

NEWSLETTER Supplement

**INDIAN NATIONAL CONFEDERATION AND ACADEMY OF
ANTHROPOLOGISTS
SECOND INDIAN ANTHROPOLOGICAL CONGRESS**

Organisers

**THE MAHARASHTRA ASSOCIATION OF ANTHROPOLOGICAL SCIENCES
DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF PUNE**

**HUMAN DEVELOPMENT
EVOLUTION AND VISION**

Venue
UNIVERSITY OF PUNE, PUNE
21 - 23 FEBRUARY 2007

Collaborating Institutes

**Anthropological Survey of India, Kolkata
Tata Institute of Social Sciences, Mumbai
Deccan College Post-Graduate and Research Institute, Pune
Indira Gandhi Rashtriya Manav Sangrahalaya, Bhopal**

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Programme-At-A-Glance

Day 1 - Wednesday, 21 February 2007

- 10:00 am - 12:00 noon Inauguration
- 12:00 noon - 1:00 pm Inauguration of Poster Session
- 2:00 pm - 3:30 pm Plenary 1 - Anthropological Perspective of Tribal Development
- 3:45 pm - 5:15 pm Concurrent Sessions (3)
S1 - Special Session: Anthropological Survey of India (AnSI)
S2 - Social and Cultural Dimensions of Reproductive and Child Health
S3 - Development Issues among Marginalised Groups
- 7:30 pm Reception Banquet
Screening of Films from Anthropological Survey of India

Day 2 - Thursday 22 February 2007

- 9:45 am - 11:15 am Concurrent Sessions (4)
S4 - Social Stigma and Communicable Diseases
S5 - Human Genetics
S6 - Dermatoglyphics
S7 - Indigenous Knowledge and Language Systems
- 11:30 am - 1:00 pm Plenary 2 - Medical Anthropology and Health Policy
- 2:00 pm - 3:45 pm Concurrent Sessions (3)
S8 - Tribal Identity and Development
S9 - Syncretism in India
S10- Special Session: Maharashtra Association of Anthropological Sciences
Centre for Health Research and Development (MAAS-CHRD)
- 4:00 pm - 5:30 pm Concurrent Session (3)
S11 - Special Session: Health Issues in Sikkim
S12 - Ethnomedicine
S13 - Vulnerability in Relation to HIV, TB and Malaria
- 5:30 pm INCAA General Body Meeting

Day 3 - Friday, 23 February 2007

- 9:45 am - 11:15 am Concurrent Sessions (4)
S14 - Ethnography
S15 - Anthropometry and Nutritional Status
S16 - Gender Perspectives
S17 - Development Research in India
- 11:30 am - 1:00 pm Concurrent Sessions (4)
S14 - Ethnography (continued)
S15 - Anthropometry and Nutritional Status (continued)
S16 - Gender Perspectives (continued)
S18 - Indigenous Health Systems among Tribal People
- 2:00 pm - 3:30 pm Plenary 3 - Anthropology: Evolution and Vision
- 3:45 pm - 5:00 pm Valedictory
Adoption : Pune Charter of INCAA Congress

Plenary Sessions

Plenary I - 21 February 2007

Topic: Anthropological Perspective of Tribal Development

Chairperson: HE, Lt. Gen. (Retd.) M. M. Lakhera PVSM, Governor of Mizoram

Speakers:

- Prof. R. K. Mutatkar, Vice-Chairman INCAA and President MAAS
- Dr. Jayantrao Patil, Ex-Member, Planning Commission, Bordi
- Dr. T. N. Pandit, Director (Retd.) Anthropological Survey of India
- Dr. K. Mukhopadhyaya, Anthropological Survey of India

Plenary II - 22 February 2007

Topic: Medical Anthropology and Health Policy

Chairperson: Dr. A. S. Kundu, Deputy Director General, ICMR

Guest of Honor: Mr. Navin Chawla, Election Commissioner of India

Speakers:

- Dr. Hemant Apte, Reader, Department of Anthropology, University of Pune
- Dr. R. S. Arole, Padmabhushan, Director, Comprehensive Rural Health Project, Jamkhed
- Dr. N.S. Bhatt, Vice-President, Indian Association for the Study of Traditional Asian Medicine, Mumbai

Plenary III - 23 February 2007

Topic: Anthropology: Evolution and Vision

Chairperson: Prof. A. K. Danda, Member Secretary, INCAA

Speakers:

- Prof. R. K. Das, Department of Anthropology, Medinipur
- Dr. R. S. Negi, Prof., Centre for Himalayan Anthropology and Bio Cultural Heritage, Dehradun
- Prof. Shalina Mehta, Department of Anthropology, Chandigarh
- Dr. Nagrajan, Reader, Deccan College Post-Graduate and Research Institute, Pune
- Dr. S. R. Walimbe, Reader, Deccan College Post-Graduate and Research Institute, Pune

INCAA

The Indian National Confederation and Academy of Anthropologists (INCAA) emerged as the apex organization in March 2004. It aims to function as a federating body of professionally trained Anthropologists and the regional Anthropological Associations. INCAA strives to foster Anthropology as an academic discipline within and outside the university systems, particularly within governments and voluntary organizations. INCAA would promote interventions at the policy planning level on issues concerning human development in the holistic and interdisciplinary perspectives.

MAAS

The Maharashtra Association of Anthropological Sciences (MAAS) was established in 1976 to offer a forum to academicians, activists, bureaucrats and politicians. MAAS functions through two arms, Centre for Health Research and Development (CHRD) and Centre for Tribal and Rural Development (CTRD), by conducting research, interventions and training programmes and offers consultancy. Currently, MAAS is an Asian partner of London School of Hygiene and Tropical Medicine on HIV and TB research and is engaged in an intervention programme on Comprehensive and Sustainable Human Development of Tribal People of Maharashtra jointly with Comprehensive Rural Health Project, Jamkhed, of Dr. R. S. Arole. This program is granted by The Government of Maharashtra. Since 1980, MAAS has been publishing HAKARA (Clarion Call), a Marathi quarterly exclusively devoted to tribal issues.

DEPARTMENT OF ANTHROPOLOGY

Established in 1939, at the Deccan College Post Graduate and Research Institute (DCPGRI), the combined Department of Sociology and Anthropology was chaired by the late Dr. (Mrs.) Iravati Karve. Anthropology at the post graduate level at Pune was introduced in 1963. An independent Department of Anthropology was established in 1977 with Prof. R. K. Mutatkar as the Head. The Department was subsequently headed by Prof. R. P. Srivastava, Prof. B. V. Bhanu, Prof. K. S. Nair and Dr. R. D. Gambhir. The Department is currently headed by Prof. Amrita Bagga. It is the only Department in the State of Maharashtra,

offering Anthropology at the Post Graduate level. Master's degree programme in the Department includes courses on major sub-disciplines of Social-Cultural Anthropology, Biological Anthropology and Archaeology. Irawati Karve Museum in the Department houses tribal material artefacts, archaeological specimens and casts of fossil hominids. Courses on Medical Anthropology and Developmental Anthropology have proved useful for students for successfully establishing themselves as practicing anthropologists in the country.

Brief Report
Indian National Confederation and Academy of Anthropologists (INCAA)
2nd Indian Anthropological Congress
Organised by The Maharashtra Association of Anthropological Sciences
and Department of Anthropology, University of Pune
21-23 Feb. 2007

Inauguration

The 2nd Indian Anthropological Congress was held at the University of Pune from 21st to 23rd February, 2007. The Congress was inaugurated by His Excellency Lt. Gen. (Retd.) M. M. Lakhera PVSM, Governor of Mizoram. Prof. R. K. Mutatkar-Vice Chairman, INCAA, Prof. A. K. Danda- Member Secretary INCAA, Prof. K. K. Basa- Director Indira Gandhi Rashtriya Manav Sangrahalaya, Bhopal, Prof. Pandit Vidyasagar-Director- Board of College and University Development representing the Vice Chancellor, University of Pune and Prof. Mrs. A. Bagga- Head- Department of Anthropology, University of Pune were present on the dias.

The inauguration ceremony started with a welcome speech by Prof.R. K. Mutatkar, Founder and now President of Maharashtra Association of Anthropological Sciences (MAAS) as also the first Head of the Department of Anthropology, University of Pune. In his speech, Prof Mutatkar introduced the theme of the Congress – *Human Development: Evolution and Vision*. The Congress, he said, addressed the issues of development among the tribal people and marginalized populations with a special emphasis on health. The aim of this Congress was to establish collaboration between the various institutions working in the field of human development and to propose a Pune charter on the basis of the discussions held during the Congress.

This was followed by a speech by Prof. Danda who expressed his gratitude and appreciation towards the collaborating institutions. Prof. Pandit Vidyasagar, the Officiating Vice-Chancellor of the University of Pune welcomed all the delegates on behalf of the University. He appreciated the contributions of the interdisciplinary nature of Anthropology.

The Chief Guest, His Excellency. Lt. Gen. (Retd.) M.M.Lekhera, PVSM, Governor of Mizoram addressed the gathering. He gave an insight into situation in Andaman and Nicobar islands where he held the post of administrator. He focused on the development issues concerning the tribals. His major concern was the fact that the institutions and the organisations working for human development were doing so independently and not in a cohesive manner. According to his experiences he said that the tribals had valuable practical knowledge and their indigenous systems such as language, ethnomedicine etc should be preserved. Therefore, he stressed that there should be an equilibrium between development and conservation of tribal culture.

Prof. K.K.Basa Director IGRMS, Bhopal also agreed with the chief guest and said that the strength of anthropology as a discipline lies in the synergy between an economic agenda and the ecological needs of marginalized populations. Prof. V.R.Rao, Director of Anthropological Survey of India, talked about the scientific approach that should be adapted by the anthropologists and stressed on objective analysis and empiricism.

This was followed by speech by B.M.Das Chairman of INCAA, who spoke about the growth of anthropology through the years. He said that the discipline had been expanding its horizon and inculcating new approaches and technologies.

A vote of thanks by Prof. A.Bagga, H.O.D. of Dept. of anthropology, Pune concluded the inauguration ceremony.

After the inauguration ceremony HE M M Lakhera the Chief Guest, His Excellency. Lt. Gen. (Retd.) M.M.Lekhera, PVSM, Governor of Mizoram visited the poster presentation with other delegates and commented on various issues that were presented in the posters. Further he expressed that poster presentation and issues displayed were a good effort to educate people about better understanding of health.

Plenary 1: Anthropological Perspective of Tribal Development

Chairperson: HE Governor of Mizoram

Speakers: Prof R K Mutatkar, Dr. T. N. Pandit, Dr. K. Mukhopadhyaya

Governor:

The governor made a point, which is obvious but often overlooked, was that no one can be denied the fruits of development. But the question that arises is how to meet this need. Here, he raised three issues:

There is more than one approach to any problem; however, what makes all the difference is choosing the appropriate one. Because of holistic perspective, anthropologists have an advantage of making appropriate choice and also have a flexibility to choose another one in case of failure.

Development, many a times, involves displacement of whom we call tribals. It is the duty of the state to rehabilitate these tribals. Most of the times, monetary compensation is given to them. However, such a compensation is of no use to the tribals. Giving alternate employment is rehabilitation. Planned rehabilitation is when these displaced tribals are empowered to earn their own livelihood which may be in the form of either a government job or self-employment or land.

Finally, he spoke about a WTO concept called as "*carbon credit*". For a particular area, lesser the amount of pollution in the air, more the credit they can get from WTO. Most obviously, the least amount of pollution will be in areas that are not developed like tribal inhabitation. Thus, these populations can claim a higher credit from WTO.

Following to the speech of His Excellency, Prof. Mutatkar welcomed the dignitaries present at the plenary and invited them to present their papers.

Dr. T. N. Pandit was the next speaker. He worked in Port Blair for a few years and was well acquainted with their problems. He said that India is one of the oldest civilizations in the world and today we are the largest democracy. We are well capable of setting our own houses in order. There is a need to reorganize the way we perceive the problems and this will happen only when we reorganize our syllabus from school level. Anthropologists are

different from other social scientist as they perceive the situation from the grass-root level.

He said that Andaman islands are an excellent illustration of tribal development. It is a laboratory where all the activities happening are observable. Hence, the effects of all the policies implemented here can be seen. This area is hence of highest importance for an anthropologist. He, however, expressed concern about the pace of growth of Anthropology and said that there was a need to market the discipline and the approach. This would help the government formulate effective policies.

He gave the Jarawas as an example of an excellent resistance to the British encroachment. They could save their own land and culture from the Britishers where the rest of the nation surrendered.

The point that he made through various illustrations was that despite many advices suggested by the planning committees he was a member of, he realized that coordination hasn't been complete and sincere all these years. He questioned whether an anthropologist could be called "*scheduled intellectual*".

The problem, he said is attitudinal, because in practice we refuse to accept the tribals as equal.

This was followed by a speech of Dr. K. Mukhopadhyay

The scheduled tribes and the anthropologists in India – who invited whom to dinner?

He began by questioning whether the tribals agree with the definition of a "tribe" as put forward by us. In independent India, anthropologists were torn between two view points, social science perspective and the "right wing" political perspective. The first one emphasized upon whether we have understood acculturation and the second one about how close are we to objectivity. For example, the tribal PANCHSHEEL put forth by Pt. Nehru, was never really translated into action.

The focus of his entire presentation was on whether we are reflecting on all the lessons anthropology has taught us. He said that there was need for reiteration of these lessons to ourselves. How long can we depend on evolutionary theories, which are invalid in India today? Secondly are we incorporating traditional institutions in our system? Essentially there is lack of research and information on tribes. Answering these questions and facilitation further research will definitely lead to better policies.

Prof. R.K. Mutatkar then spoke about anthropology being a holistic science should bring about micro and macro interaction which is important in today's society. Hence, there should be a combination of qualitative and quantitative methodology.

Session 1-Special Session of the Anthropological Survey of India

Chairperson-Prof. R.K. Jain, Jawaharlal Nehru University (JNU), Delhi

Co - chairperson- Prof. I.J.S. Bansal

Paper 1 - Dr. V.R. Rao, Director of the Anthropological Survey of India (AnSI).

Mission Statement and Vision Document of the Anthropological Survey of India: A Plunge into XII Five Year Plan

The presentation primarily dealt with the mission statement of the Anthropological Survey of India as well their vision document. The director stated that the mission for the survey that was stated in the 10th five year needed to be re looked at and there was a need to formulate a mission statement for the survey. It was felt necessary that to do quality research AnSI should have facilities for Anthropological research.

The Mission Statement- To build infrastructure of World Standards for anthropological research in the country and pave the way for the fulfilment of Developed Nation by 2020

“By the year 2020, India should be a developed country in terms of infrastructure.”

The vision document of the AnSI includes mapping of bio-cultural dimensions. Besides mapping, there is serious need for interventions. “we define our objectives, but how can we place them in a broader framework.

The Vision Document shall form a strategy for re-inventing the survey.

- ◆ Understanding the bio cultural variations in Human populations is the central theme of Anthropology as a discipline
- ◆ Paradigm shift in understanding Bio-Cultural Variation with technology as a basis. Emphasis on ‘Processes’ along with ‘Documentation’ and integrated approaches with multidisciplinary interventions for human welfare.

Paper 2- A. R. Sankhyan

Paleo- Anthropological Evidences: Narmada Explorations

He highlighted the need for Paleoanthropology in India. He said that palaeoanthropology, through the undeniable hard fossil evidences and ancient material cultures, builds a strong base to create a new scientific vision about our existence in time and space - cutting across the continents, cultures and races.

He spoke about the out of Africa theory, where hominoid species migrated from the African continent around 17 to 16.5 million years ago into Eurasia. He specified the importance of the Sivalik and the Narmada valley

specimens indicating that the Narmada valley specimens in comparison to *Homo erectus* species tended to show similarities towards *H. sapiens*. He said that they can be called as Archaic *Homo sapiens*.

Paper 3 – A. Chandrashekar

“Genomic Evidences” highlighted DNA polymorphism in India

The samples were collected from 24 tribes across the country. He also stated that Genomic sequence data of mt-DNA & Y chromosome are leading to important insights into the early evolution of anatomically modern humans, as well as into the more recent demographic processes that accompanied the global radiation of *Homo sapiens*. Although India comprises more than one sixth of the world's human population, it has largely been omitted from genomic surveys that provide the backdrop for association studies of genetic disease.

Paper 4 –N. K. Das

Syncretism in India

He said, “Syncretism can't be studied at different levels, need for consideration of historical dimensions”. He said that problems arise if this issue is addressed using only ethnographic approach. There is a need for integrated approach as it is a multi dimensional subject.

Paper 5 – A. K. Singh presented the paper on “Man in Biosphere”. He highlighted the issue of the impact of human interventions on the ecology. The main issue highlighted in the presentation was the need for conservation of these biospheres. The three major biospheres where the impact of human intervention was studied were the Panchmarhi, the Nilgiri and the Sunderban biospheres.

Paper 6- Francis Kulirani

Transformation in India: Dormitory System among Tribes

In all 8 communities from the North Eastern states and 1 from central India were considered- North Eastern States, Arunachal Pradesh - Padam Adi, Nocte, Wancho, Assam- Lalung, Meghalaya- Garo, Mizoram- Lushai, Nagaland - Ao Naga, Konyak Naga (Exp) communities, Central India – Chattisgarh-Abhuj Maria. He stated that the dormitory system which was a very integral part of every individual's life cycle, has lost its importance among the younger generation. The youth do not wish to go to the dormitories and this has raised the issue that such a decline in the number of youngsters who opt to go to the dormitory may result in loss of traditional cultural values which are essentially imparted through that institution.

Paper 7- B. N. Sarkar

Anthropological Genetics Extension Programme

The main focus of this study was to utilize the theoretical information with respect to etiology, occurrence and distribution of various genetic disorders

like sickle cell anemia and beta thalassemia in the population to identify affected as well as carrier individuals in communities.

The disorder that was focused upon during the presentation was beta thalassemia.

He stated that although the etiology of disorders like beta thalassemia is well understood, awareness regarding the trait frequency in the community was lacking. If this information is available, then probably the genetic disease load in the community at the grass root level could be reduced.

Session-2 Social and cultural dimensions of reproductive and child health

Chairperson: Prof C.G. Hussain Khan-Professor at the Department of Anthropology, Karnatak University and co-ordinator for International Diploma in Reproductive Health Management

Paper 1- Prof C.G. Hussain Khan

He explained how “pathologization” leads to incumbent medical management, and how bio medicine has exerted its hegemony on women’s health in many parts of the world. He elaborated on the need for understanding social cultural context while understanding people’s health concerns. Key issues discussed were medicalization on tribal population, Mary Douglas’s work, considering belief system, Preferences to traditional or bio medicine and Need for culturally congruent practices

Paper 2- Prof S. Narhari:

Impact of smoking, alcoholism and consanguinity on reproductive mortality – A study among the Gadaba of Andhra Pradesh

He presented data pertaining to habits like smoking and alcoholism along with the pattern and prevalence of consanguinity, reproductive performance in terms of pregnancies and reproductive mortalities. Major issues raised were Consanguinity – from whose point of view, tribes or us?, social aspect of consanguinity, nicotine levels and its relation with consanguinity, economic condition of those who prepare cigars and issues of women empowerment and treatment seeking behaviour

Paper 3- Sinha Ratnawali:

Reproductive health: perception and practices among tribal women of Gujarat

She explored aspects of tribal health with special focus on the reproductive health practices among tribal women. She emphasized on the need to study actual traditional practices before making policies for the tribals. She conducted the research in Dang and Valsad. She has taken a detailed account of the belief system related to child birth among tribal women in Dang and Valsad. She emphasized on the fact that meager health facilities is the reason they consult the Bhagat instead of the allopathic doctors. The methodology used FGD’s

The discussion included issues surrounding lack of ethnographic research

Paper 4- M.R. Gangadhar

Child rearing practices among Hakkipikkis: a schedule tribe population of Mysore District, Karnataka

Based on interviews of 100 housewives by purposive sampling method, he has described various factors that play a major role in child rearing practices among Hakkipikkis. He covered aspects like literacy, income, food habits of both parents; feeding practices, its duration and frequency, supplementary feeding practices, personal hygiene, immunization, toilet training. According to him the Hakkipikkis believed more in allopathy than indigenous systems. He concluded that the Hakkipikkis were not affectionate towards their children

Issues raised, whether Hakkipikkis are developed or underdeveloped, how can they not be affectionate towards their children and comments were made that the data does not explain the reason for such practices of Hakkipikkis.

Paper 5- Ashish Gupta

A study on socio cultural determinants of infant and child mortality among Sauris of Chhatarpur District, M.P.

He covered the issue of frequency of infant mortality with respect to food habits of mothers, fetishism beliefs among mothers, marriage age, neglect and abusive behaviour towards child.

He described how the determinants of infant and child mortality operate to influence disease status and death at both the population and the individual level.

Comments made were that it was an excessive subjective evaluation and was considered as unanthropological.

Paper 6- K. Sireesha

Reproductive health of women and child care among Chenchu of Kurnool District, A.P.

In her work she has taken into consideration the definition of reproductive health as put up by the WHO and in the UN conference, Cairo 1994. She used structured schedules among 50 ever married women and she discussed various aspects related to various reproductive health behaviour. This includes age at marriage, spacing between conceptions and successive births, fertility and reproductive wastage, utilization of ante natal and intra natal care for safe delivery, institutional and non institutional deliveries, birth control, child care and also socio cultural factors.

Comments:

Being a second year student her presentation was appreciated, no specific comments were made.

Discussion:

In the conclusion remarks Dr. Khan put light on the fact that it was necessary to widen our perspective while considering reproductive issues and at the same time be more anthropological while analyzing the findings as opposed to being so descriptive

Session 3 - Development issues among marginalized populations

Chairperson for the session: Dr. Bhaskar Rao Busi

Paper 1- Mr. Eswarappa Kasi

Role of emerging leaders in the rural areas: a profile of 3 cases from Andhra Pradesh

He explained through his paper how the members of Self Help Groups have emerged as leaders in their respective areas and enhanced the lives and livelihoods of the people in general and women in particular in A.P. He presented his argument through 3 cases; the first being Rythusangam (farmer's club; Chittor) which Mr Kasi studied during the course of his M phil work. The later 2 cases were Dalit horticulture club (Anantpur) which he covered while doing his Phd research. The cases are situated in 3 areas of the Rayalseema region of Andhra Pradesh and though different from each other in structure and function share the fundamental goal of enhancing the living condition and economic status of their members. The groups also act as pressure groups and strive to bring social, economic and political reform and development. the paper defined these groups as emerging leaders and focused on their importance as an agency of development in their respective

Paper 2- Manisha Khale

Empowerment and access to food at household level in married adolescents in Maharashtra.

The presentation was based on the study conducted by the institute of Health Management Pachod, Aurangabad. The Study strived to establish the relationship between the level of empowerment of young married women and their access to food which in turn reflects on their health. The nutritional status of married adolescents is dependent on her access to and control over food. Empowerment is linked to access of food and the relationship between access to food and health is also established. The study also aimed at locating opportunities for interrelation which would help to empowerment women and improve their health and social status.

Paper 3- Jyotsa Bapat

Displacement and Resettlement "Tribals in the City" _

The speaker expressed her concern for the unbalanced equilibrium between development and conservation. She spoke about the rehabilitation and resettlement of the Katkari, Mahadev Kohli and the Warli tribals when the Sanjay Gandhi National Park was declared as a Leopard Sanctuary in 1983. This left 970 families of the tribals homeless and their resettlement in an urban setting proved disastrous. Thus, the forest dwelling tribals are often ousted from their settlements due to development projects and the rehabilitation process often leaves them with lost identities. The paper gave an insight into the various difficulties faced by rehabilitated tribals and brought many important issues to the forefront.

Discussion:

The discussion mainly revolved around the debate between the need for development and the necessity of conservation of indigenous cultures. Dr. Shalina Mehta stressed on the fact that as trained anthropologists who interact with people we must make our voice stronger and tell the administrators implementing the development schemes about what people actually need and want. Dr. Anjali Kurane focused on finding an alternative for the contradictions that exist today. She suggested that rehabilitation schemes should be strengthened and government organizations and NGOs should focus on providing employment opportunities. Mr. Antu Shah said that rehabilitation always leads to social conflict as natives never welcome outsiders.

The debate rages between the economist agenda of short term development and the anthropological and sociological perspective of long term development which was the major issue addressed during the discussion. Apart from this, suggestions and questions about methodology were also put forward by the participants

Day 2 - 22 February 2007

Plenary Session: Medical Anthropology and Health Policy

Guest of Honour: Mr Navin Chawla, Election Commissioner of India

Chairperson: Dr. A. S. Kundu, Deputy Director General ICMR

Dr. Hemant Apte

He talked about the history of Department of Anthropology, Pune since it was established as a separate department in 1977, in the university. The International conference held in 1978 at Delhi, with post Conference symposium on Medical Anthropology at Pune, served as a launching pad. The conference led to medical Anthropology being a thrust area in the department. Efforts were made to consolidate biomedical and socio cultural aspects. The beginning was slow and initial efforts revolved around malnutrition, leprosy and tuberculosis. Teaching in the department placed students at NGOs, universities and governmental posts.

The subject included theory and concepts of medical anthropology, demography, growth and nutrition, gerontology, etc for the benefit of students. Students received various fellowships at national as well as international levels.

Medical anthropology influenced NGO sector and students were placed at institutes like NARI, IIM etc.

The focus of medical anthropology on the emic perspective has helped the discipline flourish in the long run. In addition, it has involved itself in evaluation of health related programmes establishing strong links with government, NGO organizations along with the academic institutions. Dr Apte attributed the success of this department to academic autonomy and flexible attitude towards medical anthropology and anthropology as a whole.

He expressed that the department would continue to blossom and make a mark in the field of anthropology, even in the future.

Mr. Navin Chawla-Election Commissioner of India

A biographer of the book "Mother Teresa", has worked for rehabilitation of leprosy patients. He has established institutes for disabled children. His interest in leprosy is because leprosy for him denotes stigma as does HIV. It is this stigma that led him into this field. The interest was inspired by Mother Teresa with whom he was bonded for 23 years. According to him, although it may seem that the problem of leprosy is solved, however at the micro level it persists in society till late.

To this Dr Kundu, Dy. Director General, ICMR added that India certainly has a long way to go regarding the awareness among people about the disease. He urged the need to be a little careful while making social interventions with respect to leprosy eradication.

Issues Raised By The Audience

As asked by Shalina Mehta, why is it that while making strategies and programme policies the social scientists' experiences are not taken into account? Secondly, Is there a need to make policy interventions? On which the chair person replied that

it is not at the policy level but efforts should be made at individual level and social level in order to eliminate the stigma.

Dr. Chawla added that leprosy is a poor man's disease and is not seen as global or "rich".

Dr. Mutatkar explained that health research from anthropological point of view has many agendas.

Dr. Narendra Bhatt- Vice President, IASTAM

A good clinician coming from a family of Ayurvedic doctors. He is the vice-president of Indian Association of Study of Traditional Medicine. He expressed his concern for the shortage of Indians in the field of Ayurved. He explained the existence of medical pluralism in India and raised a question whether they have really helped the Indians. He questioned whether we are able to deliver the appropriate system to the masses. He emphasized on the myth with respect to Ayurveda which is believed as non-scientific. He expressed his concern regarding the loss of expert knowledge in the field of Ayurveda. He concluded that there is a need to protect the indigenous system of medicine.

Session 5- Human Genetics

Chairperson: Prof. Amitabh Basu

The chairperson opened the session with a brief introductory speech. He was of the opinion that biological anthropology can be described as "old wine in a new bottle". Though we are using new and more advanced techniques and technologies we are still trying to answer the same questions about variation and using the answers for comparison and classification. Instead the biological anthropologists should concentrate on development of the indigenous populations.

Paper 1- Mr. S. M. S. Chahal

Biodiversity in people of Punjab: Erythrocyte Enzyme Variation in the Jat Sikhs of Majha, Doaba and Malwa

This study covered the distribution of various red cell enzyme polymorphisms in the Jat Sikhs, which is a prominent agricultural caste population of Punjab. The presentation focused on the distribution of genetic traits showing affinities and variations among the populations of the same caste in 3 different geographical areas of Majha, Doaba and Malwa. These 3 areas have formed naturally due to the course of the major rivers of Punjab, namely Ravi, Satluj and Beas. Blood samples were collected from populations for all these 3 areas and estimates of heterozygosity and genic differentiation were drawn with the aid of biochemical markers. The study was also able to establish some linkages between the Jat Sikhs and the European populations. However, due to the presence of certain rare markers like PGM 7 affiliation with Europeans becomes questionable. The presentation given by Mr. Chahal was very informative and presented the data efficiently.

Paper 2- A.K Bhalla, R.K. Marwaha and Harvinder Kaur

Longitudinal Growth attainment of transfusion dependent Beta-thalassemia children

He gave a very precise presentation on the study conducted by the Advanced Pediatric Centre, Post graduate Institute of Medical Education and Research, Chandigarh concerning the issues of growth retardation in beta thalassaemic individuals. The paper gave an insight into the deviation of the growth spurt of these patients from the normal. The main point unveiled was that the transfusion dependent beta-thalassaemia patients of both the sexes grow normally up to 8 to 9 years of life where after they experience growth retardation, the magnitude of which increases with advancement of age till adulthood. Mr. Bhalla concluded that only transfusions after the particular age of 8 years were not enough for the normal growth of these patients and that other alternatives must be explored to get over this hurdle.

Paper 3 - Kamalkant Bagai

In search of Indian Adam and Eve: Evidence from Central Indian Earth

The paper presented by Mr. Bagai focused on archaeological discoveries relevant to the story of Human Evolution. The presentation covered the major discovery of a partial cranium and a clavicle in the Indian sub-continent which have proved to be another piece in the jig-saw of evolution. The skull cap of which was found on the west of the Narmada River at the site of Hathnora in Madhya Pradesh has been a monumental discovery. The study gave an insight into the current knowledge that man possesses about his origin and evolution as well as the future of evolutionary studies and research in the same area.

Paper 4- Bhaskar Rao Busi and V. Ravi Prasad

DNA Polymorphism and Population Dynamics among Indian Tribal Populations

The speaker reviewed in brief the status of the present investigations in DNA polymorphism among Indian tribal populations. The study focused on the use of easily typed population markers which include mitochondrial DNA, nuclear and Y chromosome markers in understanding genetic relationships between various populations. This not only provides information for resolving complex genetic relationships but also helps to clarify questions about human evolution.

Discussion:

The discussion after the presentations revolved around issues such as methodology, statistical details of the data presented, techniques and technologies applied etc.

Session 6 - Dermatoglyphics

Chairperson- Dr. C. S. Singhrol

Paper 1- Purnima Parashar

Quantitative assignment of selective dermatoglyphic features among the People of Bhimtal

The speaker carried out the study in the Kumaon district of Uttaranchal (Bhimtal Block, District Nainital). The present study focuses on the Quantitative Dermatoglyphic features on fingers and palms among three major communities inhabiting in this area, the communities are, Brahmins, Thakurs and Aryas . Brahmins and Thakurs are dominant numerically as well as economically, while the Aryas belong to Scheduled caste, but they also form a significant population. The total sample was of 356 members, which were selected by Ad-hoc sampling. Finger dermatoglyphic quantitative features showed that Total Ridge Count (TRC) mean

value is 123.84, whereas for Absolute Ridge Count (ARC) mean value is 169.44. TRC male female comparison shows significant difference in Brahmins and Thakurs, whereas in ARC it shows only in Brahmins. Loops show preponderance in all the three communities. The value for Dankmeijer's, Furu-hata's and Pattern Intensity Index varies from 8.00 to 24.03, 43.36 to 81.43 and 12.14 to 13.18. Ridge counts varied from 37.89 to 49.79, 23.51 to 26.54, and from 31.80 to 35.20. In all the three communities the lowest value of atd angle is 39 and maximum value is 47. The results are presented in terms of bimanual and intercommunity differences. The speaker concluded that there were instances of bisexual differences.

The discussion started with the point that the researcher should had not done review of literature and while conducting such studies review of literature is necessary. Further it was suggested that statistical methods should be employed for more authentic data. The point was raised that the work was largely quantitative and qualitative data is lacking which should be added to the study. It was suggested that pattern shape is going to influence the information not the pattern size.

Paper 2- K Bhamini Raghavalah

Finger dermatoglyphic variation among the Kudiyas: Scheduled Tribe Population of Coorg District, Karnataka, India

The speaker informed that the bilateral finger prints among 200 unrelated individuals (100 males and 100 females) were taken. The analysis was done according to the method of Cummins and Midlo (1961) for both qualitative and quantitative characters. The analysis clearly depicted that loops were the common pattern type in both sexes, followed by whorls and arches. The significant bilateral difference was noticed in the female series only. The symmetry pattern was higher than asymmetry among both the sexes. Though the right hand was more monomorphic in either sex, the striking bilateral difference was observed in females only. The pattern intensity index value was relatively more among males, whereas Dankmeijer's index, Furu-hata's index am Poll's index values were higher among females. The total finger ridge count and absolute finger ridge count values were higher among males than in females.

During the discussion session the question was raised that if the researcher has hypothesized anything on the obtained data. The researcher answered that the findings were compared with the populations in different districts and that differences were found, but no differences between the sexes were found. Further a question was raised that if the population shows any tendency to show a particular pattern in males and females. The speaker answered that females showed more number of whorls and loops as compare to males. Even the ratio is higher in females. The researcher was asked about the type of classification used in the study, which was Galton's classification. A suggestion was given that Henry's classification should also be used.

Paper 3- S. Narahari

Finger dermatoglyphic variation among mentally disabled children of Visakhapatnam, Andhra Pradesh.

The finger print data was collected from 315 mentally disabled (MD) children, including 205 males and 110 females. Equal number of normals and controls were studied aged 6+ to 16+ years for qualitative and quantitative characters. The

qualitative characters comprise of finger pattern types (both Galton and Henry) and quantitative include finger pattern intensity index (FPII), total and absolute ridge count (TFRC and AFRC). The analysis reveals that MD children show a high frequency of whorls (39%), greater mean values for FPII, TFRC, AFRC. But no significant difference was seen in laterality and sex dimorphism for basic patterns after Galton. On the other hand normals depict high frequency of Ulnar Loops (70%) and relatively low mean values for FPII, TFRC and AFRC. The sex difference is significant for pattern types in normals. In Henry's classification, about 4% of whorls fall into composites of normals. It is interesting to note that the sex dimorphism which is non significant for Galton patterns found to be significant in the MD children and corroborates with the contention of Mavalwala (1978) and Bhanu (1991) that micro level details of patterns signify variations in laterality and sex of population.

During the discussion the question was raised if any notable differences were shown between sexes who are mentally disabled. The speaker answered that Galton's classification did not show any differences whereas Henry's classification showed differences. The second question was if any other tests such as reading abilities, talking abilities were taken into consideration while conducting the study, the speaker answered that he depended only on the data given by the schools of respective MD children. Further the question was raised that why is the American Classification system not used. A suggestion was given that prenatal stage of such children should also be taken into consideration.

Finally the chairperson commented on all the presentations. He suggested that tribal group should be considered under first study and neighbouring tribe should be taken into account for comparison in the second study. He further said that third paper was very good as all factors were taken into consideration.

Session 8- Tribal Identity and Development

Chairperson- Dr S. B. Chakrabarty

The chairperson was associated with the Anthropological Survey of India (AnSI) for 33 long years. He retired in 2003 as the Director In charge of the AnSI. He is also the Joint Secretary of INCAA.

Paper 1- Dr. Anjali Kurane Tribal Identity and Development

The central purpose of this paper is to focus on the process of tribal development and necessity to bring tribal population in the mainstream of national life. She opened the topic by dealing with the dilemma of coining the definition of the term *development*. She mentioned the definitions given by a few scholars like Mehata and Foster among others as also that propounded by the United Nations. Keeping all definitions in mind, she pointed out to two distinct paradigms of development:

1. Altruistic paradigm that looks at development as the welfare of people
 2. Modernist paradigm looks at technical and economic progress as development.
- However, according to Dr. Kurane a combination of both these paradigms would be the right approach. She herself had defined development as *"increase in material well-being through productivity and increase in social well-being through education, health, improvement in social content of human life, community feeling, music, art, safety, freedom, opportunity, sense of participation in local, regional*

and national affairs depending upon individual interests and preferences.”
(Kurane, A. 2005)

She said the basic problems faced by the tribals were two-fold, poverty and socio-economic backwardness. She raised nine issues that that needed to be deliberated upon for the development of these tribal populations. These were related to the following broad areas:

Literary and educational levels, Health and Nutrition, Lack of infrastructure, Employment opportunity and income level, Growth of extremist tendencies among the tribal populations, Land rights, Irrigation facilities, Right on forest produce, Enhancing and developing indigenous skills

Recommendations made by her on the same were the following:

1. Quality implementation of policies
2. Smooth co-ordination between the government, non-governmental bodies and the tribal populations
3. Socio-economic variation and bio-diversity should be considered while formulating policies
4. Respect in understanding tribals

Thus, the question which is often raised: Will tribals lose their identity?

It is but obvious that no one should be deprived of the fruits of development. Tribals should be empowered to participate in decision-making by educating them. The topic was then thrown open for discussion. Many scholars critiqued the paper for being of a general nature and lacking specificity as well as too ambitious. Dr. Kurane answered this by saying that the conclusions were based on the data gathered from an ethnographic field study of Mahadev Kolis, Warlis and the Katkaris.

Paper 2- Dr. Jayanta Sarkar

Anthropologists in Micro-level Policy making – the Ground Reality

He referred to the point made by the Governor of Mizoram on the previous day that anthropologists are capable of policy planning. Each policy could have two effects- positive and negative. The anthropologists are supposed to know both. However, in spite of these special capabilities, the anthropologist does not receive the due importance in policy planning. He gave an example of the Andaman Trunk Road. The planned road was intruding on the area that was notified as the Jarawa Reserve Zone. However, this road was going to facilitate the larger majority of the population in Andaman which largely consists of not indigenous people but refugees from East Pakistan. A team of Anthropologists was sent to look into the matter. After studying the Jarawas, they suggested the road be diverted through a different route. However, while implementing there was a huge manipulation. The area beside the road was notified as unreserved thus facilitating the construction of the road on the same route. The question then is why are the recommendations of the experts received coldly? Why are they not given due importance in matters pertaining to their own field of expertise?

The ground reality is that in a democratic country like India, it is only the majority that receives the listening ear, even when it is at the cost of the minority. Policy advice given by anthropologists will only be received attentively when it caters to the needs of the majority. The interest of the minority is more than often neglected for the *larger common good*.

The dilemma an anthropologist faces is:

1. whether (s)he should be happy discussing issues in such a small forum
 2. or should (s)he become an activist in which case how far can (s)he maintain the basic holistic and unbiased attitude and approach anthropology boasts of
 3. or should all the anthropologists come together and try to breach this difference in the mindset between the anthropologists and the policy makers.
- The third option is the toughest but the most constructive option. And to this, they all need to make those extra efforts that facilitate this small community of anthropologists to come together, develop awe-feeling and form a real pressure group of elites.

No particular questions were asked except one: What is a buffer zone? Why was it suggested for housing the refugees? And how has it affected the *Jarawas*? To his, Dr. Sarkar answered:

Buffer zones are the areas close to tribal inhabitation where these tribes do not move about. They do not need to use this space for various reasons one being non-availability of food. This is demarcated by tracing the mobility pattern of these tribes. Since the tribes do not use this space it could be given to the refugees as it will not then hamper the lives of the tribes. However, the problem was when in spite of proper demarcation of the buffer zones by the anthropologists, the policy makers do not pay heed to it and extend buffer zones beyond the given boundaries. Once again, the expert opinions of anthropologists are not given due importance.

Dr. Pandit was present at the session. He said that the problem arose because anthropologists are not the policy-makers. However, it is essential to note that they do have a very positive effect on the people. Hence, although unlike the policy makers anthropologists cannot force or impose, they can persuade. Making the best use of the democratic principles of right to expression which is now used in all the wrong ways, anthropologists can create public opinion; can engage in public education and awareness. What anthropology needs today is publicity, and not just in academic journals, but through popular newspaper and magazine articles and using popular mass media like television and radio.

Thus the session ended on a positive note by all present agreeing to take anthropology and the issues discussed in the congress beyond this forum.

Session – 9 Syncretism in India

Chairperson- Dr. K. K. Bagai

Paper 1- Mausumi Majumdar

Religio-Philosophical syncretism in Baul with special reference to songs

Syncretism relates to blending of concepts of different religious ideas of God and spirit and ultimately blending together as one. The paper aimed at syncretism in Baul as a result of unification of ideas from various religio-philosophical schools like Vaishnavism, Buddhism etc.

It also shows how linguistic symbolism is significant in Baul philosophy as depicted in songs. The paper gives a clear overview of Baul religion and philosophy. The basic philosophy of Baul is Mystic union and spiritualism with the divine. They believed that the human body is the micro-universe and abode of the absolute. Human life is therefore the divine itself.

The discussion led to the following points:

- It is a folk religion and came into existence in 16th century.
- Bengal being the most syncretic state in India they were fortunate to survive.

Paper 2 - Antu Saha

Border Economy and Ongoing Cultural Continuity: A Reference to Indo-Bangla Border

He talked about the international borders of countries being the most marginalized due to the ongoing conflict between political and cultural identities. Owing to globalization and capitalism borders are becoming obsolete. Border community on the both sides of the four thousand meter long border; maintain intrinsic social relationship and cultural networking through their day to day interactions. However, the paper concentrated specifically on border economy and showed that this had a major role in maintaining ongoing social and cultural relationship among the communities.

The discussions led to following points:

- Definition of border anthropology and categorization of the term
- Lack of empiricism and more of generalization
- Methodological faulty in terms of time spent in field work.
- Practical implication the approach in a specific context was questioned

Paper 3 - B. Francis Kulirani

Anthropology of Tourism: The Need for Research Initiatives in Indian Context.

The paper explored the relationship between tourism, politics and development. New initiatives are being promoted for developmental purposes which in turn have to be brought to critical scrutiny. The paper intended to examine the contributions made by anthropologists to formulate a sustainable tourism model and at the same time develop tourism anthropology in general.

Paper 4 - N. R. Chaudhari

Teaching through EDUSAT: Experiential Visual Lessons

This paper aimed at using visual media in programmes in graduate and post graduate studies. The programme involves students-class room at one end and the other end that is studio-teacher. At a time one teacher can deliver his lecture to the students sitting in the classes which are distributed in all states of Maharashtra. The mode of the delivery involves the visuals of the teacher in which only the students in their own class room visually see the teaching mode. Thus what could be the role of visual anthropology in such a mode of visual communication was questioned.

The study finally suggests that understanding of class room culture is must for a teacher in virtual mode of teaching.

Session 10 -Treatment and Care: Programmatic and Anthropological Perspectives

Chairperson: Dr. Sanjay Mehendale, Deputy Director, National AIDS Research Institute (NARI), Pune

Dr. Karina Kielmann, Medical Anthropologist working with London School of Health and Tropical Medicine (LSHTM), started with her introduction. She started working with NARI on the social science agenda since 1995. Currently she is also

working with TARGETS Consortium funded by DFID, UK. Maharashtra Association of Anthropological Sciences- Centre for Health Research and Development is a partner institute with LSHTM working under this consortium. This session highlighted research work being carried out in MAAS-CHRD. Dr. Karina further spoke about role of anthropology in public health and the programmatic shift in the role as cultural broker to catalyst for community change. She mentioned that in 1980s anthropology was considered as advocate speaking for others.

She further discussed about “What is a health system?” She elaborated the health system model in relation to People Living with HIV/AIDS. Three approaches of studying health system-structural (forming the bases of global and international policy guidelines), functional (day-to-day functioning, translation of policies into applications, local enablers and barriers) and individual (experiences, practices, attitudes etc.) These three approaches were further discussed under the subjects of what data could be collected with what different methods.

She introduced the studies of MAAS-CHRD which were presented by the researchers of MAAS-CHRD

Paper 1- Dr.Abhay Kudale

Accessing HIV-care in Sangli, Maharashtra: The Interface of Public, Private and NGO Sectors

The paper started with the profile of the study site and the factors contributing for high-risk sexual behaviour in the study area. The study aimed at assessing to assess how contextual, policy and programmatic factors affected HIV care delivery in Sangli district with the help of semi-structured interview schedule. The main issues discussed in this paper were interface of public, private and NGO sectors related to management practices in HIV, treatment of opportunistic infections, consent process, ARV treatment, drug resistance and knowledge of NGO etc. He mentioned about various key players in HIV care such as public sector, NGO sector, community, private sector, family etc. Finally the implications of this study included importance of having two perspectives in care of HIV-anthropological perspective having ground level realities and programmatic perspective.

Paper 2- Swati Shinde

Family Support to People Living with HIV/AIDS: Findings from Three High Prevalence Districts

She spoke about a study carried out by MAAS-CHRD in three High Prevalence Districts of India from the states of Maharashtra, Andhra Pradesh and Orissa. The context and methodology and research questions for this study were discussed. She discussed about support and “full support” to the HIV positive people from their family members. Full support included financial, psychological and nutritional and medical support and the details under each of this support were explained. Secondly the speaker discussed about unpleasant experiences from family members of HIV positive. Discrimination, ill-treatment, neglect were considered as unpleasant experiences. Gender issues were also a part of discussion about family support. Other key issues involved expectations of PLHA from family members and at the end implications of this study included a question about how to involve family in the care agenda.

The discussion followed the first two papers which had following points-

Importance of rapport in the community before starting up using the data collection tools, methodology for selection of PLHA, issues in relation to discordant couples and there was a major discussion about the definition of “family” and “support”. Dr. Karina mentioned that the research studies presented were part of operations research and not only anthropological research. The chairperson Dr. Mehendale gave a concluding remark on the interface explained by Dr. Kudale and said that it could be developed as a model for research.

Paper 3- Vinita Datye

Challenges faced by HIV Counselors working in Research and Clinical Settings in Pune, India

This study aimed to understand counselors’ experiences and practices around HIV counseling and informed consent in research and clinical setting in Pune city and included interviews of purposively selected 13 counsellors. The objectives of this study were to document reported processes of HIV counseling and obtaining informed consent in the research and clinical settings and to elicit the challenges faced by counselors during counseling and while obtaining informed consent. This paper focused on various challenges faced by counselors-infrastructural- lack of space and privacy, patient related-language, literacy level, mental state, stigma, addiction, status of women etc, counselor related-gender, value system of counselor, protocol and guideline related-informed consent problems, perceived limitations of role of counselor, ethical issues-partner notification, inability to provide treatment

Implications of this study included two major issues-

Adaptation of guidelines/ protocol in HIV counselling for local settings and recognize crucial role of counselling.

The chairperson made a remark about no mention of burn-out and need of training. The speaker in response to his queries said that most of the counsellors were working for not more than 3-4 years and had mentioned of having on-job training. A question was raised about meaning of adaptation of protocol and guideline to local setting and the speaker answered that it means omitting certain international or global references from the consent, without compromising issues related to ethics etc.

Dr. Anita Shankar, Anthropologist working with John Hopkins Institute, USA made concluding remarks. She focused on role of anthropology which earlier was to provide methods to be translated into programme; and now there is a need to enhance this role. She overviewed the three presentations and put forward questions such as “Can methods work as a catalyst for system change?” Then she expressed concern about, whole system analysis is rarely done in Anthropology. There is a need to go beyond standard use of anthropology in health programmes.

Questions raised from the audience were about- heterogeneity of Indian population need to be considered in any health programme. Definition of the terms “support” and “family” have to be carefully operationalized. Dr. Anita Shankar lastly mentioned about importance of having two-way interaction between the researchers and the community and anthropologist acting as a cultural mediator.

Session – 11 Health Issues in Sikkim

Chairperson- Dr. Arbinda Basu

Paper 1- Sobhanjan sarkar

Seasonal variation and blood pressure and hypertension among the Bhutias of sikkim in India

He first talked about the general study carried out in India. The blood pressure have environmental, biological and socio cultural correlates and gave some examples pertaining to the relationship between blood pressure\hypertension and various lifestyle related variables such as socio-economic, psychosocial stress, smoking, alcohol consumption, and dietary practises.

The study focussed on hypertension among tribals, and this had never been carried out in India before thus it aimed at the possible variation in blood pressure in the two important seasons that is summer and winter among the Bhutias in Sikkim. The study showed that irrespective of gender and habitat, mean blood pressure values and prevalence of hypertension was found to be higher in the winter season where body mass played an important role. Physical inactivity consumption of alcohol and available food items was some of the factors that influenced blood pressure to be elevated.

The discussion led to:

- In response to the paper, the rapport establishment process was questioned
- The methodology was questioned regarding the systemic sampling.
- Differences regarding the rural and urban income.

Paper 2- Susmita Mukhopadhyay

Maternal health care utilisation and its socio-Demographic Determinants: A Study in Sikkim, India.

Her study aimed to determine the health status of a group of people living in different ecological niches – mountains, coastal areas. The present study was a part of a larger project and was intended to investigate the effects of some socio demographic factors on safe delivery among the Rai and Bhutia women in Sikkim.

According to her the causes of pregnancy related complications, ill health and death are of two different types, primary and secondary respectively. The primary one includes inadequate care whereas the secondary includes subordinate status of women and poor nutrition. The subordinate status of women comprised of socio economic and socio cultural circumstances, inadequate knowledge with respect to birth intervals, number of children.

The greatest problem lied in the extent to which women have access to high quality maternal health care. Acceptance of ante natal care showed significant association with mother's education, occupation, parity, monthly income.

The findings of the study highlight the importance of mother's education, decision making, their own health which in turn determine the birth outcome.

The discussion highlighted that there should be more focus on statistical data rather than qualitative methods.

Paper 3- Barun Mukhopadhyay

Urban living and hypertension among the Lepchas of Sikkim

The study intended to evaluate the blood pressure profiles and reports, the extent of essential hypertension prevalent among the Lepchas, and indigenous tribal population inhabiting Gangtok

The result showed that the problem of systolic and diastolic blood pressure values are high which may be due to salt intake, tobacco chewing and disease status.

- On this paper, the chairperson Mr. Basu highlighted the point that social stress factors which are an important contributor towards hypertension were not considered.

Paper 4- Sobhanjan Sarkar

Hyperlipidaemia and its lifestyle correlates among the Bhutias of Sikkim

The present study reported the nature and the extent of prevalence of hyperlipidaemia among the Bhutias, a tribal population of Sikkim in relation to resident status and a set of lifestyle related variables. The lifestyle related variables such as diet activity patterns, substance use, psychological stress was considered. This study was conducted for rural as well as urban areas and it revealed the rural urban differences exists in respect to overall lipid profiles in both sexes. Males however showed more adversities. Hyperlipidaemia, especially hypertriglyceridemia posed a conspicuous problem in the urban locale and higher education; sedentary occupation; less physical activity and alcohol consumption were found to be influential factors

Discussion:

- An account of the relation between the lipid profile and post menopausal conditions in women should also be considered

Session-13 Vulnerability in relation to HIV/AIDS, TB and Malaria

Chair person- Dr. L. K. Das.

Paper 1- Salil Kumar Dutta

Community and TB: A Study in Western Sunderban, West Bengal

The study tries to delineate the problems and prospects of revised national TB control programme (RNTCP)- DOTS Directly Observed Treatment Short course in the community in an isolated island of Western Sunderbans. The data presented by him included the number of people killed by the disease. He emphasized on the treatment of the disease with the combination of three-four or more drugs. Further he sited that the cumulative effect of negligence, mistakes and new threats like HIV infection has made the treatment difficult today. Side effects of anti TB drugs and social taboos aggravate the problems.

He carried out research through purposive sampling and included interviews.

Discussions:

Most of his data was based on observations and focus group discussions. And no specific comments were made.

Paper 2 - Jayaram P

A Tribal Village experience in combating Malaria

LEPRA Society, Andhra Pradesh responses to community health needs and has taken up anti- malarial activities in tribal area while engaged in leprosy control programmes. His study was carried out in the micro setting of Gutpala village with 260 tribals and 119 Dalits. The focus of this study was Gonds. Several activities were conducted by LEPRA for protection against malaria and promoting community participation in development. The activities resulted into significant reduction in fever cases, zero malaria positivity and improved food security.

No specific comments were made.

**Paper 3- Udaya Kumari,
Impact study of intervention among sex workers in an urban setting of
Hyderabad**

LEPRA Society, Andhra Pradesh is implementing Frontiers Prevention Project in Hyderabad since 2004 with an objective to reduce the spread of HIV/AIDS through empowerment of FSWs, MSMs and PLHA. The study was carried out through purposive sampling and data was presented. The results of the intervention were reduction in the episodes of STI, increase in the usage of condoms and safe sex practice among sex workers and formation of CBOs.

**Paper 4- Dr. L. K. Das
Human Behaviour and Persistence of Malaria in a Tribal Area of Orissa
State**

He explained the causes for failure in programmes formulated in eradication of malaria and the reasons why it still persists for several decades. The tribes included in his study were Koyas, Godavas, Kandhas. The findings of the study were related to ecological conditions, biology of insect vector, human host, parasite and human behaviour and practice. His study included the traditional healing practices (Dishari's and pujari's). In conclusion he emphasised on the need to collect grass root data before deciding any programmes

The session concluded with the comments on multifaceted solutions against malaria, increase in malaria consciousness and locally applicable solutions.

Day 3 – 23 February 2007

Plenary 3: Anthropology: Evolution and Vision

Chairperson: Prof. A.K. Danda, Member Secretary, INCAA

Speakers: Prof. R.K. Das, Dr. Nagarajan, Dr. S.R. Walimbe

Prof A. K. Das

The Plenary commenced with an introductory speech by the chairperson, Prof. A.K. Danda. He said that it was important today to assess the present situation of anthropology as a discipline. He believes that though some scholars say that anthropology has overleaped its utility, anthropologists themselves will never agree to such an argument. For the clarification of their objectives and for defining their position in the world of academics the anthropologists must use congresses and inter-congresses such as INCAA as a platform. Anthropology had its humble beginnings under the patronage of the British colonial empire but today it has evolved into a science. Prof. Danda said that sciences do not grow out of agreements but disagreements and that it is these which propel thinking amongst scientists. Anthropology as a science stands out because unlike other sciences it is not universal but has local and ethnic specificity which makes an anthropological perspective unique. He also put forward the point that despite being divided into sub-disciplines such as biological, socio-cultural, paleoanthropology and linguistics the discipline of anthropology is holistic and all encompassing. Therefore, though specialization is important one branch cannot be isolated from the other and all anthropologists should be aware of the whole and not a part only. Prof. Danda talked about the evolution of anthropology as a discipline and said that the theme of the congress i.e. evolution and vision is most appropriate to understand the essence of anthropology as a science in the present context.

Dr. R. K. Das

He spoke on the evolution of the concept of development through the ages – from the birth of anthropology to today. Earlier the concept was seen in evolutionary terms where the third world was distinguished from the first world in terms of its capacity to develop. The use of the terms *primitive* and *savage* was very popular in development literature. This developed against the background of colonial conquests and often justified colonial invasions. Towards the end of the 19th century and beginning of 20th century, anthropological literature saw the criticism of the earlier literature on development. Edward Said's *Orientalism* is an example he sighted where the biased adjectives underlying the term *orientalism* was challenged. Today however, anthropology of development has come a long way. It is time now that we all anthropologists of India develop a separate operational definition of development that will be culturally congruent and that has the backing of a strong philosophy on development.

Dr. Nagarajan

Linguistic Anthropology

He spoke about Boas being the first scholar who studied Indo-American language. In the early 20th century linguistic anthropology was based on Indo European language. With the discovery of Sanskrit there was increased scope and interest in linguistics.

The analysis of American Indian language was based on Indo-european language but it was not satisfactory. Boas studied the American Indian language but since there were no writing systems there was no literature available. But Indo-European language on the other hand had a vast amount of text. Boas's work in handbook of American Indian language showed that concepts, Phonetics and grammar differed. He used language to study culture and this led to the development of linguistics. Every language is different and has its own structure therefore it is necessary to study independently and in order to understand culture one must know their language.

Many Anthropologists are linguist but after Boas there was considerable disruption in the discipline and linguistic became independent.

Further he stated that anthropological linguistic and linguistic anthropology are two different fields. However, the differences are blurred and both are used interchangeably. Scholars have commented over linguistic anthropology and anthropological linguistic and stated that the former one is the study of language, culture, miniature substitution of anthropology while the other is one of the four traditional branches of anthropology.

Thus anthropology has an interdisciplinary approach. Also the act of providing grammar does not qualify as linguistic anthropology. It not only focuses on the interest in language but also as perceived by the people. In addition the focus is on symbolic interpretation.

Both have dominated in the first part of twentieth century.

In conclusion, linguistic anthropology is the one, which studies the whole culture, whole society and humans at the same time.

Dr. S. R. Walimbe

He was the fourth speaker at the third plenary session. He presented on the studies in paleo anthropology and the issues relate to human origins. He stressed that the area of paleoanthropology has lot of scope in the next ten years. Human skulls from proto historic period provide rich evidence of human skeletons. There is vast representation of human of the last 10,000 years reflecting various cultural, temporal brackets and geographical regions. There is also a rich representation of sub adult individuals.

He stated that human skeletal remains a fruitful subject of inquiry in the field of paoleoanthropology. More than 300 sites have been excavated but only on 50 sites human skeletons have had physical anthropological advice. The reason for which is the lack of co- ordination between archeology and anthropology. Physical anthropologists are rarely invited to study excavation sites and no physical anthropologist's advice is sought.

He said that the aim is to search for hominid fossils and re-examine skeletal data for completing population distances for migration.

Session 4 - Social stigma and communicable diseases

Chairperson- Prof H. K. Bhat

Paper 1- Krishna Kumari

Stigma: A Barrier to Social Participation for Lymphatic Filariasis (LF) Patients

According to the speaker LF is a poor man's disease and a major public health problem in India. It leads to long term suffering, causing permanent disability resulting in social stigma. This disease gets manifested in six months after the entry of the parasite and the deformities (visible symptoms) are seen only after the death of the parasite in the host itself. Thus the incubation period being too long the early detection of the disease is difficult.

The paper aimed at studying the impact of stigma related to this disease and how it affects social participation of the members. Also due to restriction in mobility of the individuals they experience a sense of incapacitation. In her study she reported the degree of severity of the difficulty for social participation assessment with the help of a 5- point scale. The measuring variables that she used included marriage relations, visiting relatives and friends, and socialization in general.

Her findings highlight the urgent need to broaden the scope of existing morbidity management program to include the measures to lessen the difficulties in the social life of the patients.

Comments:

- Has the stigma been perceived only from the patients' side?
- The community perspective is lacking in the study.
- Variables like, gender, age, generation, literacy, economic background, need to be considered in the study.
- Factors such as social distance, social identity (caste, religion) and its relation with the enhancement of stigma.
- Basic causation, prevention and control of the disease.

Paper 2 - M S Raju

Methodological issues in designing stigma reduction intervention trials

His study emphasized on getting the patient in contact with the community and not only about educating the members. The three approaches his study suggests are – contact approach, counseling approach and educational approach. His study was conducted in three phases-baseline study for one year, intervention (wherein the program was implemented for 3 years) and evaluation (to assess the impact of intervention). The study area was West Bengal, UP and Chattisgarh. FGDs and in depth interviews with key informants were used.

The findings stated were –females are less stigmatized in the family (because she has to cook !!!!!) and the males are stigmatized at workplace.

He proposed through his study the need of a community based intervention approach for a behavioral change. Involvement of social scientists besides the social worker and the medical officer is essential.

Thus he brought to notice that stigma reduction plays an important role in disease control.

Comments

- There are two types of stigma self stigma and stigma from others' point of view, so his study lacks the self-stigma perspective.
- Was the collected data cross-checked? (Through FGDs and interviews)

Suggestions

- Observation and participation must supplement the FGd and interviews.
- Case studies should have been used.
- The ex-supervisors conducting this study also need to be interviewed in order to assess the lacunae of the present study.
- Were the similarities in the control group ensured?

Paper 3 - Prasad Mahananda

Leprosy Deformity and Stigma in Purulia

The study was carried out in three blocks in the district of Puruliya, WB- (Hura. Manbazar and Para). The findings were presented under three major categories- Stigma at family level, at community level and at work place.

He analysed the different levels at which the visibly deformed were restricted participation in the community.

His conclusions stated that stigma experienced by the non-deformed patients was least within family, more incase of community and maximum at work place. However visibly deformed patients experienced more stigma at community level.

Comments:

- Variables included in the study should be justified.
- Numerical results are in plenty but the reason for them is not answered in the research.

Paper 4 - Tilottama Barua

Polycystic Ovary Syndrome (PCOS) among the tribal and non tribal in Guwahati , Assam

PCOS is an endocrine disorder, due to a metabolic problem. This study was an appraisal topic that throws light on how over weight (obesity) has a relation with PCOS among patients. The causes were attributed to the food habits of the members which (according to her) are determined by culture.

Comments

The issue of tribal and nontribal categorization was raised because it was not justified.

Background characteristics of the women suffering from PCOS were not considered.

Paper 5 – Prof. H. K. Bhat

Stigma of Handigodu Syndrome : Case Study of Mysterious Disease of Karnataka

The disease was reported in 1975 in Handigodu village in Shimoga and Chikmanglur within two scheduled tribe communities of Chennagi and Chaluvadi by a Brahmin resident of the village. The community members were agricultural laborers working in land and plantations with a low economic status. The disease being a poor man's disease has greatly affected the marital relations.

The purpose of this study is to suggest rehabilitation in this disease affected area because there have not yet been such programs through the government and the NGOs.

His study disseminated the clinical presentation of the disease. The ICMR has concluded it to be an orthopaedic disease. A Brahmin social worker is currently carrying out rehabilitation work in this area.

Discussion

- The probable reasons for the cause of this disease were discussed. However the definite cause has not yet been found.
- The researcher was asked whether he would like to introduce any new medicine for the cure of this disease. On this he replied that he would prefer to focus solely on the rehabilitation.

Session 7- Indigenous Knowledge and Language System

Chairperson- Dr. S. B. Chakrabarty

Paper 1 – Ramesh C Mallik

Socio Linguistic Significance of Desia Kondh Kinship Terms

The paper tried to bring out the Desia Kondh kinship system and its socio linguistic significance in South Orissa. It highlighted the behavioural patterns such as avoidance of joking relation, taboo, classification of kinship terms and also distinction between lexical and semantic use of kinship terms. It tried to focus on the language contacts of Indo Aryan and Dravidian prevailing among the Desia Kondh.

Suggestions

The classification lacks standardization.

Paper 2 - Sivaprasad and Apparao Tamminaina

How Relevant is Indigenous Knowledge for Resources Management and Sustainable Livelihoods?

As stated by Sivaprasad there is a relationship between forest and the people. With the help of a pyramid model of livelihood, resources and knowledge he explained this linkage.

Apparao said the objective of this study is to understand the livelihood of Chenchu and examine the relevance of the sustainable livelihood. The paper gave a detailed account of important occupations and livelihood options that the members have.

He discussed the sociocultural, ecological and environmental life of Chenchu, and rituals interwoven with nature.

The paper suggests that the developmental programs should be sensitive towards the relationship of the people with the forests.

Comments

- The paper does not suggest what steps should be taken to conserve the resources which are on the verge of extinction.
- Whether the community has a territory or a boundary concept and any customs associated with it.
- The native names were missing

Paper 3 - B. R Vijayendra

Indigenous Knowledge among The Jenu Kuruba of Karnataka

The paper discussed how the jenu kurubas depend on the forest for their livelihood and also have deep rooted sentiments with it. It also explained occupations like elephant catching, honey gathering, and also the food consumption patterns and beliefs associated with it. The community believes the loss of nature is equivalent to loss of culture. There is a need to preserve the indigenous knowledge because the natural resources in this area are dwindling.

There is a need to document their knowledge and maintain the tribal to identify themselves with nature.

Comments

The research lacks ethno taxonomy and cognitive terms.

Paper 4 - D.V. Prasad

The Cultural Response of Car Nicobarese to Tsunami Disaster

The focus of the study was on the cultural response, the institutional arrangement and the coping strategy of the islanders after the tsunami. The Car Nicobar island was severely affected due to its proximity to the epicenter and all the villages of the Nicobarese were washed away by the giant tidal waves. The major consequence was not only the loss of life and property but also the loss of cultural heritage including the loss of material culture, medicine men etc. according to him the community itself adapted ways of coping with the situation.

No specific comments were made.

Session 14 - Ethnography

Chairperson- Dr. Deepak Tyagi

Paper 1 - Utpal Baishya

Community Fishing and Reciprocity-A Living Tradition in Ancient Dimorua and Gova Kingdom of Assam during Magh Bihu

The paper talked about community fishing in Assam where the population is primarily tribal -the Karbis are predominant in Dimorua and the Tiwas in Gova. Community fishing is locally known as Jalikhara which is not only

associated with economic life but also reflects the great cultural heritage of the people of Dimorua. Here all the people go fishing by singing and performing rights and rituals. It also talked about reciprocity, which was the earliest form of economy and still goes on in the Gova kingdom. The market system is locally known as Jun Beel Mela and various tribal groups come with the commodities for exchange and this also includes various rights and rituals.

It further emphasizes that these cultural practices are facing threats due to globalization. Thus there is a great need to maintain these practices in their original forms, so that the socio cultural history of these region remain intact.

Discussion:

The ecological sphere of this area was questioned and what relationship they have with the region.

What are the characteristics of the ecological niche?

What species of fish are found now as compared to found earlier?

Paper 2- Somenath Bhattacharjee

Folk culture: Tradition and Transition

The paper discusses how the folk culture of ethnic minorities is facing serious challenge in the era of globalization and particularly among three tribes of north Bengal.

India being a multi-ethnic country with a diversified landscape, it has rich cultural variability and tribal population with their unique identity and rich cultural heritage. These are very much interrelated with their ecological habitat and their mode of occupation. Due to gradual influence of urban culture traditional culture is losing importance.

Discussion

- The differentiation among the tribals- religious or sectoral
- Several terminologies are used which should be made more clear.
- The paper highlighted a larger picture of concept of transition.

Paper 3 - Aniruddha Chakraborty

Can Squash Cultivation Make An Alternative Option of Jhum Cultivation: Experiences of Two Villages at Izwal District, Mizoram

This paper explores recent status of the squash cultivation programme and its socio economic impact between two villages. Jhum is an age old practices of the 1980's. The Government in 1984 devised new land policies to lessen Jhum and supplement with other activities like agriculture and allied activities, animal husbandry.

The report shows that Jhum is still practiced predominantly, however, on the other hand Squash cultivation was successful in the village of Siphir. But the situation was opposite in case of Muthi village.

The conclusion made was-cooperated farming must be initiated by the government and small land holders as well as Jhum cultivators should be given privilege to develop Squash.

Discussion

More focus should be laid on people's perception regarding Jhum cultivation.

Paper 4 - K.Parimurugan

The Change and Development Among The Kotas- An Indigenous Culture of South India

The paper explores lifestyle of the Kotas and their unique characteristics features. The tribal communities were firstly the Todas who were the original inhabitants. Later on they brought the Kotas from the Mysore. The Badagas are also migrants from Karnataka. The main economic activity is rearing of buffaloes. Food habits are related to milk but people are pure vegetarian. Introduction of modern cash crops like tea coffee and many other milk crops have been seen in recent years.

No specific comments were made.

Comment from the chairperson Dr. Deepak Tyagi

There should be quantitative data that must be analysed instead of giving such descriptions. In any ethnographic study our perspective should not override the perspective of people-what people say should be our main concern. Thus old tradition must be preserved by proper documentation.

Session 15 - Anthropometry and Nutritional Status

Chairperson- Prof R.K. Pathak - Senior Biological Anthropologist at Punjab University, Chandigarh

Paper 1 - Rupinder Bansal

Weight Changes during Pregnancy in Two Groups of Prospective Mothers

Rupinder Bansal belongs to the Department of Biology, Punjab University, Patiala. Two groups of mothers were followed longitudinally during their first, second and third trimesters of pregnancy. A total of 107 prospective mothers were enrolled during their first trimester of pregnancy, 55 belonging to the underprivileged group and 52 belonging to privileged group. The former group included the housewives while the later constituted of labour class and maid servants. The age range of the mothers was 20-30 years and only first and second parity mothers were included in the present study. Monthly weight gain along with other anthropometric measurements was monitored in all the mothers. Weight increased significantly from third month in both the groups.

She concluded that net weight gains were more in privileged groups 10.55 kg than in underprivileged groups 7.50 kg. The mothers from privileged group had a better stature than the other group. She also added that the lower weight of mothers result in lower birth weight of the baby. The results show that developed countries show 19% Low Birth Weight (LBW), India shows 28% LBW and the present study shows 15.89% LBW.

The major challenges are to prevent LBW and to have monthly monitoring. In ideal conditions a mother should show 1.5 kg weight gain per month and 4.5 to 5.00 kg weight increase per trimester.

Discussion:

- Along with weight gain other measurements should also be taken into consideration. Does mother's height affect baby's weight, i.e. that is if the mother's height is less the baby will have a LBW?
- Does a woman's height decrease during pregnancy?
- The speaker answered that there is no significant change in height during pregnancy only a little reduction in height is seen.

Paper 2 -Arbinda Basu

Morphometric Variations in Maharashtra and Gujrat

During the middle sixties of the 20th century Anthropological Survey of India undertook a large scale anthropometric survey to extend to the contemporary understanding of the anthropometric variations in terms of the of the socio-spatial factors. The design of the survey which extended over most of the northern Indian state (AIAS: NZ) envisaged to collect a representative sample from various ethnic groups from different social strata (like upper castes, middle castes, scheduled and other castes, tribes and religious communities) from each district of the tribe. Two states i.e. Maharashtra and Gujrat are taken into consideration. Generalized average morphometric features of both the states show comparable values except that Maharashtra groups show significantly higher ranges of head height and biogonial breadth. Regional pattern of variation among the major groups of Maharashtra indicate a general trend. In Gujrat the eastern hilly region samples are relatively distinct with higher values of cephalic index and larger nasal breadth. The ethnic and spatial pattern of inter-group differences besides pointing the possibility of inherent biological differences among the groups may also suggest a macroeconomic perspective to the whole picture.

Discussion:

Only males were considered in the age group of 18 to 70 and females were not taken into consideration due to cultural constraints.

The chairperson commented that he had studied the craniometric measurements in Maharashtra and Karnataka and had found many similarities.

Paper 3 - C.E. Subramanyam

Anthropometric Study among The Jenu Kurubas of Coorg District of Karnataka

A sample of 400 Jenu Kuruba was taken into consideration, which consisted of 200 males and 200 females in the age group of 20-50 years. The study reveals that both males and females have a short stature, low sitting height, have normal weight, both fall into medium dolicocephalic category, they have narrow bizygomatic breadth and have low morphological facial height.

Biacromial breadth shows that both the groups have medium shoulders. Nasal index shows that they are of the leptorhinae category. Both males and females show medium robusticity. During the discussion a suggestion was made that the practical approach is lacking, for example if the occupation of the group under study is honey collection is there any influence of the chest measurements on the respiratory capacity. Also a suggestion was made that the tribe should be compared with an upper caste.

Paper 4 - V. S. Kulkarni

Nutrition: Anthropometric Perspective

The data comprised of 2616 individuals from 426 households. They were collected from 67 PHCs from tribal population of Western Satpura region. Along with height and weight supporting information on individual health, geographic factors, diet patterns also formed the part of the data. It was assessed for finding out the extent of malnutrition using anthropometric indicators such as height for age, weight for age and weight for height. Gomez and Waterloo classification categories were used for assessing stunting and wasting. Hunger and malnutrition are found to be main problems in this area. During the discussion a point was mentioned that Body Mass Index (BMI) is a best indicator in case of adults and adolescents and weight for height is the best indicator to measure the value of nutrition. Further a point was raised that BMI scale is useful in case of well nourished children and hence the scale should be revised for using in India. The chairperson commented that wasting ratio is a very good indicator to measure the status of nutrition and the ratio of waist measurement to BMI is a very good indicator of obesity.

Paper 5 - Anwasha Mahapatra

The Nutritional Status of Thakar and Katkari Tribes of Raigarh District of Maharashtra

The total sample comprised of 86 males and 64 females of Thakars and 120 males and 80 females of Katkaris. Anthropometry and interview schedules were used as tools of data collection. Five different measurements were taken. BMI and the mean values of the indicators of growth measurements of children were compared with standard values of NIN. During the discussion a question was raised if the age record of the children under study was kept. The speaker answered that there was no formal school record of age but ration cards were taken into consideration. Next question was about the sampling method used during the study, the speaker answered that random sampling was used. The chairperson commented that Katkaris are migration population and hence their landholdings should be taken into consideration.

Paper 6 - K. Mallikharjuna Rao

Nutritional Status of Certain Primitive Tribal Groups in India

The present study aims at assessing the diet and nutritional status of primitive tribes inhabiting in different states, namely Saharia (Rajasthan), Maria Gonds (Maharashtra), Konda Reddis (Andhra Pradesh), Jenu Kuruba (Karnataka) and Lanjia Saroras (Orissa). The study revealed that these tribes are generally engaged in hunting and food gathering, shift cultivation, terrace cultivators and horticulture depending upon the environment in which they are living in . The average consumption of cereals and millets ranged from 324 gm among Lanjia Saoras to a high of 671 gm in Maria Gonds. In general tribal diets are better than rural diets. The study revealed that the nutritional status of tribal population seems to be influenced by their habitat and socio-economic conditions. Therefore there is a need to evolve comprehensive programmes for overall development of these tribal groups.

Discussion

There is a considerable time gap between the data collection in Rajasthan and other states- the speaker answered that there is no much difference in the data although there is a time gap.

A suggestion was given that the nutritional data should be combined with morbidity rates.

Paper 7 - V. Kaul

Tooth Emergence Studies in Indian Populations

The present paper attempts to highlight the limited number and variation in dental eruption studies in permanent teeth in India. Relevance of such studies is often highlighted in the estimation of age of individuals of unknown and doubtful date of birth, which is important not only to physical anthropologists, but clinicians, orthodontists, nutritionists and forensic scientists. The chairperson commented that studies on oral health should also be done.

Session 16 - Gender Perspectives

Chairperson: Prof. Shalina Mehta - Professor of Anthropology at the University of Punjab, Chandigarh

Paper 1: Ratna Dhar

Gender Representation and Space in a Folk Performing Community of Western Rajasthan.

The paper dealt with the representation of women in the folk community – the Mangniars of western Rajasthan. The Mangniar community since historical times have been offering musical services for their Rajput patrons at life cycle rituals. She stressed that traditionally both men and women had been participating in ritual ceremonies but post independence when the territory merged with the Indian Union, the Mangniars lost their patronage. She concluded that with the intervention of Government of India to promote traditional folk arts and crafts, the Mangniars have been performing at concerts, however in these performances, women are not included.

Paper 2 : Anindita Chatterjee

Telling tales in Gendered Spaces: Ritual Narratives in the Lokhi Pooja of Bengal

The paper was regarding the Lokhi Pooja which is a characteristic of Bengal. The Pooja is performed by women. Only women participate in the Pooja and men are not allowed. The narration of Lokhi Pooja is an integral part of the Pooja. The narration is about the glorification of the feminine form, tolerance, sacrifice and chastity. The central theme of the presentation was that in the ritual space, narration is done as per expected social conduct, it is done very mechanically. However, on personal interactive level, the researcher experienced that the narrator's dialogues is more spontaneous and not patriarchially guided.

Paper 3 : Udit Rathi

Community Participation in Curative Health Programmes: A Gender Perspective Study.

The presentation dealt with Community Participation in Curative Health programmes. The field site for the present study was Morena district in Madhya Pradesh. The area has a very rigid caste class social structure where the *purdah* system dominates. The area is poverty stricken and diseases like Malaria, T.B and Leprosy are rampant in the area. She stressed that there is lack of education and awareness of diseases and health care services that are made available through the Government set up in the community. She indicated that due to lack of awareness, community participation was minimal. Presence of Self Help Groups (SHG) in the area are not encouraging community participation, they have come together primarily for economic purposes providing some economic relief

Paper 4 : Aarti Kaulgekar

A feeling of fulfillment at Menopause: A study among Urban Menopausal Women, Pune, Maharashtra

The speaker initiated the presentation by stating that the anthropological perspective challenges the concept of menopause. Symptoms are more psychological than vasomotor problems. The study was done among the age group 35 – 60. Mean age of the sample was around 48. Sample included women who experienced menopause naturally and surgically. The presentation deals with perceived effect of menopause on femininity. She stated that women reported relief and freedom as menopause set in as they were out of ritual constraints and looked at it as a change in role and status. One group equated menopause femininity to behavior and psychological aspect and ability to perform feminine roles and not equate loss of reproduction function with loss of femininity.

A small group of sample said that their womanhood is affected. She concluded saying that the outlook in minds of respondents is culture based where in the West menopause is understood as loss of beauty and function: and ageing etc. while in India it is equated with relief and freedom, increase in status and role of the women.

Paper 5 : Papiya Mazumdar

Traditional Medicine in Contemporary India: Medical Pluralism by Urban Females.

The study was conducted in the city of Mumbai. The major aim of the study was to understand the pattern of preference of urban females in opting for either Allopathic – Conventional medicine or the Indian Medical System (ISM). She found that women were aware of the presence of traditional medical systems like Ayurved, Unani etc. however, there is prevalence of disease specific preference of treatment. They opt for ISM for chronic disorders, while they go in for Allopathy for other diseases. The notion that was prevalent was that ISM provides gradual relief thus percentage of people who opt for it is less. She proposed dynamics of using ISM – Reluctant users – who are introduced to ISM by relatives or friends when they are confronted with a particular illness that has understood to be cured by their relatives. Exposed users who know about ISM and use it, and chance users who use ISM by chance. She also observed that initially people use Allopathy and if it reoccurs they use ISM.

Session – 17- Development Research

Chairperson: Dr. P. K. Sivanandan

The chairperson was a retired IAS officer who had worked in the field of tribal development as a part of his duty as well as otherwise.

Paper 1 - Sankha Priya Guha

Field-based Social Science Research: An approach for Welfare and Development

The main aim of this paper was to create an awareness that the route to successful venture in *developmental* effort for all the policy makers, implementers, social activists and academicians lies in understanding the people for whom *development and welfare* is concerned. The entire paper focussed on the importance of fieldwork in the success of any development scheme. According to him, The success of fieldwork lies in the process by which recorded information gain in scientific interest and reaches a stage where they can be communicated at the more general levels of theoretical analysis. He spoke about the genesis of fieldwork and its evolution over the years. He spoke of two different schools of thought, one that takes the insider's view and the other that believes in building models.

The present day research trends and empirical applications talks of *Good-Governance* which includes characters like transparency through *Right of Information*; Values and Institutions for Honest and People Oriented administration; Moral-Legal-Rational Bureaucracy; Creating alternative Institutional arrangements like User-Group Self Initiatives etc. He concluded by saying that Development and Fieldwork therefore goes hand-in-hand. The growing importance of Civil Societies and activists lie in their successful venture into the field whether in everyday situation or in time of calamities. Any form of violation of the rule of fieldwork is bound to create conflict because it will lead to the process of development without

understanding the necessity of the society. So the key word for welfare and development of society is *Doing Fieldwork or Being There*.

Paper 2 – Rohit Mutatkar

Ethnicity and Poverty among Scheduled Tribes

He conducted a field study over six months in three tribal hamlets in Jawhar taluka, Thane district, Maharashtra. Three ethnic groups within ST category– Katkari (PTG), Ka-Thakur and Kokna –each inhabiting separate hamlets were studied. He examined evidence for ethnic group disparities and described the dimensions of these disparities. The quantitative data he collected was related to household characteristics indicating relative socio-economic status. The qualitative data he collected were the socio-economic relations and hierarchy between groups. This qualitative data would explain the processes underlying socio-economic outcomes indicated by quantitative data. The indicators of disparities were: livelihood, education and health dimensions. He related his study to three research issues – identified by Amartya Sen as being at the frontiers of social science research- Theory of societal change, Interface between economic, political and social factors in the process of development and Theory of cognition.

Thus, anthropology with holistic framework of analysis and field research tradition can play a leadership role in addressing these issues. A greater engagement of Anthropologists with development research can overcome huge policy research gaps in India.

Paper 3 - Nandita Kapadia-Kundu and A. Dyalchand

The *Pachod-Paisa* Scale: A Culturally Appropriate Scale for Measuring Beliefs, Norms and Attitudes

The Likert scale is the most popular scale used in any statistical analysis. It typically consists of a five point scale ranging from “strongly agree” to “strongly disagree”. It was developed in 1932. However it does not always work well in Indian settings as there is culturally no clear distinction between “strongly agree” and “agree” categories. There was hence a need for a much more culturally compatible scale. The Institute of Health Management, Pachod, developed the Pachod-Paisa Scale. The rationale for developing such a scale came from the fact that this form of categorization was suggested by a rural woman from Pachod, Maharashtra, India.

In Indian culture it is common to use “anna/paisa” analogy – for example:

This year the crop is 8 annas, Boil the potatoes 12 annas, The onions are dry; it will lead to a 10 paisa reduction in weight or A prospective groom is rated - 75 paisa

The Pachod –*anna/paisa* scale was used to measure attitude by asking respondents to rate attitude statements on a scale of 0-16 *annas*. High agreement meant a rating between 12 to 16 *annas* while low agreement ranged from 0-4 *annas*.

楓 Culturally appropriate

楓 Ratio level scale

楓 Continuous Variable

楓 Enables quantitative measurement of socio-cultural and attitudinal variables

楓 There is more variation in measurement

This paper was received very well with a great number of positive responses.

Paper 4 - Dr. S. Gregory

Traditional Medicine and Healthcare in the Context of the Patent Regime

Intellectual Property Rights (IPR) are rights to thoughts, ideas, and information regarding new inventions and processes. It enables an inventor to exclude imitators from the market for a specified time. It is perhaps in the field of health that most questions are asked on Intellectual Property and its role as a promoter of development, as health is a factor that is crucial to the survival and welfare of mankind.

He gave the following information based on the 1998 estimates:

- Out of four million patents, only 5 % (200,000) are from developing countries.
- Only 30000, a mere 15 per cent by the nationals the rest owned by foreign nationals and mainly by the MNCs
- Moreover, not even 5 % of foreign held patents used in productive system of developing countries
- In other words, 75 % of the world population, command just 20 % of world income and 30 % of world trade and hold just 1 % of world patent rights.

Based on these statistics, he questioned the intentions as well as the results of IPR in the following words:

- Does the IPR aim at creating global solidarity or producing profitability?
- What is the optimal sustainable way of benefit sharing?
- Does it lead to cultural alienation or bio-conservation?
- Does IPR encourage bio-pirating the traditional heritage, or uphold the validity of the traditional knowledge and customary rights?

In India, ethnomedical practices have been going on since time immemorial. They are varied and highly complex. They are an integral part of culture and are woven into the cultural pattern of that particular society. He gave the case of the '*Arogya Pachai*' of *Kanis* as an example of ethnomedical practices and patenting by the tribals themselves. This is a type of a plant that has great medicinal use and is a time-honoured secret of the *Kanis*. TBGRI developed a standardized herbal drug names *jeevani* based on this tribal knowledge. This was patented and the tribals received 50% profit as royalty. The funds procured were used to develop the "Kani Samudaya Kshema Trust" with the following objectives:

Welfare and development activities

Preparation of a biodiversity register

Methods to promote sustainable use and conservation of biological resources

Based on his study, he raised following issues based on the implementation of the IPR and the exploitation faced by the indigenous people:

IPR, whom does it actually benefit?

CBD: Would the initiatives thro' IPR help conservation of Biodiversity

Are the indigenous communities, the true conservers of biodiversity given recognition & encouragement

TBGRI: Best model of benefit sharing?

Forest Department: sympathetic towards the indigenous communities

Kanis: parting the traditional knowledge: How ethical? Participation? Benefits How Shared?

KIRTADS: Unfair deal? Should be Screened? Preservation of Tribal Medicine?

He concluded by suggesting the following humanistic precautionary steps to be taken:

- To respect local community knowledge and practices
- To take community consent before using such knowledge widely
- To share the resulting benefits with them on an equitable basis

Paper 5 - Greening Hills & Empowering Poor: A Study of Eco-Restoration Project in Attappady Tribal Area

The block of Attappady in Kerala is a land in danger of desertification. The project aims to achieve "Ecological restoration of degraded wasteland in Attappady and development of replicable models of participative eco-restoration, so as to prevent further degradation and promote sustainable method of livelihood for the local people (with special emphasis on tribal population) in harmony with resource base". The three main programmes undertaken were:

Developing waste lands to create watershed management.

To build houses based on family requirements keeping in mind the needs of everyone from household heads to women to children born and unborn.

Women's empowerment.

The women, with a little motivation, formed groups to fight against illicit liquor and ganja addiction. They also wrote a small declaration that the President Dr. A. P. J. Kalam raised to the "Attappady Declaration"-According to him, the way to development was the forest way, to lead a stringent lifestyle and let the tribals discover themselves through a forest life.

This presentation received several critical remarks as being impractical.

However, the session was concluded by Dr. Chakraborty when he said that each person has his own essence behind his own theory. Every theory has an essence that speaks of a similar end. It would be better if all the anthropologists combine their efforts though in different ways to achieve the higher goal – development.

Session 18 – Indigenous Health Systems

Chair Person: Dr. B. R. K. Shukla

Paper 1 - N. Srinivasu

Changes In Ethnomedical Practices And Illness Behaviour Among Gonds Of Adilabad District, Andhra Pradesh

The field work conducted in five villages in Narnoor mandal of Adilabad district of Andhra Pradesh during 2005. All the practitioners of ethnomedicine in these five villages were interviewed . Bhaktals and Babas are the ones to whom Gonds of the study village as well as others in the surrounding villages in a radius of about 10-15 kms. approach for treatment of a variety of illnesses.

A Bhaktal means a devotee. He is knowledgeable about various herbal and non-herbal medicines. However, he first uses religious methods to heal a person and only when he fails does he resort to any herb. Even when he uses a herb, he blesses it by uttering a few *mantras*. He believes that it is this *mantra* that gives the herb its medicinal and curative property. The Baba treats only psychological illnesses. These are believed to be caused by possession by evil forces. The use of a lot of *vibhuti* or holy ash was observed in the case of Baba and Bhaktal both.

On studying the reasons for loss of ethnomedical knowledge, he found following reasons:

- Mainly all the knowledge was committed to memory. So failure of memory is complete loss of knowledge.
- Gradual weakening of confidence in traditional knowledge and dismissal as superstition.
- Deforestation that led to extinction of many plant and animal species of medicinal use.

This study was very well received. It was an in depth study and a part of his M.A. dissertation. Dr. Aniruddha Chakraborty pointed out that this study could give rise to even more issues of research.

Valedictory session:

Dignitaries on the dias: Prof. B M Das (Chairperson), Prof. Danda and Prof. R. K. Mutatkar

The valedictory session commenced with insightful observations made by Prof Das. He was of the opinion that the two questions to which anthropologists must seek answers are how new ideas being incorporated in the discipline today will be useful in the long run and how anthropologists themselves can collaborate and establish an efficient network among themselves. These questions and their possible explanations can then give us an insight into the evolution and the vision of anthropology. He said that the aim of this congress was not merely to discuss and deliberate upon a wide range of topics but also to give shape and structure to a Pune Charter.

After this, Prof Mutatkar shared with the august gathering his “loud thinking” with regard to the Pune Charter. By taking into consideration the various discussions that had taken place in the course of the Congress Prof. Mutatkar formed an outline of the Charter which was his subject of focus during his discourse. He is of the opinion that anthropologists play a pivotal role in policy making and in the development work being taken up by government agencies or even NGO’s. Despite the vast amount of knowledge that anthropologists accumulate about working with people and understanding their needs and perceptions they are being “marginalized” today and their voices are not being heard by policy makers and administrators. Today economists are in the forefront when it comes to policy and strategy formulation which was not the case earlier. Therefore, to make their presence felt and their voices stronger anthropologists should utilize the opportunities given to them through congresses like INCAA and they should “capitalize”- for the lack of a better word- on the confederation. Prof Mutatkar said that not only a letter of intent but a structured charter should emerge from such congresses.

According to Prof B. M. Das INCAA’s declaration adopted at the 2nd Indian congress of anthropologists, 2007 should provide direction to INCAA and to the professional world of anthropologists through INCAA.

The various points covered by Prof Mutatkar through which the charter will emerge can be summarized as follows

Preamble:

Anthropology is a holistic science which is concerned with both cultural as well as biological aspects. It encompasses human origin, nature, evolution as well as creation.

Anthropology has the potential to be developed as a discipline by inculcating new perspectives and ideas for development, removal of poverty, resolving health related issues and peace.

Anthropologists can also work towards ensuring human rights.

Anthropology is based on micro and macro level interactions and the relationship between power and technology.

The Vision:

Anthropology is the most humanist of sciences and the most scientific of all humanities. Anthropology is a holistic and empirical science and anthropologists play the crucial role of a mediator between the people and the administration. Anthropologists must aim at unraveling culture and humanity to achieve communal harmony and world peace. At its foundation it has biology as its basis while the cultural aspects form the structure. An anthropologist understands the changing scenario in terms of new scientific trends, information technology and incorporates these new ideas to develop the discipline and increase its horizon.

Concrete action to be taken :

INCAA must develop programs to reach its vision and therefore concrete action is the key to the success of any future plans of development and expansion. All research and training programs should be under the umbrella of INCAA. Prof Mutatkar mentioned about two research programmes currently undertaken by MAAS. Other than this, issue based seminars, for example seminars on tribal policy, health policy etc. should be organized. The Confederation should ensure that anthropologists are up to date with new discoveries and technologies. One of the most important points covered was regarding manuals. In India, manuals written by western authors are generally used but this should not be the case. India specific manuals should be concentrated upon not only for the benefit of the anthropologists but also for workers in tribal and rural development, workers in health care and also non-professionals practicing anthropology.

Discussion :

Prof. B.M Das invited the delegates present for any suggestions that they had with regard to the above summarized outline for the Pune Charter. He said that these suggestions will be taken into consideration when the finalized Charter is formulated. The discussion which followed can be summarized as given below:

The first suggestion covered the prioritization of issues during policy intervention. It also said that there should be greater emphasis on the collaboration and networking of various institutions involved in research as well as individual, professional anthropologists. Academic networking should be strengthened so that new knowledge can be disseminated efficiently. The formation of a small team for constructing a theoretical and philosophical framework for development was also proposed. Also the need for a concrete definition of development was expressed. Other points covered included thorough revision of the UGC curriculum and intervention in indiscriminate excavations done at archeological sites. Another interesting point that can be mentioned with regard to the UGC curriculum is that the duration of field work should be increased to shape a positive attitude in the younger generation. It was also mentioned that one must define anthropology as a science of human kind and not of man as this is not accepted at an international level due to sensitization of the issue of gender bias. Thus we can conclude that the Pune Charter should be a synoptic view of the deliberations of the Congress and should act as a philosophical, social and theoretical guideline for future action.

Vote of thanks:

The valedictory session came to an end after the discussion and Prof. Mutatkar concluded with a vote of thanks. He thanked all the delegates and dignitaries for their participation and the organizing committee for their efforts. Prof. Das, Prof. Danda and Dr. Bansal also expressed their gratitude and appreciation. This brought the 2nd Indian Congress of Anthropologists to a close.

Poster Presentation

1. Stigma Level among Women Leprosy Patients in Chhattisgarh

D.C Kujur, B Kaushik and Raju MS

The Leprosy Mission, Champa, Janjgir Dist., Chhattisgarh

Gender is one of the important factors that influence the attitudes of community and women play far more significant role in implementation of any community based action.

The Leprosy Mission (TLM), as a part of its stigma reduction intervention research, carried out a baseline study on attitudes of leprosy afflicted persons from different socio-demographic backgrounds using specially designed checklist, in 3 states of India.

In this paper, levels of stigma against 80 female leprosy afflicted as per their perception, from Chhattisgarh state have been discussed.

This may broadly be inferred that at least 5% of the respondents face stigma in most of their interactions in the family, community and workplace.

2. Use of Plants in Ethnomedicine among the Monpas of Tawang District, Arunachal Pradesh

Daisy Baishya

Department of Anthropology, Gauhati University

The health problems need special attention in the context of the tribal of India because of the fact that most of them are socio-economically backward and live in isolated or remote areas where modern health facilities are not available. Besides among the people, the belief in the interference of supernatural agency is particularly strong in case of the main economic pursuits and in the context of the health.

The Monpas of Tawang district have a rich heritage of Ethnomedicine handed over from generation to generation. They are accustomed to take resort on Tibetan medicine when the situation arises. Till today is no consequence trend to depend on modern medicinal system among the Monpa. Locally available plants, animal parts and some other ingredients are used by them in Ethnomedicine. They believe that cancer can also be cured by their Ethnomedicine. Spell incantations, appeasement of deities, taboo, food and movement restrictions are integral part of the Monpa ethnomedicinal system led the investigator to record the use of medicinal plants in different diseases and ailments in Tawang district of Arunachal Pradesh.

3. Stigma Related Complications in Leprosy Clients / Patients: An Experience in an Urban Leprosy Project

Jayaram P and Arunabala

Leprosy is chronic infectious disease having attached stigma which remains in psyche of affected persons family and community even after complication of treatment. The diagnosis itself brings discrimination along with it. Self stigma has the most damaging effect on the individual causing break in treatment and contributing to further deterioration. Social stigma further adds to this, the affected person is isolated not only in the community but also in the family. This leads to a psychological state of depression, which leads to worsening of deformities causing limitation of normal activities. The objective of the Prevention of Disabilities and Prevention of Worsening Disabilities is to reduce the nerve damage and impairments among the leprosy affected persons and their socio economic integration.

The methods adopted in this project are focused mainly on patient, family and community and accordingly special campaigns were organized. Facilitating formation of *Health Forums in urban slums* encouraged leprosy affected for integrations and in reducing the discrimination.

The poster illustrates the five typical cases with complications caused by leprosy and its contribution to stigma. It further explains the process adopted by the project in reducing the stigma and complications.

4. Health Profile of the Working- Women in Urban Slum Areas of Kolkata

Madhumita Nath

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Introduction: For the 1.5 million people living in 4,500 slums of Kolkata Municipal Corporation, every day is a struggle to meet their basic needs. There is alarming correlation between deprivation and dimensions of difference such as gender, class and caste. Women are the most vulnerable, struggling for basic resources to feed their families, doing informal sector work and often employing themselves as domestic-helps.

Objectives: The paper highlights the crucial dual role of women in families as homemaker and bread-earner. It also aims to find out the socio-cultural dimensions of women's health.

Methods: The data reported here are gathered from a study by the author in 430 house-holds of Kolkata slums. A socio-economic study of sample households and health-related data on the women are collected through semi-structured interviews, open-ended questionnaires and case studies.

Results & Conclusion: Field data reveal that while 75 % of working- women with regular income of Rs.700-1000, stopped work during illness or pregnancies, women in further lower income households cannot afford to stop working despite their poor health. 3.9 % of these samples are pregnant women, who seem to be under compulsion to work when their husbands are unemployed. Regarding general diseases, complaint of hyperacidity (26%), anemia (47%) and the incidence of infectious diseases (37%) are high. The data on pregnant women reveal a range

of pregnancy-related and infectious illness. However, only 13.4 % have sought care. In this social environment, pregnancy is not believed to be a cause needing medical attention but a part of life. Poverty, ignorance, age-old beliefs, unavailability of health-care services along with gender inequities have accounted for the fact that women's health-needs have not received priority in household level or public policy. This study points out the importance of economic factors, issues of social status and traditions in the construction of women's health.

5. Epidemiological Profile of Attendees in Sexually Transmitted Diseases OPD in Sassoon General Hospital of B.J Medical College Pune

S.S. Javadekar, Pavankumar Kulkarni, Neetu Mehrotra, R.T. Bagale
B.J Medical College, Pune

Objectives: To study the socio demographical profile, STD status and risk behaviour pattern of attendees in std OPD of B.J Medical college Pune

Materials & Methods: A cross sectional observation study was carried out on 60 attendees in STD OPD of Sassoon General Hospital between 1st August to 1st October 2006. The variables studied were Age, Sex, Marital status, Level of Education, Occupation, Place of Residence, Pattern of risk behaviour in relation to STD. The results were drawn by statistical analysis of proportion.

RESULTS: Of the 60 attendees in STD opd, 50(83.3%) were males. Majority of attendees 47(78.3%) were Hindu. 5(50%) of female attendees were graduate & above. 40(66.6%) of attendees were married. 27(45%) of 60 attendees give history of sexual high risk behaviour.

6. Cultural Practices and its Effect on Reproductive Health - A Study among the Tiwas of Morigaon District, Assam

Sri Rijumoni Sarma

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Health is one of the principal asset of every human being. Health and disease are indispensably related to bio-cultural spectrum of a community in a particular environment. Cultural practices of any community has direct effect on the health of the mother as well as the child.

In this paper, an attempt has been made to observe the cultural practices of the Tiwas – a major tribe of Assam, and its effect on reproductive health. A total of 120 purposively selected women were studied. For the study interview method, case study method, observation methods were used. General health status of the women were studied by using anthropometric measurements.

The analysis of data shows that their food habit helps in supplying the requirement of the pregnant women. But their unhygienic living condition, poor sanitation and their cultural beliefs adversely effect on their reproductive health.

7. Attitude towards Family Planning Practices of the Tibetan Women in Northern India

Sanjukta Bera

Hiranandani Estate, Ghodbander Road, Thane (W)

India's explosive population growth, which increases the country's population by about 18 million people annually, is causing a considerable strain on resources and the environment. Birth control programs in India failed to gain as much acceptance as anticipated. The birth control schemes came to have a cultural taboo, possibly attributable to inadequate and vague propaganda on the part of program administrators as well as illiteracy. Despite socio-economic factors, the value system of individuals is strong determinant of attitudes, which also influence family planning behaviour. The article examines the attitude of the Tibetan women in India towards their adoption or non-adoption of family planning methods. A micro-level data from household survey were used to show a relationship between fertility level and family planning method among the Tibetans. It brings out various policy implications, which suggest that effort should be made on encouraging more effective motivation towards family planning practice.

8. Women in Stone Crushing: Aspects of their Fertility Behaviour

Subir Biswas and Debopama Bagchi

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Background: Fertility is a biological phenomenon, though some social-cultural factors directly or indirectly affects fertility of the population. The correlation between working status of women and fertility has studied by different scholars, and found that fertility of working women is lower than their non-working counterpart.

Objectives: The present work is an attempt to explore the fertility behaviour of stone crushing women and the relationship of different variables with fertility status of the reference population.

Methods: 100 families of stone crushing women from Balason colony of Darjeeling district were chosen by random sampling. Primary data were collected by using household survey, interviews and observations. Primary data were collected by using household survey, interviews and observations. Fertility rates and ratios were calculated after standard techniques, and analyze both qualitatively as well as quantitatively.

Results and Discussion: The fertility rates of the population (TFR 4.19, CBR 38.13, GFR 130.43) are higher compared to district, state or nation. This may be because of desire for more children of either sex, as both were engaged in stone crushing and other economic activities, as well as low literacy level of mothers unlike their educated counterpart of earlier studies.

9. Contraceptive Choice and Unintended Pregnancies among the Traditional Method of Contraceptive Users of West Bengal

Sumoni Mukherjee and Sulabha Parasuraman

The willingness to adopt modern birth control is shaped by local culture, social influences, and particularly the availability of contraceptive information. Even when couples are aware of modern methods, their assessments about health implications, convenience of use and contraceptive effectiveness are often determined by friends' and neighbors' experiences. The influence of friends' experience on the decision-making cuts across people of diverse background. The choice of effective contraceptive method reduces fertility and releases users from the tension of unwanted pregnancies and subsequent pregnancy terminations. But the choice of lesser effective methods leads to unwanted pregnancies, terminations and resultant health problems. It is assumed that a vast majority of induced abortions are of unwanted pregnancies. The paper uses data collected for the study "An Exploration of The Use of Traditional Method of Family Planning in West Bengal: A Micro Study in Howrah". The state has recorded very high proportion of traditional method of contraceptive users. The current study tries to understand the linkage between the use of traditional method and lower fertility level in the state goes through termination of pregnancy or otherwise. The data pertains to 100 currently married women aged between 20 and 39 who ever used traditional methods of contraception. Appropriate bivariate techniques had used for the analysis of the data. From a primary analysis it is observed that among the current contraceptive users 82 percent were using only traditional methods and 29 percent couples were using withdrawal method followed by rhythm method (17 percent). It has been observed that among the 57 episodes of method failure 37 were at the time of using traditional method and 19 of them were ended in induced abortion. It has also observed that these women were not using modern methods of contraceptive because of fear of side effects and also because of fear of health problem.

10. Ethno-medical Practices among the Adikarnataka of Mysore District, Karnataka

Veena.R

Department of Studies in Anthropology, University of Mysore, Karnataka

The present paper aims to study the health and common diseases and background of using 'ethno-medicine'. The study was carried among the Adikarnataka of Mysore district. To find out causes of the extensive use ethno-medicines even in this modern scientific medicinal era. The data for this study were collected at random from 100 individuals. Secondary data also collected for the study. Analysis of data reveals that a large number of villagers depend upon ethno-medicine, which not only included plant medicine but also for talisman, other methods like Tabis, offering to deities and God sacrifice etc. There are different factors behind the background of using 'ethno-medicine' such as knowledge of plant medicine and its effectiveness and poor economic condition, of the people are working as 'catalyst' for such practices.

11. Eye CAMPS: An Action Approach to Cataract Blindness

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India has a great tradition of voluntary service and in spite of rapid changes the urge to serve fellow men is still strong and wide spread. Giving cash assistance to the needy imparting knowledge, providing food and shelter to pilgrims, care of the sick and the destitute were considered to be righteous acts. The term 'volunteer' is normally used to denote some one who offers unpaid service to a good cause. Man is a social animal. His gregariousness is know by the fact that he always lives in groups such as family, joint family, lineage, clan tribe, community etc. This is the natural corollary of social inter dependence. Mutual aid and self-help are instruments through which a man fulfils his basic needs but can also use them for meeting of solving source of his problems. This is more important at the time of disaster and natural calamities like floods, famine, fire epidemics etc. People's action is, therefore spontaneous in nature and they came together around a common interest, common need or common problem.

The eye health situation in the selected non-tribal villages and tribal settlements imperatively called for three types of action strategies;

1. To develop need based programme to create awareness about the eye health problems, the underlying causes, the available eye care services, role of community leadership etc. on the one hand and remove misconceptions and doubts about cataract blindness, to promote the right types of attitudes on the other;
2. To create a group of trained functionaries and volunteers who could undertake education as well as arrange or provide eye care services and
3. To involve the health functionaries in training and provision of services at the community level. Efforts were also made to involve the NGOs through a networking arrangement.

The main interventions of action programme included, Identification and enlistment of all the cataract blind individuals for screening and operation;

Identification of all the individuals through a check list of signs and symptoms of cataract blindness for intensive follow up;

1. Organizing community education the cataract blind patients individually to undergo cataract removal surgery with the involvement of local leaders and local associations; and
2. Organizing eye camps through the health functionaries of refusal services through Swamy Vivekananda Youth Movement Hospital, Saragoor, H.D. Kote taluk, Mysore.

The focus of the intervention strategies was on providing information on complete eye care services to all the cataract blind individuals and cataract operated patients follow up of post-operative complications. It included health aspects like the factors responsible for eye health problems; the importance of regular eye examination; prevention and treatment of cataract blindness and other causes of blindness.

12. Impact of Education and Social Net Working of Mothers on Child Immunization: An Exploration of NFHS data

Debasish Mazumder & Sumoni Mukherjee

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Educational level increases the proper knowledge while social networking reflects the superiority of the society. This study tries to measure the impact of education and social net working of mothers on the child immunization in particular two states Bihar and Tamil Nadu in India, in the time period of NFHS-II (1998-99). The social net working of mother had been measured by net working with health care provider and net working with neighbors. A composite index 'index of women's interaction with health care provider' had been prepared after taking into consideration that women received prenatal care, visited by family planning worker, discuss with family planning worker, received immunization received ANC received delivery support, treatment for sick child. After getting the total score it had distributed into three category Low communication, moderate communication and high communication. Logistic regression has been used for analyzing From the preliminary analysis it has been revealed that the education of mother has a significant impact on child immunization. For both Bihar and Tamil Nadu illiterate women's are fully vaccinating their child compared to their counter parts. It had observed that the women who are collecting drinking water from public source are likely to vaccinate their child more than the women who are gathering water in side of their house only. The impact of contacting with health care provider is larger for both the states, as the communication with health care provider increased the percentage children received full immunization also increased. The models showed that education of mother and the source of water are describing 41.1 percent and 40.8 percent than the index of communication with health care provider and all other variables getting together. Briefly we can say from this primary analysis that with education social net working of mother is also an important variable that enhances the child immunization.

13. Ancestral Care among the Hos of Orissa: An Observation

Ganesh Chandra Mallick

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The 'child survival with safe motherhood' is one of the emerging issues of today's world. In the issue of maternal and reproductive health, the developed countries show a relatively better picture than India and other developing and underdeveloped countries. Though the government of India launched several programmes for the improvement of maternal and child health but like other tribal communities of today's world the Hos of Orissa remain far distant from this, due to their indigenous ideology. To assessment this scenario among them total 128 mothers and their 253 children were included in the present study. The study finds, in this society most of the mothers (~ 39% of total births) have not facilitate any type of ancestral care at antenatal stage, in case of ~18% of total births the

mothers were not assisted by any birth attendants at the time of delivery, in case of ~15% of total births the mothers were facilitate to post partum check-up.

The present paper is an attempt to highlights the healthcare practices of the mothers and infants at the antenatal, natal, postnatal stages among the Hos of Kusumi block of district Mayurbhanj, Orissa.

14. Self Support of HIV/AIDS Victims: The Case of TNP+

Kusum Bharati

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Two decades have gone by and humanity is struggling to find ways to face challenges posed by a virus called HIV/AIDS. The HIV/AIDS pandemic is now in its third decade and has progressively exhibited its impact both on scientific world and also emerged as a social problem.

It is always a psychological and sociological shock for the patient to learn that he/she is infected by the HIV/AIDS virus. The presence of the virus is going to radically change the patients' life in all spheres, contributing to social isolation and psychological strains. Thus, in such scenario HIV/infected people need of assistance, emotional and physical support from health care professionals, social activities, their family members and friends.

In this context there are number of government and non-government organization coming forward for the up liftment of these infected people.

Andhra Pradesh is considered as one of India's high prevalence HIV/AIDS state and has responded to the disease with a wide-ranging programmes consisting of information and education, targeted intervention, testing HIV infection/treatment and many others.

In Andhra Pradesh Telugu Network People Positive (TNP +) is one such organization who is playing a major role providing various support and care to the HIV + people with collaboration with the APSACS, CDS, FHI and others providing assistance and required care and emotional help.

The TNP + established with just thirty members from six district of Andhra Pradesh in 2003 and has grown and gained strength. But the Network now has 18,640 members and more than 36,000 beneficiaries in 18 districts of the Andhra Pradesh.

The present paper is based on the pilot study of TNP+ and six HIV+ women in Ranga Reddy district of Andhra Pradesh, supported by TNP+. The study reflects women's perception about the disease, coping behavior and the role of the network in their day-to-day life activities.

It has been found that this network is playing very important role in leading them to live an acceptable or compromised life with the acquired disease. On the part of TNP+, the network provides them a dais where they discuss their problems and issues about their status and social life. It also provides mechanisms such as coping up strategies, different programmes and awareness, economic and psychological support.

15.Indigenous Health Practices among the Kodavas of Karnataka

Meera S.M. and C.E. Subramanya

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The Kodavas are major upper caste population of Coorg district. The ancestral place called "Ainmane", the original house of the Kodavas. They speak the kodava language. Kodava family called "Okka" is a patrilineal joint family. Indigenous medicine practice involves a complex combination of activities, order of knowledge, beliefs and customs to generate the desired effects for the diagnosis, prevention or elimination of imbalances in physical, psychological or social well-being. Indigenous health practice is based on the indigenous knowledge of a given people, a given community and their experiences in the context of the local culture and environment it is dynamic and changes with time depending on the prevailing situation. This study reveals the indigenous health practices and beliefs and practices related to traditional medicine. The study also emphasis on how the Kodavas have still maintained health traditions.

16.A Study of Perceptions to Leprosy in Uttar Pradesh, India

Panday M.K, Gupta PK and Raju MS

The Leprosy Mission, Faizabad, Dist. Faizabad, U.P.

As part of a stigma reduction intervention research, a baseline study on community attitudes were carried out in 3 states of India. In this paper the responses from Faizabad district, Uttar Pradesh are reported.

793 persons of all age groups and sexes with varying educational and occupational backgrounds were interviewed using specially designed checklist.

The results show that more than 50% of the community members agreed for physical contact with leprosy patients such as playing with children, employment in the farm, staying inside the house etc, where less than 50% agreed for employing in domestic work, making friendship with adult leprosy patients etc. Only less than 20% agreed for purchase of food from leprosy patients.

It is however, concluded that in spite of lot of inputs through leprosy control programmes, stigma against leprosy exists to a serious extent.

17.Traditional Medicines and Indigenous Knowledge

Sebastian Ousepparampil

Catholic Health Association of India, Secunderabad

The poster presentation will capture the various aspects related to Traditional Medicines ranging from historical background, current status to specific information related to some of the herbs that can be used as herbal medicines. The presentation will also provide statistical data on the current trends in use age of herbal medicines. Further, the presentation will provide detailed information on the medicinal values of some the herbs; their identification, preparation of medicines and applications/uses. The poster presentation will also display some of the very useful and highly accepted material such as herbal calendars, books and training curriculum.

18. Traditional Medical Belief and Practices among Rural Bengalees and Meiteis of Cachar district, Assam

Sujata Kar, Arupendra Mozumdar and

Subrata K. Roy

Indian Statistical Institute, Kolkata

Introduction: In India, especially, in the rural region, several types of medical system are prevalent e.g. western medical systems like Allopathic, Homeopathic as well as typical Indian traditional medical system like Ayurvedic and shamanism (who performs magical rites). Health seeking behaviour of any community depends on the economic status as well as on their worldview, which is partially controlled by education. Data of the present paper have been collected as a part of a bigger bio-medical project, obtained from 109 Bengalee (38 males & 71 females) and 113 Meitei (33 males & 80 females) of Bantarapur area of Silchar sub-division of Cachar District, Assam. The data on health belief and practices have been collected through pre-tested questionnaires.

Objectives: *The objective of the present study is to investigate the following:*

1. What is the belief of communities towards traditional medical system?
2. What are the ailments or diseases for which people of the communities seek help from traditional medicine man? and
3. What are the treatment as well as medicine given to the patients by traditional medicine man?

Results: More than 80% people of two communities know very well about the existence of traditional medicine man in the community. However, very small number of the individuals seeks help from them. Generally females of both the communities seek help from traditional medicine man for their toddlers and the medicines provided by the medicine man, are nothing but enchanted water, salt and performing some magical rites.

Conclusion: Presently, the occupation of traditional medicine man is at stake because it may not be possible to explain and investigate the scientific background of all magical rites and the younger generation of both the communities have to some extent lost their faith on the traditional medical system.

19. Declining Sex-Ratio in India

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In India a strong preference for sons lead to female infanticide at the hands of midwives. Today amniocenteses allow identification of sex in utero leading to female foeticide.

According to 2001 census India has one of the most unbalanced gender ratios in the world. It was 934 for 1000 males in 1981, 927 in 1991, and 933 in 2001. A survey published by lancet magazine said that the total no. of missing baby girls over 20 yrs. was a shocking 10 million. The child sex ratio dropped from 962 in 1981 to 945 in 1991 to 927 in 2001. It is worst in better off states of Punjab (789), Haryana (809), Gujarat (827), Chandigarh (844), Himachal Pradesh (858), Delhi (866) and Maharashtra (913). In contrast it is better in comparatively poorer states of Arunachal Pradesh (981), Manipur (980), Meghalaya (964), Mizoram (961), Andhra Pradesh (958). Kerala (1,058) has the best sex ratio. For every religious group, child sex ratio is worse than the sex ratio of the entire community. It is for Christians (964), Muslims (950), Buddhists (942), Hindus (925), Jains (840), and a shocking (786) for Sikhs and Others (976).

The reasons for this are cultural, religious and economic in nature. Sons are considered as budhape ki lathi, inheritors of property, to perform last rites of parents. Girls are considered as paraya dhan, economic burden with no returns. It is the result of rising dowry system, illiteracy among women, control of men over women's fertility, deliberate neglect of the girl.

A ban on divulging the sex of the foetus has been in place since 1994, but it is unenforceable. Laws alone cannot change this dangerous trend. Turning the girl child into an economic asset, ending gender discrimination, and female empowerment in all fields. Religious and social organizations must mobilize their energy against this inhuman practice.

20. Education and Development: A Study of Women in Iran

Marzieh Gorji Poshti

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The basic right for women has been identified as achieve to education. As education authorizes women, preparation them with increased independence in every realm of their life.

A glance at the social history of Iranian women shows that education among women up to the beginning of 1920's was confined to certain strata, private tutoring or in small groups. After the Islamic Revolution in 1979, the need for education among people, particularly women, prompted to government ministers and a governmental organization to officially shoulder the affairs of education in the country.

Statistical surveys in the education sector of the country indicate that the attention aid to educating women has considerably increased compared with the past, so

much so that approximately half of the high school graduates in recent years are women. Statistics also show that women managers in education outnumber women employed in other sectors. In three main educational sectors of the country, the Ministry of Education, Literacy Campaign, and the Ministry of cultural and Higher Education, women respectively have the greatest share. The total of 92% of employment of women in 1985 and 1986 under the state employment law has been allotted to the Ministry of Education. This phenomenon shows how interested women are in educating and its management and how productive they are as well. In 1990 educational year 23% and in 2003 53% of the students in the university were female.

Today women in Iran are very active and compassionate towards their families and country. If they get a little more facilities, they will show that they are capable of producing the best products. Education not only makes them empower and authorize, it also allows them to participate fully in society, communicate with men in social, political and educational jobs, attend different meetings and obtain high-level jobs.

21. The Gender Issue: The Nexus between Development and Empowerment

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It is widely noticed that women in tribal societies are relatively better placed than their counter parts in non-tribal societies. While this is true to certain extent, it does not always imply that tribal women are better off. There are many areas in which they are excluded. Therefore, there is a need to empower tribal women. This was widely felt in academic, government and NGO circles. As a result, there are number of development initiatives undertaken to improve the condition of tribal women. However, all these developmental and other initiatives have not always been successful in fulfilling their objectives. In addition to that, they have also not uniformly affected their lives.

In light of the above, the present paper looks at the issues dealing with empowerment of women and the various initiatives taken up by the development agencies in this regard in a Chenchu village in Kurnool district. This paper is based on a data collected during December 2006 in Bairlutu Gudem of Atmakur Mandal in Kurnool district of Andhra Pradesh.

This paper looks into the issues relating to: gender inequalities among the Chenchus; various development programmes that have a bearing on women empowerment; and the impact of the development initiative on reducing gender inequalities.

22. Developmental Footprints: From Presence to Absence

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Development and physical exposure to hazards have been from times immemorial playing havoc with the lives of communities. The worst affected are those who are already victims of social and economic oppression. For vulnerable communities, displacement is a term wherein there is no proper opportunity to recoup. There are no poverty of ideas in India, but poverty of implementation strategies. Past should act as a guide to the future. India stands as a disaster prone zone both human as well as natural. Hence, there is every need to have a clear-cut road map towards making communities resilient to disasters. On par with this paradigm shift in development wherein smaller initiatives are outcast by bigger structural developments, it is leading to greater displacement of people. The shifting of the communities does raise revolts, as it is the very threat to their existence and ancestral culture. The lop sided development and ivory tower policies have little stressed on the replacement of the displaced populations who are displaced because of development and natural hazards. It does raise questions whether development is for the people or by the people. It is a social justice issue. As an Anthropologist my paper would focus on how displaced communities are caught up in the tentacles of politics of rehabilitation thereby leaving their cultures and livelihoods high and dry.

23. The Balochis Identity In Iran

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The Baloch live in three countries — Iran, Afghanistan, and Pakistan. There are different opinions on the origin of Baloch, but mostly it is agreed that they are of Aryan origin and true Iranians.

The Baloch have gone under the influence of the cultures of the Persians in Iran, the Sindhis and Punjabis in Pakistan, and the Afghans in Afghanistan, yet, they have retained their core values. The similarities in Baloch community in these states are obvious.

The geographical set up and the social structure of Balochistan was the dominant factor in the creation of tribal form of rule and government. The different parts of Balochistan were ruled by different rulers and tribal chiefs. In some parts there is more advance structure of government compare to others.

Balochistan is a male-dominated land, where marriage is mostly arranged by family itself.

In the past, only the male offspring of the upper class people would receive formal education, but today with the help of technology and communication, the Balochi girls have a share of participation in the various educational institutions in Iran.

The Balochi music is influenced by Indian melodies, because of being close to India, and though the Balochi tribesmen are strictly religious, but the musician are treated as confidantes and intimates and are permitted to play both in private and public. Dances are always collective and associate with groups.

The Baloch are Muslims of Sunni sect, but there is also Shiite Balochi whose number is very few in Iran.

24. The Changing Mundas: In the Process of Development or Struggling for Tribal Culture and Identity

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The changes that have taken place during the last fifty years, especially after independence, due to constitutional privileges and safeguards, education, modern means of communications, industrialization, urbanization, modernization, and proselytization to Christianity are big challenges to the culture and identity of the tribal people of Jharkhand in general and the Mundas in particular. Now a days most of the traditional festivals, beliefs, several customary laws are vanished or at the stake of vanishing. There is also a great change in their social organization and political organization. The present Munda leaders and the politicians are trying to revive these organizations into their original forms. It may be that these reformations are only for taking political advantages. The concept of communal property of the Mundas is also changed because of constitutional privileges and safeguards, education, and modern means of communications.

The present situation of the Mundas in Jharkhand is not very bad. They have considerably good representation in the state level and national politics. The educational level of young Munda generation is also good. They are one of the highly exposed tribal people of India. They are widely traveled people; we can find a considerable number of Mundas from Andaman and Nicobar to Bangladesh. If we made a hierarchy of most progressive tribes of India than the Munda will be in a good position. Now, what is this? Whether these changing Mundas are in the process of development or their tribal identity is at stake and their culture is at the verge of extinction? The paper examines the above in the findings of empirical data.

25. Permanent Tooth Emergence in Relation to Nutritional Status among Rajput Children of Dharampur Area, Solan District, Himachal Pradesh

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The emergence of the first 28 permanent teeth in relation to nutritional status in a cross-sectional sample of 509 (267 boys and 142 girls) 5 to 14 years old school-going Rajput children from Solan district of Himachal Pradesh state of India has been investigated. The sample was drawn from various schools located in and around Dharampur town which is located in the southern part of Himachal Pradesh where the altitude is moderate. The nutritional status of the subjects was assessed using stature and weight expressed as S.D scores of weight-for-age, stature-for-age and weight-for-stature of the NCHS reference standards. The cut-off point for malnourished children was taken as -2 SD scores below the reference median, as recommended by World Health Organisation (WHO, 1983). Mandibular teeth tended to emerge earlier than the maxillary teeth in both sexes and except

premolars; the emergence was earlier in girls. The sequence of emergence in the first phase was the same (M_1 M^1 , I_1 I^1 , I_2 I^2) for both the sexes. In the second phase of emergence, the maxillary canines emerged after the premolars in boys and after the first premolars but prior to the second premolars in girls. Malnourished children of both sexes (those with S.D. scores of $-2S.D.$ or less) had less number of erupted teeth as compared to normal children (with S.D. scores of $-1S.D.$ and over) according to weight-for-age as well as stature-for-age; the differences were less in older age groups, that is above 11 years. When the number of emerged teeth was analyzed according to weight-for-stature there was no clear difference in the number of emerged teeth between malnourished (wasted) and normal children. The results of the present study suggest that past long-term and chronic under nutrition may result in delayed emergence of permanent teeth in younger age groups (11 years or under).

26. Epidemiological study of Dental Fluorosis in selected villages of Tumkur district, Karnataka

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Epidemiological study of Dental Fluorosis in selected endemic villages of Tumkur district was studied during 2005-2006. The purposive sample size was 461. Life style of Dental fluorosis subject involved hard manual labours and poor economic condition. The villages had maximum temperature of $38^{\circ}C \pm 1^{\circ}C$ with dry climate. Fluoride in drinking water of fluorotic villages was as high as 1.6 mg /lit to 3.5 mg/lit. Prevalence of Fluorosis was categorized according to the habit of consuming fluoride rich food adjuncts and use of denitrifies by the subject. Of those 461 Dental Fluorosis subjects 53.70 % were male and 46.30% were female, 71.60% had habit of tea consumption, 60.70 % tobacco chewing, 67.70% arecanut chewing, 51.40% were using tooth paste to clean their teeth and majority of Dental Fluorosis subjects 54.90% were having all three habit of tea, tobacco and areca nut chewing.

27. A Study on Finger Dermatoglyphic Variation of the Scheduled Tribe Medas, In Coorg District Of Karnataka, India

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The present study reports on bilateral fingerprints among 200 unrelated individuals. (100 males and 100 females) of the Medas – a scheduled tribe population of Coorg district in Karnataka. The data were collected and analysed following the methods suggested by Cummins and Midlo (1961). Both qualitative and quantitative characters were included in the analysis. On the basis of finger pattern types, it was known that the loops were common followed by whorls and arches in both sexes without any sex difference. Female series showed significant bilateral differences among the Meda population. The symmetry pattern including whorls, loops and arches was relatively higher than the asymmetry pattern in either sex. The right hand was more monomorphic than the left among the male as

well as female series. Pattern intensity index, Dankmeijer's index and Poll's index values were somewhat higher in females than in males. But Furuhata's index value was more in males than their counter part females. The total finger ridge count and absolute finger ridge count values were more in the males than females.

28. Weight Changes during Pregnancy in Two Groups of Prospective Mothers

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Two groups of mothers were followed longitudinally during their first, second and third trimesters of pregnancy. A total of 107 prospective mothers were enrolled during their first trimester of pregnancy, 55 belonging to the privileged group and 52 belonging to the underprivileged group. The former group included the housewives while the latter group was constituted by the labour class and the maid servants. The age range of the mothers was 20-30 years and only first and second parity mothers were included in the present study. Monthly weight gain along with other anthropometric measurements was monitored in all the mothers. Weight increased significantly from third month onwards in both the groups ($t = 14.35$ for the privileged and $t = 8.14$ for the underprivileged group). Net gain in weight for the privileged mothers was 10.55 ± 1.10 kg and 7.50 ± 1.40 kg for the underprivileged mothers. Maximum weight gain was observed from fifth to sixth month in both the groups. Third trimester gains were more than second trimester gains. Intergroup differences were also statistically significant.

29. Body Size and Menarcheal Status of Adolescent Girls of Nahan, Himachal Pradesh

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The adolescent growth spurt is a constant phenomenon in all children, and the knowledge of how far a child has progressed through adolescence is often required in anthropological, clinical and educational work. Menarche occurs almost invariably at the time of maximum deceleration of height spurt (Harrison *et al.*, 1977). With this background the present study is conducted on a cross-sectional sample of 286 school going girls aged 11-16 years of Nahan area in Sirmaur district of Himachal Pradesh. The average of Height, Weight and Menarcheal age are presented. The results reveal that the girls, in whom menarche had occurred, were heavier and taller than the girls in whom the menarche had not occurred. The relationship of height and menarche is also investigated.

30. Ethnobiology of the Gujar: An Ethnoscience Approach to the Local Knowledge System

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Ethnobiology is a scientific study of the dynamic relationships between human and nature through linguistic documentation of local names for plants and animals to interpret the cognitive association of a particular community with its immediate

ecology. Different groups of people in various parts of the world perceive and interact with nature differently, and have different traditions of ecological knowledge. Their perceptions of local ecological knowledge (LEK) are in part shaped by their values, worldviews, individual status and traditional ethics - religion in the broader sense. Ethnobiology plays a significant role in order to understand the variability, transmission and transformation of local knowledge system that would enhance our intellectual merit and broadened its application. In this article I argues for the central and integrating role of the subject matter of ethnobiological research in the context of human development. Despite, an attempt has been made to move further to unravel the tradition and transformation of a community incorporating the ethnoscientific approach. Ethnoscience can be defined, as the scientific orientation of an ethnic group's own point of view regarding different facts of life. Here the meaning of ethnoscience applied in restricted sense to comprehend the logic, arguments, reasoning of the biological world through folk classification. To discuss these issues, I explored the perception and principles of classification of the Gujar community concerning their local ecological resource base that has been analyzed subsequently by standardized methodology. Finally this article describes the ways in which ethnobiology may be used to support alternative development advocating the use of local knowledge and promoting meaningful participation of the locale for securing better match to cultural tradition.

31. Eco-Tourism in National Parks in Nilgiri Biosphere

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Nilgiri Biosphere Reserve (NBR) was first biosphere in India constituted on 1st September 1986 under UNESCO's man and Biosphere Reserve Programme. The NBR covers an area of 5520.40 sq.km encompasses the three States of Karnataka, Tamil Nadu and Kerala. The Nilgiri Biosphere Reserve was established mainly to fulfill the objectives like

1. To conserve insitu generic diversity of species
2. To restore degraded ecosystem to other natural conditions
3. To provide baseline data for ecological and environmental research and education
4. To function as a alternate model for sustainable development.

Eco-tourism is defined as, that form of tourism that involves traveling to relatively undisturbed natural areas with the specific objectives of studying admiring and enjoying nature and its wild plants and animals as well as any existing cultural aspects, distinguished from mass tourism or general resort tourism by having a lower impact on the environment and by requiring less infrastructure development. The key elements of eco-tourism thus include

1. A natural environment as its prime attraction
2. An optimum number of environment friendly visitors
3. Activities which do not have any serious impact on the ecosystem and
4. Positive involvement of the local communities.

In this paper I am trying to focus on the Eco-tourism in Nagarahole National Park in Nilgiri Biosphere Reserve.

32. Cultural Diversity and Prospects of Cultural Tourism Development in Assam

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The world travel organisation (WTO) has recognised culture as one of the strongest motives of all travellers-60 percent of world travelers principally motivated by culture. Several market surveys of Indian tourism for last two decades show that 70% of the visitors to India attracted for its ancient culture, tradition, historical monuments and heritages. Recently most of the visitors are equally interested to the rural life and ethnic diversity. And all these are termed as 'cultural tourism'.

North-East India is referred as an Anthropological Museum for its varied ethnic composition and culture. The history of people, rich heritages, culture, tradition, historical monuments, various ethnic groups-their culture, festival, performing arts, handicrafts all are unique and each of these components are for development of cultural tourism sector in the region.

In this paper an attempt has been made to highlight the ethnic groups of Brahmaputra valley and their cultural components, which are consumer able to the tourists.

33. Sacred Complexes as Tourism Centres in Basin Area in Karnataka

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There are a large number of places of pilgrimage in Hindu region. Temples, rivers, mountains, trees, seas etc have formed the sacred complexes of Hinduism. They are distributed in different ecological regions and attract a large number of pilgrims. Hindus following different occupations and residing in cities, towns and villages visit these places for different reasons. Some pilgrims are very particular about performing certain rituals whereas others are interested in seeing the places. It is not proper to classify the visitors to such places as devotees and tourists. But, tourists have their own agenda of activities.

An important aspect of Hindu pilgrimage is that it has crossed the linguistic or cultural barriers. It has brought unity in India's diverse cultural traditions and heritage.

Basin areas of rivers such as Ganga, Brahmaputra, Narmada, Godavari, Yamuna, Saraswati (now extinct) etc. have a large number of sacred complexes. In this paper, an attempt is made to describe the importance of the sacred complexes as tourism centers along the basin area of Kaveri river in Karnataka. A large number of diverse cultural activities take place in Talakaveri Bhagamandala, Balamuri, Ramanathapura, Srirangapatna, Nanjanagoodu and Trirumakoodalu Narsipura. These places are also known for historical reasons as the capital of some rulers of Karnataka. Some places are famous for classical music, cattle fair, folk art, craft

and dance, and dress and ornaments. The artifacts and other cultural traditions of the sacred places are described in this paper with photographs and diagrams.

34. Indigenous Knowledge Systems of Kurubas of Mysore District

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The term traditional knowledge, possessed by indigenous people, in one or more societies and in one or more forms, including but not limited to art, dance and music, medicines and folk remedies, folk cultures, biodiversity, knowledge and protection of plant varieties, handicrafts, designs, literature.

Klaus Seeland has defined it by saying that “Indigenous (knowledge) means that something is originating locally and performed by a community or society in this specific place. It emerge as people’s perceptions and experience in an environment at a given time and is a continuous process of observation and interpretation in relation to the locally acknowledge every day rationalities and transcendental power (2000:34)

The Kuruba are distributed in almost all districts of Karnataka State. The Kurubas are traditionally shepherds and weaving blankets. In this paper I am trying highlight the Indigenous knowledge system practices among the Kurubas of Mysore district.

35. Festivals among the Tiwas of Assam

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For the tribals, the trees, plants, animals, insects and all things and beings are the relatives of human. This living consciousness of spirit in nurture makes the tribal peoples perspective on land from those of others. For the Tiwas, previously known as the Lalungs, the land is linked with their life. Their society, culture, religion, identity and their very existence are intimately linked up to the land they hold. According to Lalung language “Ti” means water and “Wa” means superior. Community and their fore, Tiwa means the superior community which had originated from water or lives by the side of the river. Their folklore also indicates that the Tiwas lived in the lower ranges of the Kapilli river while the Jaintias lived in the upper ranges. Due to their long stay near Kapilli river the Tiwas had developed an emotional attachment with the Kapilli. It is pertinent to note here that the Tiwas are distributed over both hills and plains of Assam. The culture of the hill Tiwas varies from that of the plain Tiwas.

Tiwa concentrations are mainly found in the Morigaon, Karbi Anglong, Nagaon and Kamrup district of Assam. The Tiwas can express their artistic tendencies in their textile designs. The floral and geometrical designs are popular among them. The yellow colour is the main of the tribe. They also expertise in bamboo and cane works. The Tiwas have many elaborate festivals which are closely linked up with their principal economy i.e. agriculture. They observe different festivals during a year according to their traditional pattern. Dancing, singing and rhythmical tunes is the characteristic feature of their festivals. Their important festivals are the

Sagra, Misawa, Yangling Misawa, Magra Misawa, Langkhan Misawa, Wansua Misawa and Jonbil Mela. In this paper an attempt has been made to delineate the principal festivals of the Tiwas of Assam.

36. Religion and Ethnicity

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Religion is a communal system for the coherence of belief — typically focused on a system of thought, unseen being, person, or object, that is considered to be supernatural sacred, divine, or of the highest truth. Moral codes, practices, values, institutions, traditions, and rituals are often traditionally associated with the core belief, and these may have some overlap with concepts in secular philosophy. Religion can also be described as a way of life. However, the concept of ethnicity is rooted in the idea of social groups, marked especially by shared nationality, tribal affiliation, genealogy, religious faith, language, or cultural and traditional origins.

Both religion and ethnicity are linked to the question of identity. Humanity has always clustered round various forms of identity, and has tended in more sophisticated societies to adhere to a range of identities, from broad racial or religious affiliations down to the immediate family. A useful distinction can, however, be made between those forms of identity that could be called “rooted”, and those that are “created.”

A rooted identity includes what is inherent and what one inherits: birth, family and the land in which one lives. Ethnicity is precisely such a rooted form of identity, connected as it is to race, language and inheritance.

Created identities, on the other hand, are forms of community that are not a matter of the chance of birth so much as the consequence of revelation, thought and organization. They can take the form of a religious community.

37. Ethnicity and Ethnic Relations in Iran

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More than 80 percent of contemporary states that comprise the United Nations are ethnically plural, in that they contain two or more mobilized ethnic communities. These communities compete, sometimes by civic methods, sometimes by violence (Kuper, 2004:316). Eriksen T.H. (2002:2) states that an important reason for the current academic interest in ethnicity is the fact that such phenomenon has become so visible in many societies that it has become impossible to ignore it. The study of ethnicity forms the empirical focus of much contemporary anthropological research, and it has also been instrumental in raising theoretical and methodological issues of great importance, as well as, providing models for understanding the contemporary world.

When we talk of ethnicity, we indicate that groups and identities have developed in mutual contact rather than in isolation. Ethnicity is an aspect of social relationship between agents who consider themselves as culturally distinctive from members of

other groups with whom they have a minimum of regular interaction. Ethnic relations are both affected by, and affect, political activities. To the extent that people's use of ethnicity is related to their desire to gain or to maximize their position, ethnicity may be seen as an inherently political phenomenon (Michael, 1985:273).

Iran is a country of diverse ethnic and linguistic communities. It has always been predominantly populated by groups of distinct linguistic and cultural identities. Historically, the ethnic diversity of Iran goes back to ancient times. The main objectives of this article are to explain the constitutive factors in ethnic diversity of Iran, geographical and demographical distribution of ethnic groups in Iran and the important characteristics of interaction among ethnic groups and between ethnic groups and government. According to which circumstances Iran has been able to maintain its unity and to preserve its continuous socio-political and cultural life as a political entity and multiethnic society?

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