

## **Globalisation and Adivasis - An Empirical Study in Telangana**

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### **Abstract:**

The process of globalisation has made an unprecedented change in indigenous people's lives worldwide. However, the degree of exploitation and marginalisation vary from State to state and Adivasi tribal group to group. It examines very young, and older people are representing the highest number in the study areas. More than 73 per cent of Adivasi tribes are illiterates. The majority of families practice nuclear and have below three family members. Fifty-seven per cent of families have tiles roofs to their houses. 70% of respondents are cultivators (farmers), and 81% possess landholdings. More than 64 per cent collect minor forest produce. 68% of respondents earn less than 20k annual income. 90% of women participated in deciding their economic and family affairs—Majority Adivasi tribal suffering from anaemia, TB, BP and Diabetes. Adivasi tribals staple food is rice, followed by jowar—91% of respondents practising non-tribal traditional marriage system. The Government should take steps towards developmental activities in all villages, including water supply, bus services and roads. The Government has to take an integrated approach to develop Adivasi tribes in all aspects they need and participate in.

**Key words:** Globalisation, Adivasis, Non-tribal system, Health problems and Telangana.

### **Introduction:**

Globalisation has become an increasingly dominant feature over the past two decades. More countries are getting integrated into the global economy through trade, capital flows, and information and communication technologies. It is an inevitable process in each nation's efforts to accelerate economic growth and modernise their societies. Although there are debates about the benefits that agrarian-based nations cannot reap from globalisation, and some countries choose to opt-out, the potential costs of becoming marginalised from the global economy in terms of cost efficiency, technology and growth could be huge. Hence the positive effects of globalisation on economic growth and human development depend on how the globalisation process is managed nationally and internationally, Lal(2013).

### **Review of Literature:**

The Naikpods are culturally advanced; they have been relatively isolated, living on the edge of the mainstream. The Naikpod community generally lives in the inaccessible hilly, forest regions and plain areas as well. The economy is mainly self-sufficient, unstructured, and non-specialised. Their social system is a simple and more democratic way of functioning with the gudem head, Lal (2021).

Naikpods are called Matyalu by Gonds, which means the fishermen. Naikpods community is found mainly inside scheduled areas and sparsely outside designed spaces, and they are divided into several exogamous groups based on surnames or sects. The surname only regulates marital relations. They take non-vegetarian food but do not accept beef, Lal (2021).

Diabetes creates intense hunger: As the insulin in your blood is not working correctly or is not there, and your cells are not getting their energy, your body may react by finding more strength - food. As a result, they will become hungry, Lal (2021).

A community is a unique social institution that establishes working and living values among its members. Traditionally, because of this very reason, one finds Socio-Economic differences between one community and another community, Lal (2011).

The table reveals that 88 per cent of the tribals belong to nuclear and 12 per cent to joint families. It indicates that a family that keeps fewer helping hands is producing a higher number of children. It may be to supplement the income of the family. Under the present study, there is a domination of the nuclear family, Lal (2011).

Of all, the common diseases affected 598 tribals, belonging to 200 sample households, during the survey period. The highest number of tribals, 230 (38.4 per cent) of the total, was affected by general fever. One hundred seventeen tribals (19.5 per cent) were affected by Malaria. Ninety-five tribals (15.8 per cent) were affected by Typhoid, 92 tribals (15.3 per cent) were affected by Diarrhea. Anaemia contracted 35 tribals (5.8 per cent), and 29 tribals (4.8 per cent) were employed by Jaundice, Lal(2011).

The study provided the data on the increase of expenses by the respondents due to ill health. Many of them are incurring considerable costs to their capacity. As most of them are agricultural labourers and working class, they cannot bear the expenses. Whatever they earn, they seem to spend on the medicines to cure the diseases. Almost all the respondents are incurring costs on these diseases and incurring debts. Sometimes they have to go to different places, distant places also for their treatment incurring travel expenses and other expenditures, Lal(2021).

India will, without a doubt, become the global health destination. It aims to replicate the Thai model, which is still the first Asian destination for international patients. The reality is that Indian private facilities offer advanced technology and high-quality procedures on par with hospitals in developed nations. As a result, India is the leading country promoting medical tourism globally, Lal (2013).

### **Methodology:**

The present research is based on the survey method. The researcher framed the interview schedules used in this study. The variables used in this study had been identified through the discussions held with the older adults of the Villages. Secondary data were collected from related books, journals, periodicals, and reports. Altogether 200 sample respondents were chosen randomly—statistical tools used like frequency, percentage and Chi-square test.

The present study is based on the fieldwork conducted in two villages belonging to the two mandals of Warangal and Khammam districts of Telangana State. This study is adopted the following objectives and hypotheses.

### **Objectives:**

1. To study the socio-economic conditions of the Adivasi community.
2. To examine the impact of globalisation on Adivasis social, economic and health conditions

### **Hypothesis:**

There is no significant impact of globalisation on change in food habits and lifestyles of Adivasi tribes.

### **The Study Area:**

Koya and Nayakpod were the Adivasis chosen in Warangal and Khammam of NorthTelangana in Telangana State. They mainly depend on Agriculture and Forest produce. The data were collected through household interview schedules from two villages; Macherllaand R.Kothagudem were randomly selected from the two-sample mandals, i.e., Guduru and Cherla. Data on demographic aspects, economic aspects like occupation, employment, income, land particulars, debt, food consumption, minor forest produce, health and hygienic practices are collected from the sample villages.

### **Results and Discussion:**

The study has focused on different issues of Adivasi tribes in the study areas: demographical aspects, literacy, occupation, land holdings, minor forest produce, sample respondents' income levels, and uses of modern equipment for agricultural operations. The study also examined women

participation in decision making in family affairs, health problems and expenditure of illness of sample respondents.

**Table-1 Demographic and Literary Status of Respondents**

<b>Age Group (Years)</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
25-35	5.0(2.5)	43(21.5)	48(24.0)
36-45	12(6.0)	15(7.5)	27(13.5)
46-55	24(12.0)	16(8.0)	40(20.0)
56-64	29(14.5)	20(10.0)	49(24.5)
>65	30(15.0)	6.0(3.0)	36(18.0)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Sex</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Male	85(42.5)	71(35.5)	156(78.0)
Female	15(5.0)	29(9.6)	69(23.0)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Literacy status</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Illiterate	86(43.0)	61(30.5)	147(73.5)
Literate	14(7.0)	39(19.5)	53(26.5)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Type of family</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Nuclear family	84(42.0)	70(35.5)	154(77.0)
Joint family	16(8.0)	30(15.0)	75(35.0)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Size of family</b>	<b>Macherla</b>	<b>R.kothagudam</b>	<b>Total</b>
<3members	84(42.0)	56(28.0)	140(70.0)
4-6members	5.0(2.5)	28(9.4)	33(16.5)
>6members	11(6.5)	16(5.3)	27(13.5)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Type of house</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Tiles-roof	69(34.5)	44(22.0)	113(56.5)
Semi-pucca	24(12.0)	16(8.0)	59(29.5)
Katcha	5.0(2.5)	20(10.0)	25(12.5)
rebuilding	2.0(1.0)	20(10.0)	22(11.0)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>

*Source: Field Data*

Table1 depicts that the sex ratio of the communities in the selected two villages. It clearly shows that males dominate in giving responses to the survey, with 78 per cent (156 respondents) from Warangal and Khammam Districts. Females are 23 per cent (69 respondents) from Warangal and Khammam districts, respectively. The age of the people has been found that the number of Adivasi people age group ranges from 25 to above 65 years. The age group of 25-35 years is 48 respondents (24 per cent), while it is 49 persons (24.5per cent) among 56-64 years, Above 65 years is 36 persons (18 per cent). Another age group of 46-55 years is 40(20 per cent) and the rest of respondents' age at 36-45 years is 27 persons (13.5 per cent). Very young and older people are representing the highest number in the study areas. 147 out of 200 respondents are illiterates. Illiterates are more in Macherla village, than in R.Kothagudem. Fifty-three respondents in the study area are literates. Education is the key to human progress, and it creates awareness among individuals. The type of family of the respondents is presented in table-1. Data shows that 154 respondents accounting for 77 per cent, are in nuclear families, and 75 (35per cent) respondents are in the joint families system. Nuclear families are favoured by the rural people under the impact of globalisation, modernisation and urban trends. 140(70%) respondents had below three members of the family. Another 33 (16.5%) respondents had 4 to 6 family members and while 27(13.5) respondents had above six members in the family. The table

depicts the type of house possessed by the sample respondents in the study areas. 113 (56.5%) sample respondents out of 300 have tiles roof houses for their family stay. 59 (29.5%) out of 200 Respondents have Semi pucca houses. Another type of home accounts for 25(12.50%) kaccha. Only 22 (11%) respondents have RCC buildings in two villages.

**Table-2 Occupation, Land and MFP Collection Particulars**

<b>Occupation</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Cultivation	79(39.5)	60(30.0)	139(69.5)
Employment	15(7.5)	20(10.0)	35(17.5)
Business	6.0(3.0)	20(10.0)	26.0(13.0)
Total	100(50.0)	100(50.0)	200(33.4)
<b>Land Holding</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Yes	93(46.5)	70(35.0)	163(81.5)
No	7.0(3.5)	30(30.0)	37(18.5)
Total	100(50.0)	100(50.0)	200(100.0)
<b>Size of land</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
<Acre	65((32.5)	30(20.0)	95(47.5)
2-3acres	18(9.0)	20(10.0)	48(24.0)
> 4 acres	10(5.0)	20(10.0)	50(25.0)
No Land	7.0(3.5)	30(15.0)	37(18.5)
Total	100(50.0)	100(50.0)	200(100.0)
<b>MFP collection</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Leaves, Roots Fruits, Firewood Gum & Brooms	50(25.0)	78(39.0)	128(64.0)
No Collection	50(25.0)	22(11.0)	72(36.0)
Total	100(50.0)	100(50.0)	200(100.0)

*Source: Field Data*

Table.2 presents occupations that the respondents are practising in the two selected villages. It is clear from the table that people with cultivation (agriculture) dominate the communities chosen as the prime occupation with 69.5 per cent (139 respondents). The non-agriculture sector has 30.5 per cent (61 respondents). It includes employment and business. 163(81.5%) respondents have possessed the land, and 37(18.5%) respondents are landless people in the study area. 47.5 per cent (95 respondents) have below an acre of land in the study area. While 24 per cent (48 respondents) have 2 to 3 areas, and another 25 per cent (50 respondents) have more than 4 acres of land. The remaining 18.5 per cent (37) respondents are landless. 128(64%) sample respondents are collecting minor forest produce such as Leaves, Roots, Fruits, Firewood, Gum & Brooms. The remaining 72(36%) respondents are not collecting forest produce in the study area.

Table-3. This shows that more than half of the respondents in the selected two districts earn around Rs 10000-20000 per annum, with Macherla having 23.3 per cent (70 respondents) and R.Kothagudem having 21.7 per cent (65 respondents) in this category. On the other hand, above Rs 500000 income per annum are 30 respondents from Macherla and 35 from R.Kothagudem villages. The majority of respondents are in below poverty line categories of their incomes levels. The use of modern technology for cultivation by sample tribal respondents in two study areas of Telangana districts. 37 (18.5%) respondents out of 200 are using Tractors for tilling of their lands. While 54(27%) sample respondents are using Harvesting machines to harvest their agricultural fields. 72 (36%) sample respondents are still practising the traditional primitive method of cultivation. 37(18.5%) sample Adivasis are landless, and sample tribal respondents use no weeding machines.

Tribes are withdrawing children from school, started doing degrading jobs, old family members sent out, increased land mortgage, reduction in food consumption, depletion in mulch animals,

increased debt, increased intensity of migration, unpaid hospital bills, fodder availability reduced and short term land transitions, Lal(2019).

**Table-3 Income and Modern Inputs Use Particulars**

<b>Income</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
10000-20000	70(23.3)	65(21.7)	135(67.5)
>500000	30(10.0)	35(11.7)	65(32.5)
Total	100(33.3)	100(33.4)	200(100.0)
<b>Modern Inputs</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Tractor	10(5.0)	27(13.5)	37(18.5)
Harvesting machine	33(16.5)	21(10.5)	54(27.0)
Traditional	50(25.0)	22(11.0)	72(36.0)
No Land	7.0(3.5)	30(15.0)	37(18.5)
Total	100(50.0)	100(50.0)	200(100.0)

*Source: Field Data*

**Table-4 Woman Participation in Decision Making in Family Affairs**

<b>Family Affairs</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Economic	60(30.0)	65(32.5)	125(62.5)
Family Issues	40(20.0)	15(7.5)	95(47.5)
Political issues	-	20(10.0)	20(10.0)
Total	100(50.0)	100(50.0)	200(100.0)

*Source: Field Data*

Table.4 explains that the participation of sample respondents in their family affairs. 62.5 (125 respondents) percentage of respondents think that they are participating in the decision making of their family economic affairs. Moreover, 47.5 (95 respondents) per cent of sample Adivasis replied that they are actively playing a role in their family affairs, including traditional festivals experiences. At the same time, 10 (20 respondents) per cent of respondents replied that they are participating in even politics from R.Kothagudem village of Khammam district.

Women empowerment is rotating around power for Political, Economical, Social and Cultural. It is sharing passion equal to men, as per the religious- ideology and change-maker positively. Power should get away from men by educating women, making men understand that they are equal human beings in society. It is for equality that women had been in the community, Lal (2015).

Table.5 analyses diseases frequently affecting the sample respondents. Anaemia is the most acute disease, as stated by 46 accounts for 23 per cent of sample respondents. In tribal India, especially among the women of economically weaker sections, anaemic conditions are widely prevalent due to the deficiency of nutritious food. It is accepted in the medical parlour that the haemoglobin levels of Indian women are low as nutrition is neglected. The same observation is noted in the study, 40 respondents are 20 per cent prone to T.B, 40 respondents which are 20 per cent by Blood Pressure, 27 sample respondents, account for 13.5 per cent are Sugar (Diabetes) as recurring diseases. Twenty-two respondents are 11 per cent, have Gynecological issues. Modern lifestyles have slowly entered the tribal and rural areas under media, globalisation, and demonstration of urban trends. Tensions, deficiency of food and lifestyles besides physical work throw the tribal men and women to suffer. However, 35 respondents are 17.5 per cent free from diseases, and they are wealthy among the respondents as they are healthy. Family expenditure on healthcare to the respondents is analysed in the table. One hundred thirty-three sample respondents' accounts for 66.5 per cent are spending rupees 3000 to 5000 on healthcare and treating different diseases in the study area. While 67 respondents account for 33.5 per cent are spending rupees 6000 and above on their healthcare in the study area. It shows that Adivasi tribal people are spending more on healthcare and treatment though they are going for indigenous

treatment. Further, it also indicates that tribes are impoverished economically, and healthcare awareness; leads to low nutritional intakes and unprotected water.

**Table-5 Health Problems and health Expenditure**

<b>Health problems</b>	<b>Machala</b>	<b>R.Kothagudam</b>	<b>Total</b>
Anaemia	23(12.5)	23(12.5)	46(23.0)
TB	27(13.5)	13(6.5)	40(20.0)
BP	21(10.5)	19(9.5)	40(20.0)
Sugar	12(6.0)	15(7.5)	27(13.5)
Gynaecological	7(3.5)	15(7.5)	22(11.0)
No Health problem	10(5.0)	15(7.5)	35(17.5)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>
<b>Health Expenditure</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
3000-5000	70(35.0)	63(31.5)	133(66.5)
Above-6000	30(15.0)	37(18.5)	67(33.5)
<b>Total</b>	<b>100(50.0)</b>	<b>100(50.0)</b>	<b>200(100.0)</b>

*Source: Field Study*

The study depicts the diseases that occur to the people who are affected by HIV/AIDS. After having attacked by this disease, the patients were later subjected to opportunistic infections like TB, Skin diseases, diarrhoea and other such diseases. Not only this, they are put to mental agony on account of these diseases and become pessimistic in their life. This situation further depresses the people and ultimately makes them leave this world. Out of three hundred respondents, about 62% of them are subjected to TB, about 24% of the respondents are attacked by skin diseases etc. The diarrhoea has been attacked by 12% of respondents in our study area, and two per cent respondents received another condition, Lal(2010).

The health conditions of sample Adivasis respondents. 35.8 per cent of the respondents suffer from different types of health problems. i.e., Anaemia, Tuberculosis (TB), Blood pressure (BP), Asthma, Diabetic, and Cardiac Vascular Disease (CVD). On the other hand, 66.7 per cent of respondents do not have health problems, Lal(2021a).

The study shows the family discrimination of the respondents. Out of 300 respondents, about 73% of the respondents live with their families, and 27% of the respondents are separated or driven away by their families. Tribal areas are to be free from disease and stigma, Lal(2010).

Today, India can extend its medical services to other countries, particularly the Gulf and European countries. Further, the US and the European countries depend on the Indian Information Technology (IIT) sector to outsource medical expertise. Tribal areas are again very significant for Indigenous and Ethnic tourism in India, Naik (2013).

Table-6 presents the information on food consumption patterns in the Adivasi tribal study area. The majority of sample respondents, 54.5 per cent (109 respondents), are consuming rice as their stable food, followed by Jowar 38 per cent (76 respondents) and Wheat 7.5 per cent (15 respondents). However, the Nayakpod tribe is consuming comparatively more jowar than rice. 139 (69.5%) sample respondents are spending less than 10000 rupees per annum on food items. While 10 (5%) respondents are spending 10000 to 20000 rupees and another 51 (25.5%) respondents are spending more than 30000 rupees per annum on their food items in the study areas. Micronutrient deficiency, deficiency of iodine, and dietary components are prevalent in both the villages, leading to impaired mental function, poor intellectual performance, lowered I.Q. and malnutrition, Lal (2006).

**Table-6 Food Consumption Pattern of Sample Respondents**

<b>Items</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Jowar	28(9.33)	48(16)	76(38)

Rice	63(21)	46(15.33)	109(54.5)
Wheat	09(03)	06(06)	15(7.5)
Total	100(50.0)	100(50.0)	200(100.0)
<b>Food Expenditure *</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
<10000	70(35.0)	69(34.5)	139(69.5)
10000-20000	5(2.5)	5(2.5)	10(5.0)
>30000	25(12.5)	26(13.0)	51(25.5)
Total	100(50.0)	100(50.0)	200(100.0)

*Source: Field Data\* per annual*

**Table-7 Marriage Systems after Globalization of Sample Respondents**

<b>Marriage systems</b>	<b>Macherla</b>	<b>R.Kothagudam</b>	<b>Total</b>
Non-tribal system	88(44.0)	94(47.0)	182(91.0)
Partially Traditional marriage	12(6.0)	06(3.0)	18(9.0)
Total	100(50.0)	100(50.0)	300(100.0)

*Source: Field Data*

The tribal marriage system after globalisation in the study area is presented in table 7. Out of 200 sample tribal respondents, 182 (91%) respondents were performed with a Non-tribal marriage system. 18 (9%) respondents followed a partially traditional marriage system in the globalisation period. It shows that the conventional lifestyle is slowly disappearing among tribes of two districts in Telangana State.

**Null hypothesis:**

“There is no significant impact of globalisation on change in food habits and lifestyles of Adivasi tribes”. For this, Pearson chi-square test has been conducted, and the results are as follows:

<b>Sample size</b>	<b>D.F</b>	<b>Significance Level</b>	<b>Computed value of Chi-square</b>	<b>Critical value of Chi-square</b>
200	25	0.05	84.261	0.000

The computed value of chi-square is more significant than its corresponding critical value. As such, the null hypothesis is rejected. Therefore, it may be concluded that globalisation significantly impacted on change in food habits and lifestyles of Adivasi tribes.

**Conclusion and Suggestion:**

India has the largest concentration of tribal people anywhere in the world except perhaps in Africa. The tribals are children of nature, and the ecosystem conditions their lifestyle. India, with a variety of ecosystems, presents a varied tribal population throughout its length and breadth. The areas inhabited by the tribal constitute a significant part of the underdeveloped regions of the country. There is a significant gender gap concerning education in tribal society in the era of globalisation. This is reflected in the disparity in literacy levels, drop-out rates and enrolment in higher education. Hence, there is a need for greater gender focus and social mobilisation to encourage girls' education. The State must develop specific mechanisms to this effect Lal(, 2021). Non-tribal dominant culture should not humiliate or undermine tribal culture. Let the tribes live as they like. Dominant culture should not penetrate and disturb the whole set-up of tribes, Saradha(2020). Information Technology gives the much-needed impetus to rural development. The power of information technology can be best harnessed in transferring the Rural Technology (Indigenous Technology) for tribal development, and

Adivasi tribal you have to be trained in upcoming various skill and knowledge opportunities, Lal(2004).

The purpose of education anywhere, including in tribal areas, should be to provide children with an understanding of the environment and society in which they live and to endow them with the capability to earn a livelihood in the local society and, for those who have the desire and ability, in the national job market. The Government should take steps towards developmental activities in all villages, including water supply, bus services and roads. The Government has to take an integrated approach to develop Adivasi tribes in all aspects they need and participate in.

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