

## CHAPTER 3

### ANTHROPOLOGY

#### Doctoral Theses

013. BISWAL (Debendra Kumar)  
**Ecology and Health : A Comparative Study of Kutia Kondhs and Gonds in Orrisa.**  
Supervisor : Dr. Veena Bhasin  
Th 16560

*Abstract*

Studies the demographic profiles of the population groups; independent determinants of exploratory fertility and mortality analysis; the incidence of disease and health care among Kutia Kondhs and Gonds. Compares the present population groups; Kutia Kondhs and Gonds with others.

*Contents*

1. Introduction. 2. Area and people. 3. Material and methods. 4. Results. 5. Discussion. 6. Summary. Bibliography.

014. PURNAJYOTI BRAHMA  
**Health and Illness Profile Among the Mankidias : A Primitive Tribe of District Mayurbhanj, Orissa.**  
Supervisor : Prof. Vibnay Kumar Srivastava  
Th 16226

*Abstract*

The Mankidia habitat is marked with its own topography, rich forest wealth, distinct mountains and valleys and its typical climate conditions. Its inaccessible hill and forest tracts, lack of communication facilities, remoteness of villages has created a condition of relative isolation for inhabitants. Studies the various development initiative taken by the government and NGO and the government-NGO interface. The issues highlighted are basically the terms and conditions related to strategy of development. It is an increasingly negative situation in which for one reason or another, many development efforts by

government and other have had led little permanent effects on the Mankidias. Research has led to the firm belief that programmes, which are target-oriented for the Mankidia, have minimal result. The reason behind this, was a dismal failure to realize that tribal communities are made up of persons who are highly competent within their own environment; who, moreover, have certain values, institutions and gifts, which first must be understood and appreciated by all outside agencies before any intervention is attempted.

*Contents*

1. Introduction. 2. Field methods and experiences. 3. Social Organisation. 4. The habitat. 5. Belief structure and traditional health practices. 6. Health Culture : Modern process of management. 7. Development programmes. 8. Summary, conclusion and suggestions. References and Appendices.

015. KATEWA (Shashi)  
**Social and Cultural Correlates of Thearapeutic Choice.**  
 Supervisor : Prof. P. C. Joshi  
Th 16227

*Abstract*

Deals with the health care beliefs and practices, various medical systems and practitioners used in the village Karjan of Kullu district, Himachal Pradesh and the affect of socio-cultural factors on the therapeutic choices that people make when they get ill. Traditional resources with regards to home remedies and healers are an important part of the health seeking behaviour of the people in Karjan village.

*Contents*

1. Introduction. 2. Research methodology. 3. Area and people. 4. Health belief system. 5. Health care system and practitioners. 6. Quest for cure : Health-seeking behaviour. 7. Conclusion and references.

016. KHURANA (Kanika)  
**Determination of Stature from Upper and Lower Limb Measurements.**  
 Supervisor : Prof. Surinder Nath  
Th 16231

*Abstract*

Assesses bilateral differences in different body measurements. Observed the sex differences in different body and bone dimensions. Formulated sex-wise multiplication factors for reconstruction of stature from various Limb bone measurements. Also observed the relationship between various Limb bone measurements and stature among Punjabi males & females. Computed linear regression equations for prediction of stature from various Limb bone measurements among Punjabi males & females. Also assesses the validity of multiplication factors and regression equations formulated for estimation of stature.

*Contents*

1. Introduction. 2. Historical background. 3. Review of literature. 4. material and methods. 5. Results and analysis. 6. Assessment of validity of multiplication factors and linear regression equations. 7. Comparative analysis. 8. Summary and conclusion. References.

017. MANJEET KAUR

**Demographic Dynamics of the Sikhs of Delhi.**

Supervisor : Prof. A. K. Kalla

Th 16228

*Abstract*

Aims at revealing the basic demographic characteristics and factors affecting fertility of the Sikhs of Delhi and to see if any demographic variation exists among the four caste groups. The caste groups/sub-populations among the Sikhs vary with respect to fertility and other demographic characteristics. The whole Sikh population will advance demographically if all these sub-groups/caste groups develop altogether. However, they have to be firmly discouraged for using NRTs for sex-selective abortions as this is illegal, unethical and anti-social as it would lead to the squeezing of the female population, which may have far reaching adverse demographic consequences on the population. There is a special need of paying more efforts to educate the Jat Sikhs and the Ramgarhia Sikhs to opt for smaller family size, to seek for institutionalized delivery system and better pre-natal health care; which can be done only through special caste oriented awareness programmes.

*Contents*

1. Introduction. 2. Methods and materials. 3. General demographic profile. 4. Fertility and factors influencing. 5. Breastfeeding pattern. 6. Ante-natal care and mortality. 7. Summary and conclusion. References.

018. MUNGREIPHY (N K)  
**Obesity, Physique and Health Among Tangkhul Nagas of North East India.**  
 Supervisor : Prof. Satwanti Kapoor  
Th 16518

*Abstract*

The Tangkhul Nagas has been experiencing socioeconomic and lifestyle change, transition in dietary habits and reduced physical activity level which contributed to the increasing prevalence of overweight and obesity especially among the middle aged, those settled in urban areas and among females. Tangkhul Naga is a population with high level of physically activity and were agriculturalist traditionally. But with urbanization and economic development over the years, increasing occupational change towards non agricultural sectors, improvement in socio-economic status and increasingly sedentary lifestyle, nutritional transition characterized by a shift to a higher caloric content of diet, were observed which contributed to the increasing prevalence of overweight and obesity, and related health problems among the Tangkhul nagas.

*Contents*

1. Introduction. 2. People and area. 3. Subjects and methods. 4. Results. 5. Discussion. 6. Summary and conclusion. References

019. NAOREM KIRANMALA DEVI  
**Study on Demographic and Genomic Variation Among Koms and Meiteis of Manipur.**  
 Supervisor : Dr. K. N. Saraswathy  
Th 16450

*Abstract*

Deals with the demographic profile of the two populations, Koms and Meiteis of Manipur ; the status of fertility and offspring

mortality of the selected populations ; the factors influencing fertility and offspring mortality of selected populations ; the genomic constitution of the selected populations groups with respect to 20 autosomal loci. Estimates inter- and intra-populations similarities or variation with respect to demographic and genomic parameters.

*Contents*

1. Introduction. 2. Materials and methods. 3. Demographic variation among the Koms and Meiteis. 4. Genomic variation among the Koms and meiteis. 5. Summary and conclusion. References.

020. SETHI (Ramanjit Kaur)  
**Leukemia Clustering : An Epidemiological Study.**  
 Supervisor : Prof. A. K. Kalla  
Th 16229

*Abstract*

Studies the area of Kerela namely Kasargod to understand whether spraying of pesticide is related to the development of some disease like Leukemia, Cerebral Palsy, Spina bifida etc. Shows a higher incidence of the various diseases as against those reported by the medical camp and the absence of investigation of respiratory and skin disorders in the medical camp make it evident that a thorough investigation was not done or a cover up had been provided by the medical camp organised by government agencies to put an end to the hue and cry of the various environmental club activists and media personnel over the allegations that spraying of Endosulfan had been responsible for the increasing number of diseases affecting more and more people. Shows that there is an increased incidence of various diseases and it has occurred ever since the spraying of Endosulfan started. The spraying of Endosulfan is done thrice a year and its cumulative presence in the environment is a non negotiable reality.

*Contents*

1. Introduction. 2. Materials and methods. 3. Leukemia clustering : incidence and causes. 5. Morbidity in the general population. 6. Summary and conclusion. References.

021. SINHA (Ekata)  
**Study on Polymorphism of Atherosclerosis Candidate Genes among Aggarwals of Delhi.**  
 Supervisor : Dr. K. N. Saraswathy  
Th 16232

*Abstract*

Anthropology has been witnessing a paradigm shift in the study of variation and evolution from genome diversity to complex disorders. This shift has helped in understanding the diversity among populations in a much better way since the phenotypic expression of any complex disorder is the interplay of gene-gene and gene-environment interactions. The extent of manifestation varies in different ethnic groups as they are largely influenced by the mating pattern, surrounding genetic environment, life style factors and other environmental factors which are population specific. It is found that the frequency of the mutated allele, of LDL-R (Avall and Ncol), MTHFR (C677T and A1298C ) and PDE4D (SNP83), respectively was found to be high in this population. A significant association of MTHFR gene with CHD patients makes the marker a diagnostic tool for CHD. Triglyceride and LDL were found to be significantly associated with CHD cases in the present study. Further, the significant variability observed for triglycerides in the SNP87 and Avall polymorphism indicates the role of triglyceride in causation of CHD. Avall polymorphism is reported to be associated with hyperlipidemia. A significant variability with Avall polymorphism makes the marker a diagnostic tool for the earlier detection of hyperlipidemia in the population. The factor analysis showed that the interplay of the three factors is more dynamic in cases than in controls, thus pointing to more than one pathophysiological related to the causation of CHD.

*Contents*

1. Introduction. 2. Methodology. 3. Results and discussion. 4. Results and discussion. 5. Results and discussion. 6. Results and discussion. 7. Summary and conclusion. References.

022. SHUKLA (Archana)  
**Women in Local Governance : The Case of the Padhar of Gujarat.**  
 Supervisor : Dr. S. M. Patnaik  
Th 16230

*Abstract*

Attempts to explore the participation of women in local governance with special reference of the Padhar of Gujarat. Traces the trajectory of local governance among the Padhar from past to present time against the backdrop of the cultural space in which the structure of governance has unfolded. Also attempts to capture the complexity of the structure governance among the Padhar of western India weaving it against a gendered backdrop. The study focuses on the varying degrees of participation in local governance by the Padhar women unfolding the factors underlying it. It sheds light on various issues of changes such as power structure, economy, patriarchy with special reference to women's autonomy, decision-making, participation in local governance, along with development initiatives at the grass roots level.

*Contents*

1. Introduction. 2. Field methods and experiences. 3. The ethnographic backdrop. 4. History, colonialism and governance. 5. Statutory panchayat : history and process. 6. Gender and governance. 7. Women's agency and emerging trends. 8. Summary and conclusion. Bibliography.

## M.Phil Dissertations

023. HANSDAH (Gobinda Chandra)  
**Anthropological Study on the Impact of Modernization : A Study of the Lantal Tribe of Major Bhaj District, Orissa.**  
 Supervisor : Prof. Subhadra Channa
024. SAMAL (Sushree)  
**Governance Among the Tribes : An Analysis of the Colonial and Post Colonial Approaches.**  
 Supervisor : Dr. S. M. Patnaik
025. SINGH (Supriya)  
**Watershed Management in Shabua : An Anthropological Analysis.**  
 Supervisor : Dr. S. M. Patnaik