

Ten Paper Scheme for M.A. Sociology

M.A. (Previous) Sociology – 2014-15

M.M. 100 for each paper

Paper - I Principles of Sociology (4681)

Paper – II Classical Sociological Tradition (4682)

Paper – III Methodology of Social Research (4683)

Paper- IV : Any ONE of the following

Paper IV A Environment and Society (4684 A)

or

Paper IV B Sociology of Mass Communication (4684 B)

or

Paper IV C Rural Society In India (4684 C)

or

Paper IV D Sociology of Religion (4684 D)

Paper V Any ONE of the following

Paper V A Sociology of Health (4685 A)

or

Paper V B Industry and Society in India (4685 B)

or

Paper V C Criminology (4685 C)

M.A. (Previous) Sociology 2014-15

Paper V Any one of the following

Paper- V (A) : Sociology of Health

M.M.100

UNIT – A

Sociology of Health – Aim and Scope. Contribution of Sociology to Health. Definition of Health – Four Dimensions of Health. Health and its Relationship to other Social Institutions. Evolution of Social Medicine in India and Abroad. Social Sciences and Four Dimensions of Health.

UNIT – B

Social Epidemiology – vital and public health concepts and statistics. Epidemiology of disease, natural history of disease- man and his environment social etiology and ecology of disease. Social Components in therapy and rehabilitation. Culture and Disease. Attitudes, beliefs and values associated with disease. Problems of therapy and rehabilitation.

UNIT – C

The Sick Role and Patient Role; Hospital as a social system. Types of hospitals: General hospitals, Specialty hospitals, sanatoria, dispensaries, teaching and corporate hospitals. Functions of hospitals: co-ordination and supervision in hospitals.

UNIT – D

Community Health : the concept and community health problems in India. Concept of integrated health service. The Primary Health Centres their organization and functioning. Implementation and utilization of health programmes in rural and urban communities. Role of mass media and the promotion of health.

UNIT – E

The State and Health – health as a fundamental right. Health policy of the Government of India. Financing of health care – health insurance. Drugs – manufacturing – distribution and prices. Food and drug adulteration. The Medical Council of India, the Indian Medical Association – issues of consumer protection and the government.

Essential readings

Albercht, Gary L and Fitzpatrick, R. 1994. Quality of Life in Healthcare: Advances in Medical Sociology. Mumbai: Jai Press.

Coe. Rodeny M. 1970 Sociology of Medicine. New York McGraw Hill.

Cockerham, William C. 1997 Medical Sociology, New Jersey: Prentice Hall

Cockerham, Eilliam C 1997 Readings in Medical Sociology. New Jersey: Prentice Hall.

Conrad, Peter et al. 2000. Handbook of Medical Sociology. New Jersey: Prentice Hall.

Dasgupta R. 1993 Nutritional Planning in India. Hyderabad: NIN

Fox, Renee C. 1988 Essays in Medical Sociology: Journeys into the field. New York transaction Publishers.

Nayar, K.R. 1998 Ecology and health: A System Approach. New Delhi APH Publishing Corporation.

Venkatratnam R. 1979 Medical Sociology in an Indian Setting. Madras: Macmillan.

Referencess:

Apbercht Gary L 1944 Advances in Medical Sociology Mumbai : Jai Press

Gunatillake, G 1984 Intersectoral Linkages and Health Development: Case studies in India (Kerala State), Jamaica, Norway, Sri Lanka, and Thailand (WHO Offset Series) Geneva : WHO

Rao, Mohan. 1999 Disinvesting in Health. The World Bank's Prescription for Health , New Delhi: Sage.

Schwatz, Howard. 1994 Dominant issues in Medical Sociology. New York McGraw Hill.

Scrambler, Graham and Paul Higgs. 1998 Modernity, Medicine and Health : Medical Sociology Towards 2000. London, Routledge.

Pedagogy

Assignments to study and analyze Census reports on mortality and morbidity. Analyzing DGHS Reports on incidence and prevalence rates of diseases.

Discussion of WHO reports on infectious and communicable diseases and other statistical information. Visits to hospitals, sanatoria and writing critical reports on them.

Writing reports on functioning of specific Primary Health Centers assigning one center for one student.

Discussion sessions on rural health on the basis of their own observations.

Organizing small group seminars by inviting experts in public health and encouraging discussions.

Participate in NGO activities in the neighborhood where NGO activity on health is intensive.