

**SOCIO-ECONOMIC AND HEALTH ISSUES OF  
BANJARAS IN THE ERA OF GLOBALIZATION:  
A STUDY IN TELANGANA TRIBAL VILLAGES**

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**Abstract:**

*The Banjaras have a unique culture of their own, and it occupies an important role in Indian culture, their life style is unique which does not have anything in common either with the population of plain areas or with the local tribes who are popularly called as Banjaras or Lambadas or Sugali or Labhani are different names used for the same community, in different parts of the country. The paper focuses socio, cultural and economic conditions of present day scenario of banjara tribes in the globalization era. It is examine various adverse impact of globalization on Banjara's culture, dressing patterns, working and living conditions. More than 90 percent of Banjaras are now following the non-banjaras traditions for marriages. They are paying dowry as compared to non-banjars, reasons are education, employment and they would like to away from discrimination from non-banjaras. Majority people of this community are now vicious cycle of poverty, it results debt trap and it leads to sale of baby girls, migration. 85 percent of the people are consuming alcohol at early age, 67 percent are under malnutrition, frequently exposing to waterborne diseases. Banjaras culture, social system, administration system and economic system and their societal values are getting eroded in the globalization era in Telangan tribal villages.*

*Keywords: Banjaras, Culture, Health, economic conditions, poverty.*

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**Introduction:**

Geographically Banjaras are spread all over the country, from north to south. The Banjaras constitute about five per cent of the total country population. They are culturally advanced; they have been relatively isolated, living on the edge from the mainstream. The Banjara community generally lives in the inaccessible hilly and forest regions. The economy is largely self-sufficient, unstructured and non-specialized. Their social system is simple and more democratic way of functioning. The total population of Banjaras is 5.6 million in the country. Region-wise its percentage in Andhra Pradesh is 2.2, Karnataka 1.1, Maharashtra 0.9, Madhya Pradesh 0.4, Rajasthan 0.3, and Rajasthan 0.3 millions of population respectively. In Andhra Pradesh the Banjaras are called with three different names such as Banjaras, Sugalis and Lambadas. Nearly 10 percent of this population lives in Telangana Region, three percent in Rayalaseema and two percent in Andhra region (Suresh Lal-2005).

The Banjara is an ethnic group among larger populations in any society with a unique culture and common characteristics such as physical features, common language, habits, cultural homogeneity, unifying social organisation and habitats in the same territory. Their settlements are organised around lineage, clan and cultural and economic resources, irrespective of the invasion of outsiders on their land. The families or communities making up an ethnic group are linked through socio-economic relations, religion and customary laws. Their land and territories (forests, hills, valleys, water, river beds and islands) are of crucial importance to their indigenous economic and cultural identity. The Banjaras value community life and have collective property resources for common use. They are loyal and care for each other and frame their own moral economic systems, sharing their economic resources equally following their egalitarian customs (Suresh Lal-2005).

**The People:**

The Banjaras have a unique culture of their own, and it occupies an important role in Indian culture, their life style is unique which does not have anything in common either with the population of plain areas or with the local tribes who are popularly called as Banjaras or Lambadas or Sugali or Labhani are different names used for the same community, in different parts of the country. The Banjaras are one of the Tribes of Telangana State, they speak dialect

known as *GhorBoli*, which has no script and has mixed languages of Sanskrit, Hindi, Marathi, and Gujarathi (Suresh Lal-1995).

The banjaras have been called with different names such as Banjari, Vanjari, Brinjari, Labhani, Labhany, Labhana, Lambadi, and Lambani. According to (Edgar-1975) all these words have been mainly derived from the two words banjari and lambhani. According to D.R.Prathap the banjaras are called as banjari, lambadi, lambani, lambany, brinjari, vanjari, boypara and sugali. (R.V. Russell-1916) has said that the banjaras are also called as banjara, vanjari, labhana and mukeri. (N. Jeevla Naik-1990) in his "Banjara-Vamshavale" has given a list of names which are in use they are banjara, vanjara, banjari, brajavasi, baladia, lambada, laman, lavani, lambadi, labhan, ladiniya, labhani, panda singalibanjari, shirkinbond and romabanjara we have to make a clear analysis of these words according to the etymology of these words.

### **Methodology:**

The paper is based on the primary and secondary data sources. Primary data was collected such as interviews with elders and the Naiks of the Thanda. Secondary sources like various past field studies, reference books, research journals, census data and report were used. Most of the data collected at random sampling techniques from victims of banjara tribes respondents.

### **Objectives:**

1. To focus the significance of the banjara culture in the present day scenario.
2. To study the socio-cultural and economic aspects of banjaras
3. To examine impact of globalization on socio-economic and health conditions of banjara
4. To suggest appropriate measures to renovate/ restore their culture.

### **Results and Discussion:**

#### **Socio-Cultural Aspects-I:**

*"Cultural Collapse leads to Economic Sickness/ weakness"*.

Embroidery is the art of decorating a fabric with stitches to enrich or add to its beauty. Through the centuries embroiderers have experimented with the materials available to them, adopting and

refining their techniques, drawing inspiration from their surroundings or from the art and ornament of their times and cultures. Banjaras have very rich cultural heritage of embroidery. Since olden days they wore all their wealth, they were famed for their colorful dress and spectacular jewelry, and known for their lyricism, for song, poetry and dance, and for the maintenance of a unique aesthetic in their embroidery (Lal B. Suresh-2003).

The Banjaras embroideries are designed for a nomadic life style and, while featuring geometric, floral and animal motifs used by a majority of India's village peoples, Banjara embroidery design is strikingly different. For dancing and ordinary ceremonial wear, women use traditional skirts, shawls and backless blouses generally made of commercial textiles, synthetic yarns and locally available mirrors and metal ornaments. The blouses usually are ornamented on the sleeves and fully embroidered with mirrors across the front. Embroidered flaps with metal ornaments are added to the blouses of married women. The shawls have embroidered borders along the top and bottom edges with a wider more elaborate strip of mirror embroidery at the center top that frames the face. The skirts, hanging low on the hips, are worn with the kodisadak, a long rope of cowries; the waist bands are generally reinforced with sturdy embroidery, worked on a red quilted or twined ground. Particularly fine pieces are made for prospective brides.

Banjara women throughout India wear elaborate twisted and braided hairdos that support and display jewelry and textiles; those styles are typical of Rajasthan. The traditional dress is completed with rows of ivory or bone bracelets, nowadays made of white plastic, worn on the arms, with silver bangles, nose gold ring (bhuria), beads or silver coins necklaces.

Amongst the Banjaras, the single most important ceremonial textile is an embroidery approximately 50 cm. square, of many uses including wedding water pot cover or ritual table cover. It can be pre folded to make up different kind of elaborately embroidered dowry bags (Lal B. Suresh-2000).

**Changing Dressing Pattern:** Women are known to wear colorful and beautiful costumes like phetiya (as ghagra) and kanchalli (as top) and have mehendi tattoos on their hands. The dress is considered fancy and attractive by Western cultures. They use mirror chips and often coins to

decorate it. Women put on thick bangles (bandiya) on their arms (patli). Their ornaments are made up of silver rings, coins, chain and hair pleats are tied together at the end by chotla.

Men wear dhoti and kurta (short with many folds). These clothes were designed especially for the protection from harsh climate in deserts and to distinguish them from others. More than 98 percent of banjara men and women have changed their traditional dresses, because of two reasons - one to follow non-banjara style and two to avoid discrimination from non-Banjaras and due to impact of globalization. Now embroidery costumes are very fashion to the all sections of the people, it has got very crazy demand and high cost. High income group people only afford these embroidery costumes now. Therefore again there is a thrust need to encourage and provide appropriate financial support to the Banjaras to restore banjara costumes as part of their rich culture (Lal B. Suresh-2000).

**Marriage System:** Banjaras marriage is a complex marriage system, as it includes marriage by negotiation, marriage by trial, marriage by Bride Price and a few marriages by elopement. Ninety five percent Banjara marriages are arranged by trial and the remaining are marriages by elopement.

There is an argument that tribal customs and traditions are not easily amenable to change. But it is proved to be wrong. Changes in tribal customs and traditions are taking place rapidly. The disturbing feature of this change is that the most retrograde and unjust aspects of the other cultures are being absorbed into it and positive aspects are being eliminated. For instance, it is becoming fairly common now for Banjara girls to pay dowry instead of accepting the traditional “ Mamlo”, of course, giving mamlo and taking dowry, both are equally undesirable. It is the responsibility of all of us to prevent the decay in tribal culture and to initiate a new direction for positive changes for the betterment of the tribal community, now a days tribal traditional marriage system we could not find in plain areas except in rural some pockets only. All most all Banjara tribes are following non-tribal (Hindu) marriage system (Suresh Lal-2009).

**Age at Marriage:** A girl in tribal societies is considered for marriage generally after puberty and in Banjara community marriages takes place after attaining puberty i.e. at the age 15-20 years. The early marriages lead to major life threatening complications like frequency of abortions or miscarriages and high blood pressure.

**Place of Delivery and Birth Attendant:** Place of delivery is an important determinant of infant mortality and mother health. Usually, among tribals, deliveries are taking place at home due to poor economic conditions.

In the study villages, home deliveries are a common practice among Banjara tribals. Customarily, among Banjaras when the pregnant women start getting labour pains, she is taken into a separate room and room is spread with cow-dung where the delivery has to take place. A traditional dai [untrained woman] assists in massaging her stomach and waist with oil. It is found that majority of deliveries (65 percent) were conducted at home with the help of traditional dais, leading to several complications to child and mother in some cases.

**Cutting the Umbilical cord and Dressing:** In the study area, the instruments used for cutting the umbilical cord are unsterilised scissor, blade, knife and thread. As a result infant mortalities are taking place in tribal areas and often causing tetanus neonatal deaths on account of the traditional instruments used by untrained dai. The material used for dressing the umbilical cord among banjaras is talcum powder, medicated powder or ointment. Most of the mothers (80 per cent) did not dress the cord, think that it would be cured in its natural course of time but which leads to problems like infection and infant mortality.

**Medical care during Pregnancy:** Majority pregnant women received medical care from traditional medical practitioners, followed by registered or unregistered medical practitioners, who claim to be registered medical practitioners (RMPs). They also follow self-medication, herbal medicine and depend on elderly, experienced women for advice. Most of the women are facing deficiency of iron and 'A' vitamin. Due to lack of proper medical care, pregnant women face many pre delivery and post-delivery problems (Suresh Lal-2006).

The study found that water-borne diseases, different deficiencies, conducting home deliveries by traditional Dais, unhygienic conditions, lack of conducting delivery knowledge to dais, no scientific base to take ante-natal and post-natal care, primitive/ unscientific instrument to cut umbilical cord, unqualified medical practitioners/ quacks, high doses are adversely affecting tribals health in rural/ tribal areas.

Most of the Banjaras still believe that the illness is caused on account of the wrath of the god or goddesses, spirit intrusion sorcery and casting of evil eye. Therefore, they do not go for treatment until patient becomes seriously ill. The medical care they practiced is traditional medicines, self-medication, herbal medicines and lastly Allopathic.

The study undertaken in the Govindaraopet mandal of Warangal district indicate that tribes have distinct health problems, mainly governed by multi-dimensional factors like their habitat, difficult terrain, ecologically variable, isolation, superstitions, deforestation and illiteracy. Lack of infrastructure, inaccessibility to health institutions and affordability are some of the problems contributing to their poor health status and practices.

The health care and health practice behavior is still rudimentary in these areas. They still follow their own traditional beliefs, customs and practices depending on unqualified Para-Medical and Quacks.

Health services availability is dismal though there are Primary Health Centers (PHCs) and sub-centers, because of lack of specialists, the unwillingness of the doctors to work in these remote areas. In case of thandas, availability of these services is very poor (Suresh Lal-2006).

### **Economic Conditions of Banjaras-II:**

Banjaras traditional occupation is nomadic cattle herding. Later they slowly moved into agriculture and trade.

The Banjaras were bullock transport carriers and builders of great monuments, who ranged throughout the subcontinent negotiating and maintaining expensive contracts to supply goods to

important customers as the Mughal armies and the British. For centuries, they efficiently moved their enormous caravans through vast road less tracts of all India, guarantying safe conduct for grain, salt and messages. Doing so, they spread from Kashmir to Tamil Nadu, from Orissa to Gujarat, spilling over into Sindh, Pakistan, Iran and further west. With the advent of the railway and the building of a road system, the Banjaras lost their primary occupation, but retained their tradition of monument building. Typical of peripatetic nomads, the Banjaras maintain strong boundaries so that they can interact with surrounding people and yet retain their cultural integrity. Such boundaries include the separate villages called thanda where the majority of the Banjaras still live today. Their occupation has been shifted from nomadic to settled agriculture.

**Occupation Pattern:** Nearly 90 percent Banjaras are working as farmers, tenants and coolies. They are of very hard working nature. More than 48 percent of them do not possess any piece of land. About 15 percent of Banjaras have below five acres of land. Remaining 38 percent of people possess between 1-2 acres of land. These landholdings are fragmented without minimum facilities such as irrigation, transportation and marketing etc. These holding are unfertile too. As result Banjaras could not adequate income to lead a dignified life in the society by cultivating these lands. Therefore they are forced to depend on other alternative sources of income. In the way they were forced to migrate to urban areas in search of livelihood (Suresh Lal-1995).

**Changes in Cropping Pattern:** Cropping pattern has been defined as the proportion of area under different crops at a particular period of time. A change in the cropping pattern means a change in the proportion of area under different crops. Cropping pattern goes throughout the year in tribal areas/ banjara thandas, provided water is available. Therefore, it is difficult to calculate the area under different crops at a particular time and the changes that are taking place in the proportion of area under different crops. Generally banjaras grow jawar, maize, cereals, pulses, rice, turmeric and onion, garlic etc. But due to globalization impact now banjaras are growing commercial crops like cotton, chilies and rice. These crops require high investment. The farmer thinks that it provides high profit and shift to modern cultivation. As the modern cultivation involves use of modern inputs- hybridized seeds, chemical fertilizers and pesticides, the cost of cultivation increased many folds. On the other hand the success of modern cultivation very much depends upon land fertility and facility of irrigation but in many areas banjara agriculture the



irrigation facility is very less. Due to this the yielding of various crops is not up to the expectations. The increased expenditure of cultivation forced the farmer to depend upon external finance sources and borrow money. As institutional credit facilities are unavailable they are ultimately depending on non-institutional credit facilities which are costlier. As per the prices of agricultural produce are concerned they are not remunerative. In this way the modern cultivation resulted in high cost of cultivation and non-remunerative prices leading the farmers into debt trap. The modernization of agricultural also changed the agrarian economy of banjaras from self-sustained and self-reliant to market dependent. The market dependent economy threw them into debt web. The changed cropping pattern and modernization of cultivation also have some allied impacts on the banjaras' life styles. Their food habits undergone a sever change. The staple food of Banjaras comprise of Jawar/ acidgruel. Before globalization banjaras main diet was jawar/ bajra, maze, millet, cereals, with roots, potatoes. Limes and most of times they were depending on forest based fruits which they produce themselves or collect from forests, but now their main diet is rice with vegetables, people who are still consuming old staple food have to depend on market. In this way the modernization of agriculture made Banjaras market dependant with regard to even food habits.

### **Consequences of Economic Degradation-III:**

**Debt Trap:** Nearly 72 percent of Banjaras who are living in rural areas and practicing/ working in agriculture as small farmers or as coolies are in high debt traps. Non-beneficial cultivation led them into debt traps. Low level of productivity and high level of inputs cost and lack of institutional credit facilities push them into Poverty (Lal B. Suresh-2008).

**Sale of baby girls:** There are incidents and Banjaras level of debt and poverty compel them to sales their baby girls in Andhra Pradesh in general and Telangana region in particular. (Tribal girl sold in Mumbai surfaces in Warangal, in the Hindu, 14<sup>th</sup> November, 2009)

**Migration to Urban Areas:** Banjaras people migrated to urban areas usually get unskilled wage employment in construction sector which is uncertain. They also work as domestic helps, in shops, in commercial outlets and also engaged in other miscellaneous works for livelihood.

They face many problems at work place and at place of stay. The problems of migrants can be seen in two ways – problems at migrated places and problems at native places. In the urban areas migrated people do not find proper dwelling places. They usually live in slum areas which are vulnerable to many diseases due to non-availability of wage employment they are forced to accept low wage jobs for survival in degraded working conditions. They are also vulnerable to different kinds of illegal acts against them. The conditions of women workers and children are even worst. Women and children who work as domestic helps and engage in other miscellaneous work face trafficking, flesh trade and other physical and mental abuses. As for problems at native places are concerned, they lose livestock, withdraw children from school, old family members are being sent out or left alone. Increased land mortgages and leaving lands uncultivated are also other problems that migrated people are facing (Lal B. Suresh-2007).

**Alcohol Consumption:** Health is fundamental to national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people which is a measure of their energy and capacity as well as of the potential of men-hours for productive work in relation to the total number of persons maintained by the nation. For the efficiency of industry and of agriculture, the health of the worker is an essential consideration.

This study throws light on concerns of alcohol misuse and associated problems. The use of alcohol results in a large range of personal, social and health problems. Alcohol use and abuse can contribute to a variety of medical problems such as cardiovascular diseases, Heart attack and stroke, Hematological diseases, Cancer, Urinary system and Nervous system, etc. (Suresh Lal-2013).

Alcoholism is a disease in which the person has an emotional or physical need for alcohol even though drinking hurts his or her life. It is a disease that cannot be helped by will power alone; it must be treated. If it is not treated it will get worse and may ruin a personal/s family and social life, career, physical health, sense of worth and well-being etc. Alcoholism is often called a family disease because it hurts the lives of family members and others who are close to the

alcoholic. For the alcoholic to get well, family members must often take part in the treatment. There is no one cause for alcoholism.

About 98 percent of Banjaras in rural packets consume alcohol (gudumba or cheap liquor), which is made by them. Alcohol consumption is common in Banjaras thandas in Telangana region in general and north-Telangana region in particular. Nearly 5000 women are widows now by the age between 30 to 40 years. It is main source of income to the Banjaras in thandas (Suresh Lal-2013).

**The Status of the Women:** The status of banjara women is markedly better than that in the Hindu caste society. Women play an important role in the domestic economy of tribal societies, they are usually allowed to move freely, and have the right to choose their marriage partners or at least have a large say in this (it is always, at the very least, a family affair). Divorce is usually possible and much easier and tribal widows – unlike their Hindu sisters – have no problem in remarrying. But, again, these are generalizations and there are indigenous societies in which a woman could be married several times as she wishes. A woman married and divorced seven times in her past 70 years of life, name is *Nunsavath Ambali, wife of Bheemla Naik village of Papaiahpally, mandal Govindaraopet in Warangal district of TS*. In many tribal societies, paying a bride price is part of the marriage arrangement. This stands in contrast to the dowry practice in Hindu society, which means that the birth of a baby girl represents a heavy economic burden for poorer families, with enormous repercussions on the status of women, and on the sex ratio in the population. Studies have shown that baby girls are less well looked after than boys, leading to a higher infant mortality rate. The possibility of prenatal sex identification has led to a rapid drop in the births of baby girls (Lal B. Suresh-2009).

#### **Health Issues of Banjara-IV:**

The World Health Organization (WHO) has defined Health as not merely the absence of disease of infirmity but a state of complete physical, mental and social wellbeing Health transition refers to the transformation of a society with high morbidity and mortality rates into one, in which people live long disease free lives. Health transition has to be a central feature of social

progress. Health further implies complete adjustment of the individual to his total environment, physical and social. Health involves primarily the application of medical science for the benefit of the individual and of society. But, many other factors, social, economic and educational have an intimate bearing on the health of the community. Health is thus, a vital part of a concurrent and integrated programme of development of all aspects of community life.

**Malnutrition:** Malnutrition is a double burden to the families of banjara and tribals. Majority of families are with low-income and very poor dietary consumption. The consequences of malnutrition, including stunting, wasting and underweight (low weight for age), all of which result in increased risk of death and illness for both pregnant women and children. The survey notes that the prevalence of malnutrition is significantly higher among children from banjara and other tribal families. It found that children from same households generally had worse nutrition indicators. Birth weight is an important risk-factor for child malnutrition. The prevalence of underweight in children born with a weight below 2.5 kg is 50 per cent, while that among children born with a weight above 2.5 kg is 34 per cent. The Prime Minister Manmohan Singh describes as a “national shame.” Under nutrition affects development of a child, with consequences ranging from poorer school performance to increased susceptibility to infectious disease. (The Hunger and Malnutrition (HUNGAMA) Report-2013), (Lal B. Suresh-2012).

**Malaria:** Malaria is the foremost public health problem of Andhra Pradesh in general and tribal and banjara thandas in particular, contributing 23% of malaria cases, 40% of plasmodium falciparum cases and 10% of malaria deaths. More than 30% of banjara population of AP lives in high-risk areas for malaria. Though the tribal communities constitute nearly 8% of the total population of the country, they contribute 25% of the total malaria cases and 15% of total P.falciparum cases (Lal B. Suresh-2007).

**Sanitation:** (Open defecation): more than 87 percent of banjaras are open defecating at roadsides, open agricultural fields, nearby canal and bank of canal and rivers (Lal B. Suresh-2011).

**Removal of Uterus:** In a case study on removal of Uterus in Kheemathanda village of Kuravi mandal in Warangal district of Andhra Pradesh. The Lambadas were easy victims to doctors. “Even for a small gynecological problem, these tribals are terrified that they would develop cancer and would die. As a result, the women are getting their uteruses removed spending huge amount of money. There are instances where the tribal families sold away their only possession ‘land’. In a related incident, Smt. Kanthi 30 years old, consulted a doctor for stomach pain. She was told there was a wound in uterus and had to removed. The wound could be cured by medicines. But, she was asked to get it removed by spending Rs. 18,000. Her stomach pain still remains. In this thanda more than 80 women were victims. There are similar cases in banjara thandas in the state nearly 2000 women victims (Where Doctors take Tribals for a Ride, in The Hindu on 9<sup>th</sup> August, 2013)

**Diarrhoeal Disorders:** Water-borne communicable diseases like gastrointestinal disorders including acute diarrhea are responsible for a higher morbidity and mortality due to poor sanitation, unhygienic conditions and lack of safe drinking water in the banjara’s thandas. The acute diarrheal problem was basically due to the poor environmental hygiene, lack of safe drinking water, improper disposal of human excreta which was further aggravated by low literacy, indiscriminate defecation in the open field, bare foot walking and lack of health awareness and hygiene, low socioeconomic status coupled with blind cultural belief, lack of access to medical facilities leading to serious public health problem encouraging faeco-oral transmission of enteric pathogens in most of the thandas in Andhra Pradesh (Lal B. Suresh-2011).

**Upper Respiratory Tract Infection:** After anemia, the respiratory disease including upper respiratory tract infection was more commonly prevalent and accounts for a high infant mortality due to inadequate vaccination, lack of early diagnosis and prevention.

Anemia was found to be the most important clinical finding in tribal population followed by fever and other diseases such as malaria, upper respiratory tract infection commonly prevalent in Narlapur and Papaiahpally villages and the cases reported and recorded during November-2005

year in PHC Govindaraopet are 45 and 36 respectively. Malaria is the foremost public health problem of Narlapur village where 49 people were reported as suffering with malaria positive, in a month of these; number of deaths recorded officially is 5. Water born communicable diseases like gastro-intestinal disorders including acute diarrhea, jaundices and skin related diseases were found in both the villages, which are responsible for a higher morbidity and mortality. In addition to the above health problems, micronutrient deficiency, deficiency of iodine and deficiency of dietary components are prevalent in both the villages, leading to impaired mental function, poor intellectual performance, lowered I.Q and malnutrition.

It is observed that majority of tribals are using tobacco in the form of smoking or chewing irrespective of gender. Majority women are facing the abdominal problem. Tribals are not taking protected drinking water, open defecation of excreta, daily consuming alcohol, lack of sanitation and unhygienic condition are affecting their health (Suresh Lal-2006).

#### **Conclusion and Suggestions-V:**

In the present day scenario the Banjaras culture, social system, administration system and economic system and their societal values are getting eroded. Hence social scientist, anthropologist and other people who concerned of Banjaras come forward to restore and protect the culture of Banjaras for future generation.

Embroidery should be encouraged as small scale industry in Banjaras areas so that culture can be sustained and employment could be provided.

There is a need to improve agricultural productivity in tribal areas that the increase in agricultural productivity will help in bringing down poverty levels in tribal areas.

There is strong correlation between agricultural productivity and poverty. Where agricultural productivity is more there is less poverty.

The Government should encourage and provide appropriate financial support to the Banjaras to restore banjara costumes as part of their rich culture and it provide them livelihood.

The government should establish skill development training centers, to provide training to banjara widow women who were victims of the Gudumba/ alcohol.

Government should provide schooling facilities to every village/ thana to improve literacy level among the banjaras so that all evil will be far away from them.

Banjara are now requesting to the government to allocate equitable budget as per their population percentage, hence there are choices to develop in all sector in the state and country.

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