SCHOOL OF SCIENCE AND TECHNOLOGY

BEHAVIORAL SCIENCE-II

BSN 2310

BANGLADESH OPEN UNIVERSITY
SCHOOL OF SCIENCE AND TECHNOLOGY

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Introduction to the Module

Bangladesh Open University (BOU) has taken the initiative to bring its educational programs into the hands of those eager to learn. This module Behavioral Science - II, last of the two modules on Behavioral Science has been written with the same aim. Behavioral Science includes the fields of sociology, psychology and anthropology. In this module Behavioral Science -II, an attempt has been made to include an introduction to the subject (Unit 1) and sociology (Unit 2). In the second of the modules on the subject, Behavioral Science-II, an endeavor has been made to include psychology (Units 1-4) and anthropology (Unit 5). Some of the lesson in one field may also be a lesson in other field, but for the convenience of the learner it has been put where it is in the module. The lessons have been so designed that it just gives a basic idea of the topic under discussion.

Through this open schooling program the learner will be able to learn and develop new knowledge and skills, with the help of materials, without attending formal classes. This module is a bit different from those used in formal classroom situation. Before going through the module, carefully read the following points on how to use this book to get the maximum benefit.

Format of this Module

This book includes five units. Each unit has one or more lessons. Each unit has a unit-title followed by a brief introduction to the unit. A few lesson objectives are given at the beginning of each lesson. The important part in the text has been highlighted in boxes in the left margins. Beside the text, figures, diagrams, pictures, and flow charts-as applicable for clearer understanding of the subject supplement each lesson. A hypothetical problem, the exercise, is included in most of the lessons so that the learner can solve them in the light of the relevant lesson. This exercise will invite participation on the part of the learner to feel that s/he is an active participant in an exciting lesson. There is scope for self-evaluation at the end of each lesson. Both short true/false and essay analytical type of questions does this. The answers to the short questions are given at the end of the module.
How to Use this Book

♦ Read carefully the learning objectives of the lesson before going through the text.
♦ How much of the learning objectives have been achieved will be assessed by the learner at the end of the text.
♦ If the learner is not satisfied he/she will go through the text, as many times as necessary, until he/she is satisfied about the learning objectives.
♦ When the learning objectives are achieved, the learner will proceed with the exercise (questions). The answers to short questions may be checked with those at the end of the module.
♦ Unless one lesson is completed, the learner is advised not to proceed to the next lesson.
♦ It is advised that the learners preserve the solved exercises and answers to questions for quick reference before examination.

For Any Clarification

The learner is advised to listen and/or view the scheduled television and radio program by Open University on Behavioral Science.

The lesson to be discussed in the next program is announced at the end of each program. The learner should read the relevant lessons before the program. At the scheduled time, s/he should be ready with pen, paper and book in front of the television/radio set. The learner should take notes, if any part of the program is not understood. He/she should discuss these with the tutor in the tutorial class.

The tutorial classes are different from traditional classes, as the tutor will help only where the learner has difficulty. So the learner should go through the lessons and find out the difficult parts before going to the tutorials. The tutor will also advise and guide the learner for successful completion of the course. If the learner so wishes he/she could go through the books recommended for further reading. Moreover, the learners are strongly advised to use a standard English dictionary to facilitate comprehension.
Preface

The theme of Bangladesh Open University (BOU) is to make education available to the interested with minimum required traditional qualification, irrespective of other social differentiation, in an easy and economic way, without dislodgment from their daily routine. This education is mainly through, module based study, which is self-contacted, self-directing, and self-pacing instructional material. In order to meet the national and international demand of graduate nurses, the Bangladesh Open University has introduced B. Sc. in nursing program. One of the subjects of this program is Behavioral Science. It is expected that on completion of the program, the degree holders will be able to use his/her knowledge in the practical and professional life to meet the rising demand in health field.

A number of people have given their effort and time from the germinal position to the completion of this reading material, the module. Bangladesh Open University is grateful them. The contribution and guidance by Gail Crawford, Ph.D., of Athabasca University, Canada, who gave impetus in the early days of module drafting, had strengthened the conviction that such a course could take off. Before finalization, the draft reading material was tried out on a sample of target group, and necessary modifications made to accommodate the learner. Bangladesh Open University hopes this module will be able to attract the learners in turn with theme of the University. The University will appreciate any constructive criticism and suggestion for improvement of this module.
# Behavioral Science-II

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Unit 1:

Nervous System and Behavior

Basics of Sense and Sensibility.
Lesson 1: Brain and Behavior

1.1. Learning Objectives

At the end of this lesson you will be able to-

♦ state the different parts of nervous system
♦ demonstrate the functions of brain
♦ describe the parts of the brain in terms of association with specific behavior
♦ describe the structure of a neuron
♦ describe and give examples of the types of neuron.

1.2. Nervous System and Functions of Brain

The brain is a complex structure. It is made up of 100 billion neurons. Physiological and chemical events in the brain are responsible for our thoughts, feelings and behaviors. The brain, the spinal cord and nerves, together, constitute the nervous system. The nervous system can be divided into two parts-

♦ the central nervous system (CNS) consisting of brain and spinal cord
♦ the peripheral nervous system consisting of nerves.

The brain has three general functions.

♦ Sensory functions or receiving information
♦ Analysis and decision making
♦ Motor functions or commanding the muscles and glands to take action.

1.3. Parts of Brain

The brain can be divided into three parts. Each of these parts is specialized to control different types of behavior.

1. The outermost part is the cerebral cortex. Certain areas are specialized to receive sensory information while others are specialized for motor responses. The rest of the cortex is involved in associative process such as planning, judgment and memory.

2. Underneath the cortex is the limbic system, which is primarily concerned with emotion. It also has an important role in memory.
Nervous System and Behavior

3. The innermost part is the brain stem, which is involved in controlling basic functions such as respiration, sleep, coordinating movement, and relays sensory information to the cortex.

1.4. Neuron and its Types

To understand how the brain controls behavior it is necessary to examine a single neuron. Neurons are cells that give the brain its unique characteristic. Each neuron has a receiving section called a dendrite, and a sending section called an axon. Between the dendrites and the axon lies the cell body or soma. Each neuron has one soma, on which multiple dendrites converge and only one axon exits.

Depending on the function, there are three types of neurons—

- **Sensory neurons**, which receive information, such as, our hand, are placed in a very cold place.
- **Motor neurons**, which command the muscles of the arm to remove our hand from the cold place.
- **Association neurons**, which connect the motor and sensory neurons.

Illustration

1.5. Division of the Nervous System

![Nervous System Diagram]

- Central nervous system (CNS)
  - Brain
  - Spinal cord
  - Nerves
- Peripheral nervous system
1.6. Activity

As you are going through this lesson, what are the parts of the brain that took part in reading? What parts of the brain will come into action when you reproduce the lesson?

1.7. Exercise

1.7.1. Write "T" for true, and "F" for false statements

a. The brain, spinal cord and nerves together constitute the nervous system
b. The brain has only sensory and motor functions
c. The neuron has a single dendrite
d. The limbic system is concerned with emotion.

1.7.2. Analytical Questions

1. List the different parts of nervous system and describe in short, the functions of the brain.
2. Describe the parts of brain in terms of behavior.
3. Describe the structure and the types of neurons.
Lesson 2: Psychological Conceptions of Man

2.1. Learning Objectives

At the end of this lesson you will be able to-

♦ discuss the psychological interpretation of action
♦ describe the different approaches to psychological attitudes.

2.2. Psychological Interpretation of Action

The action of any person can be explained or described from several points of view. For example, a person walks across the street. This can be explained in terms of stimulated neurons, which activate the muscles that move the person across the street. Again, it can be explained by, the green light that acts as a stimulus, and the person crosses the street as a response to the stimulus. This action can also be explained in terms of its ultimate goal: the person wants to visit the hospital, and crossing the street is one of many acts that he has to perform before reaching the hospital. From this example it can be understood that there are different approaches to the psychological study of humans. An insight into the major approaches to modern psychology is possible through its five categories.

2.3. Different Approaches to Psychological Attitudes

1. **Neurobiological approach**: All psychological events are represented in some manner by the activity of the brain and nervous system in conjunction with other body systems. For example, walking by a person result from stimulation of the muscular system by the nervous tissues.

2. **Behavioral approach**: It is the stimulus-response psychological approach. Here the stimulus that elicits a particular behavior is the major concern. What goes on in the mind of the organism is not considered. For example, a health worker asks a client to take oral pills daily, and on time. The client does so. Now, what thoughts, hesitations and fears goes on in the client's mind is not the concern. The behavior of having taken the pills regularly is the only concern.

3. **Cognitive approach**: This is concerned with the way the brain actively processes or transforms the information it receives. For example, seeing a dehydrated diarrhoea patient act as a stimulus for a health worker. The image of this patient enters the eye of the health worker, is transformed into neural impulses, which are compared with a healthy person and stored in the memory. This helps the health
worker to recognize a dehydrated case immediately when a similar instance occurs later on.

4. **Psychoanalytic approach:** This approach assumes that a person's behavior is determined, to a great extent, by certain unconscious instincts such as thoughts, fears, wishes, sex, aggression, and childhood experiences.

5. **Humanistic approach:** This approach stresses that an individual is free to choose and to determine his/her actions. Each person is responsible for his/her own actions. S/he cannot blame the environment, his/her parents or circumstances. The person's inner drive motivates the person to do better.

2.4. **Illustration: View Points in Psychology**

2.5. **Activity**

An ambulance went by very fast blowing its bleepers. All the traffic made way for it. What possible cognitive viewpoint was formulated by the drivers of the other vehicles on the road?
2.6. Exercise

2.6.1. Write "T" for true and "F" for false statements

a. Stimulation of the muscles by nerve fibres in walking is an example of behavioral approach in psychology
b. Behavioral approach in psychology is a stimulus-response phenomenon.

2.6.2. Analytical Question

1. What are the different approaches (viewpoints) to the psychological study of human? Illustrate one of them with an example.
Lesson 3: States of Consciousness

3.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define consciousness
♦ describe sub consciousness
♦ describe sleep and dream states.

3.2. Consciousness and Sub-Consciousness

Consciousness is the sum total of all internal and external events of which we are aware at any given time. Consciousness exists as a continuous sensation, thought images and feelings. At any given time only a selected portion of the external and internal stimuli are perceived by consciousness. The information received by consciousness is governed by passive or involuntary, and active or voluntary attention. A great deal of our behavior and mental activity takes place sub consciously (i.e., outside conscious awareness). The sub conscious mental activity has been further considered by Sigmund Freud as "preconscious", in which the sub conscious activity can be brought to awareness by paying attention; and "unconscious", where the mental activity is more or less permanently unavailable to consciousness. For example, driving an automobile along familiar routes is often accomplished at a preconscious level. At an unconscious level, are the many body functions, such as the continuous secretion and circulation of hormones.

3.3. Understanding of Sleep and Dream

An example of an altered of consciousness is sleep and dream. We spend almost one third of our lives asleep, an average of about 7½ hours in each 24 hours period. We need sleep to restore and revitalize our bodies and minds for the next working day. Two phases of sleep have been described. The rapid eye movement (REM) phase and the non-rapid eye movement (NREM) phase. The course of a night's sleeps alternates between these two phases with REM occurring about every ninety minutes. Vivid dreaming usually occurs during the REM phase.
Nervous System and Behavior

3.4. Illustration

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| Sleep                  | NREM      | REM (vivid dream occurs in this phase) |

3.5. Activity

Cite an example of a preconscious type of sub-conscious activity in a hospital situation.

Exercise

3.4.1. Write "T" for true and "F" for false statements

a. Behavior and mental activity may take place sub consciously  
   T

b. Assimilation of food is an activity, which occurs at unconscious level of sub consciousness  
   T

c. We spend one third of our life awake  
   T

d. Vivid dreaming takes place in NREM phase of sleep.  
   F

3.4.2. Analytical Questions

1. Explain consciousness and sub consciousness.
2. What do you understand by sleep and dream?
Lesson 4: Perception, Knowledge and Attitudes

4.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define perception, knowledge and attitudes
♦ differentiate between perception and knowledge
♦ differentiate between knowledge and attitudes.

4.2. Perception

Perception means the interpretation of meaning given to sensory information through sense organs (e.g., eye, ear, nose, skin, and tongue). For example, a baby cries due to some discomfort. It is difficult to state whether the cry is due to hunger or uncomfortable for temperature. The baby stops crying if it is fed or wrapped up snugly as the case may be.

The crying response is due to the interpretation by the brain of the baby of a disturbance in the normal state of things. The satisfaction of the particular need is expressed by the stopping of crying. This understanding of discomfort and comfort is an example of perception.

4.3. Knowledge

Knowledge knows things, objects, events, persons, situations and anything in the universe through collection and storage of information in the brain. Perception is receiving sensation and giving them a meaning in the brain, and knowledge is the accumulation of such perceptions.

4.4. Attitudes

Closely following knowledge is attitude. With the information gathered on things, objects, persons, and events, the mind is able to develop a sense of likes or dislikes, pleasure or pain, joy or sorrow, anger or hatred. These feelings are experienced by the mind and make the person favorably or unfavorably disposed towards anything. The combination of knowing about a thing, having a feeling about it and a tendency to react towards it called an attitude. In other words, attitude has three components — knowledge about something, a feeling about it, and a tendency to take action.

For example, a student nurse came to know about the deadly infectious disease AIDS (Acquired Immune Deficiency Syndrome) in her medicine...
class. She came to know that the disease spreads by certain specific behaviors. Her reaction was fear about how she would handle AIDS cases in her professional life and so she decided that she would not take care of AIDS patients. This is an example of an attitude of the student nurse towards AIDS.

Ideally, if the people responsible for the care of AIDS patients are careful about certain preventive measures then there is no possibility of them contracting the disease from their patients.

4.5. Illustration

Fig.: Brain receives sensory impulses from sensory organs for perception

4.6. Activity

Suppose you are a community nurse while on a domicilliary visit, you find a poor man's child suffering from protein deficiency, due to low dietary take. This case of protein deficiency can be easily managed by dietary supplement with pulse, which is easily available at low cost in the same setting. What attitude would you have towards the child and/or parents to manage this deficiency?
4.7. Exercise

4.7.1. Write "T" for true and "F" for false statements

a. Perceptions are received through sense organs
b. Knowledge is the accumulation of perceptions
c. Attitudes are formed before knowledge is gained
d. A feeling and a tendency to react are the only two components of attitudes.

4.7.2. Analytical Questions

1. Define perception and give an example.
2. Describe knowledge and attitudes.
3. Give an example to clarify the meaning of the term attitudes.
4. What is the difference between knowledge and attitudes?
Lesson 5: Motivation

5.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define motives and motivation
♦ classify motives
♦ describe Maslow's hierarchy of needs.

5.2. Motives and Motivation

Motives, needs and drives can be used synonymously.

Simply speaking, a motive is the internal force that compels one to behave in a certain way. Motivation, as suggested by Lindsay as "a combination of forces, which initiate, direct and sustain behavior towards a goal".

5.3. Classifying Motives

Motives arise from two primary sources-

♦ biogenic
♦ sociogenic.

1. **Biogenic motives:** These are related directly to tissue needs (e.g., thirst, hunger, the need for oxygen), which are necessary for the maintenance of life and the promotion of biological growth and development.

2. **Sociogenic motives:** These are the needs, which prompt an individual to interact with others in the society (e.g., the need for affection, desire to help others).

5.4. Maslow's Hierarchy of Needs

According to Maslow, the human drives exist in a hierarchy of importance (or stepladder fashion).

a. **Basic physiological needs:** These are the needs for basic physiological survival such as food, water, rest and sex. These are essential, if they are not met, nothing else matters.

b. **Safety needs:** These are needs for protection from danger or threat. These are pretty basic needs, and are felt strongly by most people.
c. **Love and affection:** These are needs for association, for giving and receiving friendship, affection and warmth. These are very important but people can survive without feel filling these needs.

d. **Self-esteem:** These are needs for self-respect or status. This is important but many people never fulfill this need.

e. **Self-actualization:** These are needs for realizing one's full potential. Very few people reach this level.

**Example**

A young, landless farmer of Sitaikunda, facing financial hardship could not fulfill his hunger needs nor could he access any medical care for his ailments. One of his relatives got him a job in a garment factory in Dhaka. One year later, he saved some money and rented a house. Next he felt the need for love and affection. So he got married. Three years later he had grown enough confidence in himself to want advancement in his service status. He was raised to a higher position with greater job responsibility and financial solvency. Now he can afford to spend to meet his health care needs.

The above example depicts both biogenic and sociogenic needs (or motives) and follows Maslow's hierarchy of needs.

**5.5. Illustration**

![Maslow's hierarchy of needs](image)

Fig.: Maslow's hierarchy of needs

**5.6. Activity**

In what level of Maslow's hierarchy of needs do you consider yourself? Explain in three sentences.
5.7. Exercise

5.7.1. Write "T" for true and "F" for false sentences

a. Sociogenic needs are related to hunger and thirst
b. Needs, drives and motives are synonyms
c. Love and affection are biological needs
d. The highest level of Maslow's need hierarchy is self-esteem.

5.7.2. Analytical Questions

1. Define motive and motivation.
2. Define biogenic and sociogenic needs (or motives) with examples.
3. Briefly explain Maslow's hierarchy of needs.
Lesson 6: Learning

6.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define learning
♦ describe theories or types of learning
♦ cite examples of different types of learning.

6.2. Definition of Learning

Learning is a process resulting in some modification, relatively permanent, by way of thinking, feeling, and doing by the learner.

6.3. Theories or Types of Learning

Three types of learning are considered in developing behavior. These are also known as theories of learning.

1. Classical or respondent conditioning: This type of learning is concerned with stimuli, which automatically produce responses. These responses are involuntary, and not under the control of the individual. Pavlov investigated classical conditioning learning. An example of classical conditioning learning is salivation in response to food in the mouth. Another example is pupil constriction in response to bright light.

2. Operant conditioning: Much of human behavior is not involuntary, rather, spontaneous, and is controlled, primarily, by its consequences. This type of learning is under the control of the individual. Examples include reading, walking, and nodding one's head. The differences between classical and operant conditioning methods are often confused. It is possible to alter an involuntary action into a voluntary one, and vice versa. For example, normal pulse rate is involuntarily maintained, but voluntary effort like exercise may increase the pulse rate. Similarly, increase in the frequency of the operant behavior may develop into classical or respondent conditioning. For example, the act of mastication or chewing, though voluntary, becomes involuntary over the period of time for as soon as food is put into the mouth one starts chewing without being aware of it.

3. Observational learning: Observational learning occurs when an individual observes a model's behavior but performs no overt responses nor gets any direct consequences himself. The behavior is learned by the observer from merely watching another person as a
model. For example, a young girl Shahreen who was afraid of dolls was made to observe three other girls playing with dolls. These other girls were not afraid of dolls and played without inhibition. Immediately after watching the young girls play, Shahreen touched the dolls and gradually overcame her fears.

6.4. Illustration

Size of the pupil in normal day light (Pupil size normal)

Size of the pupil on exposure to bright light (Pupil dilated)

Fig.: Classical conditioning learning-involuntary papillary response to light

6.5. Activity

Suppose a nurse has learned to put on a specific white dress when she has to go out on a job. She does so regularly. She puts on different dresses to suit other occasions. Her choice of dress is consciously made to adapt herself to the situation. What type of learning is this? Justify your answer.

6.6. Exercise

6.6.1. Write "T" for true and "F" for false statements

a. Classical conditioning learning is voluntary learning
b. Pavlov demonstrated classical conditioning learning
c. Learning is absolutely permanent
d. Learning occurs through thinking, feeling and doing.

6.6.2. Analytical Questions

2. Describe the different types of learning with examples.
Lesson 7: Memory

7.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define memory
♦ describe and give examples of four types memory.

7.2. Definition of Memory

Memory is the process of reproducing what has been learned and retained.

7.3. Types of Memory

1. Redintegrative Memory: Redintegrate means to reestablish an earlier experience on the basis of partial cues. For example, a poor patient with puerperal sepsis was admitted in a ward of a hospital. Her condition was gradually deteriorating. The attending doctor gave the patient's attendant a slip to bring some emergency drugs but the attendant could not, as he had no money. Within an hour the patient died.

The event may evoke a chain of memories in the mind of the attending doctor, who looks back into her past life, and relives the entire episode of her own mother's death, which occurred under similar condition and for similar reason before she joined the profession. Redintegration may also occur for factual information (i.e., memory not based on personal experience). For example, you have read about measles a long time back. Now, you are asked to recollect it from memory. You may not be able to do so all at once, but step by step. One point is leading to the other.

2. Recall Memory: This is the recollection of past experience or events in its entirety, which may occur even if the circumstances under which it was learned cannot be remembered. For example, a nurse who has left the active profession several years' back is asked to give an injection to a critically ill patient. She does so, without hesitation, correctly following all the steps of administering injections. She did not have to think about how and where she learned it.

3. Recognition Memory: This is the kind of memory in which we know that it is familiar. For example, we meet some one who looks familiar, but we cannot recall the name or where and when we met. Recognition is just an incomplete flash of memory.
4. **Relearning Memory**: This is the relearning of previous knowledge, which seems forgotten. It is easier to learn the second time because it was learned in the past. For example, a doctor who has worked in a small community in Bangladesh for 30 years is familiar with all the diseases prevalent in the community. Suddenly, he comes across a case, which he cannot diagnose. He makes a brief epidemiological investigation, and narrows down his diagnosis to two or three communicable diseases, the diseases which he has forgotten about. He goes back to his medicine books and scans to learn about the disease anew.

7.4. **Illustration**

[Diagram showing types of memory: Memory, Redintegrative, Recall, Recognition, Relearning]

Fig.: Types of memory

7.5. **Activity**

In your final examination you were asked to write sequentially the case history of a measles patient. You wrote from memory about a case that you had seen in the paediatric ward during the second year of your studies. Explain the type of memory that helped you during the examination.
7.6.  Exercise

7.6.1.  Write "T" for true and "F" for false statements

a.  Redintegrative memory is when learned things are reproduced step by step  
b.  Driving a car correctly by an experienced driver after a long interval is an example of recall memory  
c.  Recognition is a complete flash of memory  
d.  Relearning is an accelerated process than learning.

7.6.2.  Analytical Questions

1.  What is memory? Briefly touch upon the different types of memory.
2.  Give an example of each type of memory.
Lesson 8: Forgetting

8.1. Learning Objectives
At the end of this lesson you will be able to-
♦ describe and give examples of the processes of forgetting.

8.2. Definition of Forgetting
Forgetting means to lose remembrance or memory.

8.3. Processes of Forgetting
There are three explanations for forgetting. One or more of these explanations may be involved in the process of forgetting.

1. **Decay Through Disuse:** Forgetting takes place simply through the passage of time. This does not account for all the facts about forgetting. Most motor skills like swimming or driving a car are not easily forgotten even though these skills may not be used for many years. Some forgetting may occur through organic changes taking place in the nervous system with the passage of time. For example, it may not be possible to write the definition of measles, word for word, as given in the class, three to four years back.

2. **Interference Effect:** Another explanation maintains that it is not so much the passage of time that determines the course of forgetting but what we do in the interval between learning and recall. New learning may interfere with material previously learned. For example, a student of medicine read microbiology first, and learned the names of bacterias. She next learned about viruses and their names. In the examination, she found that she could not recollect the names of bacterias’s; only the names of viruses came back to her again and again.

3. **Motivated Forgetting:** A person is self-motivated to forget somethings, usually to get relief from pain or sorrow. This is done actively by the person concerned. For example, a female nurse was seen working day in and day out in a hospital. She had very little interest in anything outside the hospital. She worked herself to the point of exhaustion and felt sick. The hospital psychologist was called in. He found out, under hypnosis, that she (the nurse) loved a man very much who later died in a road accident. In order to forget the incidence, she immersed herself completely in her work.
8.4. Illustration: Forgetting

The patient needs immediate tracheostomy. I did it once during internship. I have been practicing only medicine for last twenty years. I seem to have forgotten the steps of tracheostomy.

Fig.: Decay through disuse

Tutor told me yesterday about the instruments on a laparotomy trolley. Today, she told me about a caesarian trolley. Now I have been asked to prepare a laparotomy trolley. Alas! I cannot recall the instruments needed.

Fig.: Interference effect

"I joined the nursing profession as it keeps me busy and helps me to forget about a girl called Shahreen.

Fig.: Motivated forgetting

8.5. Activity

Recount an incidence where you forgot something. Explain the forgetting process that you think was responsible.

8.6. Exercise

8.6.1. Put a tick (√) mark on the most appropriate answer

Motivated forgetting involves-

a. Purposely blocking out a memory
b. Loss of memory over long period of time
c. Memory loss due to interference of other information
d. None of the above.

8.6.2. Analytic Questions

1. What is forgetting? Briefly touch upon the different explanations for forgetting.
2. Give an example to explain each of the processes of forgetting.
Lesson 9: Adoption

9.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define adoption
♦ describe the stages in adoption process
♦ cite examples of different stages of adoption process.

9.2. Adoption and Adoption Process

In behavioral science, adoption means the acceptance of a new idea and putting it into practice. Before adopting a new idea, people go through several stages called the adoption process. Rogers has identified five stages in the adoption process. They are -

1. Awareness Stage: For any new idea (innovation or invention) a person has first to be made aware of the existence or presence of that idea. A patient of tuberculosis has to be aware that the symptoms that s/he has may be due to infection by tubercle bacilli. S/he may also become aware of the possibility of specific treatment by drugs.

2. Interest Stage: A person, aware of a particular idea or information, may show either a positive or negative interest about it. If interested, s/he tries to collect relevant information as much as possible. For example, the patient with tuberculosis, who already has an idea about its treatment, may find out more about the treatment—where the treatment is available, who gives it, side effects, and so on.

3. Evaluation Stage: Based on the information gathered so far the individual's mind tries to analyze various positives and negative points. For example, the tuberculosis patient consults a doctor or a nurse or patients already cured by treatment, s/he may think of some other traditional way of getting relief. If the nurse or doctor can convince him/her, s/he may decide in favor of allopathy.

4. Trial Stage: In this stage, s/he accepts the idea for a trial and tries to learn from the experience. Next s/he decides whether to accept or reject the idea. For example, the tuberculosis patient tries out the drugs.

5. Adoption Stage: This is the final stage when the person adopts the idea and puts it into practice. S/he does it always. For example, when, after seven days, the tuberculosis patient finds improvement in his/her health status with reduction in symptoms, s/he accepts the value of the
treatment and adopts it by continuing drugs for the required number of months.

9.3. Activity

A mother was informed, for the first time, by a health worker that if weaning food is given to a baby from 6 months age then the brain development is good. The 6 mother wanted to know type of food, how much and at what interval should the weaning food be given. The health worker gave her all the details. She weighed the suggestions and found that it was possible for her to give weaning food to the child. She next tried out the recipe as per schedule for 15 days and then started giving it regularly. Describe the above sequence of events in terms of stages of adoption process.

9.4. Exercise

9.4.1. Write "T" for true and "F" for false statements

a. End point of adoption is practice  
  b. Adoption processes are the sequential stages of adoption  
  c. Interest is the first stage of adoption process  
  d. Trial stage is not necessary for adoption.

9.4.2. Analytical Questions

1. Define adoption and adoption process.
2. Briefly describe the adoption process with example.
Lesson 10: Reinforcement

10.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe and give examples of reinforcement
♦ classify four types of reinforcement
♦ describe four types of schedules of reinforcement.

10.2. Reinforcement

The concept of reinforcement highlights that consequences or results. The behavior of people is largely determined by its. In other words, actions that tend to have positive or pleasant consequences tend to be repeated more often in future, while actions that tend to have negative or unpleasant consequences are less likely to be repeated again.

10.3. Classifying Reinforcement

Different types of reinforcement situations are as follows -

1. **Positive Reinforcement**: a method of strengthening behavior, by providing a reward or a positive outcome after a desired behavior is performed.

2. **Avoidance Reinforcement**: a method of strengthening behavior by withdrawing an unpleasant outcome after a desired behavior is performed.

3. **Punishment Reinforcement**: a method of weakening an undesired behavior by providing an undesirable outcome or consequence.

4. **Extinction Reinforcement**: a method of weakening an undesired behavior by not providing a desirable outcome.

10.4. Schedules for Applying Reinforcement

1. **Fixed Interval**: Reinforcement applied at fixed time intervals, regardless of behavior.

2. **Variable Interval**: Reinforcement applied at variable time intervals, regardless of behavior.

3. **Fixed Ratio**: Reinforcement applied after a fixed number of behaviors, regardless of time.

4. **Variable Ratio**: Reinforcement applied after a variable number of behaviors, regardless of time.
Let us look at an example to clarify some of the reinforcement situation and schedule. A girl, Shagoofa, studying in class six, started getting poor results at school. The mother felt bad and started scolding her after seeing the grade of the monthly test. This went on for six months. Gradually the girl felt bad about her results too, and in the next monthly test, she did better but still it was not good enough. On seeing the slight improvement, the mother did not scold her. Next month the result was even better. This time the mother was pleased and so praised her daughter. The daughter found further impetus and did even better.

In the above situation the first underlined part denotes punishment reinforcement. The second underlined part denotes fixed interval schedule of punishment. The third underlined part denotes avoidance reinforcement. And the fourth underlined part denotes positive reinforcement.

10.5. Activity

Suppose you are a tutor in a nursing institute. Quite often you give surprise tests to your students at the end of the class on the topic discussed on that day. You praise the students when they do well to keep up their good work. In this instance, has there been any reinforcement? If so, what type and schedule of reinforcement was followed. Justify your statement.

10.6. Exercise

10.6.1. Write "T" for true and "F" for false statements

a. Reinforcement is not associated with behavior  
b. Providing reward for strengthening is positive reinforcement  
c. Extinction is a schedule for applying reinforcement  
d. Fixed ratio and variable ratio schedules for applying reinforcement happens regardless of time.

10.6.2. Analytical Questions

1. What do you mean by reinforcement? Discuss the different types of reinforcement.  
2. Describe the four schedules of reinforcement.
Lesson 11: Educational Psychology in Health

11.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define education and health education
♦ describe the aims of educational psychology in health
♦ discuss the importance of nurses as health communicators.

11.2. Education and Health Education

Education is a process, the chief goal of which is to bring about changes in human behavior. Health education, a function of all health workers, is intended to alter behavior where it causes disease. In other words, Some of the behavior alterations that may be required in appropriate circumstances are: the adoption of locally appropriate and correct feeding practices to prevent (and treat) kwashiorkor, careful driving to prevent road accidents, avoidance of smoking to prevent lung cancer, and defecating only in a latrine to prevent fecal contamination of food diarrheal disorders.

11.3. Aims of Educational Psychology in Health

Health education is not merely the removal of ignorance but it also aims at -

1. Supplying a person with new and correct knowledge about a disease to make the preventable measures required seem reasonable (e.g., going to the latrine with sandals seems a reasonable way to prevent hookworm infestation).
2. Making a person feel keenly about the importance of his/her own health to make him/her alter his/her behavior and adopt preventive measures (e.g., adopting the behavior of going to latrine with sandals on).
3. Making a person concerned for the health of the others (e.g., buying sandals for all the members of the family so that they use them when going to the latrine).
4. Strongly motivating a person so that s/he supports and initiates preventive action by the community (e.g., giving talks to school children on the benefits of using sandals when going to the latrine).
11.4. Nurse as a Health Educator in the Hospital and Community

Personal health education depends, to a large extent, upon the relationships among people. In a hospital, some of these relationships are obvious, such as those between the patients and the doctors, and patients and nurses. It is natural to suppose that the most significant channel of communication would be that from the doctor directly to his/her patients but frequently this is not so. Often, as the doctor proceeds down the ward to the next bed, the patient will turn to the nurse with the words, "What did he say?" The nurse then may be in closer communication with patient than the doctor is. So, the importance of nurses in educating patients in health matters is equal to a doctor. Such a personal method of communication can also be applied to a family or to larger groups and community.

11.5. Illustration: A Health Education Model

![Diagram](image)

11.6. Activity

Suppose you are sent to a village to discuss and demonstrate about oral dehydration solution (ORS) with the community leaders. What do you think would be the behavioral outcome of the acceptors of your message?
11.7. Exercise

11.7.1. Write "T" for true and "F" for false statements

a. Education changes human behavior
b. Health education means education for health
c. Health education merely removes ignorance
d. Doctors only provide health education.

11.7.2. Analytical Questions

1. Define education and health education. Give five instances where health education is required in your opinion.
2. Discuss briefly the aims of educational psychology in health.
3. What is your role, as a nurse, in health message communication?
Unit 2:

Human Development, Personality and Mental Disorders

Functional development of higher faculty, self respect and psychological problems are interrelated.
Human Development, Personality and Mental Disorders
Lesson 1: Growth and Development in Children

1.1. Learning Objectives

At the end of this lesson you will be able to-

♦ compare and contrast the terms growth and development
♦ describe the factors affecting growth and development
♦ discuss the laws of growth and development
♦ relate the importance of growth and development in healthcare.

1.2. Growth and Development

The terms "growth" and "development" are often used together. These terms are not interchangeable, because they represent two different aspects of the dynamics of change (i.e., those of quantity and quality). Growth and development usually proceed concurrently but may not always be equal. The term growth implies a net increase in size or mass of body tissues. Development is defined as maturation of body and mind functions.

1.3. Factors Affecting Growth and Development

There are many factors that influence growth and development of a child. The few factors are mentioned below.

1. Genetic Characteristics of Parents: Parents with high intelligence level are more likely to have children with higher level of inherent intelligence.

2. Nutritional Factors: Growth and development of a child is influenced to a great extent by its prenatal and postnatal nutritional status.

3. Social Factors: Children from families with high socioeconomic level generally experience better growth and development.

4. Cultural Factors: Methods of child rearing and infant feeding are determined by cultural practices, and these traditions may significantly influence the growth and development of children.

1.4. Laws of Growth and Development

1. Growth and development of children is normally a continuous and orderly process (e.g., a child first learns to sit and then to stand, not the other way round).

2. Growth and development patterns of every individual are unique but generally proceed in a cephalocaudal direction, that is from head to
foot (e.g., a child develops head control by 3 months, hand control by 5 months and leg control by 1 year).

3. Different tissues of the body grow and develop at different rates. For example, the brain grows rapidly during the later months of fetal life and early months of postnatal life, while gonadal growth (testes and ovaries) is dormant during childhood but becomes pronounced during puberty. Ninety per cent of the brain growth and development occurs in the first two years of life.

1.5. Importance of the Study of Growth and Development

It is important for a health worker to know the different normal stages of growth and development of a child, in order to be able to identify any deviation from the normal and suggest appropriate measures. For example, a child is admitted to the dental ward with severe dental pain due to dental caries. The health worker, besides giving medical care, can also note any other deviation from the normal for that age and sex and suggest appropriate measures to the parents so that it can be corrected. The suggestion may be about nutrition or exercise or posture.

1.6. Illustration

Growth and development rates of different tissues/organ
1.7. Activity

A twelve year old boy is brought to the health center by his parents. You find that he has stunted growth and delayed development. To find out the reasons for such poor growth and development, what information you will elicit from the parents of the child?

1.8. Exercise

1.8.1. Write "T" for true and "F" for false statements

a. Growth is a qualitative change.
b. Development is a quantitative change.
c. Maternal nutritional status influences growth and development of a newborn child.
d. Approximately ninety percent of the brain development occurs in the first 2 years of life.

1.8.2. Analytical Questions

1. Compare and contrast the term's "growth" and "development".
2. Describe the factors affecting growth and development.
3. Discuss the laws of growth and development.
Lesson 2: Self and Personality

2.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define personality
♦ describe Freud's personality theory
♦ understand the theory of C. H. Coolly.

2.2. Personality and Self

Personality and self are very similar in meaning. Personality is a more general term. Psychologists prefer to use the word 'personality', while sociologists prefer 'self'. Personality may be defined as the sum total of the physical, mental, emotional, social and behavioral characteristics of an individual or group.

2.3. Major Components of Personality

Sigmund Freud, a psychoanalyst, states that personality is made up of three major components.

1. **Id:** The behavior that tries to satisfy primitive physiological needs is termed as Id. For example, a baby crying for food and passing urine without control.

2. **Ego:** It is the behavior that balances the primitive needs with the surroundings is controlled by ego. It is within control of the individual. Ego develops as a person grows up. For example, a normal adult does not micturate whenever or wherever s/he gets the reflex. S/he waits till s/he reaches a place meant for such acts. Similarly, a normal adult does not cry out or demand food as soon as s/he feels hungry. S/he waits to take the food at the right time and place to satisfy his/her hunger.

3. **Superego:** This component is conscious of self and his/her limitations. S/he wants to do things in the most appropriate manner. It is also referred to, by some, as conscience - that aspect of personality, which controls behavior. It polishes up the ego component. For example, a person gets hungry, gets food in the right time and right place, that is at home. But before s/he satisfies his/her hunger, s/he thinks of the other members of his/her family, as well as looks at the amount of food before satisfying his/her own.
It should be remembered that id, ego and superego are not three separate components of personality; rather they are a combination of the three components.

Sociologist C. H. Cooley has put forward the "looking glass self-concept" to explain personality. According to this concept, an individual understands what others think or perceive about him/her. For example, a person is suffering a disease, which s/he thinks is not serious. A health worker, who lives next door, tells him/her that s/he is seriously ill, and should go to the health center. Though the person does not consider his/her illness serious, s/he still visits the health center. S/he acted according to the perception of the health worker about him/her.

2.4. Illustration

a. Sigmund Freud’s theory of personality

b. Cooley's concept of personality
Human Development, Personality and Mental Disorders

2.5. Activity

Explain any behavior of your close friend in terms of id, ego and super ego.

2.6. Exercise

Cite an example of your own personality in terms of superego

2.6.1. Write "T" for true and "F" for false statements

a. Id is the refined behavior, in other words-conscience
b. Self and personality have similar meaning
c. Cooley states that personality is made up of three major components
d. Balanced behavior is ego state.

2.6.2. Analytical Questions

1. What do you understand by personality?
2. Describe ego and superego in your own words.
3. State the "looking glass concept" of personality put forward by C. H. Cooley.
Lesson 3: Psychosocial Life Stages

3.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe psychosocial life stages enunciated by Erikson
♦ discuss how Erikson's psychosocial stages apply in a health care setting
♦ explain the patterns of behaviour developed in each stages.

3.2. Erikson's Theory

In Erikson's theory there are eight stages of life, which a person usually completes in a lifetime to have a full normal life. According to Erikson, a person spends his whole life constructing, shaping and reshaping his personality, which is influenced by psychological, biological, social and environmental factors. The importance of knowing the psychosocial life stages is to have an insight into the feeling and social interaction of persons in the different age groups. Health workers should keep these stages in mind when dealing with patients or members of the community. For example, a four-year old child of a health worker is recovering from an acute attack of diarrhea. The health conscious worker tries to feed highly nutritious food to the child for catch-up growth. But the child prefers to eat chips, 'chanachur', biscuits, soft drinks and other less nutritious food. Here the trick will be to present the nutritious food in forms which will be acceptable to the child rather than forcing and coaxing the child to eat. The biscuit may be home-made with eggs and milk. Lemon and mango may be presented as drinks and so on. The health worker has to understand that a child of 4 years thinks in the line, "I can plan and others will not overwhelm all my planning".

The eight psychosocial life stages based on Erikson's theory.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Conflict</th>
<th>Feeling and social interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-18 months</td>
<td>Trust VERSUS Mistrust</td>
<td>&quot;Basically its safe&quot;</td>
</tr>
<tr>
<td>2</td>
<td>18 months - 3 years</td>
<td>Autonomy VS Shame and doubt</td>
<td>&quot;I am an independent person and can determine some things&quot;</td>
</tr>
<tr>
<td>3</td>
<td>4-6 years</td>
<td>Initiative VS Guilt</td>
<td>&quot;I can plan and others will not overwhelm all my planning&quot;</td>
</tr>
<tr>
<td>4</td>
<td>6-13 years</td>
<td>Industry VS</td>
<td>&quot;I have something to offer&quot;</td>
</tr>
</tbody>
</table>
Human Development, Personality and Mental Disorders

<table>
<thead>
<tr>
<th>Stage</th>
<th>Years</th>
<th>Conflict</th>
<th>Foundation</th>
<th>Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>11-20</td>
<td>Inferiority</td>
<td>Sense of identity VS Role confusion</td>
<td>&quot;I know me and I can make it as an adult&quot;</td>
</tr>
<tr>
<td>6</td>
<td>20-35</td>
<td>Superiority</td>
<td>Intimacy VS Isolation</td>
<td>&quot;I can share my life and gain support from others&quot;</td>
</tr>
<tr>
<td>7</td>
<td>35-65</td>
<td>Advancement</td>
<td>Generativity VS Stagnation</td>
<td>&quot;I have meaning, and mean something to others&quot;</td>
</tr>
<tr>
<td>8</td>
<td>65+</td>
<td>Integrity</td>
<td>Integrity VS Despair</td>
<td>&quot;I am proud of my life&quot;</td>
</tr>
</tbody>
</table>

3.3. Activity

A woman is admitted in the medical ward. Her two teenaged sons come to you and make a long list of complaints all related to inattention to their mother. Outline what psychosocial feelings are compelling the boys to behave like this.

3.4. Exercise

3.4.1. Write "T" for true and "F" false statements

a. Understanding psychosocial life stages is of no importance in health care
b. Psychosocial life stages have been developed by Sigmund Freud
c. The second stage in the psychosocial life stages is the age group 3-5 years
d. The dominant feeling in the age group 20-35 years is "I can share my life and gain support from others".

3.4.2. Analytical Questions

1. State the importance of knowing the psychosocial life stages with an example.
2. Outline Erickson's psychosocial life stages in a tabular form.
3. Explain the patterns of behaviour developed according to Erikson's psychosocial life stages.
Lesson 4: Prejudice and Discrimination

4.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define and describe prejudice
♦ define and describe discrimination
♦ cite examples of prejudice and discrimination
♦ describe the categorise of people on the basis of prejudice and discrimination.

4.2. Prejudice and Discrimination

Prejudice has been defined as an unfavorable attitude towards a person or thing, prior to, or not based on, actual experience. A person, who is prejudiced about somebody, usually ignores the person’s particular qualities and classifies him/her with others (e.g., with those who speak the same dialect, or come from the same part of the country). Such prejudice may also be present for a group or community.

Prejudiced tends to the generalized. People, who are prejudiced against another person or group, tend to have similar prejudice for others even if they have never heard in seen them before.

Discrimination, on the other hand, is the actual behavior, which is unfavorable to a specific individual or group. When individuals or groups desire equality of treatment and are denied it, they are being discriminated against, usually because of irrelevant factors. For example, when a female is denied a job not for competence but for being a female. Usually, prejudice and discrimination are associated. Sociologist and psychologists have suggested four possible categories of people, based on prejudice and discrimination.

1. **Unprejudiced Non-discriminator:** These people believe in justice, freedom, equality of opportunity, and dignity of the individual. They are not prejudice about any people or groups, and do not discriminate against anyone.

2. **Unprejudiced Discriminator:** These people, though unprejudiced, keep quiet when a prejudice and discrimination is going on. They may join in the discrimination claiming that this is "just accepted behaviour".

3. **Prejudiced Non-discriminator:** These people do not believe in justice, freedom, equality or dignity but does not practice it because it
is illegal. They really believe that people are not equal but they do not usually act on their beliefs.

4. **Prejudiced Discriminator:** These people do not believe in the good elements nor do they practice it. These people are prejudiced—they believe that some people are not as good as others on the basis of gender, language, colour, origin or other features. And, they also act on these beliefs with holding jobs, homes or opportunities.

4.3. Illustration

(A female candidate is facing the interview)

4.4. Activity

Suppose the people of a rural area flock to famous doctors in big cities even for minor ailments. They think that the doctors in thana health complex are less efficient, which is not true. Under such circumstances, explain with reasons, who are being discriminated and who are prejudiced.

4.5. Exercise

4.5.1. Write "T" for true and "F" for false statements

a. Prejudice is related to behavior.
b. Discrimination is related to attitude.
c. Usually prejudice and discrimination are associated.

4.5.2. Analytical Questions

1. Define prejudice and discrimination with examples.
2. Categorize people on the basis of prejudice and discrimination.
Lesson 5: Sexuality

5.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define heterosexuality, homosexuality and bisexuality
♦ describe the sexual response cycle in heterosexual behavior
♦ describe the effects of aging an sexuality.

5.2. Concept of Sexuality

Usually, the feeling or knowing that one is a male or female person is established in a child by the age of 2-3 years. This is followed by the adoption of masculine or feminine behavior learned from the role models present in home, school, and other social groups.

Sexuality can be reviewed in three-form heterosexuality, homosexuality and bisexuality.

1. **Heterosexuality**: A sexual preference for a person of the opposite sex as a partner.

2. **Homosexuality**: A sexual preference for a person of the same sex as a partner.

3. **Bisexuality**: Equal sexual preference for both opposite and same-sex partner.

5.3. Heterosexual Response Cycle

This sexual response cycle has 4 phases with differing responses in the two sexes.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>
| a. Excitement | - Nipple erection  
- Vaginal lubrication  
- Increased heart rate (HR) and blood pressure (BP)  
- Clitoral erection |
|          |                                                 | - Nipple erection  
- Penile erection  
- Increased HR and BP |
| b. Plateau | - Similar to excitement, (i.e., continued sexual arousal) |
|          |                                                 | - Continued sexual arousal                      |
| c. Orgasm | - Can be multiple  
- (Vaginal and/or |
|           |                                                 | - Single (usually)  
- Further increase in |
5.4. Sexuality and Aging

The sexual activity pattern changes with the aging process. The common findings are -

<table>
<thead>
<tr>
<th><strong>Male</strong></th>
<th><strong>Female</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tactile sensitivity decreases, less frequent desire and less insistent desire. Erection takes longer to achieve and if lost, may not be able to reachieve it for an hour or so. Ejaculate decreases in quantity, and the force of expulsion is reduced. Contraction of prostate, penis and rectum are less in frequency and intensity. Resolution is very quick.</td>
<td>Lubrication is slower and less marked; less engorgement of labia; fewer contractions of vagina and rectum at orgasm; and generally faster resolution. Vaginal walls are thinned out.</td>
</tr>
</tbody>
</table>

5.5. Activity

Suppose an aged couple comes to you with the complain that they cannot enjoy the sexual act as much as they did thirty five years back. What would be your advice to the couple?

5.6. Exercise

5.6.1. Write "T" for true and "F" for false statements

a. At two months a child gets to know its gender  
b. Masculine and feminine behavior are adopted by the child from role models present in home and school.  
c. Heterosexuality is always among same genders  
d. Sexual activity pattern changes with age.

5.6.2. Analytical Questions

1. Define heterosexuality and describe the sexual response cycle.  
2. Describe the effect of age on sexuality in both sexes.
Lesson 6: Mental Health

6.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define mental disorders
♦ compare physical health with mental health
♦ list the categories of mental disorders.

6.2. Concept of Mental Disorder

It is always difficult to know how many people are mentally ill at any one time. To define mental illness is very difficult. Until recently, physicians disagreed, at times, about the subjective description of "schizophrenia" or "psychosis versus neurosis".

For example, physicians and nurses know what a case of measles looks like. Its signs and symptoms, and laboratory tests are clear. No such clear-cut distinctions could be made about mental disorders.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has defined mental disorders as a "clinically significant behavioral or psychological syndrome or pattern that occurs in a person and is associated with present distress or disability... or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom".

Just as physical health is the absence of a disability caused by organic lesion or injury, mental health is the absence of disability caused by a behavioral or psychological syndrome or pattern.

6.3. Categories of Mental Disorders

Psychiatrists and psychologists have listed 17 categories of mental disorders -

1. Disorders usually first evident in infancy, childhood, or adolescence
2. Dissociative disorders
3. Sexual disorders
4. Organic mental syndromes and disorders
5. Psychoactive substance use disorders
6. Schizophrenia
7. Delusional disorders
8. Psychotic disorders not elsewhere classified
9. Mood disorders
10. Anxiety disorders
11. Somatoform disorders
12. Sleep disorders
13. Factitious disorder
14. Impulse control disorders not elsewhere classified
15. Adjustment disorders
16. Psychological factors affecting physical condition
17. Personality disorders.

6.4. Illustration

A case of anxiety disorders

6.5. Activity

A newly married couple could not adjust to each other culturally and socially. As a consequence both suffered from mental agony and psychosexual problems. They demonstrated abnormal behavior towards people around them. No organic abnormality could be detected in them. Is this a case of physical illness or mental illness? Justify your answer.
6.6. **Exercise**

6.6.1. **Write "T" for true and "F" for false statements**

a. It is easy to know how many people are mentally ill at any time in a community
b. Signs, symptoms and laboratory test for measles are as clear as those of mental illness
c. In physical illness there must be organic lesion
d. Abnormal behavioral syndrome is characteristic of mental illness.

6.6.2. **Analytical Questions**

1. Define mental disorder and differentiate between physical health and mental health.
2. List the major categories of mental disorders.
Lesson 7: Conflict

7.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define conflict
♦ list the different types of conflict
♦ cite examples of conflicts from daily life.

7.2. Conflict and its Types

Conflict, by definition, denotes a struggle within an individual. There are three basic types of conflict-

1. **Approach-Approach Conflict**: In this situation, the individual is motivated to approach two or more positive (desirable) but mutually exclusive goals or objects. For example, if one is asked out for a date by two equally attractive persons, as soon as one moves towards person '1', person '2' moves out of the picture.

2. **Avoidance-Avoidance Conflict**: In this type of conflict the individual is motivated to avoid two or more negative (undesirable) but mutually exclusive goals/objects. For example, if one is asked out by two equally unattractive person and as soon as one moves towards person "1", person "2" doesn't appear as unattractive.

3. **Approach-Avoidance Conflict**: In this type of conflict the individual is motivated to approach a goal/object that s/he is at the same time motivated to avoid. The single goal/object contains both positive and negative characteristics for the individual. For example, the situation of an abused wife when she considers leaving the abusing husbands. Leaving seems very attractive, however as she gets closer to leaving, the insecurity and fears associated with child rearing and survival by herself increases in intensity. She begins to think that it is less difficult to take the abuse than to face insecurity.
7.3. Illustration

1. Approach - approach conflict

![Graph showing approach-approach conflict]

2. Avoidance - avoidance conflict

![Graph showing avoidance-avoidance conflict]

3. Approach - avoidance conflict

![Graph showing approach-avoidance conflict]

7.4. Activity

Suppose a community health worker has been working at a place, where there are adequate facilities for a long time. Recently, he has been stigmatized in the locality for unjustified reasons. He asks for a transfer elsewhere. Authorities transfer him to a very remote area where the facilities are very inadequate. He thought when have to stay back or go to the new place. He wonders whether to stay back or go to the new place. What type of conflict arose in the mind of the health worker? Justify your answer.
7.5. Exercise

7.5.1. Write "T" for true and "F" for false statements

a. Approach-approach conflict deals with two positive goals
b. Avoidance-avoidance conflict deals with one positive and the other negative goals
c. Conflict denotes a state of peace in an individual
d. Approach-avoidance conflict deals with two goals, each having positive and negative goals.

7.5.2. Analytical Questions

1. Define conflict and state the different types of conflict.
2. Cite 1 example for each type of conflict.
Lesson 8: Mental Sub-normality

8.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define mental sub-normality
♦ calculate intelligence quotient (I.Q.)
♦ describe the limitations of I.Q. test after Binet and Simon
♦ interpret I.Q. level in terms of educational capacity
♦ list the reasons for mental sub-normality.

8.2. Concept of Mental Sub-normality

Mental sub-normality or retardation has been defined in terms of the score that a person obtains on a standardized intelligence test. The exact score is somewhat arbitrary. In 1959, the American Association on Mental Deficiency (AAMD) and later World Health Organization (WHO) used an intelligence quotient of 85 as the cut-off point for the definition of normal intelligence. Any one with an IQ score below this level is considered retarded or subnormal. The formula for calculating intelligence quotient (IQ) is-

\[ IQ = \frac{\text{Mental Age (MA)}}{\text{Chronological Age (CA)}} \times 100 \]

Thus, when the mental age (MA) and chronological age (CA) in years are equal then the above formula yields an IQ score of 100, which is the average IQ. When the mental age exceeds the chronological age, then the subject's performance is above average while a chronological age greater than mental age yields a below average performance.

There are certain limitations in this formula. It is applicable more for children between 3-15 years of age than for people older or younger, changes in. Mental age slows down after 15 years of age and finally levels off at certain age while the chronological age proceeds unabated. Hence, the formula yields false reading for people above 15 years of age.

Binet and Simon were able to arrange some questions according to the age ranging between 3-15 years. The child able to answer the questions set for the chronological age is considered to have a corresponding mental age, that is normal or average IQ. A child able to answer questions corresponding to an age less than or more than his/her age is considered to have below-average or above-average mental age respectively.
It may be pointed out that the IQ test after Binet and Simon is strongly biased culturally and linguistically, so that it may give very distorted readings. Further, concepts of IQ are in considerable disrepute. Revised uniform IQ tests are yet to be developed.

Suppose, a child of 8 years (CA) cannot answer the questions set for his age but can answer those set for a 6 year old. Then, his mental age (MA) corresponds to that of 6 years. In this case the IQ of the child will be-

\[
\frac{MA}{CA} \times 100 = \frac{6}{8} \times 100 = 75
\]

that is a score that denotes a below-average intelligence for an 8-year old child.

8.3. Questions for IQ Test

Following are, some samples of questions identified by Binet and Simon for IQ test-

<table>
<thead>
<tr>
<th>Age Level</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Repeat two digits&lt;br&gt;Point to nose, eyes and mouth</td>
</tr>
<tr>
<td>4</td>
<td>Identify own sex&lt;br&gt;Repeat three digits</td>
</tr>
<tr>
<td>5</td>
<td>Copy a square&lt;br&gt;Repeat a ten word's sentence</td>
</tr>
<tr>
<td>6</td>
<td>Copy a diamond&lt;br&gt;Count thirteen paisa</td>
</tr>
<tr>
<td>7</td>
<td>Show right and left ears&lt;br&gt;Name four colors</td>
</tr>
<tr>
<td>8</td>
<td>Count backward from twenty (20) to zero (0)&lt;br&gt;Note omissions from picture of familiar objects</td>
</tr>
<tr>
<td>9</td>
<td>Recognize nine common coins&lt;br&gt;Name the months of the year in order</td>
</tr>
<tr>
<td>10</td>
<td>Arrange five blocks in order of weight&lt;br&gt;Copy two drawings from memory</td>
</tr>
<tr>
<td>12</td>
<td>Discover the meaning of a disarranged sentence&lt;br&gt;Define three abstract words</td>
</tr>
<tr>
<td>15</td>
<td>Name three rhymes for a given word in one minute&lt;br&gt;Interpret pictures</td>
</tr>
</tbody>
</table>

The below average IQ scores obtained is categorized as below to assess the child's educational capacity and capability.
I Q Level | WHO classification | Educational capacity
--- | --- | ---
85-68 | Borderline (Level-1) | Educable in normal schools with special attention
67-52 | Mild (Level-2) | Educable in special schools or classes
51-36 | Moderate (Level-3) | Trainable in day training centers out of low industrial potential
35-20 | Severe (Level-4) | Trainable in day training centers; out of low industrial potential
Below 20 | Profound (Level-5) | Completely dependent through all ages

8.4. Reasons for Sub-normality

The reasons for sub-normality are classified under four major headings -

1. Genetic (e.g., Down's syndrome)
2. Prenatal causes (e.g., poor maternal nutrition)
3. Perinatal causes (e.g., birth injury and asphyxia)
4. Postnatal causes (e.g., encephalitis, nutritional disorders, social deprivation factor such as, and single parent).

8.5. Activity

A 12 years old boy has a mental age corresponding to 8 years. Calculate the IQ of the boy and categorize on the severity of mental retardation, and comment on his educational capacity.
8.6. Exercise

8.6.1. Write "T" for true and "F" for false statements

a. The cut off point of IQ for normal intelligence and mental sub-normality is 70.
b. IQ calculation in adult is ideal.
c. The actual age of a girl is the same as her chronological age.
d. A child with an IQ score of below 20 is trainable.

8.6.2. Analytical Questions

1. State what is mental sub-normality? How can it be calculated by using IQ after Binet and Simon?
2. Describe in brief the limitation of IQ calculation after Binet and Simon.
3. How can mental sub-normality be interpreted in terms of educational capacity?
4. List the reasons of mental sub-normality.
Lesson 9: Drug Related Problems

9.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define drug
♦ define drug abuse
♦ define drug dependence
♦ list the factors related to drug abuse and dependence.

9.2. Concept of Drug and its Abuse

A drug is defined as "any substance that, when taken into the living organism, may modify one or more of its functions" (WHO).

Drug abuse is defined as self-administration of a drug for non-medical reasons, in quantities and frequencies, which may impair an individual's ability to function effectively, and which may result in social, physical, or emotional harm.

The most common drugs and chemicals that involved in drug abuse and dependency are amphetamines, marijuana (charas, bhang, ganja), heroin, alcohol and cocaine.

9.3. Drug Dependence: Problem and Factors

Drug dependence is a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and, sometimes to avoid the discomfort of its absence. A person may be dependent on more than one drug.

Problem: The of and dependence on drugs is on the rise worldwide. Mostly the young generation is affected. Drugs have been implicated in highway fatalities, murders and interpersonal violence.

Factors: Rapid socio-economic and cultural changes, rapid technological developments, television, world travel and affluence all play a role in drug abuse and dependence.
9.4. Illustration

Alcohol abuse in a pub.

(People drinking in a pub. One intoxicated has gone out on the road and is struck by a car).

9.5. Exercise

Recount your experience of an encounter with a drug addict. If you have had no encounter with a drug addict, try to trace one case and interview him/her. If that is also not possible, discuss with your colleague(s) and recount one of their experience. The points those need to be touched upon are age of starting drug abuse, type of drug abused, and social background, motivating factor, family structure and present feeling of the drug abuser.

9.6. Exercise

9.6.1. Write "T" for true and "F" for false statements

a. Self-administration of drugs for medical reasons is drug abuse
b. Drug abuse may result in physical harm only
c. Drug dependence is a compulsion
d. Drug abuse and drug dependence is the problems of developing countries only.

9.6.2. Analytical Questions

2. Describe the problems and factors related to drug abuse and dependence.
Unit 3:

Coping with Psychological Problems

Combating with stress and maladjustment is necessary for harmonious living.
Coping with Psychological Problems
Lesson 1: Problem Solving and Decision-making

1.1. Learning Objectives

At the end of this lesson you will be able to-

♦ compare and contrast problem solving and decision-making
♦ describe the steps necessary for good problem solving.

1.2. Definition of Problems and Basic Steps in Problem Solving

A problem is a discrepancy or gap between what is and what should be or is desirable. A person faces different types of problems throughout his/her life. These problems need to be solved.

Problem solving involves decision-making. Although the two terms are often used interchangeably, they are not the same. All problem solving involves decision-making that is choosing from among alternatives, but all decision-making does not involve all of the steps of problem solving. The distinction lies in the fact that problem solving includes problem analysis (predecision situation assessment), decision-making, and post-decisional implementation. Both problem analysis and decision-making are processes consisting of a series of activities or steps that a performs. Skill in problem solving is extremity important for everyone.

Skill in problems solving is extremely important to managers, particularly these at top levels.

Description of basic steps in problem solving-

1. **Problem Analysis**: This includes problem recognition that understands when there is a gap between the desired and actual situation. Following recognition, the problem needs to be defined in precise terms, after gathering and analyzing information.

2. **Decision-Making**: This includes identifying and evaluating alternative solutions to select the best one to overcome the problem.

3. **Post-Decision Implementation**: This includes the implementation of the decision taken and evaluating it in quantitative and qualitative terms.
1.3. Illustration

Problem solving and decision making -

- Predecision situation assessment.
- Identifying and evaluating alternative solutions
- Post decisional alternative solution implementation and evaluation.

1.4. Activity

Suppose that in a village, it was seen that the demand for condoms as contraceptives by the community members was high, as recorded by the Thana Family Planning Officer (TFPO). Accordingly, condoms were supplied to meet the demand. After an interval of time, it was seen that the birth rate in the area did not decrease at all. During problem analysis it was seen that the children of the households mainly used the condoms distributed by the health worker as balloons.

What will be the next step in solving this problem to achieve the target of reduced birth rates?

1.5. Exercise

1.5.1. Write "T" for true and "F" for false statements

a. Problem solving and decision-making are synonymous  
   T
b. All decision-making involves problem solving  
   T
c. All problem solving involves decision-making  
   F
d. Problem analysis is not necessary for problem solving.  
   F

1.5.2. Analytical Question

1. List and describe the steps in problem solving.
Lesson 2: Defense Mechanism

2.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define the term "defense mechanism"
♦ describe eight different types of defense mechanisms
♦ cite examples of defense mechanism from daily life.

2.2. Concept of Defense Mechanism

The human mind is capable of making adjustments for own faults, and to overcome frustrations to obtain approval of group. Mental mechanisms, which help an individual to smooth over the frustrations and conflicts, are known as defense mechanisms. In the role of nurse, as a resource person, counselor or guide, it is necessary to know, how the mind works and the reason behind behavior.

2.3. Types of Defense Mechanisms

In social psychology, a variety of mechanisms have been described. Some of them are detailed here.

1. Sublimation: In this, the individual who is under tension with an intention of doing a wrong thing, or has done a wrong thing knowingly transfer his idea and intention in such a way that, what is socially unacceptable is made to appear socially acceptable. For example, a woman in severe financial hardship takes up prostitution as a profession, unknown to her family members. When asked about her job she explains it as a small business, so that she is socially accepted.

2. Substitution: In this mechanism the individual tries to avoid something or do a particular bad thing, and for this he does something else which partially satisfies his urge. For example, in a society where smoking is not accepted, the individual takes to chewing tobacco or 'Pan', which happens to be an accepted custom.

3. Displacement: A very common example of this is the anger that, one would like to show to ones employee but instead, it is taken out at home towards one of the family members.

4. Projection: This is a mechanism in which the individual blames somebody else for his own faults. For example, a mother who does not
accept immunization of the child puts the blame on the health worker for her irregular visits or for rude behavior.

5. **Compensation:** In this mechanism, the individual tries to make up by extra effort for what he is not able to achieve easily. For example, a nurse in a hospital became lame following an accident. She could not render efficient direct nursing care to the patients anymore. Later, she excelled herself in managing the nursing service of the institute, which entailed more deskwork.

6. **Rationalization:** This mechanism may be compared to the famous proverb: 'Grapes are sour'. For example, a nurse employed at a Thana Health Complex tries her best to get transferred to a district hospital but fails. She then dismisses her efforts by saying that it is a really good thing because that district hospital is really a bad place.

7. **Reality Evasion:** The mind tries as much as possible to avoid anything that is bad with a false sense of hope or optimism. For example, a person with leprosy in its initial stages avoids going to a doctor for the fear of being diagnosed as having leprosy. Within his own mind the individual wants to think that he is not suffering from leprosy. So he avoids the reality of the situation.

8. **Selective Forgetting:** When an event or action is associated with pain or unpleasantness, the mind is likely to forget and keep such things out.

9. **Denial:** Avoidance of agreeable relation by ignoring or refusing to recognize them; probably it is very simple and most preemptive of all defense mechanisms.

### 2.4. Activity

An alcoholic on advice to stop drinking alcohol for health reasons takes to drinking "phensidyl", which is equally as bad for health. What type of defense mechanism was adopted by the alcoholic? Explain.
2.5. **Exercise**

2.5.1. **Write "T" for true and "F" for false statements**

a. Defense mechanisms are to overcome the frustrations and conflicts of life  
   
b. Defense mechanisms are a subject of social psychology  
   
c. In the projection-type of defense mechanism, blame is put on somebody else  
   
d. Sublimation-type of defense mechanism may be compared with the proverb "grasps are sour".

2.5.2. **Analytical Questions**

1. What do you mean by defense mechanism? What are the common types of defense mechanisms?  
2. Explain any two of the defense mechanisms with example.
Lesson 3: Psychopathology and Psychotherapy

3.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe psychopathology
♦ cite some examples of psychopathology
♦ describe the therapeutic procedures for the management of psychopathology
♦ list the techniques of psychotherapy.

3.2. Concept of Psychopathology and form of Psychopathology

Psychological deviation from normal is called "psychopathology". Almost every one has periods when they feel anxious, depressed, unreasonably angry or inadequate in dealing with life’s complexities. Sometimes we try to adjust to these situations by using defense mechanisms. Failure to adjust or compromise may result in psychopathology. Alcoholism, schizophrenia and physical symptoms caused by emotional problems are some examples of psychopathology.

3.3. Types of Therapeutic Procedures

Two major types of therapeutic procedures are often used for the management of psychopathology. These are -

1. **Psychotherapy** which attempts to bring about behavior change through psychological methods

2. **Somatotherapy**, which attempts to change approaches, may a person's behavior by physiological methods, i.e., and drugs. The two approaches may supplement each other. A team of professionals is required to effectively manage psychopathological states. The professional team includes a psychiatrist (a physician), a psychoanalyst, a clinical psychologist, a psychiatric social worker and a psychiatric nurse.

3.4. Techniques of Psychotherapy

All methods of psychotherapy involve communication between the patient or client and therapist. The patient is encouraged to express freely his/her most intimate fears, emotions and experiences without fear of being judged or condemned by the therapist. The therapist, while being sympathetic and understanding of the patient’s problems, does not become emotionally involved. This enables the therapist to view the patient's
difficulties more clearly and objectively. The different methods employed for psychotherapy are as follows-

a. **Psychoanalysis**: This technique leads to a deep seated modification of the personality that makes it possible for the patient to cope with his/her problem on a realistic basis.

b. **Client-Centered Psychotherapy**: This technique leads the patient or client to arrive at insights and make interpretations himself/herself rather than the therapist doing it for him/her. It is concerned with the patient’s present attitudes and behavior.

c. **Behavior Therapy**: This technique focuses on the problem behavior itself and is concerned with modifying the behavior using the different learning theories.

d. **Group Therapy**: This technique attempts to help the patient achieve satisfactory interpersonal relations, which were interrupted by feelings of isolation, rejection and loneliness.

### 3.5. Illustration

The diagram below illustrates the therapeutic procedure for managing psychopathology.

![Therapeutic procedure for managing psychopathology](Image)

### 3.6. Activity

A man is very depressed after the death of his wife. He seeks help of you as a psychiatric nurse. How can you help the man through client-centered psychotherapy?
3.7. Exercise

3.7.1. Write "T" for true and "F" for false statements

a. Psychological normalcy is psychopathology.
b. Somatotherapy attempts to change a person’s behavior by psychological methods.
c. Somatotherapy means drug therapy.
d. Psychoanalysis and client-centered psychotherapy are similar.

3.7.2. Analytical Questions

1. What is psychopathology? Give some examples.
2. What are the therapeutic procedures for the management of psychopathological? Briefly explain them.
3. A professional team is required for the management of psychopathology states. Explain.
Unit 4:

Language and Communication

Expression of ones ideas, feelings and views to others should be effective.
Language and Communication
Lesson 1: Importance of Language

1.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define language
♦ discuss individual's primitive communication versus advanced language
♦ describe the importance of language.

1.2. Language: Primitive and Advanced

Language means audible, articulate, meaningful sound, produced by the action of vocal organs, used in combinations that are understood by a considerable community. Animals, other than man, also produce audible, articulate sounds, which do not convey any meaning to us humans (though it may be meaningful to the same species). These animal sounds will not be considered here. Language is one of the major differences between humans and other animals.

It was first emphasized by Mead that socialization and development of self could not occur without language. The essential factor in language and symbolic communication is that it arouses in one’s self-the same meaning it arouses in another. One's primitive communication begins with gestures (i.e., communication by hands and body movements), but gestures do not arouse in the actor the same response it arouses in the observer. For example, a very young baby feels discomfort and cries. The parent interprets this sound as hunger and feeds the baby. But the baby does not stop crying. This represents primitive communication because both parties did not share the meaning.

1.3. Importance of Language

As children mature they learn to use symbols and words. As their use of language improves, children learn that what they say and do elicits responses from others. Through language, individuals are able to think to develop shared social meanings and to evaluate their own behavior as they think others do. In sum, language makes possible the development of mind and self.
1.4. Illustration

Fig.: A small child pointing to food. Mother brings the food

Fig.: The child's verbal communication is shared by mother

1.5. Activity

A deaf and dumb adult man, who is also uneducated, attends the outpatient department with abdominal pains. A nurse attended the patient. List the possible modes of communication between the nurse and patient in the above situation.

1.6. Exercise

1.6.1. Write "T" for true and "F" for false statements

a. Primitive communication is carried out by language  
b. Symbolic and language communications are the same  
c. In primitive communication complete sharing of thought occurs  
d. Language makes possible development of self.

1.6.2. Analytical Questions

1. Describe the importance of language.
2. Compare and contrast individual's primitive and advanced language communication with an example for each.
Lesson 2: Communication: An Introduction

2.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define communication
♦ state the types of communication
♦ describe the elements of communication
♦ describe the principles of communication.

2.2. Concept of Communication

Simply, communication means transportation of things from one place to another or ideas from person(s) to person(s). Road traffic communication is also a form of communication, but in behavioral science, communications implies human communication. It may be defined as the exchange of ideas, views, notions or information from a person or group to another person or group with a view to bring about behavioral change.

Communication may be defined as the exchange of ideas, views, notions or information from a person or group to another person or group with a view to bring about behavioral change.

2.3. Types of Communication

Communication may be:

♦ Verbal
♦ Non-verbal.

Verbal communication is carried out by verbal language while nonverbal communication is by bodily movements, (e.g., posture, gestures, signs and facial expression).

Communication may be categorized on the basis of feedback as:

♦ One-way communication: where there is no feedback.
♦ Two-way communication: where there is feedback.

Besides these, communication may be:

♦ Intrapersonal- communication with self
♦ Interpersonal- communication between two persons or among a small group
♦ Mass communication- communication with large group.
2.4. Elements of Communication

Ideally there are five elements of communication-

a. **Sender** (Source or Encoder or Communicator): This is the person who originates the message. A communicator has to be intelligent and understanding, and know something about the audience or receiver. The communicator should also be able to construct a message, which will be understandable to the receiver, and at the same time, he/she should have knowledge about the channels by which message can be appropriately transmitted to the receiver.

b. **Message**: This is the information or idea that is to be communicated. A message is considered to have three parts-

   ♦ **Code**: This may be language or symbols which when arranged correctly, will convey meaning and is mostly used in transmitting message through a channel.
   
   ♦ **Content**: This is the actual message.
   
   ♦ **Treatment**: This is the manner in which the message has to be prepared, processed and delivered in terms of correctness and accuracy, clarity, simplicity, understandability, timeliness and applicability.

c. **Channel of Communication**: This is the bridge between the sender and receiver of the message. In face-to-face communication, there is no particular channel other than the atmosphere. Examples of other channels are radio, television, newspaper, telephone and posters.

d. **Receiver** (Decoder or Communicate or Audience): This is the one who receives the message. It is important that the receiver should be able to decode the message; he/she should have an understanding about the channel used, and be physically, mentally and psychologically competent to receive the message.

e. **Feedback** (Retransmission): This is when the receiver communicates freely with the communicator after receiving a message, i.e., the receiver has to take the role of sender or source for the purpose of giving feedback.

2.5. Principles of Communication

a. The perception and knowledge of the sender and receiver should be as clear as possible to each other. For example, an uneducated Bangladeshi rural artisan is admitted to the hospital. The attending
physician has to take the medical history. If questions are put to the patient in English, a language he has never heard, then communication will not take place. In such situation, a language understood by both physician and patient has to be used for effective communication.

b. For effective communication there should be involvement of more than one sensory organ should he involved. For example, in face to face communication, the communicator and communicatee both have a scope to use more than one of the sensory organs (e.g., hearing the message, visualizing of the gestures and postures and eye contact for better communication. On the other hand, in the use of only one sensory organ, as in telephone conversation, one has to depend on the tone to get full meaning of the message. There is no other way to know the person's feeling.

c. Feedback or free exchange of ideas between parties. For example, a nurse gave a medicine to a patient to be taken orally. After few hours the nurse asked the patient how he was feeling. The patient said that he was feeling better. This was the feedback of the patient to the nurse.

2.6. Illustration

Elements of communication-

- Sender
- Channel
- Feedback
- Receiver
- Message

2.7. Activity

The health message “tobacco is bad for health” is written in Bangla on all cigarette boxes. Discuss this in terms of principles of communication.
2.8. Exercise

2.8.1. Write "T" for true and "F" for false statements

a. Communication is used to bring about behavioral change
b. Ideally, feedback is not necessary in communication
c. More than one sensory organ is necessary for cumulative communication effect
d. The perception and knowledge of the receiver and sender of message should be clear to each other.

2.8.2. Analytical Questions

1. Define communication. What are the types of communication?
2. Describe the elements of communication.
3. Describe the principles of communication.
Lesson 3: Communication Methods

3.1. Learning Objectives

At the end of this lesson you will be able to-

♦ define communication methods
♦ discuss the different methods of communication with their advantages and disadvantages.

3.2. Methods of Communication: Advantage and Disadvantage

Methods of communication may be defined as a systematic plan followed in presenting material for instruction. Following are some methods of communication.

<table>
<thead>
<tr>
<th>Method</th>
<th>Definition</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech/Lecture</td>
<td>A speech is a carefully prepared oral presentation of a subject by a qualified individual</td>
<td>Easy to organize</td>
<td>No opportunity for audience participation</td>
</tr>
<tr>
<td>Symposium</td>
<td>It is a series of speeches delivered by different speakers (2-5 experts) on different aspects of the same subject. A chairman, subject expert, presides over the session</td>
<td>Presents several sides of a problem/subject</td>
<td>Audience cannot participate</td>
</tr>
<tr>
<td>Group discussion</td>
<td>A group of persons (6-20) meeting together with a trained leader to discuss and deliberate cooperatively on a topic of mutual interest</td>
<td>Democratic in most respect</td>
<td>Unwillingness of people to meet and discuss</td>
</tr>
<tr>
<td>Conference</td>
<td>A group usually composed of persons (2-50) representing several organizations departments meets together to discuss mutual problems with a reasonable solution usually chaired by a co-ordinator</td>
<td>Good method for problem solving</td>
<td>One or more members may dominate the meeting</td>
</tr>
<tr>
<td>Seminar</td>
<td>Academic session of a group of persons under the leadership of an expert to study a subject and freely discuss it</td>
<td>Permits free discussion</td>
<td>Goals not always accomplished</td>
</tr>
<tr>
<td>Workshop</td>
<td>It is a group of professional</td>
<td>Mostly</td>
<td>Autocratic</td>
</tr>
</tbody>
</table>
Language and Communication

<table>
<thead>
<tr>
<th>Brainstorming</th>
<th>Democratic discussion</th>
<th>Leadership may develop</th>
</tr>
</thead>
<tbody>
<tr>
<td>In this session the participants are encouraged to make a list in a short period of time of all the ideas that come to their mind regarding some problem without debating amongst themselves. These ideas are passed on to the chairman who pools them and ranks them according to the number of time they have been suggested by different individuals.</td>
<td>Nobody can dominate the session. A free scope is given to the participants.</td>
<td>No scope of debating for refinement of ideas.</td>
</tr>
</tbody>
</table>

### 3.3. Example of Brain Storming

In an area there was sudden outbreak of diarrhoea. The Civil Surgeon of the district wanted to find out the reason behind the occurrence of diarrhoea. He invited a cross section of experts to explore the reasons. Following were the reasons put forwards by the experts.

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Educationist</th>
<th>Public health expert</th>
<th>Social scientist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbes</td>
<td>Lack of education</td>
<td>Open field defecation</td>
<td>Economic hardship</td>
</tr>
<tr>
<td>Unsafe water</td>
<td>Ignorance</td>
<td>Microbes</td>
<td>Over crowding</td>
</tr>
<tr>
<td>Contaminated food</td>
<td>Unsafe water</td>
<td>Unsafe water</td>
<td>unsafe water</td>
</tr>
</tbody>
</table>

The Civil Surgeon, the chairman of the session, complied and ranked the above opinions on the basis of the most frequent reason to the least frequent reason. It was found that unsafe water, microbes, contaminated food, and lack of education, ignorance, overcrowding, open field defecation and economic hardship had been identified, in order of importance, as the possible reasons for the occurrence of diarrhoea.
3.4. Illustration

Fig.: A tutor delivering a lecture in classroom situation.

3.5. Activity

Suppose, you want to promote condom use among a group of commercial sex workers who were not previously exposed to a campaign for such a purpose. What method would you use to communicate your message? Justify your answer.
3.6. Exercise

3.6.1. Write "T" for true and "F" for false statements

a. A speech or lecture is not always an oral presentation
b. In symposium, the audience have opportunity of participation
c. A seminar is for academic purpose and conference is for administrative purpose
d. In brainstorming, nobody should dominate the session.

3.6.2. Analytical Questions

1. What are the different methods of communication? Briefly describe the advantage and disadvantage of each method.
Lesson 4: Communication Media

4.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe media
♦ list the different types of media
♦ describe the advantages and disadvantages of the various media.

4.2. Media in Communication: Advantage and Disadvantage

Media in communication are the items, which supplement and complement the methods employed for effective communication. At times, the media itself is sufficient for communication (e.g., poster display by the roadside).

For convenience of use the media is divided into three main groups—non projected, projected and sound.

4.2.1. Non-projected Media

<table>
<thead>
<tr>
<th>Media</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books, handouts and other printed</td>
<td>− Allows self pacing</td>
<td>− Expensive</td>
</tr>
<tr>
<td>material</td>
<td>− Good for reference and revision</td>
<td>− Needs updating</td>
</tr>
<tr>
<td>Real objects and specimens</td>
<td>− Presents reality, not substitute</td>
<td>− May be costly</td>
</tr>
<tr>
<td>Midods and simulation devices</td>
<td>− Good for magnified situation (e.g., middle ear mechanism)</td>
<td>− May not be easily available</td>
</tr>
<tr>
<td></td>
<td>− Can permit learning and practice of different techniques (e.g., forceps)</td>
<td></td>
</tr>
<tr>
<td>Graphics (e.g., charts, posters,</td>
<td>− Promote correlation of information</td>
<td>− Models may be easily damaged</td>
</tr>
<tr>
<td>photographs and paints)</td>
<td>− Assist organization of material</td>
<td>− Never the same as performing techniques on a patient</td>
</tr>
<tr>
<td>Chalkboard black board</td>
<td>− Inexpensive</td>
<td>− Trained personal needed for preparation</td>
</tr>
<tr>
<td></td>
<td>− Wide use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>− Back to audience</td>
<td></td>
</tr>
<tr>
<td></td>
<td>− Drawing and</td>
<td></td>
</tr>
</tbody>
</table>
### Language and Communication

<table>
<thead>
<tr>
<th>Flannel board/magnetic board</th>
<th>- Repeatedly used can be prepared locally</th>
<th>- For limited audience only - Technique is difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field trips (not strictly a media)</td>
<td>- Observation of reality - Co-operative group work - Increases motivation</td>
<td>- Costly in time and transport - Limited audience</td>
</tr>
</tbody>
</table>

### 4.2.2. Projected-Media

#### A. Still Picture

<table>
<thead>
<tr>
<th>Media</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opaque projections (e.g., Epidiascope)</td>
<td>- Enlargement of printed material for large audience</td>
<td>-Needs electricity and printed material - Need total darkness for clear projection - Bulky machine</td>
</tr>
<tr>
<td>Transparencies for overhead projections</td>
<td>- Can be projected in day light - Easy to prepare</td>
<td>- Needs electricity - Used by teacher and not usually by the learner</td>
</tr>
<tr>
<td>Slides</td>
<td>- Accommodates large audience</td>
<td>- Need partial darkness for viewing - Expensive</td>
</tr>
<tr>
<td>Microfiche</td>
<td>- Small and light - Easy storage - Can store large number of visual information</td>
<td>- Too small for clear viewing</td>
</tr>
</tbody>
</table>

#### B. Moving Picture

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### 4.2.3. Sound Media

<table>
<thead>
<tr>
<th>Media</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio</td>
<td>- Large audience over wide area can be reached</td>
<td>- No immediate feedback</td>
</tr>
<tr>
<td></td>
<td>- Relatively cheap</td>
<td>- Special facilities required</td>
</tr>
<tr>
<td></td>
<td>- With prepared material, a good learning tool</td>
<td></td>
</tr>
<tr>
<td>Sound recording (e.g., audio cassettes disc, records)</td>
<td>- Large to small audience</td>
<td>- Difficult to preserve</td>
</tr>
<tr>
<td></td>
<td>- Playback facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cheap</td>
<td></td>
</tr>
</tbody>
</table>

### 4.3. Activity

What media would you use to disseminate a health message - "washing hands before meals" to the poor rural people, where there is no electricity? Justify your answer in terms of their advantages and disadvantages.
4.4. Exercise

4.4.1. Write "T" for true and "F" for false statements

a. One can read books at his/her own pace
b. Models can demonstrate the structure and function
c. Transparencies on overhead projectors need darkness for clear view
d. Moving pictures are never accompanied with sound.

4.4.2. Analytical Questions

1. List the educational advantages and disadvantages of films and videocassettes.
2. List the different types of media.
Unit 5:

An Introduction to Anthropology

Knowing past helps to build a strong present and a better future.
Lesson 1: The Evolution of Man and His Behavior

1.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe evolution process
♦ describe the place of humans in nature
♦ describe the evolution of human behavior.

1.2. Concept of Evolution

Life began over 3000 million years ago, but very little is known about the first living things. Ever since life began on earth, the kinds of living things have been changing. Most plants and animals of the past are not the same as those living today. New kinds of plants and animals have appeared and others have died out. This process of change takes hundreds and thousands of years, and is called "evolution". Because the process is so slow we cannot watch one kind of animal or plant turn into another, but we can see that this has happened by studying fossils. Fossils are the remains of plants and animals, which have been buried in soil or mud, and then become rock. Sometimes only an impression of the plant or animal is left in the rock. Older fossils are buried deeper than the new ones. By arranging fossils according to their age, the way how the living things have changed over the years can be seen.

As an organism, humans are the products of an evolutionary process involving successive adaptation to environmental conditions. In the classification of living things, human beings are multi-celled vertebrate mammals belonging to the order of primates. Within this order humans are anthropoid of the hominid branch of the genus "homo" and species "sapiens".

Although human’s remote ancestors were tree dwellers, at some point they became primarily ground dwellers and adapted to living in open and relatively treeless country. They developed an upright posture on two legs (bipedal). They were ill equipped physically for self-defense, and as a defensive mechanism, quickness of eye and thought developed leading to the expansion of nervous system. Still later, human developed and used tools. Following this, there was accelerated evolution both biologically and culturally.

Human’s ancestors were also social beings. They lived in groups and bands, which had varying degrees of social organization. Their organizations were based on gender and the long dependency period of the
An Introduction to Anthropology

young. This was further strengthened by the necessity of cooperation for defense and efficient hunting for food. Another feature of social organization was the use of language.

1.3. Illustration

Human being’s place in nature

Kingdom - Animalia
Phylum - Chordata
Class - Mammalia
Order - Primates
Family - Hominidae
Genus - Homo
Species - Homo Sapiens

1.4. Activity

Modern humans, Homo sapiens, evolved from Homo erectus less than one million years ago. Do you think that evolution of genus Homo is over, or might another species of humans evolve within the next million years? Do you think this would involve the extinction of Homo sapiens?

1.5. Exercise

1.5.1. Write "T" for true and "F" for false statements

a. Life began on earth less than 1,000 million years ago
b. Plants and animals are just the same today as they were millions of years ago
c. Fossils are the remains of plants and animals, which have been buried
d. The ancestors of man lived in trees.

1.5.2. Analytical Questions

1. What do you mean by evolution? How can you study it?
2. Write down human’s place in nature by nomenclature.
3. Write in brief the behavioral evolution of human being.
Lesson 2: The Food Gatherers and Producers-Our Ancestors

2.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe the food gathering technology of ancestors of human beings
♦ describe the domestication of food by our ancestors.

2.2. Food Gathering Technology of Ancestors and Man

The primates and early men were mainly food gatherers. They collected whatever edible plants and animals they could find with the help of few technological aids. Efficient technologies existed as early as 75,000 years ago. These technologies for hunting included spears, clubs, and darts and organized hunting parties. These technologies also varied from place to place. Inuit the people of the far North, depended more on sea mammals, Bushmen of South Africa lived in arid region with scanty animal resources. Fishing developed still later around 40,000 years ago. This required certain modifications of hunting equipment together with new techniques such as boats, fishhooks, lines and traps.

2.3 Food Domestication

The gatherers of plant food, over time, undertook the domestication of plants, that is, they planted watered and cared for edible plants. Later, domestication of animals was also undertaken. Farming in a planned way developed still later around 7,000–10,000 years ago. This required the development of efficient storage facilities. Many of the fruits, roots, tuber plants as well as rice were first domesticated in South East Asia. Gradually, food producing became the dominant way of life. This permitted larger population group to live together in stable settlements. This resulted in more complex social and political organization. Associated technological innovations were weaving, pottery making and permanent or semi permanent architecture. These changes were followed still later by the development of the wheel, and animal drawn ploughs, which gave a new impetus to food production. Food production also, was closely associated with the development of lineal decent and kin ship groups as a basis of social organization.
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2.4. Illustration

Edible plants and animal gatherer
  ↓
Domestication of plant
  ↓
Domestication of animals
  ↓
Planned farming of crops and animals

2.5. Activity

Inside the pyramids of Giza (Egypt), we can see the paintings where a king catches 4 birds and 7 fishes. The queen is very happy to see her husband's success. How can you correlate this scenario with our ancestors? Describe.

2.6. Exercise

2.6.1. Write "T" for true and "F" for false statements

a. Fishing by men started before hunting
b. Domestication of plants started earlier than the domestication of animals
c. Planned food production by human ancestors was conducive to stable settlements.

2.6.2. Analytical Questions

1. Write a brief essay on food gathering behavior of our ancestors.
2. Write a brief essay on food producing behavior of our ancestors.
Lesson 3: Development of Hospital as a Social Institution

3.1. Learning Objectives

At the end of this lesson you will be able to:

♦ describe the historical background of hospitals
♦ describe the development of present day hospitals.

3.2. Phases of Development

Historically, hospital has passed through four distinct phases of development.

1. Hospital as a Center for Religious Practices: Christianity encouraged charity and so in Europe around eleventh century the nuns and priests opened centers where they prayed. Side by side, they offered food, shelter and nursing to the lower class of people.

2. Hospital as Poor House: At the end of sixteenth century, the economic and social conditions in Europe worsened. The poor and unemployed crowded the hospitals. These institutes received public assistance and thus became more a poor house than a hospital.

3. Hospital as Death House: In the eighteenth century, it was acknowledged that hospitals were mainly places for treatment. But the quality of treatment was very poor. Most of those who sought treatment died. Thus hospitals came to be known as death houses.

4. Hospital as Center of Medical Technologies: By the end of nineteenth century, the image of hospitals underwent a change. They became a place where people from all social classless would receive medical care. Three factors were responsible for the change. First, medicine developed into a science with precise knowledge and techniques. Knowledge about of human physiology and bacteriology increased. Ether as anesthesia was introduced. Second, the discovery of antiseptic measures by Lister, greatly reduced infection. Third, the quality of hospital personnel improved with the addition of skilled nurses and laboratory technicians to support the physicians.
3.3. Activity

Visit your nearest hospital or health center and list at least ten facilities available there.

3.4. Exercise

3.4.1. Put a tick (✓) mark on the correct answer(s)

a. The early hospital began in

i. sixteenth century
ii. eleventh century
iii. nineteenth century
iv. twentieth century.

3.4.2. Analytical question

1. Briefly describe the stages of development of hospitals.
Lesson 4: Society and Culture in Rural Bangladesh

4.1. Learning Objectives

At the end of this lesson you will be able to-

♦ describe the land and people of Bangladesh
♦ describe the food and dress style of Bangladeshis
♦ describe division of labor in Bangladesh
♦ describe marriage as an institution in Bangladesh
♦ give examples of some of the beliefs in Bangladesh.

4.2. Land and the People of Bangladesh

Bangladesh is a developing nation located on the northeastern part of the Indian subcontinent.

A country of about 130 million people in an area of only 144 thousand square kilometer, Bangladesh is among the most densely populated country in the world. A country of Muslims majority though, Bangladesh is also inhabited by various tribes and aboriginals whose lives are characterized by certain grace and artistry. They include Mogs, Chakmas, Tipras, Marmas, Jaintias, Lushais, Moorangs, Bonjagis, Pakkas and Tanchingya. These ethnic groups have been fighting for the preservation of their cultural identity. The physical structure of most of the people of Bangladesh is a mixture of Proto-Australoid, Negroid and Dravidian with Semitic, Persian and Afgan culture.

Bangladesh has always been a land of agriculture with 80 percent of the people living in rural areas. The houses in the rural area are made from locally available materials, (e.g., straw, palm leaves, jute sticks, bamboo sticks, and mud and for the fortunate few, corrugated tin). The common utensils are earthen pots and plates, bronze and tin plates, and glasses.

4.3. Food and Dress

The types and dress styles as well as the food patterns vary, to some extent, depending on the topographic and climatic conditions. Cotton clothes are preferred. The usual dress of rural people is 'Lungi', for men, and 'Sari' for women.

Rice, fish and vegetables form the staple foods for the middle and upper class of people. The villagers also produce lentils (dal) of various kinds and it is the main source of protein for many. Chewing of betel leaf with nuts and spices is a common practice in rural areas. Smoking of tobacco is also common.
Road communications to remote areas is often not well developed. The age-old ploughs are used to cultivate land as a result there is dependency on the availability of healthy bullocks, while cows are domesticated for milk. In addition, goats and poultry are also raised for milk, eggs and meat.

4.4. Labor

The division of labour in rural Bangladesh is governed by sex, age and social status. Man’s job is mainly cultivation, sowing and harvesting, marketing and running businesses. The young boys graze cattle and take care of milking cows. Women usually do not work in the field. They generally cook, take care of children, sift paddy, and grow kitchen gardens. The young girls take care of their younger sister and brothers, and help their mothers in household work. In all work, masculine superiority and dominance is taken for granted. Excessive population pressures on land in rural areas compel the landless people to move to large cities in search of work. The cities, in turn cannot absorb them, giving rise to a large group of unstable, unskilled labor force in the cities.

4.5. Marriage

Marriage is an important social institution, which is universal in Bangladesh. The parents or guardians usually arrange marriage but this practice is giving way to a new custom of free choice. Caring for the aging parents still the responsibility of adult children.

4.6. Beliefs

Beliefs and superstitions form an integral part of rural culture. A natural calamity is considered to be caused by supernatural. Devils are believed to cause thunder. During an eclipse, pregnant women are forbidden to eat or sleep. New mothers are kept under strict confinement after delivery for seven days, to avert evil eyes from the baby. People wear tabiz (amulet) as protection against diseases. They also believe into two types of jin’s (invisible creatures) evil and pious. The evil jins lead people on the wrong path and are believed to live on banyan and tamarind trees. It is believed that if a pregnant women dream of lunar eclipse, she will suffer and her baby will die in the womb.

4.7. Activity

From your own experience, describe the difference between city and village life, highlighting the issues – labor, food, dress style and dwelling.
4.8. Exercise

4.8.1. Write "T" for true and "F" for false statements

a. Bangladesh has a population of 8 million people  
b. There are no tribal people in Bangladesh  
c. Houses in villages are made of rods and concrete  
d. Excessive population pressure compels landless people to move to cities.

4.8.2. Analytical Questions

1. Describe briefly the land and people of rural Bangladesh.  
2. Describe briefly the dress style and food habits of the people of Bangladesh.  
3. Describe the marriage and division of labor in rural Bangladesh.  
4. Cite some example of common beliefs among the rural people of Bangladesh.
## Key to short questions

<table>
<thead>
<tr>
<th>Unit: 1</th>
<th>Lesson: 1</th>
<th>T: a, d</th>
<th>F: b, c</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson: 2</td>
<td>T: b</td>
<td>F: a</td>
<td></td>
</tr>
<tr>
<td>Lesson: 3</td>
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</tr>
<tr>
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