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<tr>
<th>Semester</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>I</td>
<td><strong>MC</strong> Principles of Sociology</td>
<td>4</td>
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<td>I</td>
<td><strong>MC</strong> Classical Sociological Theory</td>
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<td>I</td>
<td><strong>MC</strong> Sociology of Health</td>
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<td>I</td>
<td><strong>MC</strong> Indian Social System and Health</td>
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<td>I</td>
<td><strong>MC</strong> Medical Anthropology</td>
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<td><strong>MC</strong> Contemporary Sociological Theory</td>
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<td><strong>MC</strong> Human Resource Management In Hospitals</td>
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<td>II</td>
<td><strong>MC</strong> Field Work – I (Hospitals)</td>
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<td>II</td>
<td><strong>MC</strong> Community Health and Social Medicine</td>
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<td>II</td>
<td><strong>MC</strong> Sociology of the Socially Excluded</td>
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<td>II</td>
<td><strong>ES</strong> Health Psychology <strong>(OR)</strong></td>
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<td>II</td>
<td><strong>ES</strong> Health Identities and Inequalities</td>
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<td><strong>LEAP/Extension</strong></td>
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<td><strong>LST</strong> Rural Health Camp (offered by the department)</td>
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<td><strong>LST</strong> Life Skills Training</td>
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<td>III</td>
<td><strong>MC</strong> Qualitative Research Methods</td>
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<td><strong>MC</strong> Counselling</td>
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<td>III</td>
<td><strong>MC</strong> Field Work II (NGOs)</td>
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<td>III</td>
<td><strong>MC</strong> Bio-Medical Ethics and Law</td>
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<td>III</td>
<td><strong>ID</strong> Health Communication (partnering with viscom)</td>
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<td>III</td>
<td><strong>ES</strong> NGO Management <strong>(OR)</strong></td>
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<td>III</td>
<td><strong>ES</strong> Contemporary Social Issues</td>
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<td>III</td>
<td><strong>SSP</strong> Self-Study Paper</td>
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<td>IV</td>
<td><strong>MC</strong> Quantitative Research Methods</td>
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<td>IV</td>
<td><strong>MC</strong> Health Policy and Planning</td>
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<td>IV</td>
<td><strong>MC</strong> Internship</td>
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<td>IV</td>
<td><strong>MC</strong> Dissertation and Viva Voce</td>
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<td><strong>Total</strong></td>
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Internship and Project is for one semester
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 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.


Books for Study:

References:

Internet Links:
http://www.sociologyguide.com/
http://socserv.mcmaster.ca/w3virtsoclib/
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 SOCIOLOGICAL 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:

References:

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:

References:

Internet Links:
www.encyclopedia.com/doc/1O88-medicinesociologyof.html
http://www.medicalsociologyonline.org/
http://www.cdc.gov/
http://www.sssireview.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:

References:

Internet Links:
www.whoindia.org
www.nfhsindia.org/
http://mohfw.nic.in/
http://www.vhai.org/htm/index.asp
http://www.tihf.org/
MEDICAL ANTHROPOLOGY

Course Code: SO 1808
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:
3. Wiley, S. Andrea

References:

Internet Links:
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-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:

References:

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


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

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:

References:

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 – 1

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,

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.

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:

Reference Books:

Internet links:
www.social medicine.org
Error! Hyperlink reference not valid.medind.nic.inhealth
http://gujhealth.gov.in
http://www.cdc.gov/
http://www.ssireview.org/
http://www.who.int/publications/en/
SOCIOLOGY OF THE SOCIALY EXCLUDED DALITS

Course Code: SO 2809
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

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:

Reference
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 – 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:

References:

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

References: