

**Human Development:
Anthropological Insights
(Volume-I)**

Editors

Anup Kumar Kapoor

Monika Saini

Nirmal Publication (India)

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Human Development: Anthropological Insights

(Volume-I)

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Health, Nutrition and Hygiene: The Dynamics of Social Ecology in India

Editors
Nirmalya Kumar Sinha
Malay Kumar Patsa
Rama Das
Pradip Samanta

ASSESSMENT OF HEALTH STATUS BY UPPER ARM COMPOSITION AMONG BHARIA TRIBAL CHILDREN AND ADOLESCENTS OF PATALKOT, MADHYA PRADESH

Ajay Ahirwar, Subal Das, Rajesh Gautam

Introduction

During childhood and adolescence, obesity and thinness are major public health problem in both developed and developing countries (Kipping, 2008). Childhood and adolescent period is marked by rapid growth in both fat and non-fat components of the body (Kuczmarski, 1999). During childhood there is increasing risk of developing obesity, as well as the prevalence of obesity is also increasing worldwide among children. In addition, mid-childhood and adolescence are critical and responsive periods for the development of obesity. During these periods, a start of obesity may increase the risk of determined obesity later in life (Monyeki, 2008). Much has been written about the epidemic of child obesity (Lobstein, 2004). But malnutrition, under nutrition in infants, children, and adolescents poses a considerably larger public health problem internationally (Lucas, 1991). It has been estimated that approximately 70.0 % of the world's malnourished children live in Asia, giving that region the highest concentration of worldwide childhood malnutrition (Khor, 2005). In India, given its large population size and widespread poverty, a majority of individuals are undernourished and disadvantaged (Ramachandran, 2007; Antony & Laxmaiah, 2008). Upper arm muscle area (UAMA) and upper arm fat area (UAFA) were introduced for the assessment of nutritional status of children and adults (Frisancho, 1981). The UAFA measures the body adiposity, thus reflecting the body calorie reserve stored in the form of body fat. The UAFA is considered to be the best indicator of body fat among children (Deurenberg, 1990). Skin fold thickness (SFT) measurements are a well-established means of assessing the thickness of subcutaneous fat at all ages; including childhood and adolescent periods (Rodriguez, 2005). India has several socially disadvantaged communities among which scheduled tribe are the most deprived ones. The tribal populations which constitute 8.08 % of total population are characterized by widespread poverty, illiteracy malnutrition lack of drinking water and hygienic condition (Sharma, 2007). Central India is demographically covering after and level to many ills including wide spread poverty and illiteracy; which lead to many health problems among different sections of population. Undernutrition among children is one of such problem which has given least attention (Mitra, 2007). The purpose of the study was to find out the health status of studied

Health, Nutrition and Hygiene: The Dynamics of Social Ecology in India

Editors: Sinha Patsa Das Samanta

ABOUT THE BOOK

Health is an arena where many horizons meet. These overlapping horizons are rapidly expanding for the last few centuries. Human life is an function of the causation of disease in terms of agent host and environment. There are social, technical, technological and above all humanitarian and biological implications. Rapid growth in different fields of health, hygiene, nutrition, ecology, biochemistry, biotechnology and environmental research is a huge informatics now-a-days. This book will either satisfy to quench the thirst of quarries or will create new curiosity among the readers of present generation.

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Critical Medical Anthropology and Bio-Power

A Review

Sonia Kaushal

We are living in an age of growing inequality in social, political and economical world. Inequality is ubiquitous and has always remained since time immemorial. The most desired term, 'equality', is ideal and more suitably fits in Marxist or socialist literature, while achieving it is impossible. From the beginning of any known histories, it is evident that there were no societies or at large, states that succeeded to provide equality to its people or citizens respectively. Even after the first and second world war, the states which subscribed the Marxist-Communist-Socialist ideology, failed to provide equality to its citizens and subsequently collapsed. For example, USSR collapsed because of its racial inequality where Russian ethnic groups being majority in numbers kept on considering the rest of the ethnic groups as second class citizens. The Marxist ideology which blamed bourgeoisie as the prime factor for social and economic inequality, thereby proved as futile, and the bourgeoisie thrived day by day because of the inherent existence inequality among the people.

The present review is based on Critical Medical Anthropological (CMA) approach and tends to address the said inequality in the Governmental Public Health Policy by an assessment of existing works of different scholars pertaining to Bio-power and its application to

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Disparity in Physical Growth & Nutritional Status among Tribal Children of Four States of India

*Arun Kumar¹, Rajesh K. Gautam², Surabhi Verma³,
Rajul Raikwar², Anurag Chaurasia², Ajay Ahirwar²,
Nishant Saxena¹ and Kalyan B. Saha¹*

Introduction

Globally, India stands second with a population of 1.25 Billion, out of which 8.6% (over 104 million) of the total population are scheduled tribe (Census 2011). The Scheduled tribes are also known as Adivasi, Vanabasi, Girijan or Janajati are among the poorest, vulnerable and most marginalized groups of the country. Numerically, the highest tribal concentration is in the state of Madhya Pradesh, which is 14.7% of the total tribal population of India. All the tribal populations are suffering from poverty, food insecurity and backwardness. They are lagging behind in socio-eco-demographic indicators as well as health and nutritional status. Genetic disorders, communicable viral and bacterial diseases as well as non-communicable diseases are the major cause of high mortality and morbidity. Recent findings revealed that tribes are also susceptible for physiological and lifestyle diseases

Health and Nutritional Status *of* Indigenous Populations

Editors

Rajesh K. Gautam

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Chapter - 7

Dual Burden of Nutritional Status among PVTG - Bharia and Gond Women of Pataalkot, District-Chhindwara (MP), India

Ajay K. Ahirwar¹, Priyanka Agaria¹, and Rajesh K. Gautam¹

Introduction

According to World Health Organization (WHO) in 2014, more than 1.9 billion adults (18 years and older) worldwide were overweight, while 462 million were underweight and more than 600 million were obese. Further, 42 million children under the age of five were overweight or obese (WHO 2018). In developing countries, the rate of overweight or obesity is increasing steadily; there is a dual burden of malnutrition among adults. An anthropometric assessment of health and nutritional status of the community with respect to Body Mass Index (BMI) and Mid Upper Arm Circumference (MUAC) records the state of health of the population. In general, tribal populations of India are recognized as socially and economically vulnerable (Collins, et. al., 2000). The paradoxical phenomenon of the coexistence of overweight and underweight individuals in the same household, referred to as the dual burden of malnutrition (Vaezghasemi et al. 2014). Adult's nutrition and health are of particular importance because at this age group one has to take the primary responsibility for the economic support of the rest of society (Das and Bose 2012).

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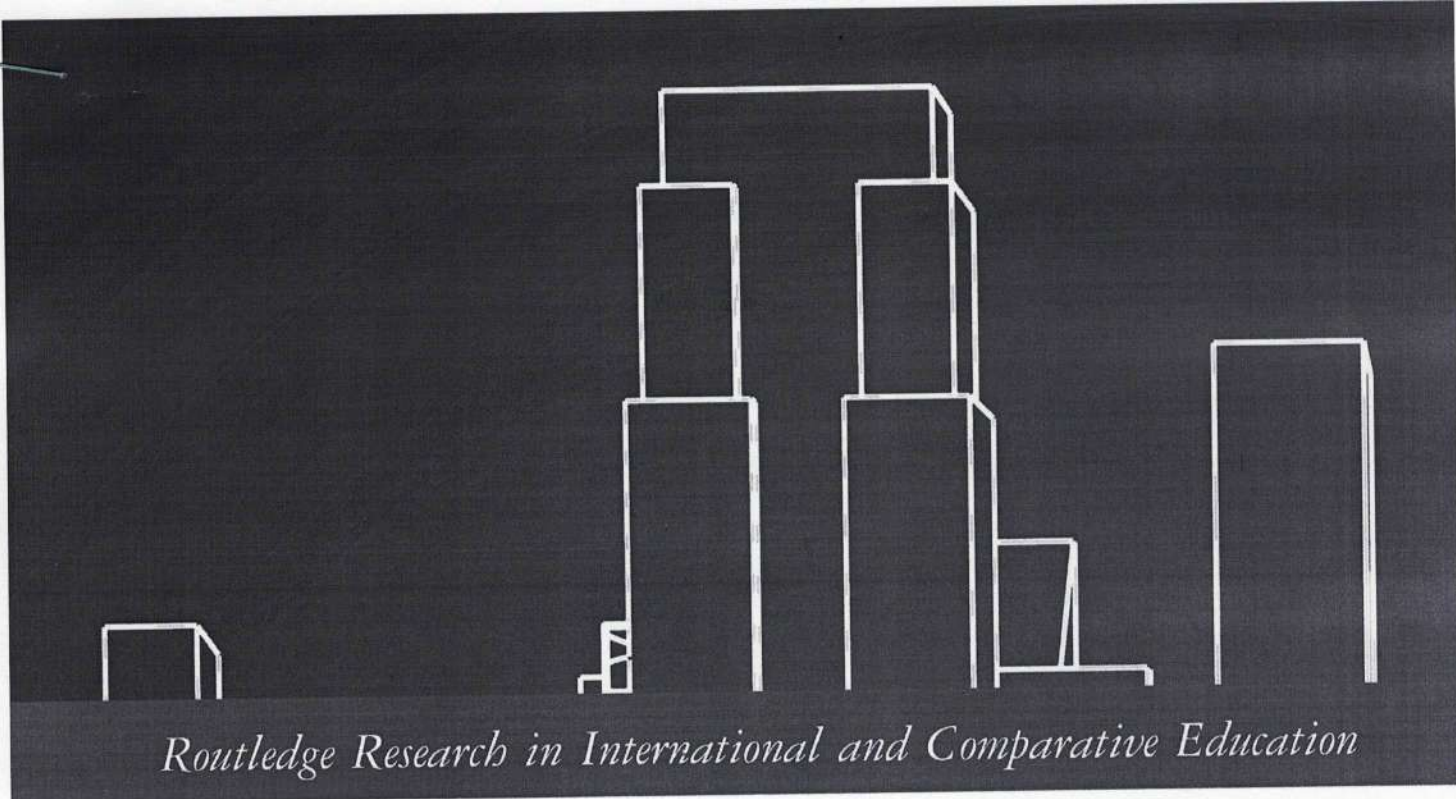
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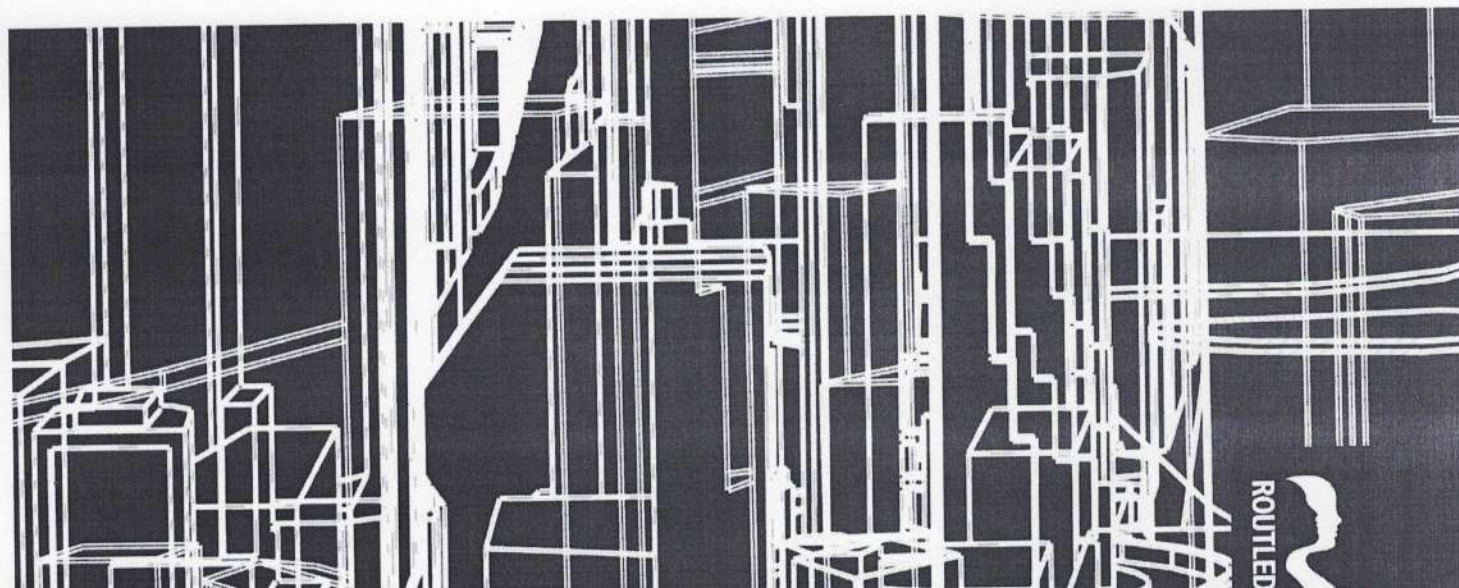


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Chapter - 2

Onset of Puberty and Status of Nutrition among Female Students of a Central Indian University

*Grażyna Liczbińska¹, Rajesh Gautam², Pragya Dubey²,
Ajay Kumar Ahirwar², Anurag Chaurasia²*

Introduction

The influence of socio-economic factors on biological variables, especially in developing countries, is an area of interest for many researchers (e.g. Bahreynian et al. 2015; Devakumar et al. 2018; Kirunda et al. 2015; Lee et al. 2016; Molina-Garcia et al. 2017; Yepes et al. 2016; Zhang et al. 2017a, b). A lot of studies have recently been devoted to the influence of economic changes, hence changes in the style and quality of life, in indigenous populations, especially the ones from the developing world (e.g. Adegbija et al. 2015 a, b, c; Adegbija and Wang 2014; Malina et al. 2013). In many countries of Asia and America the economic situation of indigenous people has changed along with economic and social transformations. It is obvious that these indigenous groups sooner or later respond to such changes. Malina and colleagues studied the secular trend in body height and body weight in the rural Zapotec Indian community in southern Mexico in the 1960s and at the beginning of the 21st century (Malina et al. 2004, 2007, 2013). Both height and weight increased

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Chapter - 13

Study of Mortality Indicators among Bharia- A PVTG of Patalkot of District- Chhindwara (MP), India

*Pragya Dubey¹, Mayank Parashar¹,
Ajay Ahirwar¹ & Rajesh K Gautam¹*

Introduction

Mortality is the state of being mortal, whereas the end of life is called Mortality or Death. Mortality is one of the important demographic components that control population growth (Patel & Gouda 2018). In the different age and sex, mortality rate found variation. Mortality rate has an unequal impact on the different age groups. In general, mortality affects the younger and older populations more than the adults (Lahariya & Paul, 2010). Children dying before their first birthday are referred to as 'Infant mortality', and this is often used as a proxy pointer to assess the health and developmental condition of a nation (Heisler, 2012). It is very low till the mid-thirties and then it starts to increase rapidly by the age of sixty years, it becomes high and in the seventy years it gets too much. There is lack of information about Mortality rate on tribal population of patalkot especially among the children of Bharia tribe which is under consideration. simultaneously to compare the mortality indicators

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