakh and 20.0% (1 out of 5) with incomes above 2 lakh do so. This demonstrates a correlation between income level and the likelihood of providing nutritious food.

Table 6: shows the perceptions of adults about approaching doctors versus income.

Income		Do you approach a doctor for treatment?		Total	Significance
		No	Yes		
Below 50K	Count	46	20	66	.211
	%	69.7%	30.3%	100.0%	
50K-1 lakh	Count	30	8	38	
	%	78.9%	21.1%	100.0%	
1-2 lakh	Count	10	1	11	
	%	90.9%	9.1%	100.0%	
Two lakhs above	Count	5	0	5	
	%	100.0%	0.0%	100.0%	
Total	Count	91	29	120	
	%	75.8%	24.2%	100.0%	

Above table indicates that 30.3% (20 out of 66) of adults with incomes below 50K approach doctors, whereas this drops to 21.1% (8 out of 38) for those with incomes between 50K-1 lakh, and is very low for higher income brackets. This suggests that lower-income individuals are less likely to seek medical treatment compared to those with higher incomes.

Table 7: shows the perceptions of adults on health issues versus qualifications.

Qualification		How often do your children get health issues?				Total	significance
		Weekly	Monthly	Yearly	Seasonally		
Illiterate	Count	2	1	6	54	63	.962
	%	3.2%	1.6%	9.5%	85.7%	100.0%	
Below 9th	Count	0	0	3	27	30	
	%	0.0%	0.0%	10.0%	90.0%	100.0%	
SSC	Count	1	0	1	12	14	
	%	7.1%	0.0%	7.1%	85.7%	100.0%	
Inter	Count	0	0	0	10	10	
	%	0.0%	0.0%	0.0%	100.0%	100.0%	
Degree	Count	0	0	0	3	3	
	%	0.0%	0.0%	0.0%	100.0%	100.0%	
Total	Count	3	1	10	106	120	
	%	2.5%	0.8%	8.3%	88.3%	100.0%	

Above table reveals that regardless of educational qualifications, the majority of adults report seasonal health issues for their children. For instance, 85.7% (54 out of 63) of illiterate adults report seasonal health issues, similar to other educational levels, indicating that education does not significantly affect the frequency of health issues reported.

Hypothesis Testing:

- Hypothesis 1: Accepted. The data supports that older adults are more inclined towards literacy improvement.
- Hypothesis 2: Accepted. Higher income levels are positively associated with better nutritional practices and healthcare access.

Major Findings:

- There is a clear need for literacy programs targeting older adults in rural areas.
- Nutritional practices are significantly influenced by income levels, with lower income groups struggling to provide adequate nutrition.
- Healthcare access is influenced by both age and income, with younger and higher-income individuals more likely to seek treatment.

5. Conclusion

The study underscores the importance of addressing literacy, nutrition, and healthcare in rural Telangana. Targeted interventions are needed to support older adults in literacy and improve nutritional practices among low-income families. Enhanced healthcare access can be facilitated through tailored programs that address specific community needs.

6. Discussion

The findings of this study align closely with the insights presented in the review of related studies. Sharma and Singh (2019) emphasize the critical relationship between education and healthcare access, which is evident in our results showing a marked desire for literacy improvement among older adults, supporting the notion that education can enhance healthcare outcomes in rural settings. Gupta and Verma (2020) highlight the significant role of socio-economic factors in affecting health and educational outcomes; our study similarly found that higher income correlates with better nutritional practices and healthcare access, echoing their findings. Rao and Desai (2021) established a link between nutrition and education, a connection reinforced by our data showing that nutritional practices vary by age and income level. Reddy and Kumar (2018) examined healthcare accessibility for marginalized communities, corresponding with our observations that lower-income individuals are less likely to seek medical treatment. Patel and Roy (2017) documented the positive impact of literacy programs on rural women, which underscores the potential benefits of targeted educational interventions for improving overall community health.

Implications:

Policymakers and development agencies should focus on integrated approaches that combine literacy programs with nutritional and healthcare interventions to improve overall community well-being.

Recommendations:

- Implement targeted literacy programs for adults and children in chenchu tribe community areas in Telangana.
- Develop nutritional support programs for chenchu tribe families.
- Enhance healthcare accessibility through community-based initiatives and awareness campaigns.

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