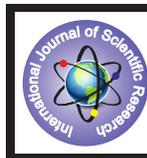


## Economic Status of Konda Reddi Tribals



### Anthropology

**KEYWORDS :** Tribal, Financial status, shifting cultivation .welfare programmes.

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### ABSTRACT

*The National Survey of Family Income and Expenditure has been conducted every five years since 1959 for the purpose of investigating family income and expenditure, status of major durable goods, and the dwelling house and land owned, and the total amount of savings and liabilities, thus identifying overall family budget structure and its regional differences from the point of view of income, consumption and assets. This survey is the eleventh in the series. This article study only tribals of kondareddi income status of current position.*

Those who are having less than Rs. 7500 income per annum are spending more on their food consumptions. Comparatively this is very less among those families whose incomes are more than Rs. 7500/- per year. This is because it was observed that the later category families are producing paddy for their household consumption where as the less income families are purchasing it from the market. Details are incorporated in the following table number 1.

Major expenditures	Income categories		
	< 7500/-	7,500-10000	10000+
Food	63	43	41
Education	2	9	9
Health	15	18	18
social obligations	8	15	15
family functions	12	15	17

Interestingly it was noticed that Kondareddi community is giving less importance to the education of their children. Most of their children are now in government managed ashram schools and hence may not require much expenditure on education from the families. Health is another major issue taking out 15 percent of their expenditure. This is more commonly found among all the income categories of the respondents.

### Development Programs

As mentioned elsewhere, Integrated Tribal Development Agency (ITDA) of Badhrachalam is the nodal implementing agency supported by Ministry of Tribal Welfare. This agency is in fact having a separate action plan for the development of Kondareddis. Through this action plan ITDA targetted 237 families in a span of 2 years with a total outlay of Rs. 673.141 lakhs. The major components of this action plan are – housing, agriculture, irrigation, drinking water, horticulture, infrastructure, medical and health, nutrition and food security, nutritional supplementation, education and training and institutional support. The training majorly focused on model farming, community awareness and community based training programs.

Looking into the details Kondareddis living in cribs are exposed badly to every seasonally calamity and to rehabilitating them into plains one of the interventions is housing. Government has earmarked the land in plain areas and in phase wise manner they want to construct houses for the tribals particularly who are in hill tops.

The major profession that can be encouraged to this primitive group is agriculture which the Kondareddis also traditionally practice through podu on hill-tops and hill-slopes and in small patches by interior dwellers. This is their traditional agricul-

ture practice; however, this is the major hurdle in rehabilitating them into the plains. ITDA started encouraging the Kondareddis to cultivate Jowar which is their staple food crop, in addition to paddy and tobacco. They started supplying seeds, fertilizers and pesticides to the Kondareddis who are practicing agriculture as their primary livelihoods. To support proposed agriculture oil engines and community wells were also introduced.

To enhance the income levels of the tribals' horticulture is another development initiative implemented in the region. With this intervention ITDA expected to bring the ecological balance in the region which is mostly dominated by the podu cultivation. Another important benefit predicted through this intervention is to ensure enable environment for the Kondareddis to keep-on their traditional association with the forest. Initially the intervention aims to ensure holding of minimum of 2 acres plantation by each Kondareddi family.

Since these tribal communities, particularly those who are in hill-tops and interior forest are fetching drinking water from nearby streams and ponds. This water is not hygienic and often the tribals suffer from the water born diseases. To prevent this providing drinking water is one of the important interventions initiated during 2001.

Because of strong belief in traditions, and customs these tribal communities neglect in approaching the health centres. This is one of the reasons behind incidences of morbidity, maternal and child mortality. To bring the healthy lifestyles separate medical and health program has been designed and implemented. Under this motor boat was also provided for the health professionals to reach the interior villages which are located other side of the Godawari river. In addition, awareness and training camps were also conducted to the students from Kondareddi community who have completed their tenth standard of education. The intention is to make them as a "barefoot doctors" who can reach the un-reach during the health emergencies in hill-tops and interior tribal habitations.

Mal-nutrition is another issue among the Kondareddis. This is another reason behind high rate of infant mortality. Food intake is comparatively low among the women of Kondareddis resulting under weight babies and anemic mothers.

They eat jowar as main diet with curry prepared with boiled leaves of different plants, bamboo shoots and mushrooms etc. On an average per month each family use half kg. oil for food preparations. Each family gets 8 kgs of rice per month and the amount of rice they consume is also very little. In general Kondareddis do not consume non-vegetarian food regularly. During festivals, social functions and religious functions they eat chicken, pork, and beef. As a tradition they do not consume milk from animals. By and large their diet is of vegetarian with less or no oil and very megar amount of vegetable protein which is very less biological value.

During the year 2000, ITDA conducted health and nutritional survey in the region and found that because of their poor diet most of the infant deaths are happening. Based on the suggestions another intervention was initiated to provide high biological value protein and oil supplementation. Required food materials were supplied by the Girijan Cooperative Corporation Ltd. Each one of the tribal family provided with a coupon worth of Rs. 116/- for 30 days and this coupons can be exchanged with the food stuff at Girijan Cooperative Corporation at Badhrachalam town.

Under nutritional supplements these tribal communities were motivated to use milk and milk products. Besides, community was also motivated to take chicken meet and eggs as one of the nutritional food. Accordingly milk animals of high-yielding and Giriraja Chick are supplied to selected families on phase wise manner.

Kondareddis mostly neglect the education for their children. Instead they train the children in hunting, shifting (podu) cultivation and collecting forest produce. Another reason is inaccessible schools for those who are in hill-tops and interior villages. Education is one of the interventions to bring the hill-top and interior villages to bring into plan areas. Therefore infra structure in schools were developed and hostels at ashram schools were also improved.

To overcome the low crop yields and to increase the productivity as well as to make farming a profitable venture, the development plan focused on training the tribals on latest farming methods. In addition the trainings were also focused on creating the health awareness among the women and youth of the community. Kalajathas (stree plays) were also conducted four times in a year during March-April, June-July, September-October and December-January.

Since the Kondareddi habitations require the services of artisans such as carpenters, blacksmiths, potters and so on essential for agriculture economy, ITDA introduced training programs for youth on the said skills. During these training all the trainees were provided with a stipend of Rs. 250/- per month. Most of these training programs are designed for three months period. These are some of the important development programs specifically designed and implemented for the overall socio-economic development of Kondareddi.

#### Category of development and welfare programs:

This section briefly discuss about the different category of development and welfare programs implemented by the government agencies.

#### Development and Welfare programs

There are different categories of development and welfare programs are implemented by the ITDA as well as Tribal Development Corporation for the development of the Kondareddis. Due to time constraints and other limitations this study assessed the development programs such as housing, agriculture, irrigation, drinking water, horticulture, medical and health, nutrition and food security and supplementary nutrition. In addition it also assessed the training part.

#### Awareness and accessibility:

Utilization of the programs depends on (1) awareness about the program among the Kondareddi community and (2) accessibility of the program to them. In few cases adoptability to certain interventions may also play crucial role. In general, in many cases, tribals are not aware about the programs that are specifically designed for their development. Even if they are aware some times the programs may not be accessible to them because of their remote living. Some times they may not like to adopt the program because of several reasons such as may not help them to depend upon, may not suite to their culture and traditions, and because of lack of awareness they may not willing to adopt such programs. This study made an attempt to analyse the awareness, accessibility and adoptability of the Kondareddis in utilizing the benefits of development programs.

#### Awareness:

During the study probing was made on the awareness among the Kondareddis about the available development programs. Analysis says that housing is the most popular and well known development program. All the respondents said that they are aware of housing program. Next well known program is medical and health programs. 90 percent of the sample is aware of health and medical programs available to them. Data says that awareness about agriculture, drinking water, nutrition food, training programs, horticulture, irrigation and supplementary nutrition are in descending order.

During the interviews with ITDA officials it was told that government is taking top most care in providing awareness on different development programs before launching. However some times Kondareddis, those who are particularly in hill tops and remote forests are not showing much interest to know the program details.

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