CHAPTER VII
CONCLUSION

The socio-cultural and economic change that took place in South India as a result of the foundation of the ‘Society of Jesus Mary Joseph’ is the main theme of the present research. The year 1904 is marked with the foundation of a new religious society- the Society of Jesus Mary Joseph- in South India especially in Andhra Pradesh and Karnataka. The emergence of the religious society and the role played by the society in the socio-cultural and economic transformation of South India are the main foci of the present research.

The Society of JMJ is an international congregation for religious women founded in Holland and opened houses subsequently in Indonesia, India, Africa, Rome, and America. The Society of JMJ was founded by Fr. Mathias Wolff S.J. in Holland in 1822. Though Pedagogi Chrétienne (Christian education), was the original motive of Fr. Mathias Wolff, later on he came forward with a new charisma for the sisters of the JMJ, that is, to liberate the people with a spirit of ‘An Ever Adaptable Apostolic Availability’. The JMJ soon spread its branches and gave serious thought to the educational problem that existed in different parts of the world. India was one of the places that the Society of JMJ decided to start a new branch. Accordingly Guntur in Andhra Pradesh was selected in the year 1904 to be the first house of the Society of JMJ in India.

A notable feature of the JMJ sister’s right from the beginning was their readiness to adapt to the situations. They visited villages by communicating through gestures. Initially the Dutch sisters, who were the pioneer missionaries of JMJ in India, were
reluctant to admit the Indian girls as members of the society. Gradually in 1907 a few Indian girls were recruited to stay with them.

From 1904 to 1961 the JMJ in India was considered as a region. In 1962 the region become a province, Sr. Josepha Rachamalla was first Indian Provincial. The Indian province of the JMJ was divided into 3 autonomous provinces in 1987 namely Bangalore, Guntur and Hyderabad. When the province was divided each of the provinces got 10 to 12 convents. By the year 2014 Bangalore province had established 30 houses, Guntur 27 houses, Hyderabad 26 Houses.

The Sisters of the Society of JMJ had been making efforts to promote education, health care and social service during the 110 years of their presence in India. The local communities were the basement for all other activities especially education, health care and social service ministries. There was a need to retrospectively look back and see what steps were to be taken to keep in pace with the demands and the signs of the time. Indeed, at the grass root level there had been involvement in the fields of education, health care and social service ministries, thus contributing to the development of the nation at large.

The objective behind the JMJs initiative to give education was to prepare the individuals to be good citizens. The student as an individual and as a member of society must be helped to develop qualities of head and heart and necessary skills and attitudes which enable one to cope up with life situation and to contribute to the progress of the society and nation. The system of education could be broadly identified to consist of the following focal areas: personal orientation, social aspects, professional or work oriented, national or citizen related international understanding and universal brotherhood.
The foundation of the edifice of the educational structure of the JMJ in India was started by elementary school, High School, English Medium School, College, Degree College and Post Graduate Colleges and D. Ed. (Teacher Training) B. Ed. and M. Ed. Colleges. Sr. Stanislaus Swami Kannu Pillai was the master mind and back bone of JMJ Educational Ministry. They have started schools for the blind, physically challenged and mentally challenged and hearing impaired. JMJ Society runs more than 100 educational institutions.

The expanse of JMJ in the education field for the past 110 years is noteworthy. The JMJ sisters had clear vision on the educational service to be imparted in India. They strived hard to impart education in remote areas with no education facilities especially to the poor, irrespective of caste and creed and to the girls in particular. The society enjoyed the benefits of the works of JMJ with regard to women’s education, both academic as well as technical.

Sr. Stanislaus was very particular in launching educational institutions in remote areas where others would not dare to start educational institutions. In 1904 education institutions hardly existed in villages, Mostly education institutions were found in places like Bombay, Calcutta, Madras and Hyderabad. There wasn’t chance for everyone to go to School. Only rich and high caste boys had the privilege. Girls had not climbed the steps of the school. Child labour was prevailing due to poverty. Understanding the situation JMJ sisters established education institutions in remote villages. The first School St. Joseph’s was started in Guntur which was a remote village in 1904. Time and again it developed and had become one of the Districts in Andhra Pradesh. Every establishment of JMJ had the same situations.
Gradually various educational institutions were founded in remote areas at various points of time taking into account the social necessity and the capacity of the society. From a very small beginning the JMJ has contributed to the South Indian society 84 Elementary schools, 63 High schools, 15 Junior colleges, 8 Degree colleges and 4 D. Ed. Colleges, 2 B. Ed colleges, 1 M. Ed College, 8 B. Sc and 2 M. Sc Nursing Colleges by the year 2014.

As a result of establishing institutions in remote villages it has brought qualitative and quantitative changes in the society. When education became within the reach of the villagers irrespective of caste, creed and sex, the poor children begun to frequent schools and improve their life style. Due to education in the villages’ child labour and their exploitation were reduced. Children were sent to school in the early age. It had reduced long distance of travel from their villages to far-away places. Students were disciplined in the school. Good manners and values were introduced in the class rooms. Student’s talents were identified and encouraged in that field. Co-curricular activities were introduced, like sports, games, fine arts, scouts and guides, NCC, NSS. School picnics and historical place tours had widened their mind. Computer and technical education boosted their enthusiasm to earn the money and help the family.

As a result the life style of the parents and the villagers began to change. Change in some of the villages especially in the line of infrastructure facilities led to the growth of villages in urban style. New buildings, houses, bridges, institutions roads etc., paved way for urbanization. Besides job opportunities also increased. The education imparted in such villages helped the students to find out good job opportunities. Transmission of the values and accumulated knowledge helped thousands of students for job opportunities in
different filed, like medical, engineering, teaching, technical and clerical fields. Education designed to guide them in learning a culture, moulded their behaviours in the ways of adulthood and directing them toward their eventual role in the society. Thus literacy rate of such a remote area began to rise steeply. Computer education was most vital education which made students to be smart and hopeful to reach out the cities and towns for their earnings. The education has changed entire environment and all activities of the people. Primitive culture has almost disappeared in the villages; more awareness has come into the life of the people. The education of women led to women empowerment on their self-assertion. The status of women in particular had improved due to the exposure opportunities provided, value education imparted to them through a disciplined life.

Thus the educational ministry of the JMJ society that was commenced with the starting of schools and other educational institutions brought about both qualitative and quantitative changes in South India during the 20th century and the first quarter of 21st century.

Health condition in South India was deplorable: chronic poverty, epidemics, superstitions and diseases took a toll on human life. Poor sanitation and hygiene were major contributors to communicable diseases in slums and villages. Quite often the villagers used to resort to some magic or charms or superstitious practices to get cured of their diseases. There were no external agencies to give them lessons on health and hygiene.

Though the sole of mission of the society of JMJ was to impart education to the poor and the women, the deplorable health conditions of the people of South India compelled them to redirect their missionary perspective. Accordingly they obtained
permission from the Pope to found and run hospitals and clinics in India. Thus the JMJ in India turned their attention to another much needed service of the Indian society. Sr. Dr. Mary Glowrey felt that it was her privilege to practice medicine in India. She is the pioneer of JMJ health care ministry in South India, foundress of the Catholic Health Association in India and a source of inspiration to start St. John’s Medical College, Bangalore.

Dr. Sr. Mary Glowrey was an instrumental in establishing health care ministry of the JMJ in South India. A JMJ dispensary was started as a small unit with two bedrooms in Guntur in 1904. JMJ sisters started visiting the houses of the sick, the aged, the suffering and the poor. Though the JMJ Dutch sisters were not conversant with the local languages, Telugu customs and practices of the people they always moved with gestures or smile, understanding and sympathetic look. Sisters also rendered their services in the government general hospital Guntur, which was then in a primitive stage. JMJ primary health care centre catered to the ordinary health issues. The ordinary simple medicines were dispensed, wounds were dressed and minor ailments were treated by the sisters. The dispensary and primary health care centre could not meet the growing needs of the patients. Therefore they opened a hospital with better facilities in Guntur in 1924. The role of Dr. Sr. Mary Glowrey, Sr. Dr. Veronica Pitt and Dr. Glady Lobo to the field of medicine in South India is worth mentioning.

As a result of JMJ Medical Care ministry many people have benefited by better health. Death rate of mother and child was reduced. Child care and mother health showed drastic changes. Hygiene was introduced in the families and villages. Nurses and doctors began to visit villages so as to reduce the number of patients travelling long distance.
Superstitions have more or less disappeared. Better health consciousness has crept in among the educated people. Preventive health care was also attended to.

Along with medical care training of medical personnel including nurses was also given due attention. Nursing colleges in three provinces trained the students so well that they could join any medical field to earn. Nurses were very much in demand. Through medical practices especially nursing job, many girls could earn their livelihood as well.

All the JMJ hospitals participate in and organize national international health programmes in collaboration with Government and NGOs such as WHO day AIDS day, Anti Leprosy day, World TB day, Breast Feeding week, World Population day, Pulse Polio Programme etc. It also works in collaboration with many health care agencies like CHAI, VHAI, VRO, CNGI. In times of natural calamities like cyclones, drought, accidents, communal riots etc. hospital rises to the occasion for relief work. It also involved in preventive programmes like survey, immunization, health education, School programmes etc.

In 1943 during the Second World War people were beset with so many health hazards such as plague, smallpox, malaria, under nourishment, tuberculosis, leprosy, etc. which took a toll. At this juncture Dr. Sr. Mary Glowrey got her brilliant idea of starting a Catholic Hospital Association and it came into existence in 1943. The Catholic Medical College (St. John’s Medical College)which was founded in Bangalore in 1963 was a brain child of Dr. Sr. Mary Glowrey.

According to the 2014 statistics JMJ health care system operates 20 hospitals, 28 health centres and 15 dispensaries in various parts of South India. JMJ hospitals comprise of departments such as medicine, surgery, gynaecology, obstetrics, orthopaedics,
neurology, physiotherapy, dialysis and cardiology including intensive coronary care, acute medical care and critical units. Besides these, special services like ophthalmology, ENT, dental, dermatology and psychiatry are also provided. JMJ Hospitals are equipped with private rooms and general wards, and well-furnished operation theatres. The city and town based JMJ hospitals have well organized pharmacies, laboratories, x-ray plants, ultra sound scanning, blood bank facilities.

In the 1980’s a new outlook was given to the medical apostolate. To realize this programme, community health services were started with regular visits to villages. The aim was to make health services available also to those who cannot reach their hospitals, the unreached poor and the marginalized. It adopted a number of urban slums with emphasis on mother and child health programmes and primary health service.

The JMJ hospitals started in collaboration with church related and non-governmental voluntary organizations engaged in the promotion of health. Organizations like Village Reconstruction Organization (VRO), Voluntary Association Health of India (VAHI), Raigarh Ambikapur Health Association (RAHA) and Bala Vikasa, are voluntary social service organizations, etc.

Realizing the dire need of the hour, the JMJ hospitals with specialities initiated HIV/AIDS Counselling and Rehabilitation centres. The cell works for the prevention of spread of infection through a process of disseminating information, screening, training, and counselling and bio-safety guidance at all levels. It evaluates and assesses its work periodically. Thus the JMJ medical care ministry has fulfilled needs of the sick and the needy in South India through the foundation of a network of hospitals and dispensaries, quality health services and imparting of health awareness especially to the marginalized.
The South Indian society benefited also from the training imparted to the nurses and other health personnel.

Though the main thrust of the Society of JMJ was the imparting of education, later on health ministry was added to it and social service ministry was also going parallel to it. Social service activities were those which reached out to the persons who were sufferers of violence, structures of oppression, poverty, sickness, disease, ageing, depression etc. The activities were geared to self-empowerment, experience of honour and self-respect. They also aimed at freeing themselves from the unjust structures of oppression predominantly with regard to women, children and the marginalized. The role of the JMJ was to work for establishing peace and justice in society. The society of JMJ through its various activities and works engaged in the ministry of social service. The JMJs also rose to the occasion to bring relief in times of catastrophes natural calamities, emergency etc. The voluntary preference was to aim at the emancipation of the poor and marginalized. Equality and liberation from unjust structures on the basis of sex, caste, language or religion was worked at.

JMJ sisters were identified with social ministry right from the commencement of the Society in Guntur in 1904. Though primarily in an informal way the Charisma of the founder Fr. Mathias Wolff S.J, “An Ever Adaptable Apostolic Availability”, opened new vistas to launch out to the social apostolate according to the signs of the times and need of the hour. The social apostolate as was practiced from the very beginning of the society had the poor, needy, oppressed, and voiceless and marginalized as target groups.

Though social service activities were controlled and co-ordinated initially from Guntur, with the establishment of the new provinces, such activities began to be
controlled from the newly-established provincial houses. According to the available statistics of 2014 the social service activities of the JMJ Society was carried on in three provinces through 20 boarding homes, 38 hostels for girls, 15 technical training centres, skill training centres, 5 adoption centres – Tender Loving Care (TLC), 2 home for the street children, 6 home for the aged programmes and homes for the physically and mentally challenged, programmes on eradication of child labour, open school for school dropouts, play schools, Balawadies and day care centres, including Bridge Course. Literacy Programs, 28 women integrated development/ micro – enterprises/ tree plantation/ kitchen garden/ mahila maha sabha and leadership training programmes/ adult literacy, red cross centres, prison ministry, 4 rehabilitation centres, 6 HIV/ AIDS counselling centres, relief work housing, sanitation and water projects for the poor. And all these works were carried out with the collaboration of the Government and non-government agencies.

Children who lacked facilities were provided education through orphanages and boarding homes on reasonable payment. Scholarships were also in practice for the deserving. The services were extended to Balawadies, homes for the abandoned children, physically challenged and street children. Besides, courses for the school drop outs, young girls and adults are also imparted. Thus the social service ministry has changed the fate of many women, children, aged, handicapped, mentally challenged and the poor.

Self-help groups in the villages have played vital role in the empowerment of women. Socially they got more courage to lead their families. Self-help group also has brought unity in the villages. They were able to approach government schemes and projects related to roads, drinking water, transports, electricity, Anganwadis, health etc. Women
were empowered through self-help groups. As a result women became less dependent on men for money. The saving and banking system emerged out of this encouraged them to earn more. They were able to educate their children and stand on their own feet.

Thus the emergence of the JMJ Society in South India in 2014 and its subsequent activities paved way for a lot of socio-cultural and economic changes in South India especially in the remote villages. During the 110 years of existence in India, the society could change the very social fabric of interior societies of South India by imparting educational, health and social services to the needy especially to the less-privileged ones. Thus the study reveals that the JMJ society has played a vital role in transforming the societies with which it interacted over a period of one century.

It is suggested that the JMJ Society should concentrate more on village centred activities. Now most of the houses are though started in rural area are located in urban centres’. Women empowerment should be given top priority by the society. In joining hands with government ventures the society should concentrate more on the human resource development. There s a room for young research scholars to studies on JMJ on North Indian States.