CATHOLIC HOSPITAL ASSOCIATION OF INDIA

EVANGELISATION MEANS PROCLAMATION OF THE GOOD NEWS OF SALVATION TO THE POOR.

Its signs are: The Blind see, the Deaf hear, the Dumb speak, the Lame walk, the Captives are set free and the oppressed are liberated. (LK 4, 18; 7,22).

- The Blind: The Poor were unable to see the powers and forces which dominate and exploit them because the Elite, to keep up their status quo, never let them see the reality of domination and exploitation. They brainwashed them, with the words of "Humility, service, obedience, blessed are the poor, the will of God etc..,".
- See: Now they see, because critically aware of these forces which dehumanise and exploit them and they see also the ways and means which put them in the path of liberation and progress.
- The Deaf: For the people who were conditioned to live in perpetual slavery and suppression the words, freedom, equality justice and human dignity meant nothing because they never experienced these realities. As a result they were deaf to them.
- hear: Now they hear, they understand the meaning of human dignity freedom, equality, justice and development. Their ears are attuned to these realities because they already experience them in their common discussions and action programmes and in their co-operative living.
- The Dumb: Centuries of suppression and Domination made them silent. They were not allowed to express their opinions. They had only to listen, do and die. As a result they were afraid to open their mouth, thoughts, ideas and feelings. Others thought for them, spoke for them and decided for them thus made them Dumb.
- Speak: Now the silent masses are getting organised and have gained the courage to express their thoughts, ideas and feelings boldly. They discuss their life problems above all take their own decision.
- The Lame: The age old master, servant relationship made the poor depend on their masters for every thing. Their masters never let the stand and walk on their own feet. They remained as children continuously depending on their "benefactors" for every thing.

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Walk:

Now they are confident to stand and walk on their own feet independently as adults. They will never allow themselves to be crippled by any dominating and exploiting powers, because now they know that it is in walking on their feet they and their children are going to achieve their development.

The captives:

The social, economic, political, cultural and religious systems favoured the Elite and kept the poor in fear, poverty and illiteracy and made them blind and deaf to the dehumanising and exploitive factors.

are set free: The critical understanding of these systems librate them in their thoughts and attitudes and motivates them to struggle for their liberation and progress with hope. Thus they are no more passive victims of exploitation but courageous agents of change and commited architechts of their own destiny.

This movement from darkness to light, ignorance to knowledge, slavary to freedom is called salvation. Through a process of action-reflection-action.... the poor are already experiencing this reality. They were blind, now they see, were deaf, now they hear, were dumb now they speak, lame now they walk. Thus this action reflection programme becomes good news to the poor though apparently it is a bad news to the Elite, the Masters, because the poor challenge their dehumanising thoughts and systems. If the Elite are not prepared to change their evil ways they will never be able to experience the kingdom of God, the Kingdom of Equality, Justice, Truth and Brotherhood." They have eyes, but they do not see. They have ears but they do not hear..."

> -COMMUNITY HEALTH DEPARTMENT CHAI, CBCI CENTRE GOLDAKKHANA, ASHOKA PLACE NEW DELHI - 110001.

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CATHOLIC HOSPITAL ASSOCIATION OF INDIA

NEW DELHI

QUIZ:

POVERTY AND HEALTH

- 1. The Largest number of deaths in India are because of:
 - Deficiency diseases b. Heart disease c. Cancer Low birth weight and diseases of infancy a. đ.

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2. In Bombay babies born in rich families have a moan birth weight of 3300 gms. While in poor families have a weight of:

a. 2000 gms b. 2600 gms c. 2800 gms d. 3000 gms

3. The percentage of children under 5 years who are underweight is:

a. 30% b. 50% c. 65% d. 78%

4. In India the typical diet has how many kilo calories?

a. 1500 b. 2000 c. 2500 d. 3000

5. a) What is the daily calorie requirement for a man doing heavy work (Ploughing, Stone breaking etc.)?

a. 2400 b. 2800 c. 3200 d. 3900

b) According to an estimate in a poor family the average kilo calories for a man is:

a. 1400 b. 1600 c. 1700 d. 2100

6. a) What is the daily calorie requirement for a woman doing heavy work (Agriculture, Construction work etc.)?

a. 1900 b. 2200 c. 2800 d. 3000

- b) According to an estimate in a poor family the average kilo calories for a woman is: a. 1400 b. 1600 c. 1700 d. 2100
- c) What is the extra daily calorie requirement for pregnant woman?

a. 100 b. 200 c. 300 d. 400

d) A survey in South India showed that percentage of pergnant woman with symptoms of malnutrition is:

a. 20% b. 30% c. 50% d. 60%

Diamahaa

7. Which of the following diseases are directly related to the nutritional status of the person?

	Vitamin A deficiency		Tuberculosis Anaemia	-	Measles Worms	- Upper resp. infections
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- 8. The percentage of all conditions reported in India which are definitely pre-cntable are:
 - a. 40% b. 50% c. 60% d. 70%
- 9. In 1976 the patien's treated for dysentry, typhoid and gastro-enteritis (all spread by contaminated water and food) were more than:

a. 10 lakhs b. 29 lakhs c. 49 lakhs d. 69 lakhs

10. The percentage of diseases of tring in rural areas which are caused by lack of clean drinking water and sanitation is:

a. 40% b. 60% c. 75% d. 80%

11. In a city in U.P. after water work and sanitation were installed, the cholera death rate decreased by:

a. 25% b. 52% c. 74% d. 85%

12. A survey found that of all the tube wells installed by the Government, the percentage of wells still in use are:

a. 15% b. 25% c. 50% d. 99%

- 13. What is the percentage of villages in India which still does not have a safe drinking water supply?
 - a. 30% b. 50% c. 70% d. 90%
- 14. In India it is estimated that the rich have a life expectancy of 65 years while the poor have an average life expectancy of:
 - a. 35 years b. 45 yrs. c. 50 yrs. d. 60 yrs.

After discussing the answers write down the conclusion that emerges out of this guiz.

I. The per capita comparable land:

in India is 0.27 hectacres in China is 0.15 hectacres

Life expectancy:

in India is 51.5 in China is 64

Infant mortality:

in India is 129/1000 live births in China is 56/1000 live births

Annual death rate:

in India is 13.9/1000 pop. in China is 8.8/1000 pop.

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How is it that a country like China with more population and less per capita land as compared to India able to have better health status?

- 3 -

II. The population of India in 1971 was 54,81, 59,652 1981 was 68,38,10,051

The total grain production in 1971 was 9,40,80,000 tons 1978 was 11,38,10,000 tons

The amount of per capita grain availability in India in: 1971 was 453 gms/day 1978 was 469 gms/day

The amount of per capita grain required by man doing sedentary work (office): 400 gms Man doing hard work : 650 gms

The amount of land used for growing food crops was 12,81,22,000 hectacres

Non-food crops like tobacco, coffee, tea was 11,41,000 hectacres

The amount of food exported by India in 1979 was 3,12,997 tons

Pulses are the major source of protein in the diet

The amount of pulses produced per person in 1956 was 70.4 gms 1975 was 40 gms.

Analyse the information given above and give your conclusion

POPULATION

1. The average number of children produced by a family in India is:

a. 5.7 b. 4.8 c. 6.3 d. 8.0

- 2. The reasons for producing so many children are:
 - a. Ignorance
 - b. Children are an economic asset
 - c. Children are a security in old age
 - d. Too many children die in the 1st year of life
 - e. No family planning services available
 - f. No other entertainment in the village
- 3. How many children does a family in India need to help collect enough fire wood for cooking, lighting etc. for each day?

At least 2 children; 3 children; 4 children; 5 children

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HEALTH SERVICES

1. The amount of money spent on training a doctor is: a. 20,000 b. 50,000 c. 70,000 d. More than 1,00,000 2. The amount of money spent on training an ANM is: a. 3,000 b. 4,000 c. 5,000 d. 6,000 3. The amount of money spent on training a VHW is (Govt.): a. 600 b. 800 c. 1,000 d. 1,200 4. The percentage of ailments that can be prevented or treated by a VHW in the village (before becoming serious) is: 20% b. 40% c. 70% d. 85% a. 5. The percentage of ANM working in the rural areas is: 47% b. 57% c. 70% d. 87% a. 6. The percentage of Doctors working in the rural areas: 20% b. 30% c. 40% d. a. 50% 7. The number of people for each nurse (nurse population ratio:) is: 1500 b. 3000 c. 4500 d. 6300 a. C. The number of people for each doctor(doctor population ratio) is: a. 2500 b. 3900 c. 4500 d. 10000 9. The percentage of hospital beds in rural areas where 80% of the people live is: seroid! a. 14% b. 32% c. 48% d. 57% 10. Through the Fifth Five Year Plan what percent of the health budget was spent in rural areas? a. 10% b. 20% c. 30% d. 50% 11. The number of children that go blind every year due to Vitamin & deficiency is 14,000. To prevent blindness by giving Vitamin A. the cost per child per year would be Rs: a. 0.50 b. 1.00 c. 2,00 d. 3.00 "Prepared by" Community Health Team V.H.A.I., C-14, Community Centre New Delhi-110 0

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EXERCISE IN <u>COMMUNICATIONS</u> B. <u>MANOJ GUPTA</u>

Manoj Gupta is a devoted artist running a studio in the City and according to him, his life-long ambition has always been the creation of a piece of art that will be of eternal value. He wanted to give expression to a female form that will surpass Venus. And he was on the look out for a model for achieving this ambition. He used to visit all places where he could find beautiful ladies, but nowhere could he find the form that he had in mind. Then one day...(the same scenes that we saw earlier follows with Manoj's comments put in brackets).

Scene (1)

Manoj was sitting one evening in a restaurant with a girl friend. An extremely beautiful lady appears at the entrance along with a gentleman; they occupy a table at the other end of the hall. Manoj is enchanted with the beauty of the lady (I realise that at last I have found the form that I was searching for long) and he becomes restless. For the moment, he forgets the fact that he is in the company of a girl friend and he doesn't even listen to her. Growing impatient, he brushes aside the girl friend and walks over to the other end of the hall where the beautiful lady and the gentleman were sitting. He says "Excuse me" to the gentleman and beckons the lady to rise up and come to him. They go together to the lobby and he whispers something in her ears to which she nods. (I requested her to act as my model; she agreed. I fixed an appointment with her at my studio at 9.00 am the next day.) They come back, the lady goest to the gentleman and Manoj comes back to his old seat. Being restless, he could not remain any longer in the restaurant; he takes the hand of the girl friend and they walk out of the restaurant. One of the two waiters, who were watching all this, tells the other: "What a woman-hunter?"

Scene (2)

Next morning Manoj gets up early from the bed and putting on his dress hastily rushes out of the house. Mother brings a cup of coffee and requests him to take coffee before going out. He brushes her aside saying "I have no time now; I have an appointment to keep." Without listening to the repeated entreatics of his mother, he hurries down the stairs and out into the street. (I did not mean any disaffection towards my mother; I only wanted to get to the studio in time). The mother wails: "What has happened to my Manoj who was such a good boy? He has been moody and difficult."

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Scene (3)

Out in the street, he spots out a taxi, but the driver was talking in the telephone booth nearby. Manoj requests him to come away, but the man continues to talk. Growing impatient, Manoj bawls out at him to hang up and come away. The driver is stunned, but he hangs the phone and comes back.

Once inside the taxi, Manoj pulls out a pad and begins making line sketches of the post, form and other details of presentation of the great piece of art that he is going to create. He draws one one sheet, then tears it off and tries another. Like this, he makes a number of trial sketches and he is deeply absorbed in the thought of how to give expression to the idea that he was carrying in his mind for long.

During the drive, as is usual with all taxi drivers, he talks about the weather, last night's crimes in the city and petty politics. Manoj tells him that he is not interested in any of these and that he wants to have a quiet time. The taxi driver chuckles thinking what sort of a man is this. Unable to resist the temptation after a while, he again resumes his talk. Manoj becomes furious and thumps him first at the back of the seat shouting "shut up". The driver becomes mortally afraid to open his mouth again. After leaving Manoj at the appointed place, he wonders, "What a rowdy?" Scene (4)

Getting out of the taxi as Manoj was entering the building, the landlord stood at the foot of the stairs and wished him, "Good morning." (He is a terrible bore and if I allow him to have his way, I would be delayer at least half an hour. So, I decided to play foul with him.). Manoj runs into a fury and, catching him by the collar, asks him: "What did you say? Good morning? It may be good morning to some, may be bad morning for others. What the hell do you want with me?" The man is completely taken aback and wonders loudly, after Manoj had gone up the stairs: "What a lunatic?"

Scene (5)

Inside the building the Janitor woman notices Manoj coming much earlier than usual and getting into his room. Shortly afterwards, she also sees a beautiful lady coming up the stairs and going into Manoj's room, She could not help smiling meaningfully.

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As the lady knocks at the door, Manoj comes and opens the door. He removes and hangs up her coat. After requesting her to take the seat, he begs her pardon for making her wait for a little while and arranges the drawing board, dishes, colours, etc. Then he walks over to the lady still holding the rod of the stand in his band and directs her to pose for the model. Instead of posing as directed, she makes overtures to him. Manoj gently tries to make her sid down telling her that after the work is over, they will have a nice time together. But, she continues with her flirtations with him in a more and more passionate manner in spite of all his entreaties to let the work be finished first and after a while she tries to put hands around him and embrace him. Losing all hope of doing the work and feeling frustrated with the shattering of his lifelong ambition, he pushes her hand against the sofa and she screams aloud.

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The janitor woman hears a scream from the room. She rushes up, opens the door and sees Manoj with an iron rod in his hand and the lady lying motionless on the sofa. She jams the door shouting, "Murder" and frantically runs away.

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Now what do you think of Manoj? (Give a one-word expression summarising his character).

* * * *

EXERCISE IN COMMUNICATIONS A. MANOJ GUPTA

Scene (1)

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Inside the building, the janitor woman notices Manoj coming much earlier than usual and getting into his room. Shortly afterwards, she also sees a beautiful lady coming up the stairs and going into his room. She could not help smiling meaningfully. A short while afterwards, she hears a scream from the room. She rushes up, opens the door and sees Manoj standing with an iron rod in his hand and the lady lying motionless on the sofa. She jams the door shouting 'murder' and frantically runs away.

- 1. What do you think of Manoj? (Give one-word expression summarising his character).
- 2. What did the five witnesses of the scene, viz. the waiter, the mother, the taxi driver, the landlord and the janitor woman think of him? L have been 155

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VALUES & VALUES (F)

Miss Sumati was from a very poor family. She lived in a hut near the bank of a river. She was in love with Mr.Sunil, who lived on the other side of the river, and was also from a poor family. This love affair was known to both the families.

Ome day Sumati heard that Sunil is seriously ill. It was monsoon time and the river was overflowing. She had to cross the river by a country boat. But she had no money to pay the boat man. She approached Suresh, her neighbour to borrow some money, but he refused to give. She then met Shankar, the boat man and oxplained to him the situation, and assured him that she will pay him the boat fare later. Shankar insisted that only if she pays the boat fare (\Re . 2/-) he will take her to the other side of the river. She pleaded with him and told that her lover is seriously ill, and that she must meet him immediately. Shankar told her that if the matter is so urgent he will take her to the other side on the following day provided she is prepared to sleep with him that night. When Sumati realized that arguments were of no use she agreed to the condition.

On the following morning Sumati reached Sunil's house, and in the course of their heart to heart talks, she narrated the hardships she had to go through inorder to meet him. Sunil got a shock of his life when he realized that Sumati is no more a Virgin, and in his anger he beat her and chased her out of the house. Sumati returned home very sad and frustrated.

When Sathish, her brother asked Sumati the reason for her sadness she told that Sunil rejected her and she was ill treated and beaten by him when she visited him at his sick bed. Infuriated by this Sathish rushed to Sunil's house, pulled him out of his bed and killed him.

Who is the most virtuous character in this story? Why? Who is the worst character in this story? Why?

> Community Health Department Catholic Hospital Association of India, P.B. 2126, Secunderabad - 500 003.

17/11/1987. t.j./l.k.

200. C.

FOR RESTRICTED USE ONLY

ALLPORT : VERNON : LINDZEY

STUDY OF VALUES

Part I

DIRECTIONS : A number of controversial statements or questions with two alternative answers are given below. Indicate your <u>personal preferences</u> by writing appropriate figures in the boxes to the right of each question. Some of the alternatives may appear equally attractive or unattractive to you. Nevertheless, please attempt to choose the alternative that is <u>relatively</u> more acceptable to you. For each question you have three points that you may distribute in any of the following combinations.

0

1

3

2

0

1

- 1. If you agree with alternative (a) and disagree with (b), write 3 in the first box and 0 is the second box, thus
- 2. If you agree with (b); disagree with (a), write
- 3. If you have a slight preference for (a) over (b), write
- 4. If you have a slight preference (for (b) over (a), write

Do not write any combination of numbers except one of these four. There is no time limit, but do not linger over any one question or statement, and do not leave out any of the questions unless you find it really impossible to make a decision.

BEHAVIOURAL SCIENCE CENTRE, ST. XAVIER'S COLLEGE, AHMEDABAD 380 009

- The main object of scientific research should be the discovery of truth rather than its practical applications.
 (a) Yes; (b) No.
- Taking the Bible/Ramayana/Koran as a whole, one should regard it from the point of view of its beautiful mythology and literary style rather than as a spiritual revelation.
 (a) Yes; (b) No.
- 3. Which of the following men do you think should be judged as contributing more to the progress of mankind ?
 (a) Aristotle; (b) Abraham Lincoln.
- 4. Assuming that you have, sufficient ability would you prefer to be:
 (a) a banker; (b) a politician?
- Do you think it is justifiable for great artists to be selfish and negligent of the feelings of others? (a) Yes; (b) No.
- 6. Which of the following branchesof study do you expect ultimately will prove more important for mankind ?

 (a) Mathematics;
 (b) Theology
- 7. Which would you consider the more important function of modern leaders?
 (a) to bring about the accomplishment of practical goals; (b) to encourage followers to take a greater interest ib the rights of others.
- When witnessing a gorgeous ceremony (ecclesiastical or academic, induction into office, etc.), are you more impressed; (a) by the colour and pageantry of the occasion itself; (b) by the influence and strength of the group?

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TOTAL

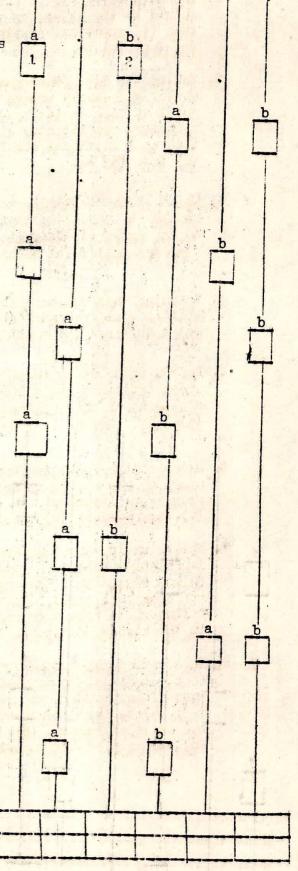
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HARDING MERGINAL PROPERTY

- 9. Which of these character traits do you consider the more desirable? (a) high ideals and reverence: (b) unselfishness and sympathy.
- 10. If you were a university professor and had the necessary ability, would you prefer to teach: (a) Poetry; (b) chemistry and physics?
- If you should see the following news items with headlines of equal size in your morning paper, which would you read more attentively? (a) RELIGIOUS DIFFERENCES WITHIN ANY COMMUNITY: (b) GREAT IMPROVEMENTS IN MARKET CONDITIONS.
- 12. Under circumstances similar to those of Question 11 ? (a) SUPREME COURT RENDIRS DSCISION: (b) NEW SCIENTIFIC THEORY ANNOUNCED.
- 13. When you visit a cathedral/temple/ mosque are you more impressed by a pervading sense of reverence and worship than by the architectural features. (a) Yes; (b) No.
- 14. Assuming that you have sufficient leisure time, would you prefer to use it: (a) developing your mastery of a favourite skill; (b) doing volunteer social or public service work ?
- 15. At an exponition, do you chiefly like to go to the buildings where you can see: (a) new manufactured products; (b) scientific (e.g. chemical) apparatus?
- 16. If you had the opportunity, and if nothing of the kind existed in the community where you live, would you prefer to found: (a) a debating society or forum; (b) a classical music club (Sangeet Sammelan)

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TOTAL



17. The aim of the religious organizations at the present time should be: (a) to bring our altruistic and charitable tendencies; (c) to encourage spiritual worship and a sense of communionwith the highest

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- 18. If you had some time to spend in a waiting room and there were only two magazines to choose from, would you prefer: (a) SCIENTIFIC AGE; (b) ARTS AND DECORATIONS?
- 19. Would you prefer to hear a series of lectures on: (a) the comparative merits of the forms of government in Britain and in the United States; (b) the comparative development of the great religious faiths?
- 20. Which of the following would you consider the more important function of education? (a) its preparation for practical achievement and financial reward; (b) its preparation for participation in community activities and aiding less fortunate persons.
- 21. Are you more interested in reading accounts of the lives and works of men such as: (a) Alexander, Julius Caesar, and Ashoka; (c) Aristotle, Socrates, and Badhakrishnan
- 22. Are our modern industrial and scientific developments signs of a greater degree of civilization than those attained by any previous society, the Greeks, for example? (a) Yes; (b) No.
- 23. If you were engaged in an industrial organization (and assuming salaries to be equal), would you prefer to work;
 (a) as a counsellor for employees;
 (b) in an administrative position?

TOTAL

24. Given your choice between two books to read, are you more likely to select:
(a) THE STORY OF RELIGION IN INDIA:
(b) THE STORY OF INDUSTRY IN INDIA:

- 5 -

- 25. Would modern society benefit more from:
 (a) more concern for the rights and welfare of citizens;
 (b) greater knowledge of the fundamental laws of human behaviour.
- 26. Suppose you were in a position to help raise standards of living, or to mould public opinion. Would you prefer to influence: (a) standards of living; (b) public opinion?
- 27. Would you prefer to hear a series of popular lectures on: (a) the progress of social service work in your part of the country; (b) contemporary painters?
- 28. All the evidence that has been impartially accumulated goes to show, that the universe has evolved to its present state in accordance with natural principles, so that there is no necessity to assume a first course, cosmic purpose, or God behind it.
 (a) I agree with this statement;
 (b) I disagree
- 29. In a Paper, such as the New York Sunday Times, are you more likely to read: (a) the real estate sections and the account of the stock market;
 (b) the section on picture galleries and exhibitions?
- 30. Would you consider it more important for your child to secure training in (a) religion; (b) athletics?

a b

TOTAL

Part II

DIRECTIONS: Each of the following situations or questions is followed by four possible attitudes or answers. Arrange these answers in the order of your personal preference by writing, in the appropriate box at the right, a score of 4, 3, 2, or 1. To the statement you prefer most give 4, to the statement that is second most attractive 3, and so on.

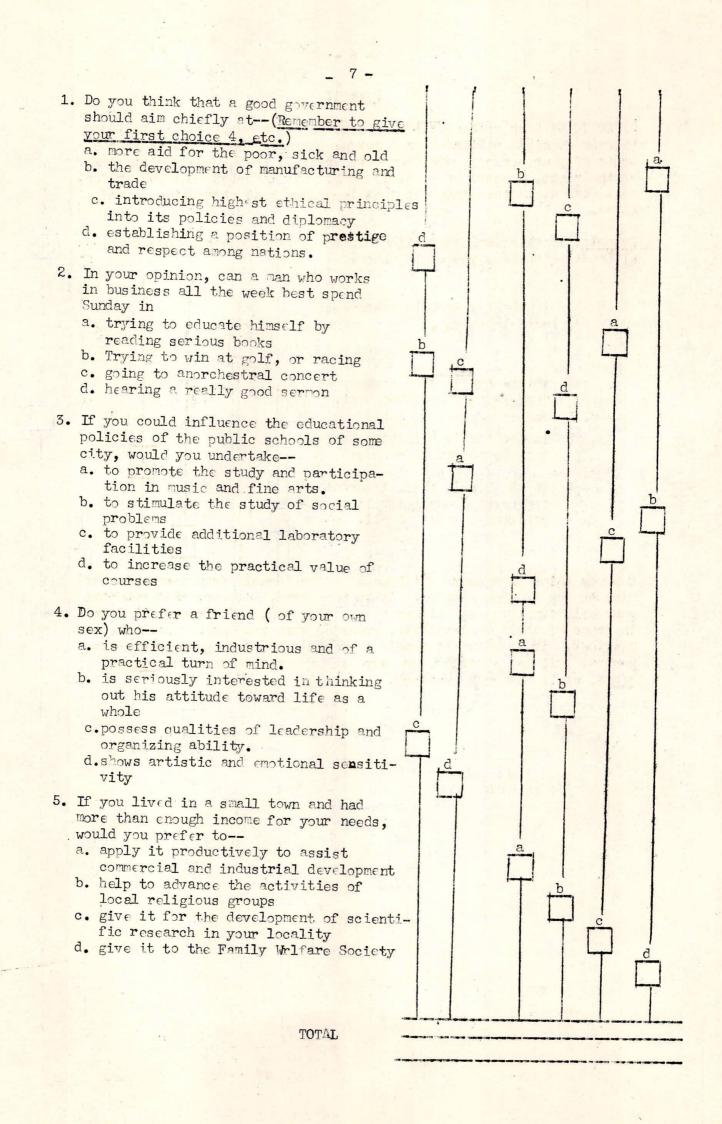
Example: If this were a question and the following statements were alternative choices you would place:

- 4 in the box if this statement appeals to you.
 3 in the box if this statement appeals to you second best.
 2 in the box if this statement appeals to you third best
 - 1 in the box if this statement represents your interest or preference least of all.

You may think of answers which would be preferable from your point of view to any of those listed. It is necessary, however, that you make your selection from the alternatives presented, and arrange all four in order of their desirability, guessing when your preferences are not distinct. if you find it really impossible to state your preference, you may omit the question. Be sure not to assign more than one 4, one 3, etc., for each question.

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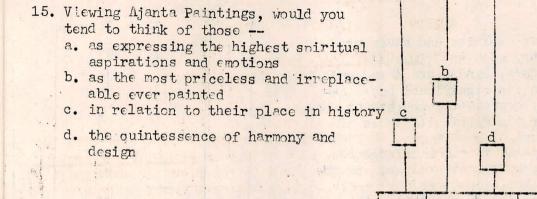


6. When you go to the theater, do you, as a rule, enjoy most --a. plays that treat the lives of great mon b. ballet or similar imaginative performances c. plays that have a theme of human suffering and love d. problem plays that argue consisd tently for some point of view 7. Assuming that you are a man with the necessary ability, and that the salary for each of the following occupations is the same, would you prefer to be a -a. mathematician b. sales manager C c. religious preacher d. politician 8. If you had sufficient leisure and money, would you prefer to-a a. make a collection of fine sculptures or paintings b. establish a contor for the care and training of the feeble-minded c. aim at a membership of Parliament or a seat in the Cabinet d. establish a business or financial enterprise of your own 9. At an evening discussion with intimate friends of your own sex, are you more interested when you talk about-a. themeaning of life b. developments in science c. literature d d. socialism and social amelioration 10. Which of the following would you prefer to do during part of your next summer vacation (if your ability and other conditions would permit)a. write and publish an original biological essay or article b. stay in some secluded part of the country where you can appreciate fine scenery c. enter a local tennis or other athletic tournament get experience in some new line of business TOTAL

- 8 -

11. Do great exploits and adventures of discovery such as Columbus's, Magellan's, Byrd's and Amundsen's seem to you significant because --a. they represent conquests by man over the difficult forces of nature b. they add to our knowledge of geography, meteorology, oceanography, etc. c. they wield human interests and international feelings throughout the world d. they contribute each in a small way to an ultimate understanding of the universe 12. should one guide one's conduct according to, or develop one's chief loyalties toward-a. one's religious faith b. ideals of beauty b c. one's occupational organization and associates d. ideals of charity 13. To what extent do the following famouspersons interest you -a. Florence Nightingale b. Napoleon c. Henry Ford d. Galileo đ 14. In choosing a wife would you prefer a woman who-- (Men answer the alternative form below) a. can achieve social prestige, commanding admiration from others b.likes to help people b c. is fundamentally spiritual in her attitudes toward life d. is gifted along artistic lines (For women) Would you prefer a husband who a. is successful in his profession, commanding admiration from others b. likes to help people c. is fundamentally spiritual in his attitudes toward life d. is gifted along artistic lines . TOTAL

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TOTAL

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The Catholic Hospital Association of India

C. B. C. I. Centre, Goldakkhana, New Delhi - 110001 Tel. 310694, 322064

CHOMAN'S STORY

Choman, a tribal, had been working as a bonded labourer with Mathan, a big landlord in Kerala. Being a bonded labourer he was getting very low wages. His family had been working with Mathan for generations. With the low income, he was experiencing real pain in meeting even the bare minimum requirements of his six member family.

Once Choman hinted to Mathan the wages that were in practice in that area and pleaded with the landlord that unless he increases the wages he cannot pull along at a time when the prices of essential goods are very high. Mathan was surprised to hear this. Such a response from a tribal, and moreover his slave! He became furious. He did not listen to Choman. Upon this Choman revealed that in this circumstances he cannot continue to work there.

Choman should be taught a lesson, he decided. The famous festival of the local temple was during that time. Mathan was sure that Choman and his family would go for the festival. At night Mathan's son, with some 'goondas', set fire to Choman's house. From the temple Choman could see fire rising from that part of the area where his house was situated. He ran to the spot. From distance he could see his house being reduced to ashes. He rushed madly towards that. But before he could approach he was cought hold of. He was beaten up very badly. Hearing the noise neighbours came to the spot. They were given a different version by Mathan's son and his goondas. Deliberately they had brought a sack full of coffee. The new story was that Choman had stolen this and when they came to ask about this he resisted and to make his position clear and to defame Mathan he himself set fire to his own house. None from the crowd spoke for Choman. By this time Choman's wife and children came back from the temple. They could only cry aloud in utter helplessness and agony.

Choman had heard about Fr. Samson working among tribals. The next day itself he went to Fr. Samson and shared with him all that happened. Fr. Samson gave some money to support the family that was starving and he filed a case in the court. The case was taken up by the advocate appointed by the Government for free legal aid to the Poor.

Mado

Some other developments were going on on the other side. The local politicians were close aides of Mathan. With their initiative a public meeting was held. In addition to this, a case was filed alleging stealing charges against Choman. This case was also taken up by the same advocate.

Mathan got the cooperation of Fr. William, the local Parish Priest. Choman should withdraw the case. Mathan's eldest son was studying in the seminary. Hence a pending case will affect him. That was the argument. The next day itself Mathan with Fr. William went to meet Fr.Samson to influence him against Choman. But they did not succeed. They suggested that they would give some money to settle the issue. But the loss was no little for Choman. He lost his house and all that were kept inside that -all the carnings of a life-time. And more than everything else he was offended and thoroughly put down. He was beaten up and made a thief before the public. So, if it is a question of giving compensation, Choman should be given an amount sufficient to construct a rather convenient house and an adequate amount to make up for the other looses. In addition to that, Mathan should apologise before Choman. They disagreed and went out. On their way back they approached the Bishop to influence him to compel Fr. Samson to withdraw the case. All these were explained to the Bishop to save the good name of the Seminarian.

After few months Mathan faced some other problems too. His younger son had got a job abroad for which he had to be free of any criminal case. Again he approached Fr. Samson. But Fr. Samson repeated his previous demands. Mathan could not agree with that. Especially the part asking him to apologise. He was very furious at Fr. Samson. He came out of the room. Continue with the case, he decided.

Discuss the role played by Fr Sanson and Fr Edwis? Which was more true to the Mussion of the church?

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THIRUNELLY - CASE STUDY

Thirunelly is situated in Wynad District of Kerala State, adjacent to Karnataka boundry, with thick reserve forests around and it has a population of 2000 people. 90% of the inhabitants are Adivasis who once enjoyed the ownership of the entire land. But later, with the invasion of migrants from other places, the illiterate and simple Tribals lost all their land and today they own only 10 to 15 cents of land and a few people have 2 to 3 acres. About 95% of the people are agricultural labours. The nearest public health centre is 4 km. away from this village, and the lower primary school in the area has 86 students but only 8 are Adivasis. There is a temple in Thirunelly, which attracts pilgrims from all over the country.

Thirunelly comes to limelight and public attention every year because of mass deaths in the beginning of mansoon, when there is no work, People are affected by Diarrhoea vomiting and fever and quite a number of them succumb to it. Government named this phenomenon gastro-enterits. In 1977, 13 people died and many groups like Lions Club, Jeycees and other agencies including the Diocese brought in aid from outside. Later in 1978 Diocesan Social Service launched a conscientization programme in their village on a massive scale.In 1978, 8 people and in 1979, 7 died again.

Questions.

- is their
- Why mass death in Thirunelly?
- If you are in this situation what programmes would you undertake?

COMMUNITY HEALTH DEPARTMENT C H A I.

The Catholic Hospital Association of India

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C. B. C. I. Centre, Goldakkhana, New Delhi - 110001 Tel. 310694, 322064

STORY OF VASU

Vasu, an eight year old.boy was the only child of his parents, who were very poor. They worked as bonded laborers under the landlord who had very little concern for his workers. The family found it very difficult to meet their dialy needs. Vasu used to help his parents by cutting grass from the forest for the animals.

There was a Government subcentre about 2 K.M.-away from Vasu's house. The ANMs used to visit the village but since the villagers were not co-operating with them, they stoped their work in that village.

As usual, one day Vasu went to the forest to out the grass and he had a thern prick on his foot, since he had no chappals. The parents treated him with country medicine, and applying cow dung on the wound. As the days went Vasu's condition become very serious and they thought of taking him to the hospital. Since they had no money his father borrowed k. 100/- from the landlord, and took him to the P H C. Since Vasu had developed signs of tetanus by this time, P H C. was not able to treat and adviced the parent to take Vasu to the District Hospital; which was situated very far.

Since the money they had with them was not enough, the parents decided to return home. On the following day Vasu died.

- Why did Vasu Die?

OHD Department.

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i. Surplus carried forward		A CONTRACTOR OF THE REAL	State of the second second			
to next year (enter at '	d')					

ANALYSIS AND REFLECTION (PRISONER'S DILEMMA)

After the game, the observers of each group are to report on the following points:

a. What were the actual objectives set by the group, in contrast to the stated objective of the game, namely, to win as much money as possible, without hurting or helping the others? (The intention of most of the groups will have been to win, to beat the other group).

b. What was the group's strategy and tactics? Were they consistent throughout? If they changed, why did they?

c. Who were the leader(s) of the group? How did they arise? Was there any rivalry? How was a difference of opinion resolved?

d. Was there an effort to bring all the members into the group decision? Did some remain passive, dominated by the more active members?

e. How much time was required to come to a decision?

f. What was the group reaction (i) after negotiations? (ii) when the other group did not keep its word?

g. What were the assumptions of the group about the other group? How were these expressed?

h. How might TRUST have been developed between the groups?

HOUSE VISIT SURVEY

- 1. What community do you belong to?
- 2. How many members are there in your family?
- 3. Are all the children doing to school?
- 4. How many members of the family earn living?
- 5. What are the market prices? rice? wheat? dal? oil? etc.?
- 6. Can you manage to buy what you need for the family?
- 7. What are you most worried about now? low employment? rising prices? children's education? health? debts? etc.
- 8. What kind of injustice are you facing in your daily life? unfair practices? discriminations?
- 9. Do you get any help from any source in solving your problems?
- 10. What kind of support would you like to get from us? How could we help you?
- 11. What makes you feel happy about your life?
- 12. What are your hopes and ambitions for the future?
- 13. Family make-up: ages (children, teenagers, adults, old) and sex.
- 14. Type of house: mud or cement; number of rooms electrified or not; owned or rented.
- 15. Occupation of wage-earners; self-employed or not: farmer, factory worker, government worker, contract labourer, teacher, etc.
- 16. Education: how many literate; how many with basic schooling; high schooling, higher studies; language(s) spoken.
- 17. Income: sources and how it is spent on food, clothing, fuel and lighting, entertainment, rent and other things.
- 18. Savings; in what form
- 19. Religion and caste
- 20. Medical facilities at family's disposal.

At the end of each interview, you should record your findings to these questions once you have returned home.

С

Gumri Health Centre had a staff of three trained ANMs, Sindhu, Kamala and Balama. Balama was the most experienced of the three having worked in a good Community Health Programme for three years. She had also attended a course inCommunity Health and Development. Sindhu and Kamala had joined Gumri immediately after their training 5 years ago. These ANMs decided to start a Community Health Programme in the nearby villages. As Balama was more experienced, she was naturally chosen as their leader.

The ANMs visited several villages. They selected three of the villages where they had been particularly well received. Together they discussed the objectives of their programme and how they would go about implementing it. They decided to take as target group the under-five children and the women of child bearing age. Balama who was aware of the necessity to have the people involved in the programme, insisted that they should first spend time visiting the villages, befriending the people and learning about the problems of the communities before starting any specific activity.

Sindhu and Kamala did not contradict her, but Sindhu felt strongly that immunization and Family Planning programmes should be started immediately. Sindhu thought, "After all don't we all know that these programmes are a priority? Then why waste time visiting the villages, and chatting with the people when we could already start good programmes?" Kamala was a happy, go lucky person and could not care less what she started with. She was therefore ready to follow Balama all the way.

Still, after their discussion, the following plan of action was decided:

- 1. Joint weekly visits to the three villages
- 2. Primary level curative service to be started immediately
- 3. Intensive visits of the families to be done
- 4. Leaders to be identified, good rapport with the people to be
- established, before starting specific programme
- 5. Health programme to be planned jointly with the people.

Sindhu was amused. "Whoever would think of planning with the people?" she thought. So they started their work. After six months a visitor helped the health workers to review their activities in order to find out how things were progressing.

The following observations were made:

- 1. The three villages were regularly visited by the three workers once a week. During these visits the patients were first seen. Then the workers visited the families separately. Besides this, Balama and Kamala very often went together for an extra weekly visit to all the villages. During that time Sindhu went to the PHC and obtained from the doctor there, DPT and DT vaccines.
- 2. Balama and Kamala took time to visit the families, discussed with the people and became quite friendly with all. They met the Sarpanch and several of the important people in the village and discussed with them the community's needs. They learnt that, in two villages, there was no drinking water facility and this was a real problem. The drinking water had to be taken from a pool where buffaloes took their bath.

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- 3. Sindhu visited the schools and Balwadi, gathered the children present there and gave the first dose of DPT and DT to 450 children. When the time came for the second dose, only 200 children received the dose (it was the marriage season and many children did not come to the school).
- 4. During another visit, Sindhu had also gathered the women to give health education. She expected, through this programme, to be able to motivate the women for family planning. The first day all the women came as they did not know what to expect. But soon most of the women dropped out of the class.

After two months of the work Sindhu decided that it was a waste of time to visit the villages so often and so decided to visit once a month only. Balama and Kamala continued their weekly visit with the same enthusiasm.

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1. Extent of inequality in the world today: .

a. In 1850, 3/4 of the world's population possessed 5/8 of the world's wealth.

In 1975, 2/3 of the world's population possessed 1/8 of the world's wealth

b. Whence came this uneven distribution of the world's resources?

"The tilting of the balance in favour of the West has come about in the last 130 years.....through the gun, through colonial plunder, slave trade, slave labour, child labour, racial discrimination, the creation of a dispossessed proletariate, and the destruction of the soul and life-style of many peoples."

(S.Rayan)

c. The growing gap between the rich nations and the poor had already been pointed out by Barbara Ward in the 1950's but the gap continues to widen:

"To Jay 85% and tomorrow 90% rot in misery to make possible the economic comfort of 15% today and 10% tomorrow"

(Heder Camara)

d. The result of this inequality is the ABSOLUTE POVERTY of millions in the "fourth" world:

- 1/3 to 1/2 of the two billion human beings in Asia, Africa and Latin America suffer from hunger and malnutrition.

- 1/5 to 1/4 of their children die before their fifth birthday, and millions of those who do survive lead impeded lives, due to brain damage, stunted physical growth and sapped vitality due to undernourishment.

- The life expectancy of the average person is twenty years less than his counterpart in the affluent world; that is, he is denied 30% of the life-span of one born in the developed nations: he is condemned at birth to an early death.

- 800 million of these people are illiterate and, despite continued expansion of educational opportunities, even more of their children are likely to be so.

e. Julius Nyerere, President of Tanzania, has warned the rich nations: "Poverty is not the real problem of the modern world, for we have the knowledge and the resources which will enable us to overcome poverty. The real problem of the modern world, the thing which creates misery, wars and hatred among men, is the division of mankind into rich and poor".

f. It is not so much the question of some having more to eat or better clothes to wear, while others cannot provide even the basic requirements; it is rather the power that this wealth gives to some to dominate, to oppress and to exploit the others. In so doing, the rich and powerful justify themselves: "We deserve this wealth and power: we have put our God-given talents to use and have worked hard. If the rest of the world is lazy, shiftless and ignorant, we can't help that."

A

2. Extent of inequality in India today:

a. While we often and with some justification, blame all our problems on the greediness of the affluent, developed nations, the same ever-gidening gap between the "haves" and the "have-nots" appears here even

b. Within our population of upwards 600 millions of people, roughly 250 million live below the "poverty line", that dividing line that demarcates bare minimum of survival for an individual. This is the bottom 40 per cent. Another 250 million live just above the "poverty line" of human survival. the remaining 15-20 per cent, in an ascending pyramid represent the wealthy, dominant classes with power, position and quality education: the raw material for further exploitation of the others.

c. In rural India, the top ten per cent own 50% of the land, while the bottom 50 per cent own 4%; top ten per cent get 1/3 of annual income of the nation, while the bottom 50% get less than this amount for all of their numbers. 0.1% of the population owns more than half the wealth of the area.

d. The poor are organised, without political power, and are taken advantage of. A slum dweller admits: "Even to get a sweeper's job, we have to pay a bribe of Rs.200/-"

P 1 100 2

e. The very poor (bottom 40 percent) have less than No.40/- per month to spend. Most cannot read or write.

SCORE SHEET FOR THE STUDY OF VALUES

DIRECTIONS :

1. First make sure that every question has been answered.

- Note: If you have found it impossible to answer all the questions, you may give equal scores to the alternative answers under each question that has been omitted; thus,
- Part I. $1\frac{1}{2}$ for each alternative. The sum of the scores for (a) and (b) must always equal 3.

Part II. 21 for each alternative. The sum of the scores for the four alternatives under each question must always equal 10.

- 2. Add the vertical columns of scores on each page and enter the total in the boxes at the bottom of the page.
- 3. Transcribe the totals from each of the foregoing pages to the columns below. For each page enter the total for each column (R, S,T, etc) in the space that is labeled with the same letter. Note that the order in which the letters are inserted in the columns below differs for the various pages.

Page Totals	Theore- tical	Economic	Aesthe- tic	Social	Politi- cal	Reli- gious	The sum of the scores for each row must equal the figure given below.
PART 1							
Page 2	(R)	(S)	(T)	(X)	(Y)	(Z)	24
Page 3	(Z)	(Y)	(X)	(T)	(S)	(R)	24
Page 4	(X)	(R)	(Z)	(S)	(T)	(Y)	21
Page 5	(S)	(X)	(Y)	(R)	(Z)	(T)	21
Part II					1.3678		
Page 7	(Y)	(T)	(S)	(Z)	(R)	(X)	60
Page 8	(T)	(Z)	(R)	(Y)	(X)	(S)	50
Page 9	(R)	(S)	(T)	(X)	(Y)	(Z)	40
Total			+				24
Correction Figures	+2		-4		+2	-5	
FJNAL TOTAL]		1			240

4. Add the totals for the six columns. Add or substract the correction figures as indicated.

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3 . 1. 1. 1. 5. Check your mark by making sure that the total score for all six columns equals 240. (Use the margins for your additions, if you wish).

MARKET SURVEY PRACTICE

Directions to the Student:

How much does it cost for a family to survive these days? In other words, what is the minimum amount of money a wage-earner must make in your area to meet the absolute requirements of himself and his family with regard to clothing, rent, fuel, electricity and other miscellaneous items. Following calculations of the Indian Labour Conference and using a family of four (three consumption units) as a model, we might be able to find out. Visit the market in your area used by working families, and check the prices of items listed below. Then make the required calculations.

Place:

1.1

I.FOOD

Date:

			0	
Items	Caloric value	Daily Adult Requirement (Grams)	Average Price (Kg•)	Daily Cost (Rs.)
Rice	900	256	<u></u>	
Wheat	500	142		
Pulses	300	85	2 <u>10</u>	
Non-leafy vegetables	65	170		
Leafy vegetables	40	227		
Milk	100	114		
Fat and oils	490	57		
Sugar and Jaggery	220	57		

- Total daily expenditure on food for ONE consumption unit =(a) Rs._____

- Total monthly expenditure on food for THREE consumption units =(a) X (3) = Rs.____(F)

II	CLOT HING	
Price of one yard of cloth	Shirting	Rs •
	Blouse piece	Rs.
	Dhoti/Pant	Rs.
	Long cloth	Rs.
	Sari	Rs.
	Average(a)	Rs.

- Total monthly expenditure on cloth = average price (a) X 72/12

Find out through inquiries what is the minimum rent for a quarter in a bustee or village per month = R_s . (III)								
IV MISCELLANEOUS								
Expenditure for fuel, light, etc. is calculated as 20% of the total monthly income.								
- Food	(I)	Rs •						
- Cloth	(II)	Rs.						
– Rent ((III)	Rs.						
TOTAL		Rs.	x 1/4					
= Miscellane	30 US	Rs	(IV)					

Therefore, the minimum amount of money needed today to support a family of four in your area = I + II + III + IV = Rs_{----} .

et.

III HOUSE RENT

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BEYOND SOCIAL WORK

During their summer vacation, a group of students went to a village to help the villagers complete a well that they were constructing with government assistance. During their work there, the students discovered that the villagers were not receiving the necessary funds that they had been promised by the local Block Overseer to complete the well. That official wanted a bribe from the villagers before he would release the money. But, with student support and encouragement, the villagers refused to pay the bribe. The students began to investigate the situation while working side by side with the villagers. They discussed the question of rights with the villagers and urged them to take steps to seek payment of the required funds. The students told the villagers that if they (the villagers) decided to take action, they (the students) would accompany and support them in their efforts. Finally, the villagers got up enough courage to walk seven miles from their village to the Block Development Office. An equal number of students joined them. Villagers and students together demanded of the B.D.O. and his superior, the D.D.O., the payment of public funds owed for the completion of the well. The following day, both officials, perhaps expecting a polite, official welcome, drove to the village by jeep. The villagers greeted them with even stronger demands for the payment of funds owed them for the well. The following day, the villagers received the funds, and in the weeks following, further payments were made for the completion of the well.

ELIMINATING THE MIDDLE MAN

On the local bazaar day, villagers came from miles around into the central market place to buy and sell, and to meet their friends. There are four main roads leading into the bazaar from the surrounding villages. It has long been the custom for the town merchants to send their agents out along these roads to grab the fowl, grains, vegetables and fruits which village women are carrying into the bazaar to sell. By so doing, these agents prevent the women from reaching the bazaar with their goods, where they can bargain in order to get the best price possible. These agents then pay the simple village women a nominal sum for their wares - far below a fair price - and head back to town in time to enjoy a considerable profit for their trouble. Since this was a practice of long standing, the village women had grown used to this sophisticated form of stealing.

However, local high school and college boys and girls had become aware of the injustice in this practice and organised themselves into teams to patrol the main roads leading into the bazaar on the weekly market days. They protected the women from these agents some of whom they chased away. They explained to the village women that they deserved and could obtain higher prices for their produce, if they sold their items themselves in the bazaar. Within two months the roads were cleared of agents sent by the merchants.

On one occasion, as a result of their work, the students faced arrest by the police who had been called in by the merchants. However, a group of girls challenged the police to put them in jail for what they were doing. A crowd of about 200-300 people massed in front of the police station and the students had to be released. This is an on-going issue, since merchants, often with police protection, continue to try to send their agents out on bazaar day to intercept the village women before they reach the bazaar. And students and villagers continue in their efforts to protect these women from being exploited.

LAND-GRABBLING

CARLAN E

Tribal land cannot legally be transferred, by sale or otherwise, to non-tribals. The government can, however, grant authority to nontribals to take over tribal land if, "in the judgement of the government,", such a takeover is required for "the national interest".

The area around Chaibasa is rich in natural resources. A mine owner was working on the edge of a village near Chaibasa. He discovered in his mine a very expensive type of stone. This stone was in great demand and brought a high price in Calcutta, where it was used in building luxury homes and office buildings. In order further to increase his profits, the owner decided to expand his mine and by so doing he threatened the very existence of the neighbouring village and its inhabitants, many of whom were employed in the mine.

The owner made a trip to Patna where he managed to convince the officials there and got the stone in question labelled by the government as "necessary for the national interest". Returning from Patna with the required permission, the mine owner frightened a few of the villagers into selling their land to him for the minimal legal rate of Rs.400/- per acre, whereas the actual value of the land was closer to ten times this amount. But he succeeded in convincing the people that if they would not sell him their land at the minimal rate, the police would in any case oome to take their land from them, and they would receive no money at all.

But other villagers were not so easily hoodwinked. They organised themselves and, through sit-down's at the site of the mine, they tried to stop further work and resist the takeover of their land and homes. However, police came and drove them away from the work site. The owner, with police protection brought in workers from other villagers to keep the mine open.

A group from the threatened village informed the students of their problem and asked them for their help. The village was divided into various interest groups. The students decided to visit the village and study the situation as they spoke with the villagers. One of the village leaders, together with the students invited the mine owner to a meeting at which the issue could be debated. Even though the owner had twice warned the students not to interfere in "this private matter between me and the villagers", he agreed to come to the meeting. The students took the opportunity to expose the owner's tactics in getting the "legal authority" to expand his mine. The students followed up this meeting by organising a mass meeting of the entire village during which the villagers, encouraged by the presence and support of the students, rose one after another to denounce the owner and warn him against trying to expand his mine into their village.

As a result of these two meetings, the villagers made it clear to the mine owner that under no circumstances would they allow the mine two be expanded into their village. The owner, despite the fact that he had "the law" on his side - a law purchased in the of his meeting with the necessary officials, gave up his the two provides the standard officials of the standard officials.

OUTCRY AGAINST NEGLIGENCE

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Late one night, a Calcutta-based truck struck a young student on a Chaibasa street. The driver fled, but not before another student noted down the number of the truck and also took a set of the truck's keys. (The driver drove off with a duplicate set.) The student immediately gave the number and keys to the officer on dity at the local thana. The officer first refused to take any action. Only after public pressure was brought to bear on the police were both the driver and the truck seized two days later.

In the meantime, the injured student was admitted to the local government hospital in a conscious condition. Two days later, however, his condition took a serious turn and he was operated on. He never regained consciousness. The necessary medicines were not available in the hospital, so students had constantly to go and buy what medicine they could find in the local bazaar. One evening, the hospital ran out of oxygen and the students had to rush to Jamshedpur, some forty miles distant, to bring the needed oxygen. The student died the next morning.

During the week the student spent in the hospital, the truck owner never came forward to offer any form of assistance. Nor did the police make any efforts to bring him forward.

As a result of this negligence, an application was submitted to the D.C. in the name of the students of Chaibasa demanding that the S.P. be removed;/that action also be taken against the person in action be charge of medicine and oxygen supply at the government hospital; taken against the police that compensation be made by the truck owner to the family of the officer ondead student. The application went on to say that should no resduty at ponse on these points be made within four days, the students would the time begin a hunger strike in front of the D.C.'s office.

of the accident;

The D.C. did not respond and so the students undertook a hunger strike, during which two of the students had to be hospitalised. They ended the strike only when the D.C., meeting with the students in his office, promised to deal with all the students' demands within a one-month period.

At the conclusion of one month, a student delegation went to meet the D.C. who informed them that he had nothing to report to them.

A week later, some 900 students marched on to the D.C.'s office for the D.C. had as yet done nothing in connection with the students' demands. The students met again, and contrary to a faction that wanted to turn violent, a core group of students decided to detain peacefully all the trucks of the Calcutta-based company coming into Chaibasa. That evening, one truck was halted. A few days later, the truck owner's son came to Chaibasa to begin negotiations with the students and with the family of the dead student regarding compensation.

When negotiations between the truck owner and the family of the deceased broke down, a Rs.250,000/- compensation case was taken out by the family against the truck company. This case is still in court.

As a result of the students' actions, the S.P. was transferred and the Civil Surgeon of the government hospital fled and was replaced by a new man with a new assistant.

PERSISTENCE WINS THE DAY

In a local village high school, with nine out of every ten students tribals, one hundred and thirty-two tribal students in classes IX and X and not received their government scholarships for between two and four years.

Organising themselves with the help of a student leader, two hundred students of this school marched on the Welfare office demanding either payment of their scholarship money or an explanation of why they were not receiving their scholarships. The Welfare Officer refused to speak with him individually. Finally, the students sent in a representative to tell the officer that if their scholarship money was not forthcoming, a larger group of students would be marching on his office. The officer immediately began to bargain with the student, but the student walked out of his office, refusing to deal individually with him. The students then went to the D.C.'s office and made an appointment with him for the following morning.

Next day, the students arrived late for their appointment after their three-mile walk from the village school. They made another appointment for the following week, but when they arrived at the D.C.'s office they were told that he had gone to Delhi. When they finally succeeded in meeting the D.C., he tried to give them various reasons why government scholarship money can be withheld from tribal students. However, when scholarship payments were next made, an additional ten percent of the original number of tribal students in that school, who had not been receiving their stipends from the government, did in fact receive the scholarships.

SAMPLE QUESTIONS TO INITIATE DISCUSSION

11.1

1. Would you: agree with the actions taken by the students in these incidents? Why or why not?

2. Should students get involved to this extent in social issues, or are these involvements distractions from their studies?

3. What was the basic driving force behind the students' actions?

- a 4. Should social awareness stop at/study of a situation or should it lead to action?
- 5. Are you aware of similar situations and issues in your own community?

LEAST PREFERRED COLLEAGUE QUESTIONNAIRE

Directions:

Please read these instructions carefully. Think of the person you can work least well with. He may be someone you work with now, or he may be someone you knew in the past. He need not be the person you like least, but rather should be that person with whom you have (had) the most difficulty in getting a job done. Describe this person as he appears to you. Circle the number most appropriate for the person

Judit and the second strategy of the second strategy of the	Et L			12.25					
Pleasant	8	7	6	5	4	3	2	1	Unpleasant
Friendly	8	7	6	5	4	3	2	1	Unfriendly
Rejecting	U	7	6	5	4	3	2	1	Accepting
Helpful	8	7	6	5	4	3	2	1	Frustrating
Unenthusiastic	6	7	6	5	4	3	2	1	Enthusiastic
Tense	8	7	6	5	4	3	2	1	Relaxed
Distant	8	7	6	5	4	3	2	1	Close
Cold	8	7	6	5	4	3	2	1	Warm
Co-operative	8	7	6	5	4	3	2	1	Uncooperative
Supportive	8	7	6	5	4	3	2	1	Hostile
Boring	8	7	6	5	4	3	2	1	Interesting
Quarrelsome	8	7	6	5	4	3	2	1	Harmonious
Self-Assured	8	7	6	5	4	3	2	1	Hesitant
Efficient		7	6	5	4	3	2	1	Inefficient
Gloomy	8	7	6	5	4	3	2		
			Ŭ	5	4	5	2	1	Cheerful
Open	8	7	6	5	4	3	2	1	Guarded

MOST PREFERRED COLLEAGUE QUESTIONNAIRE

Directions:

Please read these instructions carefully. Think of the person with whom you can work best with. He may be someone you work with now, or he may be someone you knew in the past. He does not have to be the person you like most, but should be the person with whom you had little or no difficulty in getting a job done. Describe this person as he appears to you. Circle the number most appropriate for this person.

	4		* •			1	-		
Pleasant	8	7	6	5	4	3	2	1	Unpleasant
Friendly	8	7	6	5	4	3	2	1	Unfriendly
Rejecting	8	7	6	5	4	3	2	1	Accepting
Helpful	8	7	6	5	4	3	2	1	Frustrating
Unenthusiastic	8	7	6	5	4	3	2	1	Enthusiastic
Tense	8	7	6	5	4	3	2	1	Relaxed
Distant	8	7	6	5	4	3	2	1	Close
Cold	8	7	6	5	4	3	2	1	Warm
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Boring	8	7	6	5	4	3	2	1	Interesting
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Self-assured	8	7	6	5	4	3	2	1	Hesitant
Efficient	8	7	6	5	4.	3	2	1	Inefficient
Gloomy	8	.7	6	5	4	3	2	1	Cheerful
Open	8	.7	6	5	4	3	2	1	Guarded
									and the second

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PERSONAL STYLE DESCRIPTIONS (PARAGRAPHS)

Directions:

The following are five paragraphs describing various leadership styles. You have to decide to what extent each paragraph is a typical description of your own style as a leader. Put "1" against the "most typical" paragraph, "2" against the "next most typical", and so on to "5" which will represent the "least typical", of you. In other words, you have to rank the paragraphs in a descending rank order, from "1" to "5". When you have finished ranking, there should be only one of each number from "1" to "5" against each paragraph. There can be no ties. Please be as honest as you can.

- a. I accept decisions of others. I go along with opinions, attitudes, and ideas of others, or avoid taking sides. When conflict arises, I try to remain neutral; I rarely get excited. I try to stay out of conflicts. My humour is very often seen by others as irrelevant or pointless. I just put in enough effort to get by.
 - b. I place very high value on maintaining good relationships, I prefer to accept opinions, attitudes and ideas of others, rather than to push my own, because I do not like losing friends. I try to avoid generating conflicts, but when they do arise, I try to soothe feelings and to keep people together. I react in a warm and friendly way, because tensions disturb my peace of mind. My humour aims at maintaining friendly relations; or when strains do arise, my humour shifts attention away from the serious side. I rarely lead, but extend help.
- c. I place high value on making my decisions stick. I stand up for my ideas, opinions and attitudes even though it sometimes results in stepping on toes. When conflict arises, I try to cut it off firmly or to win my position. When things are not going right, I defend, resist or come back with counter arguments. My humour is very often hard-hitting. I drive myself and others hard.
- d. I search for workable, even though not perfect decisions. When ideas, opinions or attitudes different from my own appear, I initiate middle road positions. When conflict arises I try to be both fair and firm, and to get workable compromises. Under tension, I feel uncertain which way to turn for shift, to avoid further pressure. My humour is aimed at putting me, or a position, in a favourable light. I seek to maintain a good and steady, but not fast, pace.
- e. I place high value on sound and creative decisions that result in a real understanding and agreement. I listen for and seek out ideas, opinions and attitudes different from my own. I have clear convictions, but am open to change in the face of sound ideas. When conflict arises, I try to identify reasons for it and to resolve underlying causes. When aroused by someone or something, I contain myself, although my impatience may be visible. My humour fits the situation and always aims at giving perspective to it; even under pressure I retain my sense of humour. I put in vigorous effort and others join in.

PERSONAL STYLE DESCRIPTIONS (ELEMENTS)

*

Directions:

....

Consider all the statements in ELEMENT 1 ("Decisions") first, and select from these the one (i.e., a.1, b.1, c.1, d.1, e.1) which best describes you. Proceed similarly with the remaining Elements, in the given order. In other words, select the one statement in each Element which is most typical of you. Circle that statement. You can select only one statement under each Element.

Element 1: Decisions

- a.1 I accept decisions of others.
- b.1 I place very high value on maintaining good relations, while making my decisions.
- c.1 I place high value on making my decisions stick.
- d.1 I search for workable, even though not perfect decisions.
- e.1 I place high value on sound and creative decisions that result in a real understanding and agreement.

Element 2: Convictions

- a.2 I go along with opinions, attitudes and ideas of others and I avoid taking sides.
- b.2 I prefer to accept opinions, attitudes and ideas of others rather than push my own.
- c.2 I stand up for my ideas, opinions and attitudes, even though it sometimes results in stepping on others' toes.
- d.2 When ideas, opinions or attitudes different from my own appear, I initiate middle road positions.
- e.2 I listen for, and seek out ideas, opinions and attitudes different from my own. I have clear convictions, but am open to change in the face of sound ideas

Element 3: Conflict

- a.3 When conflict arises, I try to remain neutral or stay out of it.
- b.3 I try to avoid generating conflict, but when it does arise, I try to soothe feelings and keep people together.
- c.3 When conflict arises, I try to cut it off firmly, or to make my position prevail.
- d.3 When conflict arises, I try to be Loth fair and firm, and get workable compromises.
- e.3 When conflict arises, I try to identify reasons for it, and to resolve the underlying reasons.

Element 4: Emotions (Temper)

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a.4 By remaining neutral, I rarely get excited.

- b.4 I react in a warm and frightly way, because tensions disturb my peace of mind.
- c.4 When things are not going right, I defend, resist or come back with counter arguments.

d-4 Under tension I feel uncertain which way to turn or shift, to

Element 5: Humour

a.5	My humour is very often seen by others as irrelevant or poinciess.							
b.5	My humour aims at maintaining friendly relations; or when strains do arise, it shifts attention away from the serious side.							
c.5	My humour is very often hard-hitting, e.g. loud and pointed.							
d.5	My humour is putting me, or a position, in a favourable light.							
e.5	e.5 My humour fits the situation and always aims at giving pers- pective to the situation; even under pressure I retain my sense of humour.							
Element 6: Effort								
c.6	c.6 I just put in enough effort to get by							
b.6	I rarely lead, but extend help							
c.6	I drive myself and others hard							
d.6	I seek to maintain a good and steady, but not fast pace.							

e.6 I put in vigorous effort and others join in.

WORK SHEET

PARAGRAPHS

 a	:	
Ь	:	
 С	••	
 d	:	
e		

(Enter the rank 1 or 2 or 3 or 4 or 5 against each paragraph (a,b,c,d,e)on the dotted line) 1.10

ELEMENTS

Copy the code letter (a or b or c or d or e) against each Element (1 to 6) in the dotted space below:

Element	51:	Decisions	.*
Elemen	t 2 :	Convictions	:
Element	t 3::	Conflict	:
Element	t 4 :	Emotions	:
Element	t 5 :	Humour	*
Element	t 6 :	Effect	•

T.P. LEADERSHIP QUESTIONNAIRE

Directions:

The following items describe aspects of leadership behaviour. Respond to each item according to the way you would be most likely to act if yourwere the leader of a work group. Circle whether you would be likely to behave in the described way: ALWAYS ("A); FREQUENTLY ("F"); OCCASIONALLY ("O"); SELDOM ("S"); or NEVER ("N"). This is a continuum of frequency, so "seldom" id defined as "less frequently than occasionally and more frequently than 'never'", and so forth.

If I were the leader of a work group -

A	F	0	S	N	1.	I would most likely act as the spokesman of the group.
A	F	0	s	N	2.	I would allow members complete freedom in their work.
A	F	0	s	N	3.	I would encourage the use of uniform procedures
A	F	0	S	N	4.	I would permit the members to use their own judge- ment in solving problems.
A	F	0	s	N	5.	I would needle members for greater effort, i.e., I would try to get the most out of them.
A	F	0	S	N	6.	I would let the members do their work the way they think best.
A	F	0	s	N	7.	I would keep the work moving at a rapid pace
đ	F	О	s	N	8.	I would turn the members loose on a job and let them go to it.
A	F	0	S	N	9.	I would settle conflicts when they occur in the group.
A	F	0	S	N	10.	I would be reluctant to allow the members any freedom of action.
HA	F	0	S	N	11.	I would decide what shall be done and how it shall be done.
A	F	0	S	N	12.	I would push for increased production
A	F	0	s	N	13.	I would assign group members to particular tasks
A	F	0	S	N	14.	I would be willing to make changes
A	F	• 0	S	N	15.	I would schedule the work to be done
H	F	· 0	S	N	16.	I would refuse to explain my actions.
A	F	- 0	S	N	17.	I would persuade others that my ideas are to their advantage
A	F	- 0	S	N	18.	I would permit the group to set its own pare.

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LEADERSHIP STYLE QUESTIONNAIRE

Direction:

For each of the ten statements below, three possible attitudes or positions are listed which each person scores for himself as follows: score "3" on the position he would be most likely to take on the statement: and score "2" on the position he would be next most likely to take on a statement and score "1" on the position he would be least likely to take on a statement.

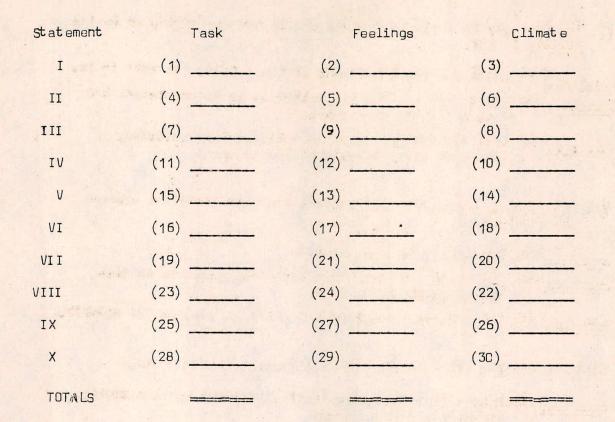
- I The leader of a meeting should
 - (1) Focus his attention on the agenda (either written or hidden)
 - (2) Focus it on each person's feelings, so as to help them express their emotional reactions to the issue.
 - (3) Focus it on the different positions members take, and the ways they deal with each other.
- II As a primary aim, the leader should:
 - (4) Establish a group climate in which learning and accomplishment can take place.
 - (5) Run the meeting efficiently
- _____

(6) Help members of his discussion group "find themselves" as members of that group.

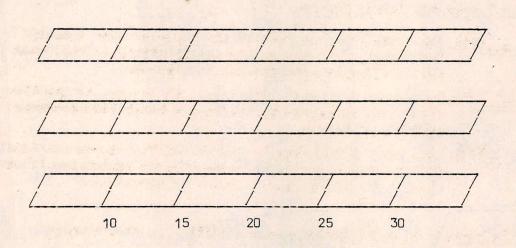
- III When strong disagreement occurs between a group leader and a member, the former should:
 - (7) Listen to the member and try to ascertain whether he misunderstood the task
 - (8) Try to get other members of the group to express themselves in order to involve them in the issue.
 - (9) Support the person for presenting his views.
- IV In evaluating a young member's performance, i.e., how well he has done the job assigned to him, the leader should:
 - (10) Involve the whole group in setting the goals and in evaluating the performance of individual members.
 - (11) Try to make an objective assessment of each person's accomplishments and effectiveness.
- (12) Allow each person to become involved in setting his own goals and performance standards.
- V When two members of the group get into an argument, the leader should:
- (13) Help them deal with their feelings as a means of resolving the argument
 - (14) Encourage other members to help resolve it
 - (15) Allow same time for the expression of both sides but keep the discussion related to the task and subject matter at hand.

VI	The best ability i	way to motivate someone who is not performing up to his s to:
	(16)	Point out the importance of the job and his role in it.
	(17)	Try to get to know him better so as to understand the reason for his performance
	(18)	Show him that his lack of motivation is adversely affecting other members of the group.
VII	In judgi to consi	ng a person's performance, the most important element der is:
	(19)	His skills in doing things
	(20)	His ability to get along with his peers and to help others learn and achieve
	(21)	His success in meeting the goals he has set for himself.
VII	I In dea	ling with minority group issues, a leader should:
-	(22)	Deal with such issues if they threaten to disturb the atmosphere of the group.
	(23)	Be sure that all group members understand the history of minorities in the country and in his community.
-	(24)	Help each member to understand his own attitude toward persons of other castes, religions and cultures.
IX	As a goa	1 the leader should:
179	(25)	Make sure that all members in the group have a solid foundation of knowledge and skills that will help them become effective and productive workers.
-	(26)	Help members to work effectively in groups, to use the group resources, and to understand their relationships with one another.
	(27)	Help each person accept responsibility for his own train- ing and personal effectiveness thereby taking the first step in realising his potential as a person.
x	The trou	ble with leadership responsiblities is that they:
	(28)	Make it difficult to attend to all the necessary details.
	(29)	Keep a leader from getting to know well his group member as individual persons.
-	(30)	Make it difficult for a leader to remain aware of the intellectual climate of his group.
		and the second

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NOTE: The numbering of the position in the columns above does not correspond with that of the questionnaire itself. Students must be sure to place their scores beside the correct position in the columns.



- "Task" refers to efforts made to move the group towards the goal set for it.
- " Individual Feelings" refers to the leader's effort to meet individual needs in the group
- "Group Climate" refers to the leader's concentration on group morale and well-functioning.

RURAL ORIENTATION PROGRAMME

Assessment Questionnaire

- I list out 4 consequences of the following situations, IN THEIR GRDER OF PRIORITY, that YOU think are most important for a RURAL family.
- :. Minimum monthly expenditure requirement and monthly income do not

2. Chronic indebtedness to the local money lender.

3. The monsoon rains have failed this year

4 Drinking water wells in the Harijan block of the village have dried up.

5-A Harijan has been elected to the Panchayat of the village

G. The nearest rural Health Centre is 25 Kms. away

7. The mother of a sick child believes that she and her child are being punished for their sins.

8. There is only one bus which passes through the village on its way to the City and its timing and regularity are unpredictable.

9. The village is at the cross-roads where several buses from ifferent parts, pass through, on their way to the city.

The learest primary school is 15 Kms. away.

The village has a primary school, a middle school and a high school. 12. Mojority of the villagers are farmers.

13. Majority of the villagers are petty tradesmen

14. Majority of the villagers work in the factories of the nearby cfty.

15. There are four daughters aged 12 to 18 years, in the family.

16.6 members of the family live in a single-roomed house.

12. All the 3 sons of the family have completed their B.Sc. and B.A. degrees in the nearby City and are currently unemployed.

18. There is a woman representative in the local panchayat body.

19 The village has a Primary Health Centre with 10 beds, 2 doctors including a lady doctor and several health workers.

20. The nearest post office and bank are 25 Kms. away.

- 21. The village has its own post and telegraph office as well as
- 22. The birth of a male child in a rural family is more welcome then that of a female child.
- 23. Consumption of rice is considered as a social status symbol arong the villagers.
- 24.51x times a year, the village is used as a Training Centre by a nearby unban medical college.

25 Any other situation which you feel relevant to the village

CASE STUDY: MANAGER (I.P.C)

A fairlyimportant community Health Programme attached to the rual hospital of Managar, was staffed by 4 persons. Miss June, was the public Health Nurse, Durga, Rajamma and Krisnamma were all ANMs.

The programme was under the responsibility of June and shewas assisted by Durga who was a senior ANM with more than 10 years of experience. June and Durga were both based in the hospital of Managar while Rajamma and Krisnamma had been posted in 2 different villages where they were residing Durga was mainly in charge of supervising the activities of Rajamma and Krisnamma.

June and Durga, who were great friends, used to visit the villages together once a week. Sometimes they would stay over night either with Rajamma or Krisnamma. June and Durga liked their work andwere quite interested in it. But theyfelt that Rajamma and Krisnamma were dumb and slow in their work.

Rajamma and Krisnamma were simple women, but they got along well with the village people and in fact were very much liked by the women. Both were working hard to improve the health conditions of their village, even though they were working against great communal difficulties. When June visited Rajamma and Krisnamma, she treated them very badly, more like servants rather than colleagues. While she stayed with them in the village, she expected Rajamma and Krisnamma to fetch water for her bath, cook her meals and make her bed. Rajamma and Krisnamma complained to Durga about the way in which Junetreated them. But Durga did not support them at all, one the contrary, she told them

One night, as June and Durga were there, a mother brought her one year old child to Rajamma. Thechild had been treated that very morning, by Rajamma, for diarrhoea. The child became worse and the mother, not knowing what to do, came again to Rajamma for advice. A few anxious neighbours andrelatives came along with the mother.

June enquired from Rajamma what treatment had been given that morning and Rajamma told her that shehad given sulfaguanidine. June thought that the treatment should have been different and, immediately, scolded Rajamma for her incompetence in front of all the people. Rajamma burst into tears.

........

Do you agree or disagree with the following statments about an effective development worker?

.

-

		Agr	ee	Disa	gree
a.	An effective development worker is one who knows what will be good for the village, and can convince the villagers accordingly.	()	. ()
b.	An effective development worker is one who sees that the villagers follow the rules, observe proper procedures and repay all their loans	()	()
с.	An effective development worker is one who always consults the village leaders before meeting anyone else in the village.	()	()
d.	An effective development worker is onw who brings modern technology to the village.	()	()
e.	An effective development worker is one who is capable of getting funds for the village from outsi	de	()	()
f.	An effective development worker is one who carefully avoids any conflict.	()	()
g.	An effective development worker is one who, after studying the village, can identify the power structures in it.	(,	(·)
h.	An effective development worker is one who is already equipped with an analysis of the patterns o exploitation in the village.	f ()	()
i.	An effective development worker is one who is uncom promisingly committed to an ideology, and never allows his experience to influence his convinctions)	(,
j.	An effective development worker is one who remains the background and is carefull never to express his own opinions.)		,
k.	An effective development worker is one who is not committed to any doctrine, but who is open to learns and is always ready to change his ideas in the light of his armeniate the second	ing			
1.	An effective development worker is one who takes things as they come without any goals or specific objectives of his own.	()	()
m .	An effective development worker is one who will use different approaches and different styles of leader- ship depending on the situation.)	()
n.	An effective development worker is one who spends most of his time at seminars and conferences in orde to keep up to date with the latest fashions in development thinking.	er			
0.	An effective development worker is one who can write a project using languages and ideas that will appeal	up to	,		,
	foreign donor agencies. An effective development worker is one who gets many to go on study tours in foreign countries.	()	(ation () 15)
q.	An effective development worker is one who believes nothing can be done except wait for the revolution	tha (t .)	()

MARIJUANA SURVEY QUESTIONNAIRE

Instructions

. . .

The use of marijuana has become a major health issue. We feel that it is important to determine the opinions of a group of public health professionals in training concerning this issue. Accordingly, we request that you cooperate by answering the questionnaire below. All replies are ANONYMOUS and CONFIDENTIAL. Your participation is greatly appreciated.

1. How would you rank marijuana as a problem?

-----equal to narcotics (eg heroin)

----equal to tobacco or alcohol

60

-----not a serious problem

2. Where did you get most of your information about marijuana? -----personal experience

-----experience of others (eg., clinical experience, experience of friends) -----communications media (eg., radio, TV, magazines, newspapers)

-----professional sources (eg conferences, clinicians, journals)

3. In your opinion, which of the following effects are produced by marijuana?

		Yes	No	Don't know
8.	Has habit forming qualities (addictive)	-		-
b.	Potentially poisonous (due to its high toxicity)			
c.	Decreases inhibitions			
d.	Develops increasing tolerance to the drug			
e.	Causes permanent mental disorders (eg., inmanity)			
f.	Lovers achievement			-
8.	Provides unusual perceptual experiences (lightheadedness, time distortions)			
h.	Increases aggressions			-
i .	Improves social interaction and socia- bility	*		
j.	Increases sensitivity (eg to food, music, sex)	-		Marten an de
k.	Increases passivity		and schools over the	
1.	Worsens social relations			etteritere soner
m.	Increases sexual desire		-	-
n.	Leads to other drugs (especially heroin)			
0.	Increases self knowledge		-	
p.	Leads to mental deterioration	Although the state		
q.	any other effects (specify)	-		-
4.	How do you feel about pr sent marijuan	a laws?		
		t encugh	satis	factory

5. What position would you advocate concerning future marijuana laws?	
a. Not available legally under any circumstances b. Available by prescription only (and for medical research) C. Same availability and legal status as tobacco and liquor d. No restrictions on its use	
6. What is your general attitude toward marijuana now?	
favourableunfavorablemixed feelings	
 7. How often have you used marijuana? nevertried it a few timesupto 3 times per week 8. (a) If you DO NOT use marijuana, and it were legalized, would you then use it? 	
yesnoundecided	
<pre>\$xx#xxx (b) If you DO use marijuana, and it were legalized, how would your pattern of usage change? increased usedecreased use=remain unchanged</pre>	
9. Have your attitudes toward marijuana changed since you have been in the School of Public Health?	
yes, more favorable toward marijuana yes, less favorable toward marijuana no, unchanged	
10. If you have used marijuana, at what age did you first use it?	
11. Which of the following drugs have you ever used "recreationally" (ie., not medically prescribed)?	
Opiates Amphetamines ("pep" pills) Cigarettes (nicotine Nescaline Tranquilizers Alcohol LSD Sleeping pills Coffee (caffeine) Cocaine Oth r (specify))
12. What percentage of public health students do you think have tried marijuana?	%
13. Do you think that marijuana has potential for medicinal purposes? yes (if yes, please specify below)nodon't know	
14. Do you think that marijuana has potential for medicinal purposes?	
 15. What would you advocate as American policy in Vietnam? 	
c. abortions should be legalized and funded by the government	
17. How do you feel about the Gay Liberation Movement?	
favorablefavorableundecided	
Sex:femalemale agefaculty Academic status:studentfaculty College major : Usual occupation:	
Citizenship:	
Ethinic group (please specify):	
lower lower classupper lower classlower middle class middle middle classupper middle classlower upper class 	
Use the space below for any additional comments:	

2

October 1998



25TH FLOOR, DAH SING FINANCIAL CENTRE 108 GLOUCESTER ROAD, WANCHAI, HONG KONG TELEPHONE: (852) 2802 7288 OR (852) 2585 3888 FAX: (852) 2802 7720

JABSFW Dr Ravi Narayan Coordinator Socity for Community Health & Awareness Research No 367 Srinivasa Nilaya Jakkasandra 1st Main 1st Block Koramangala Bangalore 560 034 India

At last—an independent study of the worldwide prospects for managed care

Dear Dr Ravi Narayan,

600 (9) B

Managed care is the subject of ferocious debate throughout the healthcare sector. While its supporters say it is a cost-efficient saviour of expensive national healthcare systems, its critics claim to have identified many dangerous weaknesses.

Now a new research report from the Economist Intelligence Unit, **The future of the managed care industry**, cuts through the controversy to bring you a completely balanced analysis of the role managed care will play in the development of the global healthcare market.

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The future of the managed care industry: and its international implications is the first study to draw together all the strands of the debate and examine the evidence from an entirely independent perspective. The report answers the following questions.

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- Which of the criticisms of managed care are justified?—it dispels many myths about managed care but also highlights serious shortcomings
- How must managed care change to have a viable future?—it pinpoints all the financial, medical, legal and administrative issues you need to monitor
- Does managed care have a future in Europe and the emerging markets?— it provides the information you need to assess the export potential outside the USA

It is essential reading for all companies seeking accurate intelligence on the global healthcare market.

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Jeremy Ford Marketing Director, Asia

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The future of the managed care indu



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After the criticism of managed care, the first independent analysis of its viability as a global system of healthcare provision

Managed care is the key topic in the debate on the future of global healthcare. Its advocates see it

as the saviour of national healthcare systems the only approach that will certainly cut healthcare expenditure. Its critics point to a dangerous erosion of healthcare quality, an alienated medical profession and new costs which outweigh savings elsewhere.

Yet, until now, there has been little rigorous analysis of its long-term suitability as a method of healthcare provision. Now this new report from the Economist Intelligence Unit cuts through the controversy surrounding managed care to bring you a completely balanced view of its future.

Examining the evidence from an entirely independent perspective, it shows which aspects of managed care in the USA have worked and which haven't and assesses what must change for it to have a viable future as the standard form of global healthcare provision.

Providing clear forecasts of prospects into the 21st century, it evaluates the viability of managed care in Europe, Asia and Latin America and analyses how managed care must adapt to succeed in these markets.

It represents an ideal opportunity for all companies in the healthcare sector to assess the part managed care will play in their future strategies.

Order your copy today

Understand the strengths and weaknesses of managed care

The future of the managed care industry,

using the US model, gives you a complete understanding of managed care's successes and failings. The report evaluates the changes it has introduced to the delivery of medical care, examines its funding and administration, and discusses the important regulatory and ethical issues that have arisen.

It shows that the performance of managed care in the US market will not inhibit its introduction into other countries.

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It covers both developed and emerging markets and allows objective cross-country comparison, such as the growth of managed care in Malaysia against the experience in Singapore.

Healthcare Asia explores the complex relationship between government and they healthcare industry; highlights the strains technological advance places on traditional healthcare funding; and assesses the relevance of Western solutions to Asia's unique set of healthcare problems.

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ry: and its international implications

- Misleading cost reductions: are the financial savings of managed care only a one-off benefit that cannot be repeated in future?
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Does managed care have a future in Europe and the emerging markets?

The future of the managed care industry also provides the information you need to assess the export potential of managed care outside the USA. It examines how managed care must adapt itself to overseas markets in accordance with their differing economic and social conditions.

Case ethicidies of healthcare in the UK, Canada and ______show how aspects of managed care may be able to solve the problems of a variety of healthcare systems. Medicare and Medicaid are examined to illustrate the difficulties of applying managed care principles to nationalised healthcare systems.

What is the outlook for the 21st century?

The future of the managed care industry

concludes by presenting a set of detailed forecasts of how the sector will change into the next century. At a glance you can identify the industry forces that will shape your own strategies. It examines:

- How will the industry rationalise under pressure from tighter government and private client funding?
- What is the outlook for profit-making and non-profiting-making managed care organisations?
- What new regulations are government likely to impose on the sector?
- Where will managed care have its greatest impact outside the USA?

Published November 1997 120 pages, ISBN 0850 589 584 Report no. R902

Why you need this report

The future of the managed care industry offers you definitive analysis of all the issues influencing the future of managed care. It is:

- **Predictive**—it forecasts the sector's prospects into the 21st century
- International—it discusses the prospects of transplanting US managed care abroad
- **rent**—it is based on recent, direct interviews with senior figures in the managed care sector

- **Comprehensive**—it covers all aspects of managed care, allowing you to use it as an in-depth reference source
- **Balanced**—it presents managed care's successes and failings
- **Timely**—it is being published as managed care is much debated in the USA and the subject of close scrutiny overseas as Europe and Asia struggle to restructure their healthcare systems
- Questioning—it challenges common assumptions about managed care

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- Despite its flaws, managed care is here to stay
- Exportability

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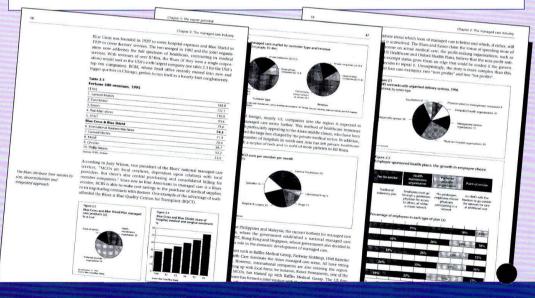
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- Measuring physicians' performance in the USA
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MeggyEm@aol.com wrote:

Of course it had to be there, check out numbers 4 and 5...not to mention all the others.

http://www.healthscout.com/cgi-bin/WebObjects/Af?ap=55&id=88658 The Millennium's Medical Milestones 10 discoveries in the last 1,000 years that revolutionized medicine By Neil Sherman HealthSCOUT Reporter

MONDAY, Jan. 3 (HealthSCOUT) -- Copernicus' sun-centered solar system. Newton's discovery of gravity. Einstein's Theory of Relativity. Astonishing breakthroughs, without question. But of all the millennium's scientific discoveries, perhaps none was as important as mankind's constant efforts to defeat disease and cheat death.

While science has stretched our knowledge, medicine has given us what we desire most -- a longer and more comfortable life.

Medical knowledge came slowly. First, humanity had to stop clinging to ancient insights and superstitions passed down by the Greeks and Romans.

Real progress didn't occur until adoption of the "scientific system of observation" -- or "experimental, anatomical and physiological investigation," says Roy Porter, medical historian at the Wellcome Institute for the History of Medicine in London, England. Porter, considered one of the world's experts on medical history, is the author of The Greatest Benefit to Mankind: A Medical History of Mankind.

As a result, the millennium's medical breakthroughs began with the great awakening called the Renaissance.

"If you want to know the most important thing that happened in the entire millennium, it was the rise of scientific observation and the development of the scientific method," agrees Sherwin B. Nuland, clinical professor of surgery at Yale University, and author of How We Die: Reflections on Life's Final Chapter.

"Everything extends from that."

Peering into the human body helped doctors understand that illness was not the result of "evil spirits, sorcery, witchcraft and diabolical or divine intervention," Porter says.

Both men say it would be impossible to rank the millennium's most important medical milestones in order of importance because many built upon insights that had come before. But they agree the 10 following breakthroughs were the highlights of the last 1,000 years:

1. Anatomy. The start of modern medicine dates to the publication in 1543 of De humani corporis fabrica, the first complete textbook of human anatomy. The book was composed by the great Italian professor Andreas Vesalius. It is considered the first effort by Europeans to break free from medical literature written by Galen of Alexandria, considered the greatest physician of antiquity.

2. The circulatory system. Eighty years later, England's William Harvey published De motu cordis, "which put physiological inquiry on the map by experiments demonstrating the circulation of the blood and the role of the heart as a pump," Porter says.

3. The microscope. Antony van Leeuwenhoek, a Dutch tradesman with little formal education, had the knack of polishing glass into workable microscopes. In 1674, peering into a drop of lake water, he saw and then described bacteria for the first time. His glass-grinding skill and powers of observation opened up the world of germs to science.

4. Vaccines. In 1796, Edward Jenner, a country doctor from England, scratched an 8-year-old boy's arm with cowpox -- a relative of the deadlier illness smallpox. Two months later, he exposed the boy to smallpox and the child remained disease-free. Vaccination was the first step in mankind's efforts to control disease.

5. "The germ theory of disease." The single most important breakthrough, according to Nuland, was the discovery that bacteria and viruses cause disease. "That's the biggest thing to me, the theory that germs -- 'the world of the infinitely small,' as Pasteur called it -- cause disease. That completely transformed our understanding of disease," he says. A slew of discoveries, all using the microscope, revealed how germs were mankind's scourge, causing everything from rabies to tuberculosis. Beginning in the 1840s, Louis Pasteur in France and Robert Koch in Germany explored how germs unleashed disease in people, plants and animals. In Great Britain, Joseph Lister discovered in 1869 the antiseptic qualities of carbolic acid, reducing deaths from infection after surgery from 50 to 15 percent. The triumvirate laid the foundations for the science of microbiology and ushered in medical care as we know it.

6. Anesthesia. In 1846, an American dentist named William Morton showed a group of colleagues at Massachusetts General Hospital that ether could be used to relieve pain during surgery. His demonstration paved the way for the anesthetics and revolutionary surgeries of today.

7. X-rays. With the German Wilhelm Röntgen's discovery of X-rays in 1895, medicine took a quantum leap inward. "One mustn't forget that the discoveries of the 20th century cannot have taken place without the development of the kind of diagnostic tools that are now available," Nuland says. "First X-rays, now CAT scans, magnetic resonance imaging (MRI) and ultrasound. Being able to peer in and through the human body in a non-invasive manner has been an enormous gain."

8. Insulin. The discovery of insulin to control diabetes in the early 1920s by Canadian researchers Charles Best and Frederick Banting was the first of the major 20th century drug therapies. One year diabetes was a death sentence; the next, victims had hopes of living productive lives.

9. Antiobiotics. The Englishman Alexander Fleming's accidental look into a petri dish in 1929 and subsequent discovery of penicillin may be medicine's most exciting breakthrough, Porter

contends. "It was the first breakthrough which really gave us the ability to save lives on a huge scale." Today, antibiotics protect us from a menacing world of germs that in many cases would otherwise prove fatal.

10. Genetics. Mid-20th century discoveries that combined chemistry and biology have led to the "age of genetics and molecular biology," says Porter. He and Nuland point to James Watson's and Francis Crick's discovery of the structure of DNA as the breakthrough that created the scientific frontier for the 21st century. By unraveling the building blocks of life, they created the ability for medicine to cure or combat anything from cancer to multiple sclerosis.

And why is it that western medicine has developed in such a unique way, making it powerful and dominant around the world?

"The point about Indian or Chinese traditional medicine, to my way of thinking, is that it is traditional," Porter says. "Asian medicine is not about making discoveries but is largely about upholding old truths. It is western medicine that incorporates the idea of discovery, change, improvement and innovation."

What To Do

For more in-depth information on the history of medicine, check the BBC or the WWW Virtual Library for the History of Science, Technology & Medicine.

SOURCES: Interviews with Sherwin B. Nuland, M.D., clinical professor of surgery, Yale University, and author, How We Die: Reflections on Life's Final Chapter; Roy Porter, M.D., Ph.D., F.A.S., medical historian, Wellcome Institute for the History of Medicine, Oxford University, London, England, and author of The Greatest Benefit to Mankind: A Medical History of Mankind --

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