Restructured Template 2012 – 2013
M.Sc. Medical Sociology 13 PSO Batch onwards

Semester		Course Title	Credits	Hours
I	MC	Principles of Sociology	4	6
	MC	Classical Sociological Theory	4	6
	MC	Sociology of Health	4	6
	MC	Indian Social System and Health	4	6
	MC	Medical Anthropology	4	6
				30
		TOTAL CONTACT HOURS AND CREDITS	20	30
II	MC	Contemporary Sociological Theory	4	4
	MC	Human Resource Management In Hospitals	4	4
	MC	Field Work – I (Hospitals)	5	16
	MC	Community Health and Social Medicine	4	4
	MC	Sociology of the Socially Excluded	4	4
	ES	Health Psychology **(OR)**	2	3
	ES	Health Identities and Inequalities		
	LEAP/Extension	Rural Health Camp (offered by the department)	3	
		Life Skills Training	2	2+2
	LST	Total	23+5	
III	MC	Qualitative Research Methods	4	4
	MC	Counselling	4	4
	MC	Field Work II (NGOs)	5	16
	MC	Bio-Medical Ethics and Law	4	4
	ID	Health Communication (partnering with viscom)	4	4
	ES	NGO Management (OR)	3	3
	ES	Contemporary Social Issues		
	SSP	Self-Study Paper	2	
			23+2	
IV	MC	Quantitative Research Methods	2	2
	MC	Health Policy and Planning	2	2
	MC	Internship	10	
	MC	Dissertation and Viva Voce	10	
		Total	24	

Internship and Project is for one semester

PRINCIPLES OF SOCIOLOGY

Course Core: SO 1803   Semester: I
Nature:MC   Credits: 4
                                                                              Hours/Week: 5

Objectives:

To introduce the students to various social institutions and social processes in society.

To familiarise the students with the nature and scope of the discipline of sociology.

To teach the students the basic concepts in Sociology in order to help them understand and analyse the social structure.

UNIT I: SOCIOLOGY AN INTRODUCTION: Definition- subject matter and scope of sociology – importance of sociology – fundamental concepts: society, community, association, institutions,social structure, social system and sociological imagination.

UNIT II: CULTURE AND SOCIALIZATION: Concept of culture – culture growth – culture and civilization – ethnocentrism, xenocentrism – concept and process of socialization.

UNIT III: SOCIAL GROUP AND SOCIAL PROCESSES: Meaning and importance of social groups – Classification of social groups – social processes and their importance – Associative and Disassociative social processes.

UNIT IV: SOCIAL CONTROL AND DEVIANCE: Meaning and importance of social controls– means and methods of social control – social control and conformity – Deviance: Definition, and types – factors facilitating deviance – social significance of deviant behaviour.

UNIT V: SOCIAL CHANGE: Nature and characteristics of social change – sources and factors of social change – theories of social change: Evolutionary theories, Functional theories, and Conflict Theories.

Books for Study:

1. Abraham, Francis. (2006) Contemporary Sociology: An Introduction to Concepts and Theories, New Delhi: OUP.
2. Giddens, Anthony. (2006) Sociology, Cambridge: Polity Press.
3. Johnson, Harry. M. (1969) Sociology: A Systematic Introduction, New Delhi: Allied Publishers.

References:

1. Bottomore, T.B. (1962) Sociology: A Guide to Problems and Literature, George Allen
2. Bruce, Steve (2000) Sociology: A Very Short Introduction, Oxford: OUP.
3. Lawson, Tony, Marsha Jones and Ruth Moores (2000) Advanced Sociology: Through Diagrams, Oxford: OUP.
4. Macionis, John. J (2005) Sociology, New Delhi: Pearson Education.
5. Osborne, Richard and Borin Van Loon (1996) Introducing Sociology, Royston: Icon Books.

Internet Links:

http://www.sociologyguide.com/
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CLASSICAL SOCIOLOGICAL THEORY

Course Code: SO 1810   Semester: I
Nature: MC   Credit: 4
                                                                Hours/Week: 5

Objectives:
To acquaint the students with the origin of the discipline of sociology in its "classical" period;
To introduce the foundations of Social theory.
To help them understand the theoretical frameworks that sociologists use.
To explain and analyze how social action, social processes, and social structures work.

UNIT-I INTRODUCTION: Social forces in the development of sociological theory- political revolution, industrial revolution; Intellectual forces and the rise of sociological theory – Enlightenment;

UNIT-II SOCIOLOGICAL THEORY OF AUGUSTE COMTE AND EMILE DURKHEIM: Comte – The law of three stages, hierarchy of sciences, social statics and dynamics; Durkheim – Social Facts, Division of labour, Suicide, elementary forms of religious life, moral education and social reform, crime and punishment.

UNIT-III SOCIOLOGICAL THEORY OF KARL MARX AND MAX WEBER: Marx- Dialectical Method, Human Nature, Alienation, History and Class Struggle The structure of capitalist society; Max Weber – History and Sociology, Verstehen, Causality, Ideal Types, Social Action, Structures of Authority, Rationalization, Religion and the rise of Capitalism.

UNIT-IV SOCIOLOGICAL THEORY OF PARSON AND MERTON: Talcott Parsons – Structure and Social Action, Social System, Robert K. Merton – theories of middle range; Social Structure and Anomie.

UNIT-V SOCIOLOGIAL THEORY OF COOLEY, MEAD, AND GOFFMAN: C.H. Cooley-Looking glass self; George Herbert Mead – Mind, Self, Society; Erving Goffman- Stigma, Asylums and dramaturgy.

Books for Study:
1. Abraham, Francis (1985) Sociological Thought: From Comte to Sorokin, New Delhi: Macmillan India.
2. Ashley, D., and Orenstein, D.A. (2005) Sociological Theory: Classical Statements, New Delhi: Pearson Publication.
3. Slattery, Martin (2003) Key Ideas in Sociology, Cheltenham: Nelson Thomas.
4. Turner, Jonathan H., Leonard Beeghley and Charles H. Powers (1995) The Emergence of Sociological Theory, California: Wadsworth Publishing Company.

References:
1. Aron, Raymond (1965) Main Currents in Sociological Thought Vol 1 & 2. New York: Penguin.
2. Calhoun, Craig, Joseph Gerteis, James Moody, Steven Pfaff et.al (eds.) (2002) Classical Sociological Theory, Oxford: Blackwell.
3. Lemert, Charles (ed.) (2004) Social Theory: The Multicultural and Classical Readings, Oxford: Westview.
4. Parkin, Frank (2002) Max Weber, London: Routledge.
5. Ritzer, George and Douglas Goodman (2003) Sociological Theory (6th edition), Boston: McGraw-Hill.
6. Smith, Greg (2006) Erving Goffman, London: Routledge.
7. Thompson, Kenneth (2002) Emile Durkheim, London: Routledge.
8. Worsley, Peter (2002) Marx and Marxism, London: Routledge.

Internet Links:
http://www.sociosite.net/topics/theory.php
http://ssr1.uchicago.edu/PRELIMS/theory.html

SOCIOLOGY OF HEALTH

Course Code: SO 1805   Semester: I
Nature: MC   Credit: 4
                                                                                    Hours/Week: 5

Objectives:
To gain sociological understanding of the field of medicine and medical behaviour.
To apply sociological perspective in medical practices.
To throw some light on the social and organizational aspects of medical care in a modern society.
To familiarize the students with the problems of the patient care and health care system.

UNIT I INTRODUCTION:
The origin and development of Medical sociology, sociology of medicine and sociology in medicine and sociology of health. The social basis of health: Class and health – gender and health, race and health – the convergence of sociology and medicine – The rise of the biomedical model of health – Role of the medical sociologists – The present status of medical sociology.

UNIT II THE SICK ROLE AND THE PROCESS OF SEEKING MEDICAL CARE
The sick role – criticism of sick role, Illness as lived experience, Illness as deviance, health and disease –social and psychological factors in Health and Illness, labelling theory, socio-demographic variables bearing on medical care seeking behaviour

UNIT III   HEALTH, ILLNESS AND THE HEALTH CARE SYSTEM.
Patterns of health and illness – social epidemiology – the social distribution of illness – social characteristics of an epidemic: the case of AIDS – health and illness as social identities –clinical models of health and diseases – the models of health care delivery: Professional Model, The centre planning model, the national health insurance model.

UNIT IV SYSTEMS OF MEDICAL BELIEFS AND PRACTICES
Characteristics of primitive and folk medicine – ethnographic examples of primitive medicine – ethnographic examples of folk medicine

UNIT V THE DEVELOPMENT OF MODERN MEDICINE AND HEALTH CARE SYSTEM
Evolution of modern medicine in seventeenth and eighteenth century. Development of the modern hospital – Modern medicine and modern hospital – the modern hospital as a community health centre – growth of the hospital industry; Hospice care, services to the elderly.

Books for Study:
1. Coe, M. Rodney, (1970) Sociology of Medicine, New York, McGraw Hill Company.
2. Cockerham, C. William,(1998)Medical Sociology, New Jersey, Prentice Hall.

References:
1. Annandale, Ellen (1998) The Sociology of Health and Medicine, Cambridge: Polity Press.
2. Apple Dorrian. (ed.) Sociological Studies of Health and Sickness, New York, McGraw Hill Company.
3. Bates, E. (1983) Health Systems and Public Scrutiny, London, Croom Helm.
4. Cockerham, C. William (2001) The Blackwell Companion to Medical Sociology, Oxford: Blackwell.
5. Conard, Peter (ed.) (2004) The Sociology of Health and Illness: Critical Perspective, New York: Worth Publishers.
6. Dingwell, Robert. (1976), Aspects of Illness, London, Martin Roberts and Company.

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http://www.medicalsociologyonline.org/
http://www.cdc.gov/
http://www.ssireview.org/
http://www.who.int/publications/en/

INDIAN SOCIAL SYSTEM AND HEALTH

Course Code: SO 1806   Semester: I
Nature: MC   Credit: 4
                                                                            Hours/Week:5

Objectives: To present a comprehensive and a systematic picture of the modern Indian society with its built –
in complexity.
To enable the students to situate health in a social system framework.

UNIT I – APPROACHES TO THE STUDY OF INDIAN SOCIETY
Sociological and social anthropological approaches, Historiographic approach, Socio- cultural and
geographical approaches, Ecological approach, Demographic approach, Social and cultural approaches to
health and disease in India.

UNIT II - INDIA'S POPULATION
DEMOGRAPHIC : Salient features of India's population: Size, distribution, level of urbanisation, growth rate,
death rate, IMR and longevity, birth rate , rate of natural increase , sex ratio, marital status and age at
marriage, religious heterogeneity - SOCIAL: SC and ST and non scheduled population, households and their
characteristics, nuclear households, households with females as their heads, participation in economic activity,
industrial and status distribution of workers- ECONOMIC: Urbanisation, industrialization , fertility decline,
AIDS and population.

UNIT III – RURAL INDIA AND URBAN INDIA
Social groups, economic system, festivals and rituals, kinship and kinship network, collective sentiments and
solidarity , population and land, village and its relation to religion, caste and caste panchayat, markets,
seasonal migration, impact of democratic politics on villages, impact of globalization, villages , development
and transformation, rural health problems and food in villages, Health services in rural India. URBAN INDIA:
Urban History, its morphology, urbanization in India, Slums and squatter settlements, urban housing, rental –
housing, urban transportation, urban social stratification, country –town nexus, pollution and health in Indian
cities, Health services in Urban India.

UNIT IV- TRIBAL INDIA
Classification, Characteristics, economic organisation and social differentiation among tribes – changes, rise of
the middle class, political participation tribe to caste acculturation – tribal movement, tribal policy and
agenda, health problems and medicines among Indian tribes, Health services for tribal India.

UNIT V – DISEASE AND MEDICINE IN INDIA: Social History of Medicine.
PRE-MODERN INDIA: Disease and Health in the Harappan Civilization, Surgery in early India , Introduction
of spectacles in India, Physicians as Professionals in early India, Medical and Surgical practices in Mughal
India, Smallpox and its treatment in Pre-modern India. MODERN INDIA: Malaria in nineteenth century
Bombay, Medical Missionaries in the Telegu country, Social History of Western Medical Practice in
Travancore, Gandhi on Nutrition, Sanitation, Infectious Disease and Health Care.

Books for Study:
1. Kumar, Deepak (ed.) (2001) Disease and Medicine in India: A Historical Overview, New Delhi,
   Tulika Books.
2. Veena Das (Ed) (2003) The Oxford India Companion to sociology and Social Anthropology, Vol
   1&2 New Delhi: OUP

References:
1. Beteille, Andre (1971) Caste, Class and Power. Changing Patterns of Stratification in a Tanjore
   Village, Berkeley: University of California press.
2. Beteille, Andre (1991) Society and Politics in India: Essays in Comparative Perspective, London:
   Athlone press.
3. Beteille, Andre (2002) Hierarchical and Competitive Inequality, Sociological Bulletien, 51, 3 -27.
4. Bhadra, Bipul Kumar (1989) The Mode of Production, Social Classes and The State, Jaipur: Rawat.

5. Bose , Ashish (1976) India's Urbanization 1901-2001, New Delhi: Tata MacGraw – Hill
6. Chaudhuri, Maitrayee (1999) Gender of the making of the India Nation –state, Sociological bulletin 48 (1&2),113-134.
7. Dirks, N.B. (2003) Castes of Mind: Colonialism and the making of modern India, Delhi: Permanent Black.
8. Fernandez, Walter (1996) The emerging Dalit Identity: The Re-assertion of the Subaltern, N.Delhi:ISI
9. Gill, Rajesh (2000) Cities and ethnic identitiees: A case of De-enthnicization or Re-ethnicization , Sociological Bulletin 49(2),211,288
10. Karanth G.K (1997) Caste After Fifty Years of Independence, Journal of Development And Change 11(2),319-337.
11. Pathy, Jaganath(1999) Tribe, region and Nation in the context of Indian state Sociological Bulletin 8(1&2)97-112
12. Rao, Ram, Mohan and Shimhadri (1991) Indian Cities: Towards Next Millennium, Jaipur: Rawat.
13. Sahay, Gaurang Ranjan (1998) Caste System in Contemporary Rural Bihar: A study of selected villages, Sociological Bulletin 47(2) 207-220
14. Sharma LK and Dipinkar Gupta (1991) Country –Town Nexus, Jaipur: Rawat
15. Singer, Milton and Bernard Cohen (eds.) (2001) Structure and Changes in Indian Society, Jaipur, Rawat
16. Social action (2001) Multiplicity Of Gender Perspectives And Women's Right, 51(4) 337-395, Sociological Bulletin (2001) 50 (2), 167-286
17. Social action (2002) Globalization and Changing State Policies: Responses from civil society 52(1),1-74
18. Vidyarthy LP and B.K.Rai (1976) The Tribal Culture of India, New Delhi: Concept.

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http://mohfw.nic.in/
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http://www.tihf.org/

MEDICAL ANTHROPOLOGY

Course Code: SO 1808   Semester: I
Nature: MC   Credit: 4
                                                          Hours/Week: 5

Objectives:
To provide an introduction to the basic concepts, approaches and theories used in medical anthropology.
To understand how these concepts, approaches and theories contribute to understand complex-health related behaviour.

UNIT I: INTRODUCTION: Definition of Anthropology-anthropological concept of culture-public health and anthropology. Anthropological perspectives used to understand social and cultural phenomenon – participant observation-experience- comparison and difference- thick description.

UNIT II: APPROACHES TO MEDICAL ANTHROPOLOGY:
Definition and Roots of Medical Anthropology, four approaches to the study of illness – applied tradition, cognitive anthropology, meaning-centered tradition, and critical medical anthropology.

UNIT III: MEDICAL SYSTEMS, INTERPRETING AND EXPLAINING SICKNESS, AND SITUATING SICKNESS AND HEALTH:
Arthur Kleinman's medical system, Medical Pluralism, Medical Syncretism; Explanatory Model of sickness, Illness narratives; risk behaviour, situated risk; Structural Violence -institutionalized inequalities in wealth and power of the underprivileged.

UNIT IV: ANTHROPOLOGICAL STUDY OF MEDICINE:
Meanings of Medicine, implications of medicines' mobility on health care, appropriation of non-biomedical medicine into scientific pharmaceutical frame, place of medicine in modern world economy, social effects of ARV medications in HIV high-prevalence population. Nichter's case study on the perception of medicine in South Kanara district in Karnataka.

UNIT V: MEDICAL RESEARCH AND HEALTH INTERVENTIONS AS A FIELD OF SOCIAL PRACTICE:
Influence of colonial and postcolonial history for the implementation of contemporary medical research and medical intervention; unintended implications of medical research in African societies; science as a social network, nature of rumours as tools to deal with uncertainty in the context of medical research.

Books for Study:
1. Pool, R., and Wenzel G. (2006) Medical Anthropology, New Delhi, Tata-McGraw-Hill Publishing Company.
2. Saillent, F., and Serge G. (eds.) (2007) Medical Anthropology: Regional perspectives and shared concern, Oxford, Blackwell.
3. Wiley, S. Andrea

References:
1. Herzfeld, M. (2001) Anthropology: Theoretical Practice in Culture and Society, Oxford, Blackwell.
2. Nichter, M. (1996) Popular Perception of Medicine: a south Indian case study, in Nichter M and Nichter M. (eds.) *Anthropology and International Health. Asian Case Studies.* Amsterdam: Gordon&Breach 203-37.
3. Trostle, James. A (2005) Epidemiology and Culture, New York: Cambridge University Press.
4. UNDP (1992) Young Women: Silence, Susceptibility, and the HIV Epidemic. New York: UNDP

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http://anthro.palomar.edu/medical/default.htm
www.medanthro.net
    http://www.cdc.gov/
    http://www.ssireview.org/
    http://www.who.int/publications/en/

CONTEMPORARY SOCIOLOGICAL THEORIES

Course Code: SO 2807   Semester: II

Nature: MC   Credit: 4

            Hours/Week: 4

Objectives:

This course offers an introduction to contemporary sociological theory. The course content reviews some of the most important developments in contemporary sociological theory.

It examines work in such areas as; Exchange theory, neo-Marxist theory, critical theory, structuration theory and postmodernism.

UNIT-I: EXCHANGE AND RATIONAL CHOICE THEORY: Exchange Theory- George Homans, Peter Blau, and Richard Emerson; Rational Choice Theory: James Coleman.

UNIT-II: NEO-MARXIST AND CRITICAL THEORY: Antonio Gramsci - Hegemony; Louis Althusser - Structural Marxism; Neo-Marxian economic sociology, Historically oriented Marxism, and Analytical Marxism; The formation of Frankfurt school; Jurgen Habermas- Public sphere, Legitimisation Crisis in society, The theory of communicative action.

UNIT-III: MODERNITY AND STRUCTURATON THEORY: Modernity and its Identity, Intimacy and consequences; Rejecting naturalism and positivism, obviating sociological dualism, critique of functionalism and structuralism, Theory of structuration – agents, agency and action, routinization and regionalisation of interaction.

UNIT-IV: POST-MODERN SOCIAL THEORY: Modernity and its consequences, modernity and identity, modernity and intimacy; rejection of grand narratives; Risk Society, McDonaldization and the new meaning of consumption; Fredric Jameson, and Jean Baudrillard; Criticism of post-modern theory.

UNIT-V: POST-STRUCTURALISM: Bourdieu - Social Space and symbolic space, structures, habitus and practice; Foucault - Discourse, Truth and Power, Archaeology of Knowledge, Discipline and Punish, Birth of the clinic,

Books for Study:

1. Ritzer, George and Douglas Goodman (2003) Sociological Theory (6th edition), Boston: McGraw-Hill.
2. Salerno, R. (2013) Contemporary Social Theory, London: Pearson Education.
3. Slattery, Martin (2003) Key Ideas in Sociology, Cheltenham: Nelson Thomas.

References:

1. Bottomore, Tom (2007) The Frankfurt School and its Critics, New York, Routledge
2. Calhoun, Craig, Joseph Gerteis, James Moody, Steven Pfaff et.al (eds.) (2002) Contemporary Sociological Theory, Oxford: Blackwell.
3. Dhoshi, S.L. (2003) Modernity, Postmodernity and Neo-Sociological Theories, Jaipur: Rawat.
4. Mills, Sarah (2003) Michael Foucault: Routledge Critical Thinkers, London: Routledge.
5. O'Donnell, Mike (2000) Classical and Contemporary Sociology: Theory and Issues, London: Hodder & Stoughton.
6. Ritzer, George and Barry Smart (eds.) (2001) Handbook of Social Theory, London: Sage.
7. Scambler, Graham (2001) Habermas, Critical Theory and Health, London: Routledge.
8. Scambler, Graham (ed.) (1978) Sociological Theory and Medical Sociology, London: Travistock Publications.
9. Turner, Jonathan.H. (1987) The Structure of Sociological Theory, Jaipur: Rawat Publications.

Internet Links:

http://www.sociosite.net/topics/theory.php

http://www.mcmaster.ca/socscidocs/w3virtsoclib/theories.htm

HUMAN RESOURCE MANAGEMENT IN HOSPITALS

Course Code: SO 2804   Semester: II
Nature: MC   Credit: 4
                                                         Hours/Week:4

Objectives:
To introduce to the students the importance of Human Resource Management for an organisation.
To make them understand the planning procedures followed in a successful organisation.

UNIT I History, Growth and Classification of Hospitals in India
Nature and scope of hospitals, Definition of Hospitals, History of Indian Hospitals, Health Committees appointed by the Government, Changes in Hospitals, Classification of Hospitals; Health Services through Five Year Plans and National Health Policy 2002: health through Fiver year Plans, Strategies of NRHM, Janani Suraksha Yogana, NUHM, Health for all in the 21st Century, NHP-2002 policy prescriptions.

UNIT II Hospital Administration:
Administrative Steps for establishing a New Hospital, Evolution of Human Resource Management and its Role in Hospitals, Human Resource Management in Hospitals—An Overview Manpower Planning, Performance Appraisal, Collective Bargaining in Hospitals, Human Resource Audit, Human Relations in Hospitals, Importance of Teamwork in Hospitals.

UNIT III Training and Development:
Training guidelines, Purpose of training, Types of employee training, Evaluation of training; Management Development Programmes, Principles of Management Development, Grooming Leaders, Line and Staff Responsibilities in Management Development.

UNIT IV House Keeping and Bio-medical Waste Management in Hospital
Environment Protection Act, 1986; Hazardous Waste (Management and Handling) Rules, 1989; The Municipal Solid Wastes (management and handling) Rules, 2000; Bio-Medical Waste (Management and Handling) Rules, 2000, Importance of House Keeping.

UNIT V Legal aspects involved in Hospital Administrators
Role of natural justice in hospital Administration, The patient and the consumer protection Act, 1986; Supreme Court judgment on Medical practitioners: Its consequences; Medical negligence and deficiency of service;

Books for Study:

1. Sharma, D.K. and Goyal, R.C. (2010). Hospital Administration and Human Resource Management, New Delhi: PHI Learning.
2. Sakharkar, B.M. (2009) Principles of Hospital Administration and Planning, New Delhi: Jaypee Brothers Medical Publishers.
3. Griffen, D. (2006) (3rd ed) Hospitals: What they are and how they work, MA: Jones & Bartlett Publishers.
4. Ballabh, C. (2007) Health Care Services in Hospitals, New Delhi: Alpha Publications

References:
1. Armstrong, Michael (2006) A Handbook of Human Resource Management, London: Kogan Page.
2. Boxall, Peter, John Purcell and Patrick Wright (eds.) (2007) The Oxford Handbook of Human Resource Management, Oxford: OUP.
3. Winstanley, Diana and Jean Woodall (2000) Ethical Issues in Contemporary Human Resource Management, London: Macmillan Business.

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http://india.gov.in/sectors/health_family/index.php
http://mohfw.nic.in/
http://www.nabh.co/main/
http://www.nabh.co/main/hospitals/
http://www.mciindia.org/

FIELD WORK – I

Course Code: SO 2806   Semester: II

Nature: MC   Credit: 5

                                                        Hours/Week: 16

Objectives:

1. To provide the students with a continuous exposure cum experiential learning' field setting (Hospital).
2. To give a focused field training on Hospital Management.
3. To acquaint the students with the systems and procedures used to manage an organization.

DYNAMICS:

1. A batch of 2 to 6 students will be attached with the HR Department of a Hospital.
2. There will be an officer-in charge in the concerned hospital, who will be directing and controlling the students in the training aspects as per the mutual terms and conditions.
3. Each student will have a staff supervisor from the department who will be guiding and evaluating the student's fieldwork.
4. The staff supervisor will be visiting the students in their fields as per the department's decision.

FOCUSSED SKILL TRAINING:

1. Hospital Administration.

FIELD WORK DAYS AND TIMING:

1. No: of Field work days   : Two days in a week (Fridays and Saturdays).
2. Total No of Days   : 2 x 15 = 30 days
3. No: of working hours in a week : 16 hours.
4. Total No: of working hours   : 8 x 30= 240 hours per semester.

REPORTS AND EVALUATIONS:

1. Every student must submit a weekly report (for 2 days) on the following Monday.
2. The reports must be shared in the common discussions by every student.
3. Total Number of reports for a Semester will be 15.
4. Evaluation will be done both internally and externally for 100 marks.

COMMUNITY HEALTH AND SOCIAL MEDICINE

Course Code: SO 2808   Semester: II
Nature: MC   Credit: 4
                                                                       Hours/Week: 4

Objectives:
To present a summary of sociological insights on medicine and health.
To lay stress on health both as a condition and a process, obtaining in institutional and non- institutional contexts.

Unit I INTRODUCTION: Community as a central concept in sociology–   community participation as a critical variable in health care, Social Medicine – Meaning and Scope, Evolution of Social Medicine in India.
Social epidemiology: Meaning, Components of Epidemiology,

Vital Statistics: Uses and Sources of vital statistics, Natural History of Diseases, Ecology of Health and Diseases.

Unit II SYSTEMS OF MEDICINE AND THEIR CULTURAL AND HISTORICAL CONTEXTS: Systems of Medicine indigenous to India: Ayurveda, Yoga,

Non-Scientific Arts of Healing: Osteopathy and Chiropractic.

Unit III PREVENTION, PROMOTION AND REHABILITATION: Prevention of communicable Diseases- Dangers of treating in ordinary wards, Methods of spread, methods of prevention. Prevention of non-communicable diseases- heart disease, cancer, diabetes, obesity.

Promotion –community based Health care, Raising health awareness- importance, Health teaching in community, methods of raising health awareness in the community, Promoting a healthy environment in the community.

Rehabilitation - concept, tools of rehabilitation, Role of physician, nurse, and the therapist, counseling, the community responsibility.

Unit IV HOSPITAL AND HEALTH PROFESSIONALS: Types of hospitals in India, hospital as a community institution, hospital-patient role, socialization of the physician. Nursing profession- its past, present and future.

Unit V HEALTH PROBLEMS AND HEALTH SERVICES
The Health problems of infancy and childhood– Health problems of women,, Health problems of adults and aged – health services for children, women, adult and aged, Health Informatics and society.

Books for study:
1. Park. J.E. and K.Park (2005) Textbook of preventive and social medicine, Banarasidas Bharat Publishers, Jabalpur..
2.Cockerham, William C (1978) Medical Sociology, Englewood Cliffs,

Prentice Hall.

Reference Books:
1. Allan Scott.W,(1958) Rehabilitation- A Community Challenge, New York: John Wiley.
2. Brain Meredith Davies, (1977) Community Health and Social Services, London: Hodder & Stoughton,.
3. Coe, Rodney M (1970) Sociology of Medicine, New York; McGraw Hill.
4. Ghai.O.P., Gupta Piyush,(1999)Essential Preventive Medicine, New Delhi: Vikas Publications
5. TED Lankester, (2004) Setting up community health programmes- A Practical manual for use in developing countries, New York: Macmillan Publishers.
6. The Community Health Worker, (1989) Working Guide, WHO, Geneva, Jaypee Brothers.

 Internet links:
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http://www.ssireview.org/
http://www.who.int/publications/en/

SOCIOLOGY OF THE SOCIALLY EXCLUDED DALITS

Course Code: SO 2809   Semester: II
Nature: MC   Credit: 4
         Hours/Week: 4

Objectives:
To gain sociological understanding of the socially excluded Dalits on the basis of the practice of untouchability in different forms.
To understand their psychological and physical health hazards as the consequence of the alienation from the mainstream society;
To inspire learners to design effective inclusive strategies.

UNIT I: Caste Exclusion: In Retrospect or Towards understanding Exclusion:
Literary sources on caste and untouchability: Vedas, Epics, Manusmriti, Ambedkar and Periyar's works. Subaltern framework on social exclusion. The nomenclatures of the Untouchables over the centuries at the national level and in different States. Sociological and anthropological concept of Exclusion and its variants, concept and application of the term "Dalits". Social exclusion in different religions.

UNIT II: PRACTICE OF UNTOUCHABILITY
Untouchability in ancient India, casteism and untouchability in the Middle Ages, Colonial period and after Independence. Contemporary scenario: spheres of social exclusion, forms of exclusion with an ethnographic study of a village in Tamil Nadu; exploitation of women, untouchability in urban India.

UNIT III HURDLES AND CONFLICTS IN THE EFFORTS FOR INCLUSION
Critical evaluation of the positive discrimination-steps taken by the Government of India for inclusion of the Dalits: reservation, scholarship, development programmes, enactment of laws (Untouchability abolition Act, PCR, SC/ST Atrocities Prevention Act, Abolition of bonded labours Act). Violent reactions: massacre of Dalits, violation of human rights, destruction of properties-socio-historical perspectives, hurdles in political empowerment: Keerippati syndrome.

UNIT IV HEALTH HAZARDS OF THE EXCLUDED
Alienation from land and education, deprivation of means of self-protection, human dignity, civil rights, human rights causing psychological and physical health problems; high mortality rate and malnutrition amongst Dalits.

UNIT V STATEGIES FOR INCLUSION
Education and employment, sensitization of the dominant castes with human values; reorganisation of dalit hamlets, redistribution of lands, implementation of reservation policy in private sectors, urbanisation, industrialisation, promoting unity among Dalits and strengthening dalit movements, organisation, institutions, and encouraging entrepreneurship.

Books for Study:
1. Michel, S.M., *Dalits in Modern India: Vision and Values*, New Delhi, Vistaar Publications, 1999.
2. Mendelsohn, O et Vicziany, M, *The Untouchables Subordination, Poverty and the State in Modern Inida*, Cambridge University Press, 1998.
3. Venkateswarlu, D., *Harijan-Upper Class Conflict (A study in Andhra Pradesh)*, New Delhi, discovery Publishing House, 1990.
4. Mahar, J.M. *The Untouchables in Contemporary India*, Tucson, University of Arizona Press, 1972.

Reference
1. Ambedkar, *Annihilation of Castes* in Vasant Moon (ed), Dr Babasaheb Ambedkar: Writings and Speeches, I. Bombay, Government of Maharastra, 1989.
2. Ambedkar, *Untouchables*, Vol. III, in Vasant Moon (ed), Dr Babasaheb Ambedkar: Writings and Speeches, I. Bombay, Government of Maharastra, 1990.
3. Arun, C.J., *Constructing Dalit Identity*, Jaipur, Rawat Publication, 2007.
4. Hanumanthan, K.D., *Untouchability:A Historical Study upto 1550 A.D. (with special Reference to Tamil Nadu*, Madurai, Koodal Publishers, 1979.

5. Mahalingam MJM, *The Social Basis of Conflicts between the Backward Class and the Scheduled Castes in Tamil Nadu* (thesis submitted and defended in EHESS, France), Paris, 2005.
6. Narula, *Broken People: Caste Violence Against India's "Untouchables"*, New York, Human Right Watch, 1998.
7. Sanjana, J.E., *Castes and Outcastes*, Bombay, Thacker & Co., Ltd, 1946.
8. Singh, K.S., *The Scheduled Castes*, New Delhi, Oxford University Press, 1993.
9. Internet links

http://www.ambedkar.org/
http://www.ambedkar.net/default.aspx

HEALTH PSYCHOLOGY

Course Code: SO 2953   Semester: II
Nature: ES   Credit: 3
                                                             Hours/Week: 3

Objectives:

To introduce the students to the broader demographic, social, economic, and political context of health psychology.
To explain how health is influenced by the way people think, feel and behave.
To understand the application of health psychology to illness experience and health care.

UNIT I: INTRODUCTION: Definition, Approaches to Health psychology – clinical health psychology, public health psychology, community health psychology, and critical health psychology; The macro social environment and health; Culture and health; Research methods in health psychology.

UNIT II: HEALTH BEHAVIOUR AND EXPERIENCE: Food and eating - ; Alcohol and drinking; Tobacco and smoking; Sexual behaviour and experience; Exercise and activity.

UNIT III: ILLNESS EXPERIENCE: Illness beliefs and explanations; Illness and personality; Stress and coping; Pain – theories of pain, psychological aspects of pain, socio-cultural influences on pain, Pain management strategies – behavioural, Cognitive, Pharmacological, and Physical; Cancer and Chronic Disease – interventions for cancer, Coronary Heart Disease, HIV/AIDS,

UNIT – IV: HEALTH CARE: Treatment adherence and patient empowerment – character of adherence, factors associated with non-adherence, alternatives to adherence; Communication: messages and meaning – doctor-patient communication.

UNIT – V: HEALTH PROMOTION AND DISEASE CONTROL: Approaches to health promotion –behaviour change approach, self-empowerment approach, and collective action approach; Immunization programmes and the role of health professionals, critical perspective to immunization.

Books for Study:
1. Marks, David. F. et.al (2005) Health Psychology: Theory, Research and Practice, London: Sage.
2. Taylor, Shelley E. (2003) Health Psychology, Columbus: McGraw-Hill

References:
1. Ajzen, I. and Fishbein, M. (1980) Understanding Attitudes and Predicting Social Behaviour, New Jersey: Prentice-Hall.
2. Broome, A and Llewellyn, S. (eds) (1995) Health Psychology: Process and Applications, 2nd edn. London: Chapman & Hall.
3. Calnan, M. (1987) Health and Illness: The lay perspective, London: Tavistock.
4. Campbell, C. (2003) Letting Them Die: Why HIV/AIDS Prevention Programmes Often Fail. Oxford: James Curry.
5. Campbell, C. (2004) 'Health psychology and community action', in M. Murray (ed.), *Critical Health Psychology*, London: Palgrave. Pp. 203-21.
6. Carroll, Douglas (1995) Health Psychology: Stress, Behaviour And Disease, New York: Routledge
7. Hobfoll, Stevan E. (2004) Stress, Culture, And Community: The Psychology And Philosophy Of Stress, New York: Springer.

Internet Links:
www.healthpsychology.net
www.health-psychology.org.uk

HEALTH IDENTITIES AND INEQUALITIES

Course Code: SO 2954   Semester: II
Nature: ES   Credit: 3
                                                             Hours/Week: 3

Objectives: To help students understand the broad range of identities in relation to health and illness, including race, religion, ethnicity, disability, age, body image, sexuality and gender.
To understand the social dynamics and spatial inequalities of health.

UNIT-I INTRODUCTION: development and definitions of the concept of identity, identity and Illness experience, biological and the social world.,

UNIT II– RELIGION, IDENTITY AND HEALTH: religious and mental health among black Pentecostalism. Religious identity and health among Lambegs and Bodharns of Northern Ireland, The emic and etic perspective of Bovicide in kerala

UNIT-III SPORTS, HEALTH AND IDENTITY: Globalising tendencies of health and fitness, class habitus and identity formation, individualisation and post-modern culture; exercise , sports and health, the contesters of professional sports

UNIT-IV DEBILITATING DISEASES AND IDENTITY: Cancer – the interface between biography and collective representations of cancer; Alzheimer's disease-society, old age and dementia, identity of the Alzheimer's patient, family and the professional, cultural perspectives on ageing and Alzheimer's disease

UNIT V– HEALTH INEQUALITY: social dynamics of health inequalities – mortality, social environment, crime and violence, psychosocial perspectives of health inequalities, geography in health inequality; gender and disadvantages in health, ethnic inequalities in health, allocation of scarce medical resources.

Books for Study:
1. Kelleher, David and Gerard Leavey (2004) Identity and Health, London: Routledge.
2. Bartley, Mel, David Blane and George Davey Smith (eds.) (2000) The Sociology of Health Inequalities: Oxford, Blackwell.

References:
1. Glannon, Walter (2002) Contemporary Readings in Biomedical Ethics, Florida: Harcourt College Publication.
2. Kellher, David, Jonathan Gabe and Gareth Williams (eds.) Challenging Medicine (2nd edition) London: Routledge.
3. Maynard, Kent (2007) Medical Identities, New York: Berghahn Books.
4. Pomerleau, Joceline and Martin McKee (2005) Issues in Public Health, New Delhi: Tata Mc Graw-Hill.s
5. Pool, Robert., and Wenzel Geissler (2006) Medical Anthropology, New Delhi, Tata-McGraw-Hill Publishing Company.
6. Shaw, Mary., Danny Dorling and Richard Mitchell (2002) Health, Place and Society, Essex: Prentice Hall.

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http://www.cdc.gov/
http://www.ssireview.org/
http://www.who.int/publications/en/