



Behavioral Sciences

(Sociology and Psychology)
for GNM Nursing Students

As per the New Syllabus of INC

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- A thoroughly revised and updated edition
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- **100+** Subjective and Objective Questions
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- Nursing Implications covered exclusively

2nd
Edition

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Community

LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Define community.
- Explain the types of community.
- Describe about community development project.
- Discuss healthcare delivery system in India.

CHAPTER OUTLINE

- Meaning
- Types of Community
- Community Development Project
- Important Programs of Community Development and Integrated Rural Development

KEY TERMS

City: A densely-populated urban area characterized by a high concentration of people, diverse economic activities, and advanced infrastructure and services.

Community: A group who follows a social structure within a society.

Population growth: The increase in the number of individuals within a population over time, influenced by factors such as birth rates, death rates, immigration, and emigration.

Rural community: A community located in non-urban areas characterized by lower population density, agricultural activities, and often close-knit social relationships.

Tribal community: A community consisting of indigenous or native populations, often characterized by shared cultural practices, traditions, and governance systems rooted in ancestral heritage.

Urbanization: The process of increasing population concentration in urban areas due to rural-to-urban migration and natural population growth, leading to significant socioeconomic and environmental changes.

A community is a group of people. An individual forms the family, which is the smallest functional unit of the society. Community is small or may be large social group where they share the common religion, norms, beliefs and values. Community has well-defined geographical boundaries and is relatively permanent. Each and every community is socially recognized by a name. The community has no legal status.

MEANING

“An area of social living marked by some degree of social coherence.”

DEFINITIONS

- “Community is a social group with some degree of ‘we feeling’ and living in a given area.”
—Bogardus
- “Community is the smallest territorial group that can embrace all aspects of social life.”
—Kingsley Davis

TYPES OF COMMUNITY

Rural Community

Rural means “belonging to the country.” The word village is derived from the Latin word **villaticus** means ‘belonging to a farmhouse’. There is a sense of **we feeling** and cooperation. Agriculture is said to be the starting point of human civilization as it helped man to have a settled life in a village and village and the farmers are the one who produce the cereals. According to 2021 census, the village population in India was about 68.8% of the total population. An overwhelming majority of India’s population live in >6 lakh 40 thousand 9 hundred and 30 villages.

DEFINITIONS

- “The rural community comprises the constellation of institutions and persons grouped about a small center and sharing common primary interest.”
—Eldredge and Merrill
- “The village is unit of rural society. It is the theater where in the quantum of rural life unfolds itself and functions.”
—A R Desai

Characteristics

- **Occupation:** The main occupation of the people in rural community is agriculture, animal husbandry, poultry and apiculture and fishing, beekeeping, etc.
- **Dressing:** Most of the villages follow the traditional pattern of dressing.
- **Environment:** Villages have natural surroundings. Animals, birds, river, ponds and all other natural things are common in the village. There is a saying that village is made by God or nature.
- **Social stratification:** The caste system and class system is very much prevalent among the village population due to their deeply rooted beliefs and customs.
- **Size:** The village communities are small in size. There may be a few households or small number of people.
- **Population:** As the villages have large areas of land for cultivation the number of inhabitants is small. However, in our Indian villages the particular habitat is overcrowded, while the land around is spacious. Therefore, if one considers the density of the real habitat of the village—it is high, many families live huddled up, in fact there is no road even to have convenient transportation.
- **Mode of communication:** The minimum use of the electronics and technology is seen in the villages.
- **Homogeneity:** The village life has much homogeneity. People of a village have common occupation and common way of living.
- **Mobility:** Mobility means movement or migration of people from one place to another or from one social status to another, i.e., there are two types of mobilities, physical as well as social. Both are limited in villages, especially in Indian villages.
- **Social relations:** The rural communities are small and have good relationships among themselves and better social awareness also. The village is like a large family. Everyone is known personally.
- **Type of families in village:** Village usually has larger families or extended or there may be joint families too.
- **Education:** Earlier most of the villagers were engaged in agriculture, but nowadays advanced education and specialization are also common in villages.

- **Political awareness:** Political consciousness, participations and awareness are less in villages.
- **Social problems:** Social problems such as crime rate, juvenile delinquency, prostitution and murder are less in villages. But Indian villages have different social problems like ignorance, superstition, poverty, unemployment and conflicts based on caste system are profound.
- **Public opinion:** Public opinion is not easily changeable in villages due to the rigidity of customs, traditions and values. Education, transportation, communication, and new ideas can help in changing the public opinion in villages too.
- **Child marriages:** Child marriage is still there in Indian villages. Lack of education, cultural practices and social values promote child marriages.
- **Women status in society:** Women are not considered to be very significant part of the society, especially to take decisions for themselves and also in family matters. There is still male dominance. The rate of literacy and education is also relatively less among women.

Changes in Rural Community

Change is a natural phenomenon. Nothing is static in the society. But in traditional societies change is sometimes slow and it may not be even significant. Rural India is witnessing changes from ancient time.

Factors Affecting Changes in Rural Community

There are certain major factors which encourage changes in rural India, as shown below:

- **Natural calamities such as floods, famines and earthquakes:** These phenomena have really uprooted the rural people from time to time. Despite of destructions of life and property, there is social mobility also. When people shift from their original habitat a lot of changes do take place which is natural.
- **Population growth:** Population explosion really takes place in rural India. Due to illiteracy, ignorance and absence of social enlightenment the births are not controlled, and even the use of contraception is less. It may be due to personal and social factors like the density of

population on the land, people migrating to urban areas in search of livelihood and better facilities and career opportunities.

- **Industrialization and urbanization:** Industrial revolution and the vicious process of industrialization and urbanization have greatly affected the socioeconomic life of man. It is not only affecting changes in occupations or lifestyle but the complete patterns of living are affected.
- **Education:** Education is primary and only tool to bring the change. Education extends one's outlook and perception to changes. Many schools and colleges are made and the promotion of education is done at larger scale. The educated people from villages are migrating to cities for higher education and employment. Along with educated children their families also migrate to urban areas. Thus, education is responsible for significant changes in rural India.
- **Sanitation and hygiene:** As the open field defecation is very common in villages and that is not the only cause of pollution but also a very common source of diseases such as Polio and hepatitis. At present, the need of Swachh Bharat is highlighted and specifically in villages the construction of toilets is made compulsory in each and every home and the government is also funding for this.
- **Transportation:** The transportation facilities are now greatly upgraded to villages also. The connectivity through train is also promoted, highways and construction of the airports is also done at so many villages round the country. For example, the connectivity through metro train has connected number of villages to extend the convenience to rural population for higher education and occupation.
- **Communication:** The communication facilities are being extended to rural areas. With the advent of radio, even the illiterate masses could hear information and learn it. Nowadays the internet is also very common in village population due to the cost effective and easy accessibility of the internet facility with smartphones. The government has extended television facilities to most of the rural areas and this is going to be a powerful agent of social change.
- **Political leadership:** The effects of political parties and political leadership can be easily observed in villages nowadays. Even the election of the village panchayat is influenced by political parties and their leaders.

- **Government efforts:** The Central and State Government have several new and old programs, which are useful to bring changes in rural life. The programs such as twenty-point program, national health mission, etc. from the government aimed at the rural change in many ways. Community development projects and the program of the village **panchayat** also make changes in villages.
- **Social problems:** There are different social problems that are prevalent in rural population as compared to urban India due to different lifestyle and geographical differences. Poverty, illiteracy, unemployment, female feticide, social discrimination on the basis of caste and untouchability, and many other problems are prevalent among the villagers that necessitate them to change their traditional mode of living.
- **Changes in villages:** Many changes are currently taking place in villages such as lifestyle, health habits, social awareness, street lights and water supply, etc.
- **Change in rural marriage and family:** Child marriage has been very common social problem since ancient times. It is still prevalent. There are boys and girls who are educated or who get married soon after attaining adulthood. Thus, there is change in child marriage up to some extent.
 - The joint families and extended families are changing into smaller or nuclear families.
 - The authority of the father as the head of the family is also undergoing some changes especially in families where the mother and children are educated.
 - The status of women in family has also changed especially where the members of the family are educated.
- **Economic status:** Nowadays villagers are adopting the scientific agriculture. Some have already started mechanical farming. Hybrid seeds and manures are also used.
 - Caste based traditional occupations are also undergoing changes, although there are people who still pursue the traditional jobs.
 - The people in villages have improved their standards of living.
 - The housing, the style of dressing, the types of food consumed, and the types of utensils used in the house are also changing.

- **Changes in social life:**

- The hold of caste and untouchability is on the decline. It will, however, take much time to wipe out the practices of caste system and social discrimination from Indian villages.
- Scheduled castes and tribes are receiving help from the government in order to improve their socioeconomic conditions.

Urban Community

There were cities in ancient times also, but most of them were important due to one or the other reason as religion, politics, trade or commerce. But the modern cities are mostly of great industrial importance because of which people come to cities from villages and this is also the reason for the growth and development of modern cities.

Growth of Cities

While cities have existed since ancient times, but recently they represent only a small proportion of the total population. The lives of the majority of the people were shaped by the rural community or villages only. The massive growth of metropolitan cities has been a characteristic feature since past six decades or so.

Although the growth of cities greatly depends on birth and death rates and migration but political, religious, historical and economic factors equally contribute. The urban development has specific centers which serve as power places for a particular area. For example:

- Political centers can be the capital of states (Bhopal, Jaipur, Mumbai, Kolkata) or the center of political activities (Delhi).
- Training centers for the military (Kharagvasla) or centers for defense (Jodhpur).
- Economic centers are areas which predominate in trade or commerce (e.g., Ahmedabad, Surat) and industrial towns are places with factories.
- The religious cities are those where people go on pilgrimage (Haridwar, Varanasi, Allahabad).
- Educational centers have educational institutions (Pilani).

Differences between urban and rural societies are enlisted in Table 10.1.

TABLE 10.1: Differences between urban and rural societies

Dimension	Urban societies	Rural societies
Economy	Dominated by secondary and tertiary activities	Predominantly primary industry and activities supporting it
Occupational structure	Manufacturing, construction, administration and service activities	Agriculture and other primary industry occupations
Education levels and provision	Higher than national averages	Lower than national averages
Accessibility to services	High	Low
Accessibility to information	High	Low
Demography	Low fertility and mortality	High fertility and mortality
Politics	Greater representation of liberal and radical elements	Conservative, resistance to change
Ethnicity	Varied	More homogeneous
Migration levels	High and generally net immigration	Low and generally net out emigration

DEFINITIONS

Definitions of city

- “A city is a limited geographical area inhabited by a large and closely settled population having many common interests and institutions under a local government authorized by the state”. —**Howard Woolston**
- “City is a state of mind, a body of customs and traditions and the organized attitudes and sentiments that are inherent in these customs”. —**Robert Park**

Thus, it can be concluded that city or the urban community has a limited area, a local government and some traits which makes the city entirely different from the rural community.

Characteristics of City

- **Occupation:** The urban people are engaged in different variety of occupations such as medical, trade, commerce, education, government and recreation. There are numerous occupation options available in the urban community areas.
- **Environment:** The environment is quite artificial. The factories, shops, malls, railways, buildings and many other things are all created by man. There is not much naturalism in air and environment both.
- **Size:** Cities are the larger communities as compared to rural area, and their population may be in lakhs, millions or crores. This is because in a small land area, very large number of people reside.
- **Population:** The density of population is really very high. There is overcrowding and congestion. Slums are also created. Due to such situations the health status of the urban populations is also not satisfactory despite of good healthcare services.
- **Urban life:** There are no similarities in the life of the urban people. There is diversity in the fields of occupation, language, religion and the culture because people from different places are residing in an urban community.
- **Social stratification:** The people in urban community are stratified on the basis of the class and economic status, the caste system is least prevalent here. The lifestyle of the people also varies according to religion, occupations and other socioeconomic status.
- **Social mobility:** In city, mobility is very easy and quick. The urban man can rise or lower his status to a greater extent during his lifetime and the competition for status is very common here. The exercise of talent, the achievement of education, and display of wealth are common in urban community.
- **Communication:** The mode of communication is electronic media to a larger extent but some of the official information is also communicated by post, newspaper and magazines too.
- **Family:** The urban families are smaller in size than the rural families. Family mostly includes husband, wife and children. Large family is not that common in the city.
- **Social problems:** The urban community has different social problems such as higher crime rates, juvenile delinquency, rape, assault, murder, theft, kidnapping, prostitution, divorce and family disorganizations. They are very common in cities all over the world.

Social Problems in Urban Community

Urban problems have no limits, everyday new problems are identified such as—pollution, crime, juvenile delinquency, begging, alcoholism, corruption, and unemployment. Apart from these:

- Substance abuse
- Elderly abuse
- Rape and assault
- Broken families
- Housing and slums
- Crowding and depersonalization
- Water supply and drainage
- Waste disposal
- Transportation and traffic
- Power shortage
- Pollution

Causes of Urban Problems

The causes of urban problems in India are as follows:

- **Social mobility:** People migrate to cities for better employment, opportunities or education.
- **Industrialization:** The urban population growth rate is 4% in India the industrial growth rate is about 6% per year. The Eighth Five Year Plan postulated an industrial growth rate of 8% per annum. This growth was expected to take care of the additional job requirements in the cities.
- **Government initiatives:** Municipal corporations look after the needs which are further divided into zones and there is always transfer of responsibilities from state to central government. The governments have not kept pace with city growth either spatially or in terms of management infrastructure. There is neither the will nor the capacity to plan for the future.
- **Poor planning:** Nowadays each and every profession is merely a way of earning but the professional efforts are not that evident, as in case of civil services and administration services the authorized person should have a vision and mission, which is greatly missing.

- **Population:** By the day some proper plans for the social problems come up, there is a great increase in urban population, which again multiplies the problems in the society.

Differences between rural and urban communities are enlisted in Table 10.2.

TABLE 10.2: Differences between rural and urban community

Rural community	Urban community
The rural society is homogeneous	The urban society is heterogeneous
Rural community is dominated by primary relations	Urban community is dominated by secondary relations
The people are simple, hospitable, and generous	People are artificial, and self-centered
Informal means of social control are enough to regulate interpersonal relations	Formal means of social control like law, legislation and police, etc., are necessary in addition to the informal means to regulate the behavior of people
Rural society is less mobile	Urban society is more mobile
The people in rural society are more conservative, orthodox and dogmatic	The people in urban areas are more competitive and progressive
The women in rural community are traditional housewives and mostly have basic education only	The women are employed, well-educated and are career conscious
The people follow caste system of social stratification	The caste system is not common but class system is very common
The environment is natural and less polluted	The environment is highly polluted and not natural
The families are mostly extended or joint families	The families are mostly nuclear families
The population is not densely packed in terms of housing	The population is very densely packed in terms of housing
The common occupation of rural community is agriculture and allied occupations such as cattle breeding, poultry and handicrafts	Most of the occupations are nonagricultural occupations such as industry trade, commerce, teaching, nursing, medical and administration, etc.

Contd...

Rural community	Urban community
The size of community is small within the count of hundreds or thousands	The size of community is large with the count of lakhs or millions
There is a common language and culture in a village	The language and culture greatly differ as the people from different places are living together
Education status is not that good	Education status is comparatively good

COMMUNITY DEVELOPMENT PROJECT

The development of community is the basic need of the era that demands a change in the mental outlook of the people, an urge to reach higher standard of life is a strong will to achieve it. The community development projects aim at a comprehensive and all round development of rural population.

The Planning Commission—Government of India has defined community development as “an attempt to bring about a social and economic transformation of village life through the efforts of the people themselves.”

Nursing Knowledge Tree

Aims and Objectives of Community Development Project

- Integrated development of rural community covering, social, cultural and economic aspects of rural life.
- Fullest development of available material and human resources.
- Development of a sense of responsibility and awareness among the villagers.
- Development of initiative among the villagers.
- Development of agriculture and allied matters like animal husbandry.
- Development of social life by providing better communication.
- Development of cottage industries.
- Providing more opportunities for employment.
- Development of cooperative effort at rural level.
- Women and child welfare.

Community Development Program

The Community Development Program was launched in 55 selected projects on October 2, 1952 each project covering an area of 30 villages with a population of about 3 lakhs. The pattern was revised in 1958. According to the new pattern, a block covered an area of 400–500 square km. In hundred villages, a population of 60–70 thousand resides. The block has two active stages of operation. First stage of 5 years, followed by the second stage again of 5 years. Then the block enters the past development phase. A functional assistance of '2 lakhs' for first stage and '5 lakhs' for the second stage is provided.

Stages in Organization of Community Development Programs (Fig. 10.1)

- **At the central level:** Community development is under the Ministry of Agriculture and Irrigation.
- **At the state level:** There is a development community with the chief minister as its chairman and ministers are the members of different departments.
- **At the district level:** There is a district board for developmental work. This board is constituted by selected representatives like the Members of Parliament, Members of Legislature Assemblies and heads block level panchayats. In every district, there is a village level, planning committees also with the district collector as its chief.
- **At the block level there are block panchayats**, which look after developmental work. One block development officer and eight extension officers for agriculture, cooperation, animal husbandry, panchayat, court age, industry, social education and women and child welfare are appointed at the block level.

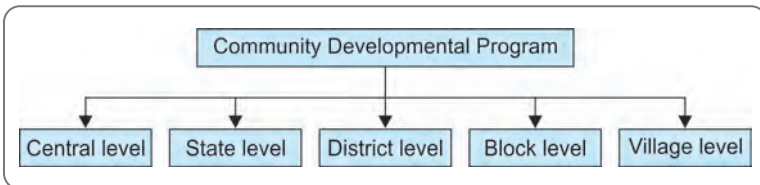


FIGURE 10.1: Stages in organization of community development programs

- **Village level panchayats** are responsible for looking after village level work. Our village level worker is appointed for a group of ten villages. Extension workers also help in the village level work. In addition to the women, village level workers are also appointed.

IMPORTANT PROGRAMS OF COMMUNITY DEVELOPMENT AND INTEGRATED RURAL DEVELOPMENT

Panchayati Raj System and Social Dynamics

- A democratic system is one of the prominent forms of government that is practiced in almost all the countries in the modern world. India being the largest democracy in the world has been a pioneer in effectively practicing democratic principles in its true sense. This has been proven in the introduction of practice of decentralized form of government through Panchayati Raj System. The Government of India enacted in the 73rd Constitution Amendment Act, which was passed by Parliament in 1992 and with effect from April 24, 1993 after the required number of State Legislatures ratified the same.
- Panchayati Raj is a three-tier structure of democratic institutions at district, block and village levels namely, Zila Parishad, Panchayat Samiti and Village Panchayats respectively. It is a system of local self-government aimed at securing gram swaraj. It is based on the philosophy of decentralization; further enables participative governance by the people. It is a suitable institutional arrangement for achieving rural development through people's initiative.
- Panchayats as local self-government institutions and vehicles of development have been parts of the Indian system of governance since ancient times.
- One of the prominent committees that were initiated into the establishment of Panchayati Raj System is Balwant Rai Mehta Committee. Some of the provisions of Balwant Rai Committee that were set up in 1957 to review the working of Community Development program were:
 - The introduction of a three-tier system of panchayats in the process of democratic decentralization and village reconstruction was a pivotal suggestion made by the committee.

- The committee felt that democratic government composed, controlled and directed by popular representation of the local areas is necessary at the local level.
- The report strongly recommended that training requirements of panchayat personnel should be given high priority.
- It was Gandhiji's idea that India lives in its villages. In this pretext, the government felt that local governance would lead to achieving Gandhiji's dream and hence Panchayati Raj System has been moving in that path. Its main objective is that rural people should undertake the responsibilities of governing themselves, and their active participation in the developmental activities in agriculture, animal husbandry, irrigation, public health and education.
- Panchayat has made a huge impact on social mobilization and participation of the rural people for the sake of their development. Panchayati Raj System has provided avenues for facilitating people's participation at the grass root level in the following ways:
 - Gram Sabha has provided an open forum for discussion at various village level development activities thereby ensuring people's participation effectively in the political and social system.
 - Representation of weaker sections in the decision-making process has paved way for these sections to uplift themselves and others who are equally deprived of their opportunities.
 - Empowering rural women through an induction of 1/3 reservation in the Panchayati Raj bodies has been a positive improvement because in the era of equality, women also need to have economic, political and social equality along with men.
 - Panchayat Raj System has been an edifice in the functioning of democracy in India. As per the Constitution, panchayats in their respective areas would prepare plans for economic development and social justice and also execute them. To facilitate this, as per State Finance Commission's recommended states are supposed to devolve functions to panchayats and also make funds available for doing these. The functions of panchayats are divided among different committees which are called Standing Committees/Sthayee

Samitis/Upa Samitis, etc. One of the members remains in charge of each of such committees while the overall charge rests with the chairperson of the panchayat. Panchayats are supported by a host of other officials, the number of which varies from state to state.

- Apart from grants received from the government under the recommendation of the Finance Commission, panchayats receive schematic funds for implementation of schemes (Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Backward Regions Grant Fund (BRGF), Indira Awaas Yojana (IAY), etc. They can also raise revenue by imposing taxes, fees, penalties, etc., as per rule of the state.
- Seventy-third constitution amendment of the constitution gives important powers and responsibilities to Panchayati Raj Systems in development and progress of rural society. As rural society is mainly concentrated in rural areas, the major functions of Panchayati Raj system are as following:
 - ❖ Agricultural development and irrigation facilities
 - ❖ Land reforms
 - ❖ Eradication of poverty
 - ❖ Dairy farming, poultry, piggy and fish rearing
 - ❖ Rural housing
 - ❖ Provision of safe drinking water
 - ❖ Social forestry, fodder and fuel
 - ❖ Providing primary education, adult education and informal training
 - ❖ Constructions of roads, buildings, schools and hospitals
 - ❖ Maintenance and regulation of markets and fairs
 - ❖ Preference to child and women development
 - ❖ Look into the welfare of weaker sections, scheduled castes, scheduled tribes and other deprived sections of the society.

Healthcare Delivery System in India

India is a country of 28 states and 8 union territories. States are largely independent in matters related to the delivery of healthcare to the people. Each state has developed its own system of healthcare delivery, independent of the Central Government (Fig. 10.2). The Central

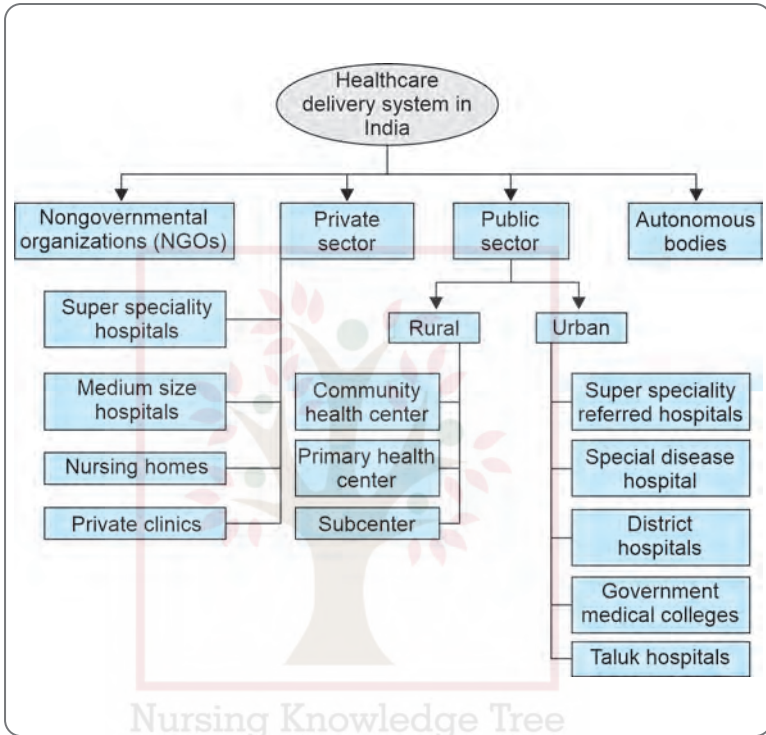


FIGURE 10.2: Healthcare delivery system in India

Government's responsibility mainly consists of policy making, planning, guiding, assisting, evaluating and coordinating the work of the State Health Ministries. The health system in India has three main links:

1. Central
2. State
3. Local or peripheral

Rural Healthcare Services

The healthcare services in rural areas are different considering the different health problems of rural population. Grossly rural health problems came in limelight from 2005 with the National Rural Health Mission, which covers all the rural population of India.

National Rural Health Mission, 2005

The National Rural Health Mission (NRHM), now under National Health Mission is an initiative undertaken by the Government of India to address the health needs of under-served rural areas. It was launched on April 12, 2005. NRHM seeks to provide equitable, affordable, and quality healthcare to the rural population, especially the vulnerable groups. Some of the key initiatives in NRHM include:

- **Accredited Social Health Activists (ASHA):** Community Health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under the mission for establishing a link between the community and the health system.
- **Rogi Kalyan Samiti (Patient Welfare Committee)/Hospital Management Society:** It is a management structure that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare.
- **Untied Grants to Subcenters:** Untied Grants to Subcenters have been used to fund grass-root improvements in healthcare. Some examples include:
 - Improved efficacy of Auxiliary Nurse Midwives (ANMs) in the field that can undertake better antenatal care and other healthcare services.
 - Village Health Sanitation and Nutrition Committees (VHSNC) have used untied grants to increase involvement in their local communities to address the needs of poor households and children.

- **Healthcare contractors:** NRHM has provided healthcare contractors to underserved areas, and has been involved in training to expand the skill set of doctors at strategically located facilities identified by the states.
- **Janani Suraksha Yojana (JSY):** JSY aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities. Under the scheme, cash assistance is provided to eligible pregnant women for giving birth in a government health facility. Large scale demand side financing under the JSY has brought poor households to public sector health facilities on a scale never witnessed before.
- **National Mobile Medical Units (NMMUs):** Many underserved areas have been covered through National Mobile Medical Units (NMMUs).
- **National Ambulance Services:** Free ambulance services are provided in every nook and corner of the country connected with a toll free number and reaches within 30 minutes of the call.
- **Janani Shishu Suraksha Karyakram (JSSK):** As part of recent initiatives and further moving in the direction of universal healthcare, Janani Shishu Suraksha Karyakram (JSSK) was introduced to provide free to and fro transport, free drugs, free diagnostic, free blood, and free diet to pregnant women who come for delivery in public health institutions and sick infants up to one year.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** The Child Health Screening and Early Intervention Services have been launched in February 2013 to screen diseases specific to childhood, developmental delays, disabilities, birth defects and deficiencies. The initiative covers about 27 crore children between 0 and 18 years of age and also provides free treatment including surgery for health problems diagnosed under this initiative.
- **Mother and Child Health Wings (MCH Wings):** With a focus to reduce maternal and child mortality, dedicated Mother and Child Health Wings with 100/50/30 bed capacity have been sanctioned in high case load district hospitals and CHCs which would create additional beds for mothers and children.
- **Free Drugs and Free Diagnostic Service:** A new initiative is launched under the National Health Mission to provide Free Drugs

Service and Free Diagnostic Service with a motive to lower the out of pocket expenditure on health.

District Hospital and Knowledge Center (DHKC)

As a new initiative, District Hospitals are being strengthened to provide Multispecialty healthcare including dialysis care, intensive cardiac care, cancer treatment, mental illness, emergency medical and trauma care, etc. These hospitals would act as the knowledge support for clinical care in facilities below it through a telemedicine center located in the district headquarters and also developed as centers for training of paramedics and nurses.

National Iron+ Initiative

The National Iron+ Initiative is an attempt to look at Iron Deficiency Anemia in which beneficiaries will receive iron and folic acid supplementation irrespective of their Iron/Hb status. This initiative will bring together existing programs (IFA supplementation for: pregnant and lactating women and; children in the age group of 6–60 months) and introduce new age groups.

Urban Healthcare Services

National Urban Health Mission



The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet

on May 1, 2013. NUHM envisages to meet healthcare needs of the urban population with the focus on urban poor, by making available to them essential primary healthcare services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing healthcare service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc., implemented by the Ministries of Urban Development, Housing and Urban Poverty Alleviation, Human Resource Development and Women and Child Development.

The NUHM would cover all State capitals, district headquarters and cities/towns with a population of more than 50,000. It would primarily focus on slum dwellers and other marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers. The center-state funding pattern will be 75:25 for all the States except North-Eastern states including Sikkim and other special category states of Jammu and Kashmir, Himachal Pradesh and Uttarakhand, for whom the center-state funding pattern will be 90:10. The Program Implementation Plans (PIPs) sent by the states are appraised and approved by the Ministry. The NUHM would endeavor to achieve its goal through:

- Need-based city specific urban healthcare system to meet the diverse healthcare needs of the urban poor and other vulnerable sections.
- Institutional mechanism and management systems to meet the health-related challenges of a rapidly growing urban population.
- Partnership with community and local bodies for a more proactive involvement in planning, implementation, and monitoring of health activities.
- Availability of resources for providing essential primary healthcare to urban poor.
- Partnerships with NGOs, for profit and not for profit health service providers and other stakeholders.

SUMMARY

- Community has well-defined geographical boundaries and is relatively permanent.
- The communication facilities are being extended to rural areas.
- The Central and State Government have several new and old programs, which are useful to bring changes in rural life.
- Although the growth of cities greatly depends on birth and death rates and migration, political, religious, historical and economic factors equally contribute.
- It can be concluded that city or the urban community has a limited area, a local government and some traits, which makes the city entirely different from the rural community.
- The development of community is the basic need of the era that demands a change in the mental outlook of the people, an urge to reach higher standard of life is a strong will to achieve it.
- Panchayati Raj is a three-tier structure of democratic institutions at district, block and village levels, namely, Zila Parishad, Panchayat Samiti and Village Panchayats respectively.
- Janani Suraksha Yojana or JSY aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities.
- District Hospitals are being strengthened to provide multispecialty healthcare including dialysis care, intensive cardiac care, cancer treatment, mental illness, emergency medical and trauma care, etc.



STUDENT ASSIGNMENT

LONG ANSWER QUESTIONS

1. Define community and explain different types of community and their characteristics.
2. Differentiate between rural community and urban community.
3. Describe community development project.
4. Describe Panchayati Raj system.

SHORT ANSWER QUESTIONS

1. Define the following:
 - a. Community
 - b. Urban community
 - c. Rural community
 - d. City
2. How does community engagement contribute to fostering civic participation and social cohesion? Provide examples of community initiatives that promote active citizenship.
3. What are the key challenges faced in building community resilience against social, economic, and environmental disruptions?
4. In what ways do digital communities differ from traditional geographic communities?
5. How has the rise of digital platforms influenced the dynamics of community interactions and collective action?

MULTIPLE CHOICE QUESTIONS

1. The three-tier system of Panchayati Raj was recommended by:
 - a. Kaka Kalelkar Committee
 - b. Simon Commission
 - c. Balwant Rai Mehta Committee
 - d. Jai Prakash Narain Committee

2. **Unlike village community, urban society lacks in:**
a. Secondary social control
b. Social tolerance
c. Self sufficiency
d. All of the above
3. **Social distance in a city is due to:**
a. The size of city
b. The distance between residences
c. The social heterogeneity
d. The traffic problem in city
4. **The spatial feature of urbanization in India has been:**
a. Localized in nature b. Balanced
c. Both a and b d. None of these
5. **Which is not a feature of urban life?**
a. Loss of humanistic value b. Impersonal relationship
c. Informal ties d. Competition
6. **Who developed the concept of urbanism as a way of life?**
a. Louis Wirth b. Fisher
c. Lewis Coser d. None of these
7. **The world's first cities appeared about**
a. 3500 BC b. 300 BC
c. 2000 BC d. AD 100
8. **Which among the following was an exclusive university town?**
a. Taxila b. Pataliputra
c. Nalanda d. Kashi
9. **Which of the following is not one of the features of urban community?**
a. Face to face relationships b. Complex life
c. Materialistic d. Glamour in life

ANSWER KEY

1. c 2. c 3. c 4. a 5. c 6. a 7. a 8. c 9. a

Behavioral Sciences

(Sociology and Psychology) for GNM Nursing Students

Salient Features

- This textbook has been designed for undergraduate nursing students, especially for the students of GNM Nursing.
- The book is written in simple and easy-to-understand language.
- The point-wise presentation of the text helps students to recall the concepts.
- Special attention has been given on the roles and responsibilities of the nurses in reference to the social dynamics.
- Throughout the book, Sociology and Psychology in nursing practice have been covered with the approach needed for maintaining a good nurse-patient relationship.
- Nursing implications have been covered in an integrated manner for better practical understanding.

Learning Objectives given in the beginning of each chapter help readers understand the purpose of the chapter.

LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Define sociology.
- Describe the scope of sociology.

Chapter Outline gives a glimpse of the content covered in the chapter.

CHAPTER OUTLINE

- Scope of Sociology
- Special Branches of Sociology
- Relationship of Sociology with Other Social Sciences

Key Terms are added in each chapter to help understand the difficult scientific terms in easy language.

KEY TERMS

Anthropology: Anthropology is the scientific study of humans, their behavior, and societies in the past and present.

Economics: A social science concerned with the production, distribution, and consumption of goods and

Numerous **Tables** have been used in the chapters to facilitate learning in a quick way.

TABLE 5.1: Differences between the tribe and clans

Characteristics	Tribes	Clans
Geographical area	Tribes live in a definite geographical area	They do not have a definite geographical area
Language	Language is common	Language is not common

The book is well illustrated with relevant **Figures/Flowcharts** for easy grasp of the relevant topic.

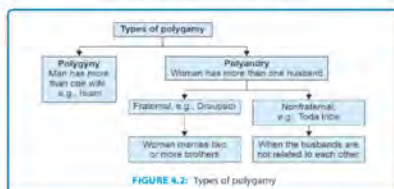


FIGURE 4.2: Types of polygamy


Do you know? boxes provide highly useful additional information to enhance the knowledge of the student.

Do you know?

3 R's while forming a new habit and breaking bad habit

- **Reminder/Resolve:** Resolution is a strong decisive step that is taken for a purposeful action. Resolution depends on belief in the ability to complete tasks and reach goals.
- **Routine/Rehearse:** Rehearsing the new habit helps in the formation of habit.

Detailed **Student Assignment** in the form of exercises in each and every chapter will facilitate structured learning and revision of the material provided in the respective chapters.

**STUDENT ASSIGNMENT**

LONG ANSWER QUESTIONS

1. How is sociology useful for nurses?
2. Describe the sociology in relation to other sciences.

SHORT ANSWER QUESTIONS

1. Define sociology.
2. Describe the scope of sociology.



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