



Block

# 3

## **SOCIAL ISSUES IN DEVELOPMENT**

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**Acknowledgement: Units (1,2 & 3) of this course have been adapted from MEDS-003**

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May, 2018

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ISBN:

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Printed and published on behalf of the Indira Gandhi National Open University, New Delhi by the Registrar, MPDD, IGNOU, New Delhi.

Laser Typeset by Tessa Media & Computers, C-206, A.F.E.-II, Okhla, New Delhi.

Printed at:

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## **BLOCK 3   SOCIAL ISSUES IN DEVELOPMENT**

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**Block 3** on ‘**Social Issues in Development**’ with three units deals with education, health and gender issues in development.

**Unit-1** on ‘**Education and Development**’ gives an account of the importance, benefits various theories of education as well as determinants of educational development. The unit also focus on the problems, challenges and emerging issues in education and development.

**Unit-2** on ‘**Health and Development**’ discusses the concept of health and its relationship with development with focus on the components of health care, indicators of health and the issues and challenges of health care system.

**Unit-3** on ‘**Gender and Development**’ deals with gender and its role in development. It also discusses issues like gender empowerment, gender adversaries as well as measures for engendering development. It also gives an account of gender development index and gender empowerment measures.



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# UNIT 1 EDUCATION AND DEVELOPMENT

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## Structure

- 1.1 Introduction
- 1.2 Importance and Benefits of Education for Development
- 1.3 Theories of the Contribution of Education to Development
- 1.4 Determinants of Educational Development
- 1.5 Problems and Challenges of Educational Development
- 1.6 Emerging Issues in Education and Development
- 1.7 Let Us Sum Up
- 1.8 Keywords
- 1.9 References and Suggested Reading
- 1.10 Check your Progress - Possible Answers

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## 1.1 INTRODUCTION

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Education, whether formal, informal and/or non formal, through change in knowledge, behaviour and practices, brings development. Education is an investment which brings development in the long run. According to Amartya Sen, the solution to all problems related to the economy, development, or population lies in education. The various determinants of education such as literacy, expenditure on education, technical education, etc., affect the educational development of a nation. Still, education, mostly in underdeveloped countries, is faced with a lot of problems. The globalization and education, inclusive education, sustainable education is emerging issues in education and development. Education is also an important tool for empowerment. This unit discusses the importance of education towards development.

After going through this unit, you would be able to:

- discuss the importance of education for development;
- explain the benefits of education to development;
- narrate determinants of educational development; and
- describe emerging issues in education and development.

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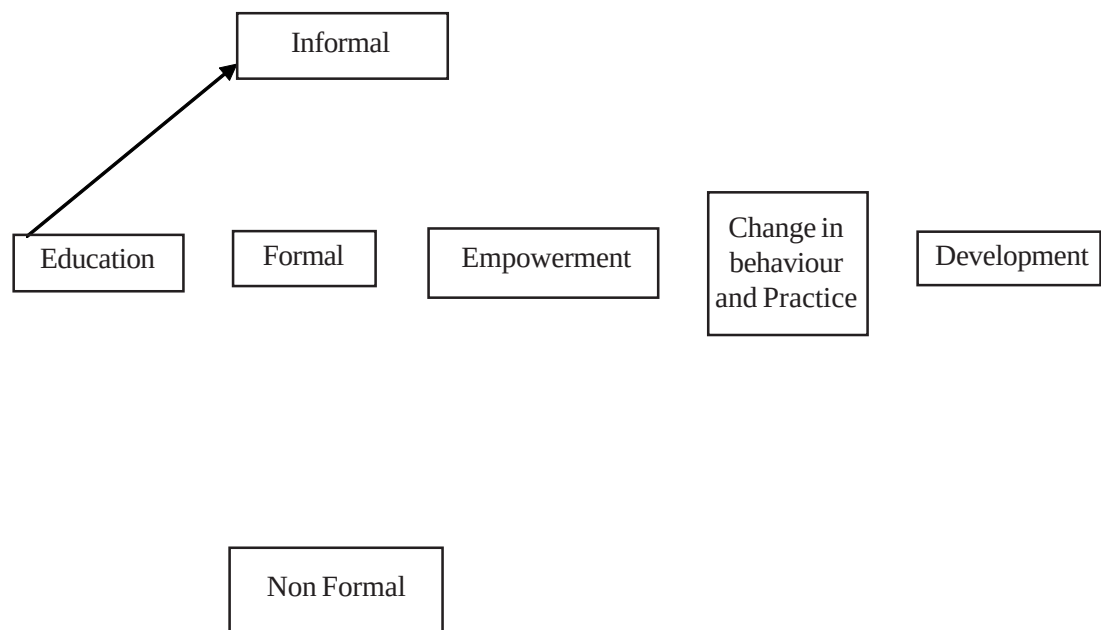
## 1.2 IMPORTANCE AND BENEFITS OF EDUCATION FOR DEVELOPMENT

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Like a lay man, you would know how an educated man is different from an uneducated man. Similarly, an educationally advanced state like Kerala, is different from educationally backward states of Bihar and Uttar Pradesh. Education is one of the important factors of development. The role of education in development has been recognized ever since the days of Plato, who believed that education, was indispensable to the economic health of a good society. The contribution of 'human capital' to economics was recognized long ago when Adam Smith, in *The Wealth of Nations* includes in the category, 'Fixed Capital', the acquired and useful abilities of all the inhabitants, or members of society. Alfred Marshall



also affirmed that the most valuable of all capital that is invested is in human beings. J.K. Galbraith also remarked that “when we think of education as a consumer service, it becomes something on which we should save, but when we think of education as investment, it becomes something, we should emphasize”. He considered that human capital is more essential for developing countries than other forms of capital. According to Tadaro, it is the human resources that ultimately determine the character and pace of its economic and social development. Harbinson remarks that a country which is unable to develop the skills and knowledge of its people to utilize them effectively in the national economy will be unable to develop anything else. The general conference of UNESCO held way back in 1964 recognized that illiteracy is a grave obstacle to social and economic development. Education is a prerequisite for the successful implementation of national plans for economic and social development.



**Figure 1 : Model of Education & Development**

Education, whether formal, informal and /or non formal, effects changes in behaviour and practices and brings development. The informal education on development can be defined as a lifelong learning process by which every person acquires knowledge, skills, and attitude from daily experiences at home, at work, at play, and from life itself. Formal education is the education received from the educational institutions chronologically graded and hierarchical such as primary, secondary and tertiary education level. Non formal education is a type of organized and systematic educational activity taking place outside the framework of the formal system. A model of how education brings development is given in Figure 1.

### 1.2.1 Benefits of Education towards Development

Development benefits a great deal from education. A few benefits of education for development are outlined below.

#### i) Increases Productivity

Investment in physical capital stock such as land and machinery is essential but not sufficient for development. Investment in human capital would enhance

productivity. It has been adequately researched that two individuals, given the same physical capital but endowed with different levels of knowledge would operate in two different production functions and would have two different levels of productivity. Thus, education is vital for raising productivity. One reason for the Green Revolution in Punjab and Haryana is extension education imparted to the farmers in their field. By raising productivity both in agriculture and industries, education promotes economic growth. One of the World Bank's study (1993) found that enrolment in primary education in 1960 enabled the countries like Hong Kong, Thailand, Singapore, and South Korea to raise their economic growth by more than 50 per cent (see Table 1).

**Table 1 : Percentage of Total Predicted Growth of Selected Countries**

| Countries   | % of Predicted Growth |
|-------------|-----------------------|
| Hong Kong   | 86                    |
| Indonesia   | 79                    |
| Japan       | 58                    |
| South Korea | 67                    |
| Malaysia    | 73                    |
| Taiwan      | 69                    |
| Singapore   | 75                    |
| Thailand    | 87                    |

**Source:** Cypher M James and Dietz, James L (2009) *The Process of Economic Development*, Routledge, London, pp. 406

## ii) Reduces Economic Inequality

Education provides widespread employment and income earning opportunities to the qualified and skilled people. There is a positive correlation between a person's education and his earning. Education is a powerful tool for the poor and the disadvantaged to raise their earning and come to par with their counterparts. Todaro says that if, for financial or any other reasons, the poor are effectively denied access to secondary and higher educational opportunities, then the educational system can actually perpetuate and even increase inequality in Third World Nations. However, recent studies have demonstrated that the education system of most developing countries act to increase rather than to decrease income inequalities. But, generally it is found that in developing countries like India, Bangladesh, Sri Lanka education has enabled the poor and the downtrodden to raise their income. Education helps in poverty reduction.

## iii) Improves Health and Reduces Fertility

Education is a contributing factor in achieving developmental goals, such as increased life expectancy, improves health, and reduces fertility among educated mothers. Many studies have shown that parents with high school and higher education have fewer children compared to their counterpart who are illiterate. It has also been seen that fertility reduces with the increase



in the level of education. Education improves particularly the preventive health care status of women and children. It enables them to access quality health care services from qualified health personnel for themselves and for their children. Kerala and Tamil Nadu, where female literacy is higher than in Bihar and Uttar Pradesh, have lower fertility, lower infant mortality, higher immunization status of woman and children. Life expectancy in Kerala and Tamil Nadu is also higher, compared to Bihar and Uttar Pradesh. An example of female literacy and fertility is given in Table 2.

**Table 2: Female Education and Health Indicators of a Few States of India**

| Sl. No. | Indicators                                                                      | State |      |        |            |
|---------|---------------------------------------------------------------------------------|-------|------|--------|------------|
|         |                                                                                 | Bihar | UP   | Kerala | Tamil Nadu |
| 1       | Female Literacy %(2011)                                                         | 53.3  | 59.3 | 92     | 73.9       |
| 2       | Infant Mortality Rate (2013)                                                    | 42    | 50   | 12     | 21         |
| 3       | Percentage of children under age 3 who are under weight (2005-06)               | 58    | 47   | 29     | 33         |
| 4       | Percentage of children 12-23 month who have received all vaccinations (2005-06) | 33    | 23   | 75     | 81         |
| 5       | Total Fertility Rate (2013)                                                     | 3.4   | 3.1  | 1.8    | 1.7        |

**Source:** 1. National Family Health Survey III, IIPS, 2005-06  
2. Census of India, 2001, 2011

#### iv) Contributes to Democratization

Some political scientist believes that at least a minimum level of schooling is a prerequisite for the effectiveness of political democracy. Education strengthens democratic values in a society. It helps the people to caste their vote according to values and not the allurements offered by the contestants. Education, in general, and, of women in particular, is a vital requirement for the success of democracy. It is now believed that the success of democratic decentralization depends on the literacy rate. In India, Kerala is an illustrious example where a high literacy rate has enabled local self government institutions to function effectively in the state.

#### v) Promotes Rural Development

Educated people are *sine qua non* for the faster development of rural areas. Therefore, Mahatma Gandhi once said my 'Ideal Village' will contain intelligent human being. Educated people would bring faster agricultural, industrial, and social development in rural areas. Education can bring transparency and accountability into the system. There would be better implementation of rural development programmes as literate people could better ask the programme implementers the pros and cons of the programmes. They would actively participate in the process of need assessment, project formulation, implementation; monitoring and evaluation stages of the various developmental programmes implemented, both by the government and non governmental organizations. Rural entrepreneurship could be better promoted

with the help of literate and skilled manpower. An educated civil society is an essential requirement for development in general, and for rural development in particular.

#### **vi) Promotes Peace and Stability**

Education promotes peace in society. The teaching of peace and the value education in the classroom would create a sense of fellow feeling and brotherhood among the young generation. Peace education has become either an independent discipline or component of other related discipline like political science or history in many higher education institutions. Further, peace education would also reduce crime and all other social evils occurring in the society.

#### **vii) Reduces Social Inequality and Promotes Gender Equity**

Education is an instrument for social uplift. Illiteracy is one of the reasons for social discrimination. The social inequality persists largely because of illiteracy. With the rise in the level of education biases on the basis of social beliefs and values reduces. B.R. Ambedkar, therefore, mentions that the panacea for all social evil is education and encouraged people to be educated. Education, particularly, among women, promotes gender equality by enhancing their workforce participation rate *vis-a-vis* men. The Education Commission of India (1964-66) has highlighted, in Chapter IV (*Towards Equalization of Educational Opportunities*) that “One of the important social objectives of education is to equalize educational opportunities, enabling the backward or under-privileged classes and individuals to use education as a lever for improvement of their condition”

#### **viii) Promotes Modernization**

Modernization is directly linked to the pace of education development. One of the sure ways to modernize quickly is to expand education and produce skilled manpower. The Education Commission of India (1964-66) envisaged that modernization aims, amongst other things, at creating an economy of plenty which will offer to energise an individual, provide a larger way of life and a wider variety of choices. It is education, which can hasten the pace of modernization and development in an underdeveloped society. Modern society is governed by science and technology, and it is education which will enable a nation to achieve progress through scientific technology. The ICT education in India has hastened the process of modernization and development.

#### **ix) Attributes to Knowledge Society**

The establishment of a knowledge society is a formidable challenge before any nation in order to hasten its pace of development in economic, social, political, and cultural areas. The formulation of the Knowledge Commission in India is a significant step in this direction. The dream of a knowledge society can only be realized by articulating a strong and dynamic higher education system.

#### **x) Social Equity:** Education is a great equaliser. Education can promote social equity by empowering the socially backward section of the society. Education among women who are socially laggard as compared to men will promote

their social mobility and enhance their decision making power in the household. The education among women will further increase gender equity. It is not a flight of fancy but truly education among the SCs and STs will improve their social status and their access to other community in the society of India. B R Ambedkar, the architect of Indian constitution and one of the prominent *dalit* leader said “coming as I do from the lowest order of the Hindu society. I know what the value of education is. The problem of raising the lower order is deemed to be economic. This is a great mistake. The problem of raising the lower order is not to feed them, and to make them serve the higher order, as is the ancient ideal of this country. The problem of lower order is to remove from them that inferiority complex, which has stunted their growth and made them slaves to others, to create in them the consciousness of the significance of their lives for themselves and for the country, of which they have been cruelly robbed by the existing social order. Nothing can achieve this except the spread of higher education. This in my opinion is the panacea of our social trouble.”

In this section, we discussed about the importance and contribution of education to development. Now, answer a few questions related to these aspects in Check Your Progress 1.

### Check Your Progress 1

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Briefly describe the importance of education to development.

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2) Can education can promote modernization and social equity. Discuss.

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## 1.3 THEORIES OF THE CONTRIBUTION OF EDUCATION TO DEVELOPMENT

In this section we will discuss a few theories relating to the contribution of education towards development. Mainly, there are two theories relating to the contribution of education to development. These two theories are

- i) Human capital theory
- ii) Screening theory.

### 1.3.1 Human Capital Theory

Human capital theory was initially developed in United States and Europe in the 1950s. Later, this theory was applied to undeveloped countries. The advocates of this theory were of the opinion that it is not only the physical capital stock, i.e., labour, which is important, but also human capital stock, such as education, which is critical to the growth and development of a nation. They argued that when people become more and more educated, they become more productive. There is a close relationship between the number of years of schooling and income level of a person. In other words, increasing the level of schooling would lead to higher earnings. In essence, the human capital theory believes that people are willing to invest in education, which is an investment for the future. In other words, the human capital theory considers expenditure on education as an investment and not as expenditure. Not only the individual, but also the whole society would gain out of investment in education. Besides, the country will gain from the external effect of education, i.e., lower fertility rate and higher maternal and child health. Such positive external effects are a justification for public subsidies to education. Therefore, in almost all countries, both developed as well as developing, the cost of education is subsidized by the government.

Another aspect of human capital theory is that, it provides a framework for the systematic evaluation of costs and benefits of education to the households.

- i) **Cost of Education:** The cost of education includes direct cost, and opportunity cost:  
Direct cost, are school fees, cost of books, teaching materials, school uniforms, copies, etc. Opportunity cost is the income forgone while receiving education. Besides, it also refers to the income that an individual is losing from the labour market during the period he joins education institutions and, at the same time, bears the cost of education.
- ii) **Benefit of Education:** The benefit of education is the gap between the lifetime income of an individual with a given amount of education and the lifetime income received if he had not this education. On the basis of cost and benefit, the rate of return on investment on education is calculated. Research findings show that in developing countries, the rate of return on investment in education was higher compared to the rate of return in physical capital (Psacharopoulos and Patrino, 2002).

### Limitations of Human Capital Theory

Human capital theory has several limitations.

- The relationship between education and increase in income is difficult to measure. This is because the increase in personal income is influenced by

many factors other than education. Therefore, it is very difficult to measure marginal productivity, especially of human capital.

- It is difficult to measure cost and benefit analysis of human capital. Though the direct cost of education is easier to calculate, the opportunity cost and the estimation of income forgone are difficult to measure.
- The benefit of education is much more than economic and the social benefits of education.
- The demand for education does not only depend on costs and benefits, but on the ability to pay for education.

### **1.3.2 Screening Theory**

The critics of Human Capital Theory and the proponents of Screening Theory believe that education is necessary, but not a sufficient condition to contribute to individual productivity. They argue that specific skills required in a profession are acquired on the job rather than at school. Screening theory states that it is very hard to predict future performance of an individual on the basis of her or his education. The educational qualification and diplomas are used as a screening mechanism. Schooling is an institution of trainability. But the real training starts on the job.

The radicalists of Screening Theory went to the extent of saying that education merely reproduced social inequality from generation to generation. According to Bowles and Gintis, the main function of education for the masses is to teach them discipline, respect for authority, particularly obedience, the ability to cooperate and to concentrate. The radicalists believe that education prepares labourers for inferior-level task in a productive organization. The proponents of screening theory suggest that much of education in developing countries is irrelevant. Expansion of education results in a higher diploma holder replacing lower diploma holder without producing any improvement in productivity.

Three key element of screening theory are:

- Learning by doing;
- Screening; and
- Diploma inflation

### **Criticisms of Screening Theory**

Some of the criticisms of screening theory are as follows:

- The screening theory proposition that higher education does not adequately contribute to higher earning is not always correct. According to Wolpin, it is hard to explain why self employed people with a higher education usually have higher earnings than self employed people with less education.
- Screening, the real function of education, is somehow parochial and education really vitalizes one's ability to qualify for the test function of education is much more than screening.
- Szirmai remarked that the correlation between education and income persists throughout people's working life. The argument given by the proponents of screening theory is that education boosts initial earnings, which is not always true.

In this section you have studied the theory of contribution of education to development. Now answer the questions in Check Your Progress 2.

### Check Your Progress 2

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the key features of Human Capital Theory?

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2) What are the differences between the Human Capital Theory and Screening Theory?

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## 1.4 DETERMINANTS OF EDUCATIONAL DEVELOPMENT

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In this section, you will study the various determinants of educational development. Some of the key determinants of educational development are discussed below.

### 1.4.1 Literacy

Literacy is one of the weighty parameters of educational development of a nation. UNESCO and United Nations place great emphasis on the removal of illiteracy. During the early years, between 1946 and 1958, one of the main objectives of UNESCO was fundamental education. The main aim of the fundamental education is that every person has a right to learn the three R's: reading, writing and arithmetic. According to Szirmai, fundamental education was not limited to literacy alone, it also included vocational skills, domestic skills, knowledge of hygiene, knowledge of the principles of science, artistic skills, an understanding of one's social environment, the development of personnel skills and moral traits. However, to the common man, literacy means formal school education. According to UNESCO (2002) a person is functionally literate, if he, or she, is able to engage in all those activities in which literacy is required for effective functioning of his, or her, group and community, and for enabling him to continue to use reading, writing, and calculation for his own and the community's development. Table-3 gives an account of the adult literacy of a few countries. The South Asian developing countries are lagging behind the Asian giant Singapore in adult literacy rate.



**Table 3 : Adult Literacy of a Few Countries**

| <b>Countries</b> | <b>Adult Literacy</b> |
|------------------|-----------------------|
| Bangladesh       | 60(2013)              |
| Nepal            | 60(2011)              |
| India            | 69(2011)              |
| Pakistan         | 57(2012)              |
| Singapore        | 98(2013)              |
| Tanzania         | 79(2013)              |
| Zimbabwe         | 84(2011)              |
| Ukraine          | 100(2013)             |

*Source: World Development Indicators-2015*

*Note: Figure in Parenthesis show the year*

Literacy is one of the vital instruments of women's empowerment as it enhances their access to employment, and enables them to take part in household decisions making.

#### **1.4.2 Educational Environment: Enrolment and Dropout**

The enrolment and dropout rates at various levels of education reflect the educational environment prevailing in the country. Enrolment in primary, secondary, and tertiary education is improving in the developing countries, but not substantially. As compared to developed nations, most of them are far behind. Particularly in GER (Gross Enrolment Ratio) in the secondary and tertiary sector, the rate is very low. The GER in secondary and tertiary education are 94 and 89 per cent respectively in the USA, but in India, it is 71 and 25 per cent respectively. Enrolment in primary education is a problem in sub Saharan Africa, where, on an average, 43 per cent of children between the age of 6 and 11 are not attending primary school. According to UNESCO (2002), household's surveys in sub Saharan Africa indicate that the number of pupils who actually attend school is substantially lower than the enrolment figures. The GER of a few countries is given in Table 4.

**Table 4 : Gross Enrolment Ratio in a few Countries**

| <b>Countries</b> | <b>Gross Enrolment Ratio</b> |                  |                 |
|------------------|------------------------------|------------------|-----------------|
|                  | <b>Primary</b>               | <b>Secondary</b> | <b>Tertiary</b> |
| Bangladesh       | 114(2011)                    | 54(2012)         | 13(2012)        |
| China            | 126(2011)                    | 92(2013)         | 30(2013)        |
| India            | 114(2012)                    | 71(2012)         | 25(2013)        |
| Pakistan         | 92(2013)                     | 38(2013)         | 10(2013)        |
| Sri Lanka        | 98(2013)                     | 99(2013)         | 19(2013)        |
| Tanzania         | 90(2013)                     | 33(2013)         | 4(2013)         |
| Nepal            | 133(2012)                    | 67(2014)         | 17(2013)        |
| USA              | 98(2013)                     | 94(2013)         | 89(2013)        |
| UK               | 109(2013)                    | 129(2013)        | 60(2013)        |

*Source: World Development Indicator, World Bank, 2015*

*Note: Figure in parenthesis show year*

### 1.4.3 Educational Expenditure

The Education Commission, constituted by the Government of India in 1966, envisaged that we should strive to allocate the target proportion of GDP to educational development. The expenditure on education is fundamental to educational development. The expenditure is required for infrastructure building, supply of teaching and learning materials, salary of the teachers, and other subsidies provided to the disadvantaged section of population. It is a fact that the proportion of national income devoted to education in developing countries is small compared to developed countries. India spends 3.9 percent of GDP on education, while, in the USA, the expenditure on education is 5.2 percent of its GDP (Table-5). For example, the 2006 World Development Indicators, published by the World Bank has mentioned that Bangladesh spends only 2.2 per cent of its GDP on education, while the United Kingdom spends 11.5 per cent (nearly five times more than Bangladesh) of GDP on education.

**Table 5: Government Expenditure on Education as % of GDP**

| Countries | Expenditure on Education |
|-----------|--------------------------|
| Bhutan    | 5.6 (2013)               |
| Japan     | 3.8 (2013)               |
| India     | 3.9 (2013)               |
| Nepal     | 4.1 (2013)               |
| Pakistan  | 2.5 (2013)               |
| Sri Lanka | 1.7 (2013)               |
| Tanzania  | 3.5 (2013)               |
| USA       | 5.2 (2013)               |
| UK        | 5.8 (2013)               |

**Source:** *World Development Indicators 2015*

Figures in Parenthesis show year

### 1.4.4 Education Development Index

Now a day particularly after the formulation of Human Development Index, many nations have also developed an Education Development Index to assess the performance in education. An index, the Education Development Index (EDI) calculated for the all schools, that is, primary and upper primary, by the National University of Educational Planning and Administration (NEUPA) reveals that southern states rank higher than other states in India. The EDI was developed taking four broad parameters into account, such as access, infrastructure, teacher related indicators and outcomes. The EDIs of five high ranked States of the Indian union are given in Table 1.6.

**Table 6: Rank of Different States in EDI, 2012-13**

| Top Five States |             |           | Lower Five States |               |           |
|-----------------|-------------|-----------|-------------------|---------------|-----------|
| Rank            | States      | EDI Score | Rank              | States        | EDI Score |
| 1               | Lakshadweep | 0.712     | 31                | West Bengal   | 0.527     |
| 2               | Puducherry  | 0.696     | 32                | Assam         | 0.527     |
| 3               | Tamil Nadu  | 0.683     | 33                | Goa           | 0.520     |
| 4               | Sikkim      | 0.672     | 34                | Uttar Pradesh | 0.508     |
| 5               | Karnataka   | 0.661     | 35                | Jharkhand     | 0.452     |

**Source:** <http://schoolreportcards.in/media/m188.html>(accessed on 20/05/2016)

The Global Education Development Index ranks India, 102; Bangladesh, 107 and China, 30 and Korea, 6 in positions.

**Table 7 : Global Education Development Index, 2006**

| Country    | Rank |
|------------|------|
| Korea      | 6    |
| China      | 30   |
| Indonesia  | 60   |
| India      | 102  |
| Bangladesh | 107  |
| Nepal      | 113  |

**Source:** *Educational Development Index in India-digitalLearningArticle.mht*

### 1.4.5 Non Formal Education

Non formal education plays an important role in spreading education in many developing countries. Studies conducted by UNESCO indicate an upward trend in enrolment in non formal education comprising of organized education that are not included in the regular school system. The two important forms of non formal education are adult education and distance education. VKRV Rao said that without adult education and adult literacy, it is not possible to have that range of economic and social development which is required, nor it is possible to have that content or quality or tone to our economic and social development that makes it worthwhile in terms of values and welfare. A programme of adult education and adult literacy should, therefore, take front place in any programme for economic and social development. The National Knowledge Commission of India has remarked that while formal education is useful in building human capital, not all individuals are able to participate in it. Therefore, enough resources must be invested to ensure that distance education is developed as a viable alternative to formal education. The distance education programme launched by IGNOU (Indira Gandhi

National Open University) and other open universities and correspondence courses launched by various other universities in India serves the purpose of non formal education in higher education. The National Open School in India also fulfils the need of secondary school education for school dropout and out of school children. These systems will embolden educational development.

### 1.4.6 Educational Technology

The use of educational technology is a sign of educational development in this globalization era. The use of ICT (Information Communication Technology) in education has made teaching-learning interesting and broad based. The launch of educational satellites has enhanced the use of ICT in education system. Extension education on various developmental programmes through the educational satellite is more cost effective than the face-to-face extension programme. APJ Abdul Kalam, former president of India, while acknowledging the role of EDUSAT, said that democratization of knowledge indicates knowledge for everyone, anytime, anyplace. EDUSAT will be extremely helpful in making this shift possible and decreasing the digital divides. The application of ICT in education is an important indicator of educational development.

### 1.4.7 Educational Ranking

The raking of the educational institution both nationally as well as internationally now a day being used for the educational development of the nation states. In the Times Higher Education World University Ranking 2018, the top university of the World are largely belonging to the USA and the UK. Eevn, the MHRD of government of India has recently ranked various universities in India.

**Table 8: World University Ranking, 2018**

| Countries                                               | Rank |
|---------------------------------------------------------|------|
| University of Oxford                                    | 1    |
| University of Cambridge                                 | 2    |
| California Institute of Technology                      | 3    |
| Stanford University                                     | 3    |
| Massachusetts Institution of Technology                 | 5    |
| Harvard University                                      | 6    |
| Princeton University                                    | 7    |
| Imperial College of London                              | 8    |
| University of Chicago                                   | 9    |
| ETH Zurich-Swiss Federal Institute of Technology Zurich | 10   |
| University of Pennsylvania                              | 10   |

**Source:** [https://www.timeshighereducation.com/world-university-rankings/2018/world-ranking#!/page/0/length/25/sort\\_by/rank/sort\\_order/asc/cols/stats](https://www.timeshighereducation.com/world-university-rankings/2018/world-ranking#!/page/0/length/25/sort_by/rank/sort_order/asc/cols/stats) (accessed on 23/4/2018)

In this section, you studied the determinants of educational development. Now answer the questions given in Check Your Progress 3.

**Check Your Progress 3**

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) How is non formal education vital to development?

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2) Explain three important determinants of educational development.

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## **1.5 PROBLEMS AND CHALLENGES OF EDUCATIONAL DEVELOPMENT**

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Education plays an important role in the formation of human capital of a nation. It produces skilled manpower, capable of driving the nation towards the path of sustainable development. There is a close link between education and development. However, education is vexed with a number of problems in many countries, particularly in developing countries. Some of the problems are the poor quality of education, lack of public expenditure on education, disparities between caste, class, and gender, and between regions, and a deficiency of trained teachers, teaching materials, and physical infrastructure.

### **1.5.1 Poor Allocation of Resources**

Education is one of the vital sectors of social development. In most countries education is a public good. However, globalization and privatization has enhanced investment on education, largely in the tertiary sector. But still the expenditure on education as a percentage of GDP in developing countries is low compared to developed countries. For example, public expenditure on education is 2.2 per cent of GDP in India, while in USA it is 5.7 per cent. The low public investment in education has resulted in poor performance in infrastructure, teaching and research in education. The gap between the demand for education and allocation of resources is widening in developing countries, because of the high population. This gap is high in South Asia and subSaharan Africa. UNESCO has calculated that there is a shortfall of 5.6 billion US dollar to meet the external finance requirement to achieve the goal of Education for All by 2015 (UNESCO, 2002).

### 1.5.2 Quality of Education

The quality of education is of great concern in developing countries. The poor quality of teachers, teaching-learning materials, teacher-pupil ratio, pupil-class room ratio, and outdated curriculum, greatly affect the quality of education in developing countries. According to the World Development Indicators (2006) data, the teacher-pupil ratio in primary schools in India, is 41 as against in USA and UK which is 15 and 17 respectively. As far as the pupil-classroom ratio is concerned, in many primary schools two or three classes are held in a single class room. This has resulted in student absenteeism, dropout and grade repetition even at the primary level of education. Improving educational quality was included among six major educational goals formulated for 2015 at the World Education Forum held at Dakar (UNESCO, 2002).

### 1.5.3 Educational Disparities

According to Coombs, the access to educational facilities is distributed inequally. Educational disparities are observed in following fields:

- i) rural-urban
- ii) male and female
- iii) among different regions
- iv) between different castes and ethnic groups.

The rural people have poor access to education facilities particularly to secondary and post secondary education. Customarily, all the tertiary educational institutions are found to be situated in semi-urban and urban areas, thus, depriving the rural area children of their right to tertiary education in many developing countries.

The second significant inequality in educational attainment is gender disparities, i.e., differences between males and females. In traditional societies, the education of girl children is generally restricted. Among economically weaker families, people generally prefer to spend on the education of the male child rather than the female child. The Gender Parity Index (defined as female enrolment divided by male enrolment ratios) was 0.93 worldwide, the lowest being in southwest Asia, 0.84; the Arab States, 0.88 and sub Saharan Africa, 0.89 (Szirmai, 2005).

The third inequality observed in education development is the disparities between the nations, and, within a nation, between the regions. Around the globe, the educational disparities are observed between Europe, Asia and USA. Literacy also varies between the nations in Asian countries. In the same country, literacy varies from one region to the other, for instance, in India, the literacy rate and educational development is high among southern region states such as Kerala, Tamil Nadu, Karnataka, and Andhra Pradesh as compared to the central region states of Uttar Pradesh and Madhya Pradesh. Various factors, such as educational governance, peoples' participation, expenditure on education, etc. are responsible factors for regional educational disparities.

Inclusive education is a buzz word in this globalized era. Inclusive education should include both the socially and physically handicapped, who are excluded groups in the educational mainstream. In India, the literacy and level of education among the Scheduled Castes, Scheduled Tribes and the disabled are the lower compared to other group of population. The Education Commission Report (1964-

66) of Government of India has envisaged that “One of the important social objectives of education is to equalize educational opportunity, enabling the backward or under-privileged classes and individuals to use education as a liver for improvement of their condition.”

#### **1.5.4 Lack of Strong Educational Policy**

The developing nations need to have strong education policies. The policy need to establish strong linkages between education and development. It should also be amended from time to time incorporating the changes taking place around the world. However, most of the developing countries do not have strong education policies. Even if some countries do have strong education policies, they do not amend them regularly. Most of the policies are archaic in nature and lack dynamism. For instance, India’s New Education Policy was formulated in 1986 (revised in 1992).

#### **1.5.5 Weak Public-Private- Partnership in Education**

Education in general and primary education in particular is a social good. It is observed that the private sector’s educational investments are guided by profit motive and mostly investments are in tertiary education. The public-private partnership for the universalization of primary education is clearly lacking. Therefore, the globalization has created another disparity, where the percentage of expenditure to GDP in tertiary education is comparatively higher than the primary and secondary education. This is because of higher private expenditure in tertiary education.

#### **1.5.6 Poor Community Participation**

In developing countries, people are dependent on government grants for educational development of their locality. They consider government as the active provider and communities as the passive beneficiaries. This attitude is detrimental to the proliferation of education at the grassroots. In Bangladesh, the women’s self help groups and in India in many states, panchayati raj institutions are playing important roles in the development of education in their villages and panchayats. The Village Education Committees formulated at each panchayat level actively support the ‘Education for All’ movement in the countryside of India. Therefore, community participation is one of the key issues in educational accessibility to the unreached masses.

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### **1.6 EMERGING ISSUES IN EDUCATION AND DEVELOPMENT**

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A few emerging issues in education and development are:

- i) education for sustainable development
- ii) globalization and education
- iii) decentralization, education and development
- iv) inclusive education.
- v) vocational and skill education
- vi) educational disparities



### 1.6.1 Education for Sustainable Development

The United Nations General Assembly in its 57<sup>th</sup> meeting in December 2002 declared the decade 2005-14 as the UN Decade of *Education for Sustainable Development*. The vision of Education for Sustainable Development (ESD) is of a world:

- Where everyone has the opportunity to benefit from quality education and learn the values, behaviour and lifestyles required for a sustainable future and for positive societal transformation.
- It is for everyone, at all stages of life and in all possible learning contexts.
- It engages multiple sectors and stakeholders including media agencies and private sector.
- It utilizes all forms and methods of public awareness raising, education and training to promote broad understanding of sustainable development.
- It addresses all three pillars of sustainable development- society, environment, and economy.
- It enables all individuals to fully develop the knowledge, perspectives, values and skills necessary to take part in decision to improve the quality of life.

### 1.6.2 Globalization and Education

Customarily, globalization is defined as a set of processes by which the world is rapidly being integrated into a single space. Globalization has touched upon all aspects such as economic, political, social and cultural of life of an individual, community, society and a nation. Therefore, globalization in a holistic sense can be called economic globalization, political globalization, social globalization, and cultural globalization. According to UNCTAD (1993), the essence of globalization is not contained strictly in trade and investment figures nor in the percentage of a national economy that is national, but a new way of thinking about economic and social space and time. Globalization has affected education in many ways.

- With globalization, there is an expansion of science education across the globe. The policy makers, worldwide, regarded economic growth as dependent on the scientific and technological capabilities of their labour force and science education fulfil that requirement.
- There is a pressure on reduce the growth of public spending on education and rise in other sources of funding.
- There is growing emphasis on tertiary education.
- The notion of education is compared internationally and, therefore, there is growing emphasis on quality education.
- Explosion of information and communication technology.
- Globalization has affected the enrolment, governance of education structure, functions and roles, and delivery of higher education across the nation.

### 1.6.3 Decentralization, Education, and Development

Decentralization of functions, functionaries and funds to the local self government has been proved an effective strategy of development in many countries. The Local Government Declaration to the World Summit on Sustainable Development held in 2002 envisaged that “We live in an increasingly interconnected, interdependent world. Local government cannot afford to be insular and inward looking”. In the Indian context, Gandhiji maintained that “Independence must begin at the bottom and every village will be a republic of Panchayats having full powers. It is therefore, that every village has to be self sustained and capable of maintaining its affairs even to against the whole world. It will be trained and prepared to perish in the attempts to defend itself against any onslaught.” The decentralized model adopted by the Scandinavian countries in Europe, and in Kerala, India, has enabled these nations and states to achieve all round development. The committee appointed by the government of Rajasthan way back in 1964 (Committee Report, 1964) has made the following observations “the Panchayats and Panchayat Samitis have made considerable efforts for enrolment of boys and girls. The attendance of teachers in village schools has significantly improved due to close watch and supervision. People have constructed a large number of school buildings, despite reduction in government assistance.” The decentralization of economic decision-making and implementation would not only reduce the cost of development but would also ensure more equitable distribution of fruits of development.

In India, the panchayati raj institutions, after the implementation of the 73<sup>rd</sup> constitutional amendment, are playing an important role in the educational development. Some of the duties and responsibilities assigned to them under the 11th Schedule of the constitution are

- education, including primary and secondary schools
- technical training and vocational education
- adult and non formal education.

### 1.6.4 Inclusive Education

Inclusive education, in recent years, occupies an important place in the national, as well as international organizations, helping the developing countries to spread education. In common parlance, inclusive education means the right of all learners irrespective of caste, colour, creed, gender, and disabilities to receive quality education which meets basic learning needs and enriches lives. It focuses particularly on entitlement of education to vulnerable and marginalized, who, largely, are excluded from mainstream education. The ultimate goal of inclusive education is to end all forms of discrimination and foster social equity. The Education for All Global Monitoring Report, 2008 says, “ inclusion means encompassing, the marginalized and disadvantaged, whether they be poor, belong to rural and urban slums, ethnic and linguistic minorities or the disabled; all age groups from early childhood education (ECCE) to adults (especially literacy).”

### 1.6.5 Vocational and Skill Education

Vocational education has occupied an important place in the present-day era of privatization and globalization. Modernization and industrialization have enhanced the demand for vocational education. The National Knowledge Commission of

the Government of India has noted that “there is a growing demand for skilled workers, but data suggests that this demand is not met by the existing system, since the skills imparted do not match employer’s needs. In order to become more relevant in the changing context and to exploit this demographic advantage in future, there is a need to create a model of imparting vocational education that is flexible, sustainable, inclusive and creative.” Vocational education prepares the learners for career and profession that are directly related to specific trade and vocation. The labour market has become more diversified and skill driven and requires skilled manpower. Therefore, there is a need for investing in quality vocational education institutions. In the Indian context, as nine out of ten people work in the unorganized sector, the role of vocational education has become more significant. Vocational education in India is imparted mainly through the ITIs (Industrial Training Institutions) and polytechnic institutions. Many private educational institutions and Non-Governmental Organizations are also now a day’s providing vocational education in India. Vocational education has a key role to play in the development of the nation.

### 1.6.6 Educational Disparities

Educational disparity is one of the key issues in educational development in most of the developing countries. Educational access and achievement varies across the gender, caste, class and ethnicity. In India, the literacy rate for male is higher than the female and the literacy rate of general caste group of population is higher than the Scheduled Castes and Scheduled Tribes population. Moreover, the educational status also varies across the region. The educational achievements of the people belonging to the Southern part of India are higher than the eastern and central part of India. The greatest challenge is to establish educational equity in the developing nation states.

In this section, you studied about emerging issues in education. Now, answer the questions given in Check Your Progress 4.

#### Check Your Progress 4

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) How has globalization affected educational development?

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2) What do you mean by inclusive education?

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## 1.7 LET US SUM UP

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Education is one of the important factors of development. There is a strong relationship between education and development. Besides the relationship between education and development, this unit has focused on the determinants of educational development and various problems and issues in educational development. This unit also outlines two important theories about the contribution of education to development. Thus, education and development complement and supplement each other. Without education, there cannot be faster development. However, globalization has affected the education of a nation to a great extent and the emphasis is largely from literacy to higher education. Like globalization, education is also faced with a lot of problems and challenges which have been discussed in detail in this unit.

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## 1.8 KEY WORDS

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**Adult Literacy Rate** : The literacy rate among people ages 15 and older.

**Gross Enrolment Ratio (GER)** : The ratio in a given year of the total enrolment at a given educational level (Primary, secondary and tertiary) and the total estimated population in the corresponding age bracket.

$$\text{GER (Primary)} = \frac{\text{Enrolment in Primary School}}{\text{Children in the age group (6-11)}} \times 100$$

$$\text{GER (Secondary)} = \frac{\text{Enrolment in Secondary School}}{\text{Children in the age group (12-17)}} \times 100$$

$$\text{GER (Tertiary)} = \frac{\text{Enrolment in Post Secondary School Education}}{\text{Children in the age group (20-24)}} \times 100$$


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## 1.9 REFERENCES AND SUGGESTED READINGS

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## 1.10 CHECK YOUR PROGRESS-POSSIBLE ANSWER

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### Check Your Progress-1

- 1) Briefly describe the importance of education to development

**Answer.** Education, whether formal, informal and/or non formal, through change in knowledge, behaviour, and practices brings development. Education is an investment, which brings development in the long run. According to Amartya Sen the solution to all problems related to the economy, development, or population lies in education. Education, in general, and vocational educational in particular, enhances productivity both in the industrial sector and the agricultural sector as well.

- 2) Can Education promote modernization and social equity?

**Answer.** The Education Commission of India (1964-66) has highlighted (Chapter-IV) in *Towards Equalization of Educational Opportunities* : “One of the important social objectives of education is to equalize educational opportunities, enabling the backward or under-privileged classes and individuals to use education as a lever for improvement of their condition” Besides, education helps in the modernization of society. Educated persons could easily adopt modern values of society as compared to illiterate persons who are largely guided by the traditional believes and values.

### Check your Progress-2

- 1) What are the key features of Human Capital Theory?

**Answer.** The key features of Human Capital Theory are:

- It is not only the physical capital stock that is labour which is important, but also human capital stock, such as labour, which is critical to the growth and development of a nation.
- When people become more educated, they become more productive. There is a close relationship between the number of years of schooling and the income level of a person. In other words, increasing the level of schooling would lead to higher earning.
- The human capital theory believes that people are willing to invest in education, which is an investment for the future. Not only the individual, but also the whole society would gain out of investment in education.

- 2) What are the differences between the Human Capital Theory and Screening Theory?

**Answer.** The differences between the human capital theory and screening theory are narrated as follows. The advocates of human capital theory were of the opinion that it is not only the physical capital stock, that is labour is important, but also human capital stock such as education of labour is critical to growth and development of a nation. They argued that when people become more and more educated, they become more productive.

Screening theory believes that education is necessary but not a sufficient condition to contribute to individual productivity. It argues that specific skills required in a profession are acquired on the job, rather than at school. Screening theory states that it is very hard to predict future performance of an individual on the basis of her or his education.

### Check your Progress-3

- 1) How is non formal education is vital to development?

**Answer.** Non formal education plays an important role in development. For example, the extension education which is largely a non formal education given to the farmers and the education given to the family regarding their health by the health extension workers, contributes to development in the respective fields. VKRV Rao said that without adult education and adult literacy, it is not possible to have that range of economic and social development which is required, nor it is possible to have that content or quality or tone to our economic and social development that makes it worthwhile in terms of values and welfare. A programme of adult education and adult literacy should, therefore, take a front place in any programme for economic and social development.

- 2) Explain three important determinants of educational development.

**Answer.** The three important determinant of educational development are literacy rate, educational environment (in terms of enrolment and dropouts), and educational expenditures.

### Check Your Progress 4

- 1) How has globalization affected educational development?

**Answer.** Globalization has affected education in the following ways.

- With globalization, there is an expansion of science education across the globe. Policy makers, worldwide, regard economic growth as dependent on the scientific and technological capabilities of their labour force and science education fulfils that requirement.
- There is a pressure to reduce the growth of public spending on education and rise in other sources of funding.
- There is a growing emphasis on tertiary education.

2) What do you mean by inclusive education?

**Answer.** In common parlance, inclusive education means the right of all learners irrespective of caste, colour, creed, gender and disabilities to receive quality education which meets basic learning needs and enriches lives. It focuses particularly on the entitlement to education by the vulnerable and marginalized, who largely are excluded from the mainstream education. The ultimate goal of inclusive education is to end all forms of discrimination and foster social equity.



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## UNIT 2 HEALTH AND DEVELOPMENT

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### Structure

- 2.1 Introduction
- 2.2 Health: Concept and Relationship with Development
- 2.3 Components of Health Care
- 2.4 Indicators of Health
- 2.5 Health Care System: Issues and Challenges
- 2.6 Let Us Sum Up
- 2.7 Key words
- 2.8 References and Suggested Readings
- 2.9 Check Your Progress - Possible Answers

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### 2.1 INTRODUCTION

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Health is considered an important aspect of development. It is one of the primary social needs which every nation has to ensure to its citizen in order to meet its development goal. Healthy individual can make a healthy nation. They are more productive than unhealthy individuals. Therefore, investment in health can be regarded as an investment in human capital, which ultimately promotes development.

After reading this unit, you will be able to

- establish the relationship between health and development
- define health and describe various components of health
- analyze various indicators of health
- explain measurement and the consequences of malnutrition
- list various problems of the health care system.

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### 2.2 HEALTH: CONCEPT AND RELATIONSHIP WITH DEVELOPMENT

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You might have heard the proverb, ‘health is wealth’. Of course, health is a frequently used term. For the common man, its meaning is to have a well-toned, well –built body. It is usually said that the people of Punjab are healthier than people from other states, but this does not reflect the true health status of the state and there are other health indicators such as maternal mortality, infant mortality, etc. in which the state might be lagging behind compared to other state.. Let us now discuss a few definition of health.

The word “health” is derived from an old English word “heal” which means “whole”, which signifies the whole person and his well-being. A few definitions of health are given below:

According to the World Health Organization, health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”.

Dubos says, “Health is the expression of the extent to which the individual and the social body maintain in readiness the resources required to meet the exigencies of the future”.

Parsons said that “health is a state of optimum capacity of an individual for the effective performance of that roles and tasks for which he has been socialized”.

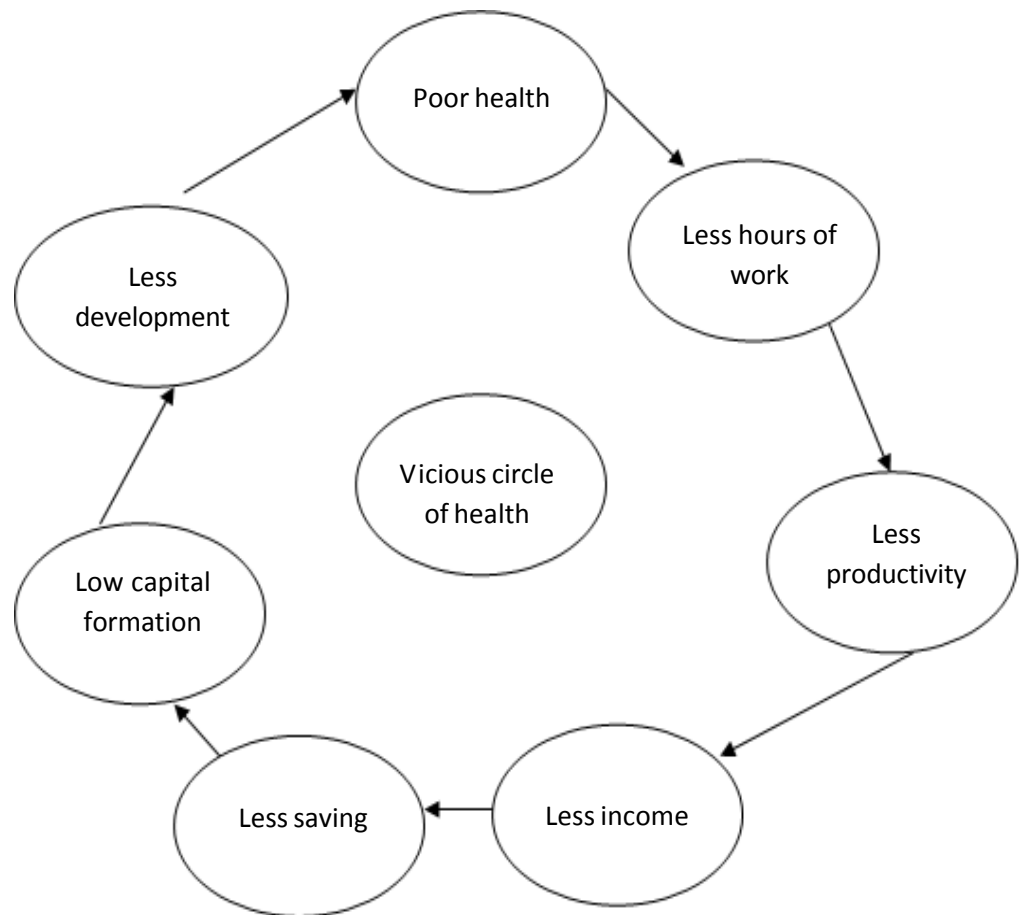
### **2.2.1 Importance of Health**

The World Health Assembly in its historic Alma Ata Declaration (1978) advocated that the main social target for countries should be to have all citizens of the world attain a level of health that will permit them to lead a socially and economically productive life. The guiding principles of UN ICPD conference (1994) also state that “everyone has the right to enjoyment of the highest attainable standard of physical and mental health. States should take appropriate measures to ensure on a basis of equality of men and woman universal access to health care services”. The enjoyment of good health needs to be one of the fundamental aims of every nation.

### **2.2.2 Relationship between Health and Development**

Many social scientists have noted that there is both direct and indirect relationship between health and development. According to Szirmai, improving the state of health contributes to the realization of other developmental objectives such as economic development, labour productivity growth, responsiveness to innovation, and future oriented-ness. Gills and others said that the relationship between health and development is a reciprocal one. Economic development tends to improve health status, while better health contributes to economic development. Health has a direct association with labour productivity. Illness and malnutrition lead to loss of strength and energy and productivity capacity which, ultimately, has a negative effect on labour income. Basta et. al., found that in Indonesia men with anaemia were 20 per cent less productive than men without anaemia. Gallup and Sachs found a significant negative relationship between the incidence of malaria and economic growth. According to Chambers, illness leads to reduced production in subsistence agriculture.

From all these arguments it could be deduced that health is closely associated with labour productivity, income, and economic growth. Poor health leads to loss of stamina, which further results in less hour of work and less productivity and less income. Less income leads to poor consumption, which further affect health, and this vicious circle continues. In a historical research, Fogel claimed that about one third of economic growth in England in the past 200 years is due to improvements in nutrition and health. It is remarked that investments in healthcare make substantial positive contributions to economic growth and development. The circle of relationship between health and development is given in Figure 1.



**Figure 1: Circle of Health and Development Relationship**

Health is regarded as one of the important components of development. The Millennium Declaration by the United Nations in September 2000 has accepted health in general and health care of women and children in particular as important component of development.

The eight Millennium Development goals are:

- i) Gender equality and women empowerment
- ii) Reduction in child mortality
- iii) Improvement in maternal health
- iv) Combating HIV/AIDS, malaria and other diseases
- v) Ensuring environmental sustainability
- vi) Developing a global partnership for development
- vii) Eradication of extreme poverty and hunger
- viii) Universal primary education

Among the eight Millennium development goals, three goals are related to health. These are: reduction in child mortality, improvement in maternal health, and combating HIV/AIDS, malaria and other diseases.

In this section, we discussed health and its relationship with development. Now, answer the questions given in Check Your Progress 1.

## Check Your Progress 1

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What do you mean by health?

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2) How the health and development are vrelated?

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## 2.3 COMPONENTS OF HEALTH CARE

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In the earlier section, you studied the meaning of health and its relationship with development. In this section, you will find discussion on various components of health care. Health care consists of various aspects such as

- i) Primary health care
- ii) Health care programmes and policies
- iii) Occupational health care
- iv) Mental health care

The important components of health care are discussed below.

### 2.3.1 Primary Health Care

In the Alma Ata Declaration, Primary Health Care was accepted as the key approach to ensure health care for achieving the goal of 'Health for All' by 2000. The World Health Organization advocated that primary health care should at a minimum include:

- education concerning prevailing health problems
- promotion of food and proper nutrition
- basic sanitation and adequate supply of safe water
- maternal and child health care including family planning
- immunization against major infectious diseases
- prevention and control of locally endemic diseases
- appropriate treatment of common diseases and injuries

- provision of essential drugs.

From these points, it could be identified that some of the key components of primary health care are :

- maternal and child health care
- safe drinking water and sanitation
- control of diseases
- health education and communication

#### **The Key features of Primary Health Care**

- essential
- scientifically sound and socially acceptable
- accessible to individual and community through their full participation
- it is affordable and cost effective
- it encompasses preventive, curative, promotive and rehabilitation services
- it is delivered through the existing health structure easily
- it takes care of all common health problems of the community

#### **Maternal and Child Health care**

In India, Primary Health Care services are delivered through health sub centres, Primary Health Centre (PHCs), and Community Health Centre (CHCs), district hospitals, and dispensaries situated at the village, Block and District level.

Maternal and child health care means taking care of the health of the mother and children. Maternal and child health care is an essential component of primary health care. WHO (World Health Organisation) has envisaged that maternal health care should ensure that every expectant and nursing mother should maintain good health, learn the art of child care, has a normal delivery, and bears healthy children. As far as child health care is concerned, the WHO has said that every child, wherever he, or she, lives and grows up in a family unit, with love and security, in healthy surroundings, receives adequate nourishment, healthy supervision and efficient medical attention and is taught elements of healthy living.

#### **Key Components of Maternal and Child Health Care**

- care for antenatal woman, i.e., care during pregnancy
- provision of institutional delivery, i.e., delivery should be conducted in health care institutions
- post natal care - care of lactating mother after delivery
- nutritional care of ante natal and post natal mother
- care of the new born
- immunization of children
- nutritional care of children
- health education to women and children
- prevention of maternal mortality, infant and child mortality.

The Maternal and Child Health Care has been renamed as Reproductive and Child Health Care. The important aspects included in the Reproductive Child Health Care programme of which maternal and child health care is a component are

- checking of abortion related maternal mortality
- checking HIV/AIDS among the women and new born child, virus transmitted from infected mother to new born child
- checking sexually transmitted diseases (STDs).

The International Conference on Population and Development held in Cairo, 1994, recommended the implementation of the Reproductive and Child Health (RCH) Programme. The important points highlighted at the conference are given below.

- a) The empowerment of women and improvement of their status are important ends in themselves. Reproductive health including family planning should, therefore, be promoted within this context in which woman would be provided with greater choices through expanded access to education, health services, skill development and employment.
- b) Family planning programmes should not be viewed as instruments for achieving demographic goals but as part and parcel of providing reproductive health care to woman and couples.
- c) At no stage in the programme of reproductive health and family planning are women's rights to be violated by incentives or coercion directly or indirectly. There should not be compulsion of any sort regarding the family size and choice of a contraceptive method. Both men and women should be adequately informed and the widest possible choices should be available in the selection of safe contraceptive methods.

### **Safe Drinking Water and Sanitation**

Access to portable drinking water and sanitation is closely related to the health status. Diseases associated with contaminated water supply and/or poor sanitation can be classified as follows.

- Water washed diseases - insufficient water use and poor personnel hygiene lead to diseases, these can be scabies, skin infections, typhoid and it also includes certain intestinal infections related to poor excreta disposal that is dysentery, these can be controlled by increasing water quality and improved personal hygiene and sanitation.
- Water related vector-borne diseases - spread by insects that breed in water or bite near it and unrelated to excreta disposal such as yellow fever, filariasis, malaria, and dengue. Can be controlled by providing reliable water supply and sociological management such as clearing of bush, draining out stagnant water.
- Excreta disposal diseases - spread by improper disposal of excreta and open defecation. Associate diseases are hookworm, tapeworm and roundworm.

Another type of environmental sanitation problem which the developing countries are facing, particularly in their rural and urban slum areas, is housing with

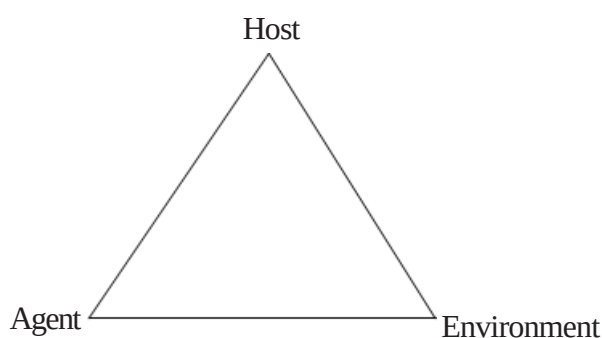
insufficient space, ventilation, and access to sunlight. This promotes the spread of airborne diseases such as tuberculosis and asthma. In developed countries, improvement in sanitation has reduced the occurrences of diseases. However, in developing countries it has not been given due importance for a long period. Therefore, the proponents of healthcare programmes have urged that development should not only emphasize on reducing mortality and morbidity; special attention has to be given towards nutrition, healthcare and environmental sanitation.

**Table 1: Status of Portable Water and Sanitation in selected Countries, 2015**

| Countries | % of population using safely managed sanitation | % of population using safely managed drinking water |
|-----------|-------------------------------------------------|-----------------------------------------------------|
| US        | 89.5                                            | 99.0                                                |
| UK        | 97.6                                            | 95.7                                                |
| Japan     | 94.5                                            | 97.2                                                |
| China     | 59.7                                            | -                                                   |
| India     | -                                               | -                                                   |
| Pakistan  | -                                               | 35.6                                                |
| Nepal     | -                                               | 26.8                                                |
| Nigeria   | -                                               | 19.4                                                |
| Uganda    | -                                               | 6.4                                                 |

*Source: World Development Indicators, 2016*

Water and sanitation related diseases are governed by the host-agent-environment triad, shown in Figure 2.



**Figure 2 : The Host –Agent-Environment triad**

For example, tuberculosis requires an agent - the micro-organism mycobacterium tuberculosis; a susceptible host (the patient who may be a malnourished alcoholic) and an environment (perhaps, sharing an overcrowded shelter for the homeless with others who may have been infected).

### Health Education and Communication

Health education is important for creating awareness and generating demand for health care services by the people for a healthy living. The health education is a process that informs, educates, motivates and helps people to know, adopt and



maintain healthy practices for better quality of living. The Alma Ata Declaration (1978) has given a dynamic definition of health education in following words “a process aimed at encouraging people to want to be healthy, to know how to stay healthy, to do what they can individually and collectively do to maintain health and to seek help when needed.” Some important aspects that need to be covered in health education are maternal health care, child health care, family planning, nutrition, environmental sanitation, disease prevention and control, mental health, use of health services and health care delivery system, and community participation. However, the content of health education can vary from area to area and from one target group to another. Health education has been integrated into the school curriculum in many countries. Health awareness among the children and adults would promote healthy future parenthood.

Health education can be imparted to the people through various approaches and methods such as, individual, group, and mass approaches. The individual approach includes personal contact, home visits, personal telephone calls, and e-mails. The group approach includes lecture-demonstration, focus group discussion, panel group discussions, role play, folk dances, and dramas. The mass education approach includes television, radio, news paper, posters, and wall painting. To be effective, health education strategy needs to apply certain principles. It should be interesting, create participation among the people, it should be from the known to unknown, it should be motivating, and it should create enthusiasm among the people.

### Health and Wellness

In recent year the primary health care centres in India have also focused on the health and well aspects. The rise in life style diseases in both rural and urban areas have necessitated how to health life style practices in order to promote not only health but also wellness of the individual so that he or she remains tension free and free from life style diseases such as sugar, bold pressure, etc. The Health and Wellness centre establish under the Ayushman Bharat Yojana of the government of India has following features:

- i) **Maternal and Child Health Care:** pregnancy and child birth, childhood and adolescent health, and reproductive health.
- ii) **Common Illness and Health Care:** common ophthalmic and ENT problem, oral health, mental health ailments, elderly and palliative health and emergency medical services
- iii) **Diseases Care:** management of communicable and non-communicable diseases.
- iv) **Supporting Services:** health promotion including Yoga, free essential medicines and diagnostics, tele-consultation, robust IT system and electronic health records.

### 2.3.2 Health Programmes and Control of Diseases

The government and international agencies in different countries are spending a lot of money on health programmes for the control of diseases. For example, important health programmes launched in India for the control of specific diseases are

- i) National Malaria Eradication Programme
- ii) National Leprosy Eradication Programme
- iii) National Tuberculosis Programme
- iv) National AIDS control Programme
- v) National Programme for Control of Blindness
- vi) Universal Immunization Programme
- vii) Reproductive Child Health Programme.

The National Malaria Eradication Programme was launched in 1958. It was based on indoor residual spraying of DDT (Diclorodiphenyl trichloroethare). It helped to control malaria, although, it could not eradicate it from the country. The National Filarial Control Programme has been underway since 1955. Under this programme, in rural areas, anti-filarial medicines and morbidity management services were provided through primary health care system. The National Leprosy Control Programme has been underway since 1953. The strategy is based on early detection of cases, short term multi drug therapy, health education, ulcer and deformity care, and rehabilitation activities. The National Tuberculosis Programme has been in operation since 1962 and it aims at reducing the tuberculosis in the community. The programme includes vaccination of children against tuberculosis and care of tuberculosis case through DOTs (Direct Observed Therapy). The National Programmes for Control of Blindness was launched in 1976 for providing eye care facilities and control of corneal blindness, refractive errors among school going children and control and management of cataract cases. The National AIDS Control Programme was launched in 1985. The programme aims at prevention, care and surveillances, and, because of the seriousness of the disease, the Government of India has formulated a National AIDS Prevention and Control policy in 2002.

The Universal Immunization Programme (UIP) was launched in 1985 by removing the previous Expanded Programmes on Immunization (EPI). Its aim was to ensure immunization facilities to pregnant and lactating mothers and children below five year against vaccine preventable diseases. It is ensured through the existing health care system. The Reproductive Child Health Programme was launched in 1977. The programme incorporated the components of Child Survival and Safe Motherhood and includes two additional programmes such as STD (Sexually Transmitted Disease) and RTI (Reproductive Tract Infections). The National Rural Health Mission (NRHM) is a recent programme, launched in 2005, which aims at delivery of maternal and child health care services and ensures other capacity building and infrastructure development in the health care system through active community participation. These are a few important health programmes, ongoing in India, for improving the health status and quality of living of people.

Considerable advancement has been made in health and medical sciences. But at the same time, developing countries have not been successful in controlling diseases and disease related deaths. Communicable diseases like tuberculosis are responsible for 30 per cent of deaths. More than 20 million people died of AIDS and many more are suffering. Adding to this, non communicable diseases and injuries have surpassed the burden imposed by communicable diseases which accounted for 33.5 million and 5.2 million deaths respectively out of global mortality of 57 million.

**Table-2 : Incidence of Tuberculosis per 1, 00,000 people in Selected Countries**

| Countries  | Incidence of Tuberculosis |
|------------|---------------------------|
| Bangladesh | 227 (2014)                |
| Botswana   | 385 (2014)                |
| China      | 68 (2014)                 |
| Ethiopia   | 207 (2014)                |
| Germany    | 6 (2014)                  |
| Japan      | 18 (2014)                 |
| India      | 167 (2014)                |
| Sri Lanka  | 65 (2014)                 |
| UK         | 12 (2014)                 |
| US         | 3 (2014)                  |

Source: *World Development Indicators, World Bank, 2015.*

Figures in parenthesis show year

Non communicable diseases are emerging as the major cause of mortality and morbidity. The global burden of cardiovascular diseases, diabetes, cancer, and stress and associated medical disorders are on rise. The risk associated with medical disorders is on rise. The risks associated with the non-communicable diseases have raised blood pressure, high cholesterol, obesity or overweight, and physical inactiveness.

### 2.3.3 Occupational Health

Occupational health aims at the prevention of diseases and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations. Workers in all types of occupations are it in agriculture, or industry, or in the construction sector, and other unorganized sectors are liable to physical, chemical, biological, mechanical, and psychosocial hazards. The workers in the tobacco factories are more likely to be affected by asthma and tuberculosis. The health of the workers needs to be protected, not only to raise their work capacity, but also their well being. Some occupational diseases are cancer, tuberculosis, leukaemia. Medical maternity, disability, and sickness benefits should be given to the workers employed in various occupations by the government and by private employers. The government of India in its directive principles of state policy has mentioned that “the state shall, in particular directs its policy towards securing that the health and strength of the workers, man, woman and the tender age of the children are not abused and citizen are not forced by economic necessity to enter vocations unsuited to their strength”.

### 2.3.4 Mental Health

According to WHO statistics, about 500 million people in the world are believed to suffer from neurotic, stress related, and somatoform (psychological problems which present themselves as physical complaints) ailments. The causes of mental illness may be due to organic conditions, heredity, and social causes. The mental health services include early diagnosis and treatment, rehabilitation, group and

individual psychotherapy. Mental health affects the family health. Globalization and modernization and growing aspirations have heightened the mental health problems. The tension in the workplace and in the family day by day enhancing the number of people suffering from mental problems. If the situation is not tackled, it will be a major health problem in the years to come.

### 2.3.5 Life Style Diseases

In recent years life style diseases are considered as important barometers of health status. The increase in family pressure and work pressure has given rise to increase in the cases of blood pressure, sugar in both developed as well as developing countries.

In this section, we discussed the components of health care: primary health care, maternal and child health care, health programmes and control of diseases, occupational health, mental health, health education and communication, indigenous system of medicines. Now, answer the questions in Check Your Progress 2.

#### Check Your Progress 1

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What is the focus of the National Tuberculosis Programme?

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2) What is the aim of National Rural Health Mission?

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3) Write a short note on mental health.

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4) Write a short note on occupational health.

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## 2.4 INDICATORS OF HEALTH

In the previous section, you read about various components of health care. In this section, you will study about the various indicators of health.

The various types of indicators which are used to assess the health development of a nation follow.

### 2.4.1 Health Services Indicators

Health services indicators such as the number of health care delivery centres and the number of medical and paramedical staff posted per centre, influences the delivery of health care services. Per patient availability of doctors, nurses, and other paramedical staff and hospital beds are also determinants of the effectiveness of health care delivery system. The expenditure on health care influences the health care services provision. Countries which spend more money have better provision of health care services than their counter parts. The per capita health care expenditure of the developed nations is much higher as compared to the developing nations. You will find the expenditure on health care by a few countries, both developed and developing in Table-4. By this figure you can see how the developed countries are more serious about the health care of their citizenry.

**Table 3: Health Care Facilities in selected Developed and Developing Countries**

| Country   | Birth attended by skilled health personnel (2008-2016) | Physician (per 1000 people) (2008-2016) |
|-----------|--------------------------------------------------------|-----------------------------------------|
| US        | 99                                                     | 2.6                                     |
| UK        | -                                                      | 2.8                                     |
| Japan     | 100                                                    | 2.3                                     |
| China     | 100                                                    | 1.9                                     |
| India     | 81                                                     | 0.7                                     |
| Nepal     | 56                                                     | -                                       |
| Pakistan  | 52                                                     | 0.8                                     |
| Sri Lanka | -                                                      | 0.7                                     |
| Nigeria   | 35                                                     | 0.4                                     |
| Zambia    | 63                                                     | 0.2                                     |

**Source:** Human Development Indicators, 2016

**Table 4: Health Expenditures in Selected Developed and Developing Countries**

|            | <b>Health Expenditure % of GDP</b> |
|------------|------------------------------------|
| Bangladesh | 3.7 (2013)                         |
| Botswana   | 5.4 (2013)                         |
| China      | 5.6 (2013)                         |
| Ethiopia   | 5.1 (2013)                         |
| Germany    | 11.3 (2013)                        |
| Japan      | 10.3 (2013)                        |
| India      | 4.0 (2013)                         |
| Sri Lanka  | 3.2 (2013)                         |
| UK         | 9.1 (2013)                         |
| USA        | 17.1 (2013)                        |

**Source:** *World Development Indicators*, World Bank, 2015

**Note:** Figures in parenthesis show year

### 2.4.2 Mortality Indicators

Maternal Mortality Rates and Infant Mortality Rates are largely used as indicators of health development by different nations, and by agencies involved in assessing and promoting health care. The infant mortality rate of India is more than ten times higher than that of U K. The infant mortality rates in developing countries are astoundingly high as compared to the developed countries. The definition and calculation of maternal mortality and infant mortality is given in the keyword at the end of the unit.

**Table 5 : Maternal Mortality Rate and Infant Mortality Rate, 2015**

|            | <b>MMR</b> | <b>IMR</b> |
|------------|------------|------------|
| Bangladesh | 176 (2015) | 31 (2015)  |
| Botswana   | 129 (2015) | 35 (2015)  |
| China      | 27 (2015)  | 9 (2015)   |
| Ethiopia   | 353 (2015) | 41 (2015)  |
| Germany    | 6 (2015)   | 3 (2015)   |
| Japan      | 5 (2015)   | 2 (2015)   |
| India      | 174 (2015) | 38 (2015)  |
| Sri Lanka  | 30 (2015)  | 8 (2015)   |
| UK         | 9 (2015)   | 4 (2015)   |
| USA        | 14 (2015)  | 6 (2015)   |

**Source:** *World Development Indicators*, World Bank, 2015

**Note:** Figures in parenthesis show year

### 2.4.3 Morbidity Indicators

The number of people suffering from various diseases is also used as indicators of health. The WHO has devised a new parameter to assess the global burden of diseases called Disability Adjusted Life Year (DALY). DALY is a time based measure that combines the year of life lost (YLL) due to premature mortality and years of life with disability (YLD) or years of life lost due to time lived in states of less than full health. The definition and calculation of maternal mortality and infant mortality are given in the keywords at the end of the unit. Morbidity varies from country to country, and particularly from developed to underdeveloped countries. According to WHO (1987) in poor developing countries infectious intestinal and respiratory diseases are the most important cause of death, while in rich countries neoplasms (cancer), cardiovascular diseases and degenerative diseases rank high among the causes of death. The AIDS-related mortality is quite high in poor African countries, as compared to others developed countries. One of the statistics shows that AIDS is seen as accounting for no less than 22.6 per cent of total mortality and including AIDS, infectious disease accounts for 63.8 per cent of mortality in Africa. The money which could have been spend for other development purposes is used in controlling STD, HIV and AIDS in these countries. According to WHO (2001) in recent years, morbidity which is receiving more attention is mental disorders. Worldwide, 45 million are affected by schizophrenia, 29 million people suffer from dementia and 40 million people suffer from different types of epilepsy (WHO, 1997). Thus, morbidity eats away the countries resources which could have been utilized for developmental purposes, such as essential infrastructure, provision of basic amenities, education, and primary health care.

**Table 6: HIV Prevalence % of Population ages 15-49 in Selected Countries, 2016**

| Country      | % of Population |
|--------------|-----------------|
| Bangladesh   | 0.1             |
| Mozambique   | 12.3            |
| Pakistan     | 0.1             |
| South Africa | 18.9            |
| China        | -               |
| India        | 0.3             |
| U K          | -               |
| USA          | 0.5             |

**Source:** *World Development Indicators*, World Bank, 2016

A recent World Development Report has mentioned that 18.1 per cent of the population is affected with HIV in South Africa, as against 0.9 in India and only 0.2 percent in U K.



## 2.4.4 Demographic Indicators

Demographic indicators such as birth rate, death rate, and life expectancy rate are also used for assessing the health status of a nation. Both the birth rates and death rates are high for developing countries as compared with developed countries. The quantity and quality of health care services influences birth and death rates. The propensity to enjoy higher standards of living and good health and to remain in workforce participation are among many factors responsible for lower fertility. Frequent pregnancies restrict the workforce participation of woman. Besides the birth rate, death rate, and fertility rate, life expectancy in developing countries is lower compared to developed countries (Table-7). The life expectancy for males and females in Japan is 85.7 and 78.7, respectively, while in India, the rates are 65.3 and 62.3 for males and females. Immunization is nearly universal in developed countries.

**Table 7: Life Expectancy at Birth of Selected Countries 2013**

|            | Life Expectancy |
|------------|-----------------|
| Bangladesh | 71 (2013)       |
| Botswana   | 64 (2013)       |
| China      | 75 (2013)       |
| Ethiopia   | 63 (2013)       |
| Germany    | 81 (2013)       |
| Japan      | 83 (2013)       |
| India      | 68 (2013)       |
| Sri Lanka  | 74 (2013)       |
| UK         | 81 (2013)       |
| USA        | 79 (2013)       |

**Source:** *World Development Indicators, 2015.*

**Note:** Figures in parenthesis show year

## 2.4.5 Immunization Indicators

The demographic and health surveys conducted by various international agencies, nowadays, use immunization as one of the indicators of the health status of a nation. Various immunization packages used by countries are BCG, polio, measles, and hepatitis. There is a direct relationship between immunization and child survival rate. Samuel studied the relation between average per capita income and life expectancy and found that there is a positive relation between per capita income and life expectancy. Immunization is one of the primary steps to prevent infant and child mortality. Improved immunisation status has reduce the incidences of vaccine preventable diseases both in developed as well as developing countries.

**Table 8: Immunization against Vaccine Preventable diseases in selected Countries, 2016**

| Countries  | % children ages 12-23 months received measles | % children ages 12-23 months received DPT3 |
|------------|-----------------------------------------------|--------------------------------------------|
| US         | 95                                            | 95                                         |
| UK         | 92                                            | 94                                         |
| Japan      | 96                                            | 99                                         |
| China      | 99                                            | 99                                         |
| India      | 88                                            | 88                                         |
| Nepal      | 83                                            | 87                                         |
| Pakistan   | 61                                            | 72                                         |
| Bangladesh | 94                                            | 97                                         |
| Sri Lanka  | 99                                            | 99                                         |
| Nigeria    | 51                                            | 49                                         |
| Zambia     | 93                                            | 91                                         |

*Source: World Development Indicators, World Bank, 2016*

The percentage of immunization influences the maternal and infant mortality rate. Immunization also enhances the access to health care services particularly of children and woman

#### 2.4.6 Nutrition Indicators

Malnutrition is one of the important causes of mortality and morbidity in developing countries. Almost all developing countries are facing this problem and it is more pervasive in rural areas, among the impoverished sections of society, and, particularly, among woman and children. There is considerable evidence that workers who receive higher caloric intake outperform their counterparts who do not consume the required calories. Malnutrition is considered as a primary cause of deaths among children under five in low income countries. The most common form of malnutrition is known as protein calorie malnutrition (PCM). The deficiency of these specific nutrients resulted in diseases like rickets, scurvy and beriberi. Among the others, deficiency in Vitamin A causes blindness and iron deficiency anaemia. The percentage of population suffering from malnutrition is quite high in South Asia and sub Saharan Africa as compared to other developed countries. Rentlinger and Selowsky remarked that in Asia, the Middle East and Africa, there were shortfalls ranging from 135 to 230 calories per day. To bring the averages for these regions up to the standards would require an additional 269 thousand million calories daily or, approximately 25 million metric tons of food grains annually.

Malnutrition has serious consequences on the health of a population in general, and on woman and children in particular. Some of the consequences of malnutrition are

- i) malnutrition among the toiling masses reduces their labour capacity and consequently affects productivity

- ii) malnutrition in women results in spontaneous abortion, poor conception, and even infertility
- iii) malnourished women may give birth to low birth weight babies, infants that weight less than 2.5 kg, and premature delivery
- iv) Malnourishment among women sometimes results in still birth and spontaneous abortion
- v) Malnourishment among children is one of the causes of infant and child mortality
- vi) Malnourishment leads to loss of memory among school going children
- vii) Malnourished children are lethargic compared to normal children, and are less likely to take part in sports and scout activities

**Table 9: WHO cut off Criteria for Anaemia**

| Year                        | Haemoglobin |
|-----------------------------|-------------|
| Children 6 months- 6 years  | 119/dl      |
| Children 6 -14years         | 129/dl      |
| Adult male                  | 139/dl      |
| Adult female (Non pregnant) | 129/dl      |
| Adult female (Pregnant)     | 119/dl      |

**Source:** Gupta, P and Ghai OP, *Text Book of Preventive and Social Medicare, Second Edition*, CBS Publisher & Distributors, New Delhi, 2007, P.147.

**Table 10: Prevalence of Anaemia among Children and Pregnant Women, 2016**

| Countries  | % Prevalence of anaemia among children <5, 2016 | % Prevalence of anaemia among pregnant women, 2016 |
|------------|-------------------------------------------------|----------------------------------------------------|
| US         | 9                                               | 16                                                 |
| UK         | 12                                              | 22                                                 |
| Japan      | 13                                              | 34                                                 |
| China      | 21                                              | 32                                                 |
| India      | 57                                              | 50                                                 |
| Nepal      | 43                                              | 40                                                 |
| Pakistan   | 59                                              | 51                                                 |
| Bangladesh | 40                                              | 46                                                 |
| Sri Lanka  | 26                                              | 35                                                 |
| Nigeria    | 68                                              | 58                                                 |
| Zambia     | 54                                              | 39                                                 |

**Source:** World Development Indicators, World Bank, 2016

The status of malnutrition of a few countries is given in Table-9 which reveals that the percentage of malnourished people living in developing countries like India, Nepal and Pakistan is eight times higher than in the developed countries like USA, UK, and Japan.

In this section, we discussed the indicators of health, like mortality, morbidity, demographic, immunization, and malnutrition. Now, answer the questions in Check Your Progress 3

### Check Your Progress 3

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Why is immunization an indicator of health?

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2) Write a short note on demographic indicators of health.

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## 2.5 HEALTH CARE SYSTEM: ISSUES AND CHALLENGES

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The performance of a health care system varies from country to country, and even within the country, from region to region. This performance influences the health indicators. Some of the problems which affect their performances are described below.

### 2.5.1 Insufficient Allocation of Resources

The percentage of money spend on health to GDP in developing countries is low compared to developed countries. Besides, there is also a gross imbalance in spending in different activities, such as expenditure on service delivery, salary

of the staff, construction of health institutions, etc. A major share of health care expenditure goes to the salary component, followed by infrastructure building, and a meager amount of money is spent on the provision of services and capacity-building of health care delivery personnel. Thus, low provision and erratic distribution of health care expenditure is a major problem of a health care system in many developing countries.

### 2.5.2 Inequity

Inequity is another important feature of health care system in many countries which are facing problems of inefficiency and ineffectiveness of their health care system. Reaching out to the unreached must be the motto of public health care services. However, the people living in the rural areas and belonging to economically weaker sections of society are largely devoid of quality health care facilities. Government spending disproportionately goes into upgrading health care facilities in the urban, sophisticated tertiary care hospitals. The health care delivery units situated in inaccessible, sub mountainous, and rural areas have poor health infrastructure and manpower facilities. Even if posted, many health personnel particularly medical and paramedical staffs are not adequately motivated to work in inaccessible areas. This inequity promotes a health dualism, where modern health care facilities are enjoyed by economically stronger sections, while the poor receive most of their health care services from unqualified private practitioners.

### 2.5.3 Inefficiency

Inefficiency in spending money and inefficient health care delivery by personnel are largely observed in a country which has poor health status. Ineffective allocation of resources leads to inefficiency in delivery of services by the health centre. Sometimes improper selection of health manpower affects the efficiency of the system.

### 2.5.4 Inadequate Community Participation

The state led health care services are a one-sided government driven programme, where community is treated as beneficiaries. There is lack of feeling of ownership and participation among the community. Community participation is a process by which individuals and families assume responsibility for health and family welfare for themselves and for the community in which they live. In this way, they become the participants as well as beneficiaries of health care system. The Community Based Organization's (CBO) role is key to successful implementation of health care services at the grassroot level. They will not only motivate people to use and contribute to health care services, they will also help the health care service providers for effective delivery of services. They would act as go-between the people and the health services providers. Therefore, Simone has remarked "community participation is not just about getting together with a common goal and the desire to make it happen...they are sharing time, space and common path, but no community participation takes place unless they connect with each other in the experience they share. The sense of belonging and feeling related to a larger whole does not happen when each person remains within a separate self-reality even though the physical circumstance is shared. To be able to participate and communicate to each other people need to connect". A relationship of community participation with the local organization is given in Figure 2.3.

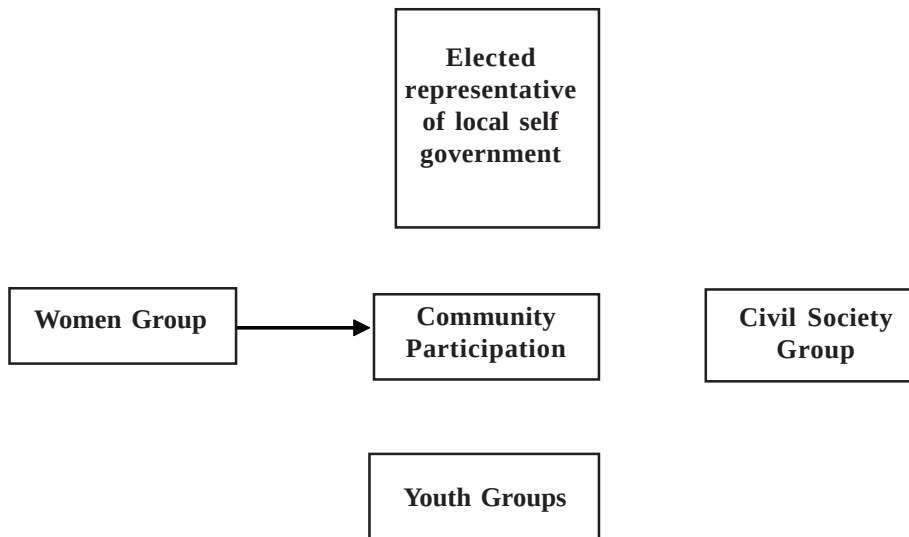


Figure 3 : Community Participation Chart

### 2.5.5 Poor Information Education and Communication (IEC) System

IEC systems are inadequate in rural areas and, particularly in unreached areas in the developing countries. IEC systems are important for countries having low literacy rate. The aim of an IEC system is to inform and educate the people regarding various health and family welfare issues through different communication techniques, and to motivate them to adopt various practices for their health and well being and of their families. Commonly used IEC methods are lecture discussion, radio talk and advertisement, film show, posters, charts, wall paintings, television show etc and face-to-face communications, such as focus group discussions (FGDs), individual counselling , etc. IEC methods are the most effective and appropriate means to promote health care delivery. However, it is very weak in many places and, as a result, the use of health care services has been affected. You will come to know some of the IEC methods used in LIP (local Initiative programmes are one of the innovative project launched for the health care of women and children in the villages of Punjab, Himachal Pradesh and Uttaranchal and urban slums of Kolkata with financial help from the Bill and Milenda Gates Foundation)is given in the box below.

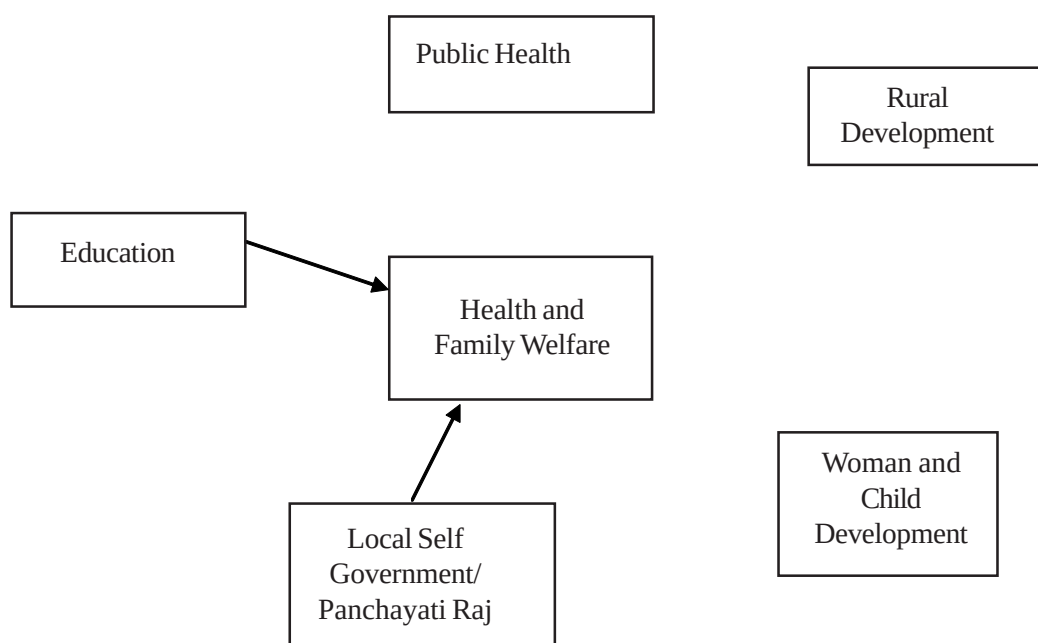
#### Innovative IEC Practices

- Procuring, developing and distributing BCC (Behavioural Change communication) materials such as posters, charts, pamphlets, etc
- Capturing the attention of the people through wall paintings in every village
- Holding cluster meetings and focus group discussions with ante natal mothers and community members
- Promoting awareness by holding health *melas*
- Holding focus group discussions and organizing lecture in schools with the adolescents.

**Source:** Management Science for Health, Boston, USA; Technical Assistance Incorporated, Dhaka, Bangladesh; Centre for Research in Rural and Industrial Development (CRRID), Chandigarh, India, 2003 [www.india-lip.org](http://www.india-lip.org)

### 2.5.6 Lack of Inter-sectoral Coordination

Inter-sectoral coordination means the health sector has to coordinate with other related sectors such as public health, woman and child welfare, rural development, and local self government and education for the effective implementation of its various programmes. The coordination with public health department which largely deals with the provision and maintenance of sanitation and drinking water, is essential for controlling diseases associated with water and sanitation. Health and the public health department and its personnel have to be strategically linked for the effective delivery of services of both the departments for their mutual benefit and for the wellbeing of the people. Health development linkages with the woman and child health department and education department would improve the health status of women, children, and adolescents. An example of inter sectoral coordination is given in Figure 2.4



**Figure 4 : Inter-sectoral Coordination Chart**

The linkages of health with the health related departments are weak in many countries, which is adversely affecting the performance of health sector.

### 2.5.7 Poor Health Security and Health Insurance Facility

In developing countries, there is poor provision for health security, particularly for those who work in the unorganized sector. The impoverished families are even unable to pay paltry insurance premium. The cost of medical services and drugs are increasing day by day, therefore, the economically weaker families in rural and urban slum areas are dependant on low cost and poorly qualified private practioners. Even the critical pregnancy cases are being handled by traditional birth attendants, some of the practices even leading to maternal mortality. Health security is essential in the workplace and for the common man for the enhancement of the health status of the population.

### 2.5.8 Illiteracy

Education is an important determinant of health. Countries with high literacy rate perform better in health indicators as compared to the countries having low literacy

rate. For example, the health indicator of Sri Lanka is better than those of Bangladesh, India and Pakistan. The literacy rate of Sri Lanka is quite high as compared to other South Asian Countries. In India, the health indicator of Kerala which has a literacy rate more than eighty per cent is much higher as compared to Madhya Pradesh, Bihar, Rajasthan and Uttar Pradesh. Lower literacy in general, and women's literacy in particular, affect health and the family welfare status. The relationship between health and literacy is well established in many research studies.

In this section, we discussed the issues and challenges of the health care system. Now, answer the questions in Check Your Progress 4.

#### Check Your Progress 4

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Write in brief five problems of the health care system.

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2) What is IEC?

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## 2.6 LET US SUM UP

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Health is one of the important indicators of development. This unit has discussed the relationship between health and development. The unit also comprises discussions on important components of health care and health care indicators. Malnutrition has an adverse impact on health as well as development. The health care system suffers because of some problems in health care delivery system. These are inequity, inefficiency, inadequate community participation, lack of intersectoral coordination, etc. Health and development are deeply interrelated. Healthy people are necessary for the promotion of development.

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## 2.7 KEY WORDS

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$$\text{Birth Rate} = \frac{B}{P} \times 100$$

B = Number of birth occurred in a given period



P = Mid-year population during the given period

$$\text{Death Rate} = \frac{D}{P} \times 100$$

D = Number of death occurred in a given period

P = Mid-year population during the given period

**Total Fertility Rate** = is an estimation of the average number of children that would be born alive to a woman throughout her reproductive age span as per prevailing specific fertility rates. TFR = sum of ASFRs

$$\text{ASFR} = \frac{\text{Number of live births to mothers of a specified age group}}{\text{Mid-year female population of the same age-group}} \times 1000$$

$$\text{MMR} = \frac{\text{Number of deaths due to puerperal causes in women}}{\text{Number of live births}} \times 100,000$$

**IMR** = Number deaths of infants under one year of age in a given year per 1000 live birth in that year

$$\text{IMR} = \frac{\text{Number of deaths under 1 year of age in a year}}{\text{Number of live births in that year}} \times 1000$$

**Life Expectancy at Birth-** The average number of years a new born could expect to live if he, or she, were to pass through life subject to the age specific death rates of a given period.

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## 2.8 REFERENCES AND SUGGESTED READINGS

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## 2.9 CHECK YOUR PROGRESS-POSSIBLE ANSWER

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### Check Your Progress-1

1) What do you mean by health?

**Answer:** The word “health” is derived from an old English word “heal” which means “whole”, which signifies the whole person, and his wellbeing. It has been defined differently by different organizations and individuals. According to the World Health Organization (WHO, 1947) it is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

2) How are health and development related?

**Answer:** Many social scientists have noted that there is a positive relationship between health and development. Economic development tends to improve health status, while better health contributes to economic development. Health has a direct association with labour productivity. Illness and malnutrition lead to loss of strength and energy and productivity capacity; and, which ultimately have a negative effect on labour income. According to Szirmai (2005) improving the state of health contributes to the realization of other developmental objectives, such as economic development, labour productivity growth, responsiveness to innovation, and future oriented-ness.

**Check Your Progress 2**

- 1) What is the focus of the National Tuberculosis Programme?

**Answer:** The main focus of the National Tuberculosis Programme is to reduce tuberculosis in a community. The programme includes vaccination of children against tuberculosis and care of tuberculosis cases through DOTs (Direct Observed Therapy).

- 2) What is the aim of the National Rural Health Mission?

**Answer:** The National Rural Health Mission (NRHM), a recent programme launched in 2005, aims at the delivery of maternal and child health care services, and ensures other capacity building and infrastructure development in the health care system through active community participation.

- 3) Write a short note on mental health.

**Answer:** According WHO statistics, about 500 million people in the world are believed to suffer from neurotic, stress related, and somatoform (psychological problems which present themselves as physical complaints). The causes of mental illness may be due to organic conditions, heredity, and social causes. The mental health services include early diagnosis and treatment, rehabilitation, and group and individual psychotherapy. Mental health affects family health. Globalization and modernization and growing aspirations have enhanced the mental health problem.

- 4) Write a short note on occupational health.

**Answer:** Occupational health aims at the prevention of diseases and maintenance of the highest degree of physical, mental, and social wellbeing of workers in all occupation. Workers in all types of occupations, be they in agriculture, or industry, or in construction, and in the unorganized sectors are liable to physical, chemical, biological, mechanical and psychosocial hazards. The workers working in the tobacco factories are of greater chance to be affected by asthma and tuberculosis.

**Check Your Progress 3**

- 1) Why is immunization an indicator of health?

**Answer:** Immunization is considered one the important indicators of health because in developing countries it plays an important role in the survival of infants and children. The polio vaccination programme has checked occurrences of polio to a great extent in India. It also influences the maternal mortality of pregnant and lactating women.

- 2) Write a short note on demographic indicator of health.

**Answer:** Demographic indicators, such as birth rate, death rate, and life expectancy rate are also used for assessing the health status of a nation. Both the birth rate and death rates are high for developing countries as compared to developed countries. The quantity and quality of health care services influences the birth and death rate. The propensity to enjoy higher standards

of living, enjoy good health; and, the work force participation rate among woman are a few among many factors responsible for the lower fertility rate.

#### Check Your Progress 4

- 1) Write in brief five problems of the health care system.

**Answer:** The five problems of the health care system are: (i) inefficient allocation of resources; (ii) inequity and inefficiency; (iii) inadequate community participation; (iv) poor information, education, and information system; and (v) lack of intersectoral coordination.

- 2) What is IEC?

**Answer:** IEC systems are a means to inform and educate the people regarding various health and family welfare issues through different communication techniques, and to motivate them to adopt various practices for their health and wellbeing, as well as of their families. Different IEC methods usually used are lecture discussion, radio talk and advertisement, film show, audio-video like poster, charts, wall paintings and television, and other face-to-face communication, such as focus group discussions (FGDs), and individual counselling, etc. IEC is the most effective and appropriate means to promote health care delivery.

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## UNIT 3 GENDER AND DEVELOPMENT

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### Structure

- 3.1 Introduction
- 3.2 The Relationship of Gender with Development
- 3.3 The Role of Gender in Development
- 3.4 Gender Empowerment and Development
- 3.5 The Gender Development Index
- 3.6 The Gender Empowerment Measure
- 3.7 Gender Adversaries
- 3.8 Measures for Engendering Development
- 3.9 References and Suggested Readings
- 3.10 Let Us Sum Up
- 3.11 Check Your Progress - Possible Answers

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### 3.1 INTRODUCTION

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Gender and development are considered important areas in the study of social sector issues in development. The historical development of societies has placed women at distinctively disadvantageous position. Historical studies reflect that women have played a marginal role in the development of societies. However, modern development theories attribute significant participation by all sections of society, including women as a gender category, in the development process. Women constitute almost half of human population, and their role in the development process has critical significance in the success or failure of nations.

After reading this unit, you will be able to:

- establish relationship between gender and development
- define gender and describe various components of gender and development
- analyze various indicators of gender and development (GDI, GEM)

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### 3.2 THE RELATIONSHIP OF GENDER WITH DEVELOPMENT

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#### 3.2.1 Meaning of Gender

Gender is the social dimension of being male or female. Gender identity is the sense of being male or female, which most children acquire by the age of three. Gender is not being masculine or feminine. According to the Children's Health Encyclopaedia, "Gender identity is a person's sense of identification with either the male or female sex, as manifested in appearance, behaviour, and other aspects of a person's life". The World Economic Forum explains that gender is not synonymous with women as it is commonly understood. It refers to both men and women, and to their status, relative to each other.

### 3.2.2 Relationship between Gender and Development

Gender as a concept or category has emerged to understand the complexities of women's subordination in society. The word gender does not necessarily refer to women as a group or class of society. Rather it is used as an analytical social category to study the problems of women. The theory of development is closely related to gender because of the large scale exclusion of women from the process of development. Margaret Synder and Mary Tadesse in their book, *African Women and Development: A History*, defined women and development as follows: " 'Women and development' is an inclusive term to signify a concept and a movement whose long term goal is the well being of society - the community of men, women and children". Amartya Sen has made a compelling case for the notion that societies need to see women less as passive recipient of help, and more as dynamic promoters of social transformation which is supported by the viewpoint that the education, employment and ownership rights of women have a powerful influence on their ability to control their environment and contribute to economic development.

The study of development with gender perspective needs to be understood for the reasons that follow.

- The gender perspective in development manifests the efforts towards ensuring equitable distribution of fruits of development.
- The idea of gender as a category has emerged as an outcome of the prevalent disparity and discrimination between men and women in almost all societies.
- Study of development and gender enables us to quantify the results of development efforts and also reflects the relative share of each segment of society which helps in devising sector specific policies and goals.

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## 3.3 THE ROLE OF GENDER IN DEVELOPMENT

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Gender roles can be defined as the behaviour and attitudes expected from the male and female members of a society. Gender roles may vary from country to country, culture to culture and even in the same country from region to region depending on the defined perceptions of people in that society. For example, in rural societies the gender role of a woman is limited to household chores because of women's exclusion from the educational framework, but in an urban environment, gender roles are defined a bit differently, since, with better educational opportunities, women get involved in economic and political activity. There are multiple factors which determine the gender role in a particular society or environment.

A theoretical approach to development is important to understand the evolution of development, thinking and policy. Development initiatives in the 1930s largely ignored women. The focus of development was on modernization and the adoption of western technology, institutions and beliefs. Development was identified with modernization and modernization was identical with the western world, anything which the western world identified with, i.e., technology, institutions, and belief was defined modern.

After the Second World War, the US became the model for third world countries which desired modernization. In the quest for such modernization and

development, equality for race, class, and sex in the third world countries was ignored. Both third world leaders and western development specialists assumed that western development policies would position fragile third world economics for takeoff. Few questioned whether this prosperity would extend equally to all classes, races, and gender groups. According to Ester Boserup, most of these projects undermined women's economic opportunities and autonomy. In reaction to this thinking, a new approach towards development of women was developed during the 1970s. It stressed the distinctiveness of women's knowledge, work, goals, and responsibilities. Thus, due credit for women began to be recognized. The UNDP has emphasized gender equality and women empowerment in the following four areas of development:

- i) democratic government
- ii) poverty reduction
- iii) crisis prevention and recovery
- iv) environment and energy
- v) HIV/AIDS.

Six out of ten of women in the world are poor and the upliftment of women from poverty and hunger should be the main focus of each nation. Women play important role in the management of household activities and even manage the livestock, agricultural land and business in many countries. Thus, women play a critical role in household development as well as the development of a nation. Women's social and political participation refers to women's ability to participate equally with men at all levels and in all aspects of public and political life and decision making.

### **3.3.1 Empowerment of Women**

Development is not sex neutral. It is biased towards men. Women's exclusion from the development process at social and political levels has not only cost them their due share in society, but it has made the task of achieving prosperity in developing countries much more difficult. The issue of discrimination against women and the need to formulate appropriate policies towards this has been debated for many years, but serious attempts to isolate the problem and target it comprehensively was started in 1995 in the UN's Beijing Declaration. Among other things, the mission statement of the declaration said: "It aims at accelerating the implementation of the Nairobi Forward-looking Strategies for the Advancement of Women and at removing all the obstacles to women's active participation in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making".

The positive developments that took place after the Beijing Declaration were

- increased awareness
- policy reforms
- improved legislative frameworks
- institutional developments at the national level. These included actions in the following areas:
- establishment of national policies and strategies for gender equality

- adherence to international and regional instruments for the protection of human rights of women
- Increased diversity in the mechanisms promoting and monitoring attention to gender equality
- attention to resource allocations through gender sensitive budgeting
- efforts to engage men and boys more actively in the promotion of gender equality

However 10 years after Beijing, it was noticed that there were large gaps between policy and practice. The Millennium Task Force on Education and Gender Equality identified the following three critical dimensions of empowerment and enhanced participation of women in development

- capabilities in the areas of education and health
- access to opportunities and resources, i.e., to employment and land
- agency, i.e., women's ability to participate in the decision making processes in political institutions and policy making.

Besides international endeavour, it is pertinent to mention here that the Indian Constitution guarantees equality of gender. India is a signatory to the Beijing Declaration and its commitments. But the achievements on this front have been far from the desired objectives. The complex nature of Indian society and polity has further compounded the problem in India. If we have to find some objective parameter to judge women's participation in social and political development, it has to be evaluated on the following variables

- access to education
- access to health
- participation in work and labour
- representation in political institutions like legislative bodies.

In this section, we discussed gender and the role of gender in development. Now, answer the questions in Check Your Progress 1.

### Check Your Progress 1

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What do you understand by the term, gender?

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2) How are gender and development related?

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### 3.4 WOMEN EMPOWERMENT AND DEVELOPMENT

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Women, even if playing an important role in development, are neglected and marginalized in the process of development. Empowerment of women is essential for development. A few critical areas of gender empowerment and development are

- i) economic participation
- ii) economic opportunity
- iii) political empowerment
- iv) educational empowerment
- v) health empowerment
- vi) social empowerment

#### 3.4.1 Economic participation

The economic participation of women in the workforce, in qualitative terms, is important, not only for lowering the disproportionate levels of poverty among women, but also as an important step towards raising household incomes and encouraging economic development in the countries as a whole. Amartya Sen opined that women need to be seen less as passive recipients of help and more as dynamic promoters of social transformation; and the education, employment, and ownership rights of women have a powerful influence on their ability to control their environment and contribute to economic development. The idea of gender in labour market appears because of the pattern of employment offered to people defined by their gender. Women have always been present in the labour market in India. In fact, women have made huge advances relative to men in labour force participation, occupational status, and educational attainment. It is important to understand their conditions in the labour market and the reasons for discrimination against women. The question of gender in the labour market gains importance only when a perceptible pattern is noticed in terms of treatment of women in the labour market which is either discriminatory in nature or, places women in a distinctively disadvantageous position vis-a vis men. The labour market disadvantages can be manifested in a number of differences. The following occupation categories define the nature of disadvantages by their specific role expectations.

- Managers

- Professionals
- Associate professionals
- Clerical and secretarial
- Skilled manual
- Personal services
- Sales
- Plant & machine (shop floor) operators

Women are often perceived as unfit for certain types of occupation which results in the segmentation of the labour market. For example, employers are generally not keen on employing women on shop floor jobs or shift work. Thus, discrimination becomes a natural outcome of the very structure of labour market. Here, we have to differentiate between two phrases- discrimination and disadvantage. Even if there is no discrimination against a particular group or section (in our case - women) a certain degree of disadvantage may occur because of either women's placement in the structure or because of the inherent mismatch between the characteristics of women as a labour force and specific requirements of a specific job in the labour market structure, or, the disadvantage which may emanate due to discrimination somewhere else in society, e.g., education, training opportunities, or responsibilities for children. Women are discriminated against in the labour market. Discrimination can be defined as unequal treatment to two individuals on the basis of their race, caste, religion, gender, or any other socio-economic characteristics. In the context of the labour market, discrimination appears as a result of certain characteristics: gender, race, religion, age. The reasons for labour market discrimination against women as a category can be because of the following reasons

- internal dynamics of the labour market
- external factors

The internal structure of the labour market demand certain characteristics out of an occupation and women may be perceived as not fitting into the frame. For example, more women are found in the profession of managers, professionals or secretarial jobs than in skilled manual jobs or plant and machine operators. The discrimination against women is perceived as an outcome of a series of external factors affecting women's position in the labour market. These factors are:

- Social characteristics of gender sometimes determine women's positions in the labour market. Women are bearers of specific social characteristics which play a major role in determining their labour market positions.
- The traditional division of labour between men and women within the family has a significant impact on their relationship in the labour market
- Women tend to have less investment in human capital or training which renders them unsuitable for certain category of jobs
- Women's overwhelming social responsibilities towards family and children also has a bearing on their job preferences which reduces their employment options and also partly explains their low wages

Men are judged on their productivity while women are judged on other parameters which have no relevance to their role as a labour force or impact on their productivity. The discrimination against women in labour market, either due to compelling external reasons or perceived notions of labour market players results in the following consequences.

- It impacts the wages women command in the market. Gender pay differential is the obvious outcome of discriminations
- Women are forced to accept low paying jobs
- It results in productivity differences
- Women's position in society further deteriorates due to her subordinate status in job market.

### 3.4.2 Economic Opportunity

Traditionally as well as culturally, the role assigned to women in many societies deprives them of economic opportunity. In most of the society, women are vested with the responsibility of bearing, rearing and caring of children. This prevents them from participating in employment opportunities in the private sector, as well as in the public sector. Women employed in the unorganized sector of developing countries, including India, do not get paid for maternity leave. The duration of maternity leave, the percentage of wages paid during the covered period, and the number of women in managerial positions are important aspects of economic opportunities available to women in various countries. In addition, women who are in managerial positions often make a painful choice between a successful career and family. A study in the United States has found 49 per cent of high achieving women to be childless as compared with only 19 percent of their male counterparts.

**Table 1: Landholding pattern in different selected countries**

| Country    | % of women land holders |
|------------|-------------------------|
| Italy      | 32.2                    |
| Spain      | 28.8                    |
| Thailand   | 24.4                    |
| France     | 23.1                    |
| UK         | 18.8                    |
| Malaysia   | 13.1                    |
| India      | 10.9                    |
| Nepal      | 8.1                     |
| Bangladesh | 2.8                     |

*Source: Food Agricultural Organisation and Times of India, March 8, 2010*

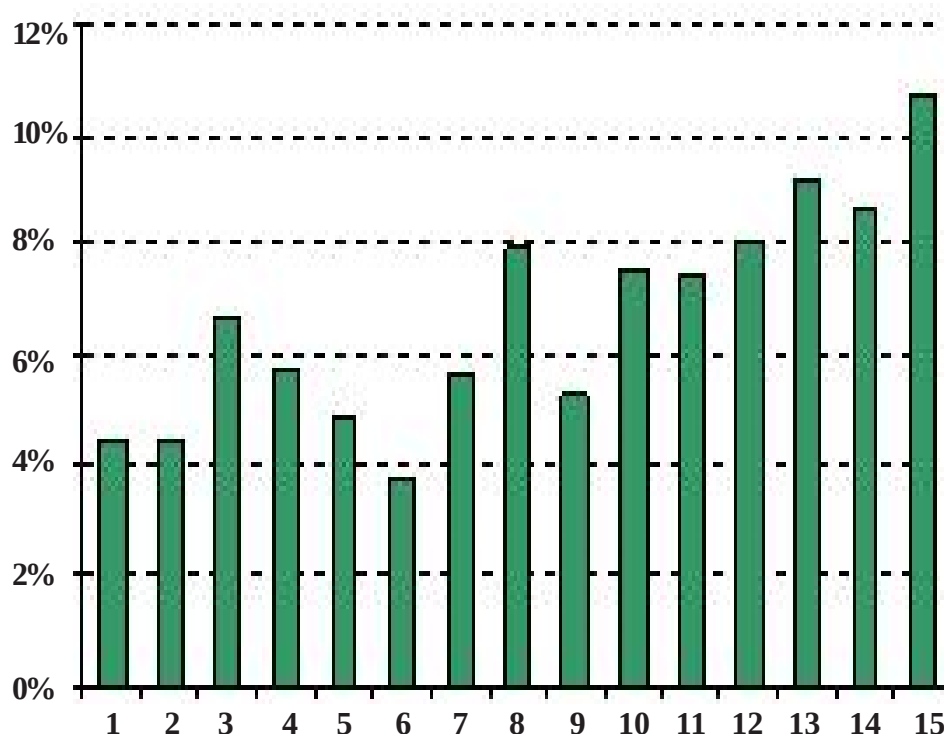
The landholding pattern among women is higher in Europe compared with Asian countries (Table 1). In Italy and Spain 32.2 and 28.8 percent respectively of women are landholders as compared to 2.8 and 10.9 percent respectively in Bangladesh and India. In India, women constitute almost a third of the agricultural labour force and about 72 per cent of employed women are in agriculture. Thus,

the women's right to land is considerably lower, particularly in Asian countries. This has resulted in women's poor access to credit, and their restricted say in household decision making. The right to land is an essential component of economic empowerment of women.

### 3.4.3 Political Empowerment

It is said that, there are three places where women have always been excluded, these are military, religion, and politics, and it is in the political arena that they have the least access. The United Nations has admitted that women's increased participation in mass politics has been predominantly concentrated in the lower echelons of public administration, and has not been matched by the same presence at the higher levels of policy and decision making.

Women's political empowerment means equitable representation of women in the decision making structure. Women are poorly represented in democratic institutions. The Inter-Parliamentary Union report has envisaged an average of only 15.6 percent of women representation in the combine Houses of Parliament. The participation of women in political institutions is probably the most significant indicator of women's contribution in development process. The following table reflects the percentage of women in Lok Sabha in India, since the first General Elections.



Graph 1 : Percentage of Women MPs in Lok Sabha ( From 1<sup>st</sup> to 15<sup>th</sup> )

Source: <http://votesmartindia.blogspot.in/2009/06/women-mps-in-15th-lok-sabha.htm> l

The 15<sup>th</sup> Lok Sabha elected 58 women MPs which is 11 per cent of the total MPs and the highest percentage of women MPs since Independence. It is also the highest number of women MPs in any Lok Sabha since Independence. However, this is well below many developed countries as seen in the table below (Table 2).

**Table 2: Women in Parliament, 2016**

| Country  | % of Women in Lower House | % of Women in Upper House |
|----------|---------------------------|---------------------------|
| UK       | 29.4                      | 24.6                      |
| USA      | 19.4                      | 20                        |
| Sweden   | 43.6                      | -                         |
| Pakistan | 20.6                      | 18.3                      |
| Norway   | 39.6                      | -                         |
| India    | 12.0                      | 12.8                      |
| Belgium  | 39.3                      | 50.0                      |

**Source:** <http://www.ipu.org/wmn-e/classif.htm>

Table 2 shows that the participation of women in political institutions is higher in Scandinavian countries compared with other countries of the world. The presence of women in Parliament is a direct reflection of their contribution in highest decision making body of the country. The pattern of women's representation in State Assemblies still lags behind, but with the enactment of the 73<sup>rd</sup> constitutional Amendment, 1/3 of women are now representing the local bodies. However, in many places they are the *de jure* heads, but *de facto* heads are their husbands and relatives. Women have to go a long way to stake a de facto claim in political arena. The constitutional 73<sup>rd</sup> and 74<sup>th</sup> amendment of government of India has made 33 percent seat reservation for women in the Panchayati Raj Institutions and Urban Local Bodies.

Thus, it is clear that women have made significant progress in terms of their participation in political development and government, international agencies, and non government agencies have been trying to provide a conducive environment to ensure gender parity in the development process. But there are many constraints which have to be removed for widespread success of the mission. Table 3 shows the percentage of women representatives in legislatures.

**Table 3: Countries with the highest proportion of women in National Legislatures**

| Country          | Kind of quota                             | % of women |
|------------------|-------------------------------------------|------------|
| Rwanda           | Constitution-Reserved Seats               | 56         |
| Sweden           | Voluntary Political Party Quotas          | 47         |
| South Africa     | Voluntary Political Party Quotas          | 45         |
| Iceland          | Voluntary Political Party Quotas          | 43         |
| Argentina        | Constitution-Legislated Candidate Quotas  | 42         |
| The Nether lands | Voluntary Political Party Quotas          | 41         |
| Norway           | Voluntary Political Party Quotas          | 40         |
| Senegal          | No quota                                  | 40         |
| Denmark          | No quota                                  | 38         |
| Angola           | Electoral law-Legislated Candidate Quotas | 37         |
| Costa Rica       | Electoral law-Legislated Candidate Quotas | 37         |

**Source:** Times of India, 8<sup>th</sup> March, 2010

### 3.4.4 Educational Empowerment

Education is one of the fundamental prerequisites for empowering women. Education helps in reducing infant and maternal mortality. The importance of education in general and literacy, in particular, is greater for women.

However, women still constitute two-thirds of the world's illiterate population. Educational empowerment of women will

- enhance self-esteem and self confidence of women
- develop the ability to think critically
- enable women to make informed choices in areas like education, employment and health

Information and communication technology has become a driving force of development in recent years. A study by the USAID says that countless women in the developing world are further removed from the information age. It further envisaged that without access to information technology, an understanding of its significance and the ability to use it for social and economic gain, women in the developing world will be further marginalized from the mainstream of their communities, their country and the world. The literacy rate among women in India remains below international standards and has wide interstate differences. The World Development Indicator, 2004 envisages that among the female youth (15-24 years), the literacy rate is 97 per cent in Sri Lanka, as against 41 percent in Bangladesh.

Women's educational empowerment will boost their social, economic and political empowerment. Jawaharlal Nehru once said, "to awaken the people, it is women who must be awakened; once she is on the move, the village moves and the nation moves".

Some of the advantages of women's educational empowerment are: (i) it will enhance the scope of women's employment opportunity and thus lead to economic empowerment of women; (ii) it will increase the decision making capability of women; (iii) it will lead to women mobility and enhance their social net working capability; (iv) it will be beneficial to her children as women's education is vital to the education of the entire family; (v) it will enable her to come out of the traditional believes and values such as age at marriage, veil system and other social taboos attached to women; and (vi) it will lead to political empowerment of women and strengthen grassroots democratic institutions.

### 3.4.5 Health Empowerment

The World Health Organisation (WHO) expects that every mother maintains good health, learns the art of child care, has normal delivery, and bears healthy children. A healthy mother is required for the wellbeing of a family. Women are not in a better position as compared to men in health and wellbeing because of biological reasons. According to the World Health Organisation, 585,000 women die every year, over 1600 every day, from the causes related to pregnancy and child birth. The Planned Parenthood Federation of America estimates that of the annual 46 million abortions worldwide, some 20 millions are performed using unsafe methods resulting in the deaths of 80,000 women, which accounts for at least 13 per cent of global maternal mortality and causing a wide range of long term

health problems. Female life expectancy in Japan is 86 years, while in India and Bangladesh, it is 67 and 65 years respectively. This, itself, shows how bad the status of female is in the underdeveloped countries.

Women's health empowerment implies following things: (i) their right to receive reproductive health care for their health and well being; (ii) to take decision about her health care and about the fertility and number of children she will have; (iii) to receive health care treatment from the medical and paramedical personnel without the pressure of the in-laws and relatives; (iv) to be empowered to spend for won health care and health care of her children; and (v) freedom to use family methods of her choice for her won health and better quality of living.

**Table 4: Maternal Health Indicators**

| Indicators                                               | Countries |    |       |            |           |       |
|----------------------------------------------------------|-----------|----|-------|------------|-----------|-------|
|                                                          | USA       | UK | Japan | Bangladesh | Sri Lanka | India |
| Maternal Mortality ratio for 1,00,000 live births (2005) | 11        | 8  | 6     | 570        | 58        | 450   |
| Birth attended by skilled health staff (2006-2007)       | —         | —  | —     | 18.0       | 98.5      | 46.6  |
| Female expectancy at birth (2008)                        | 81        | 82 | 86    | 67         | 78        | 65    |
| % of female population with HIV (age 15-24) (2007)       | 0.31      | —  | —     | —          | —         | 0.3   |

**Source:** *World Development Indicators, 2010, World Bank*

The maternal mortality ratio in India is 450 which is significantly higher than those of US, UK and Japan. This shows that the health status of women in South Asian countries is comparatively lower than the other developed countries in the world.

Table -5 reinforces the fact that discrimination is faced by women throughout the different phases of their life.

**Table 5: Phases of Gender Discrimination**

| Women's Life Phase | Type                                                                                                                   |
|--------------------|------------------------------------------------------------------------------------------------------------------------|
| Pre natal          | Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape during war).                               |
| Infancy            | Female infanticide, emotional and physical abuse, differential access to food and medical care.                        |
| Childhood          | Genital cutting, incest and sexual abuse; differential access to food, medical care and education, child prostitution. |

|              |                                                                                                                                        |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Adolescence  | Dating and courtship violence, economically coerced sex, sexual abuse in the work place, rape, sexual harassment, forced prostitution. |
| Reproductive | Abuse of women by intimate partners, marital rape, dowry abuse, sexual abuse with disabilities                                         |
| Old age      | Abuse of widows, elder abuse (which affects mostly women).                                                                             |

**Source:** Heise L. 1994, *Violence against Women: The Hidden Health Burden*.  
World Bank Discussion Paper. Washington D.C. The World Bank

### 3.4.6 Women Social Empowerment

Women's social empowerment is vital for the development of the society and the nation. The social empowerment of women will promote build an inclusive and sustainable society. Women social empowerment means she has to be given freedom to participate in the social functions and also be the member of the social groups such as Mahial Mandal, and SHGs and farmers' association. They should mobilize people's support for the social issues such as literacy of women, bowery problem, property right of women, voice against veil system, diverse and similar social issues which concern women. Besides, social empowerment of women also implies women rights such as equal pay for equal work and their is no discrimination in the labour market on the basis of sex.

In this section, we discussed the economic opportunity, economic empowerment, political empowerment, educational attainment, health and well being and status of women. Now, answer the questions in Check Your Progress 2.

#### Check Your Progress 2

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the critical areas of gender and development?

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2) What do you mean by political empowerment of women?

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### 3.5 THE GENDER DEVELOPMENT INDEX

The GDI was developed in 1995 by UNDP to consider gender disparity on overall human development of a nation. The indicators used for measuring HDI and GDI are common, but for GDI, it is further narrowed down to calculate gender specific disparities in each parameter.

The three areas which are used to measure human capabilities for HDI are

- life expectancy to measure longevity
- educational attainment or literacy level to represent level of knowledge
- an appropriately adjusted real GDP per capita to ensure a decent standard of living

For the purpose of calculating GDI, the above indices are adjusted to find out the gender based results which explain the level of gender inequality prevailing in a country. The GDI is designed to evaluate the achievement of women along each of the following three components

- life expectancy at birth
- illiteracy level
- standard of living reflected in income level of women

Life expectancy at birth is a reasonable indicator of a category (particularly women) in achieving growth and prosperity. It depends directly on the following factors

- health care in society in general
- availability of facilities to mother and child
- society's cultural preferences

A higher life expectancy for male than a female indicates that there is perceptible disparity existing in the society. Measurement of GDI using this indicator categorically points out the level of gender inequality in a country. Similarly, the educational attainment level or literacy rate determines the access to education. In developing countries, with substantial population living in poverty, the accessibility and affordability of educational facilities is a question mark for the majority. GDI uses this indicator to correctly point out the level of gender inequality which cannot be determined through HDI because it concentrates on the overall development level. The standard of living is largely determined by the income level of the people.

But, calculating any parameter by using an absolute level of income can be misleading. Income level of the population can be highly skewed with large sections at the very end with meager income levels, while a few can be at the top of the pyramid with huge levels of income. The GDI uses the income levels of both men and women to decipher the extent of inequality between men and women. Whenever and wherever there is wide disparity, the GDI will deteriorate. According to UNDP reports, developed countries consistently score high on GDI index, compared with developing countries. India ranks moderately on GDI scorecard at 113 with a GDI score of 0.6 among 177 countries. The following table (Table 6) shows the top ten and bottom ten countries on GDI score.

**Table 6: GDI Countries Ranking**

| Top Ten Countries |      |       | Bottom Ten Countries     |      |       |
|-------------------|------|-------|--------------------------|------|-------|
| Country           | Rank | GDI   | Country                  | Rank | GDI   |
| Iceland           | 1    | 0.962 | Congo                    | 148  | 0.398 |
| Australia         | 2    | 0.960 | Ethiopia                 | 149  | 0.393 |
| Norway            | 3    | 0.957 | Mozambique               | 150  | 0.373 |
| Canada            | 4    | 0.956 | Mali                     | 151  | 0.371 |
| Sweden            | 5    | 0.955 | Chad                     | 152  | 0.370 |
| Netherlands       | 6    | 0.951 | Central African Republic | 153  | 0.368 |
| France            | 7    | 0.950 | Burkina Faso             | 154  | 0.364 |
| Finland           | 8    | 0.947 | Niger                    | 155  | 0.355 |
| Switzerland       | 9    | 0.946 | Guinea-Bissau            | 156  | 0.355 |
| United Kingdom    | 10   | 0.944 | Sierra Leone             | 156  | 0.320 |

*Source: Human Development Report, 2007/2008*

### 3.5.1 Methods of Calculation of GDI

The following three steps are applied for the calculation of GDI.

#### Step I

- The first step is to estimate male and female development indices. As there are three indicators, we need to estimate six development indices.
- male education development indices
- male health development index
- male income development index
- female education development index
- female health development index
- female income development index

#### Step II

Step II involves combining female and male indices in each indicator /dimension in a way that penalizes differences in achievements. The resulting index is called equally distributed index.

#### Step III

The final step arranges the three equally distributed indices in an outweighed manner to obtain the value of GDI.

The GDI is the average of these three equally distributed indices and has a value ranging from 0 to 1. GDI of one (GDI=1) indicates that a country has reached its goal on its way to development and has eliminated gender based disparities among its population.

In this section, we discussed the GDI, its indicators, and methods of calculating the GDI. Now, answer the questions in Check Your Progress 3.

### Check Your Progress 3

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Define Gender Development Index.

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2) Differentiate between GDI and HDI.

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## 3.6 THE GENDER EMPOWERMENT MEASURE

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The GDI is a significant indicator of the spread of development initiatives in a country. It is a gender specific measurement of development parameters. Another very important gender specific measurement index, developed by UN and used for analysis, is the Gender Empowerment Measure (GEM). The UN, in 1975, started focusing on the plight of women and declared it the Decade of Women. It led to further focus on women through initiatives in various conferences (Copenhagen, 1980, Nairobi, 1985, and in Beijing, 1995). Another UN initiative in this direction was HDI in 1990 and GEM in 1995. Empowerment is the power of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. The World Bank's 2002 Empowerment Sourcebook identified empowerments as "the expansion of assets and capabilities of poor people to participate in, negotiate with, influence, control and hold accountable institutions that affect their lives". Empowerment of women involves the improvements of their status in the family, community, and society. It ensures women's accessibility to modern development facilities and extends their participation in social, economic and the political process, and decision making. GEM has emerged as an important indicator of women's empowerment in a community. GEM helps immensely in highlighting the deficiencies in policies and their implementation.

GEM is a measure of inequalities in opportunities between men and women in a country.

GEM combines inequalities in three areas:

- political participation and decision making
- economic participation and decisions making
- power over economic resources.

When the UNDP first introduced GEM in 1995 it said in its report, “The recognition of equal rights for women along with men, and the determination to combat discrimination on the basis of gender, are achievements equal in importance to the abolition of slavery, the elimination of colonials, and the establishment of equal rights for social and ethnic minorities”.

UNDP has been calculating GEM for countries to compare their relative status in terms of empowering the weaker gender. It ranks countries on a scale of 0 to 1 to advise National Governments on appropriate policy initiatives and investment decisions. The aggregate score for GEM for India was 0.413 in 1996 and 0.451 in 2006.

### 3.6.1 Components of GEM

According to the Employment Paper, 2003/04, of the International Labour Office, Geneva, the Gender Empowerment Measure has three components

- the share of women in earned income
- the relative weight of women among administrators and professional workers
- share of women in parliamentary seats.

These three components indicate women’s active role in socioeconomic and political process of a country. The United Nations, in 1999, evaluated the GEM data for 102 countries. The value of these indicators range from a low of 0.120 (Niger) to a high of 0.810 (Norway). India falls in between the two extremes.

**Table 7: Gender Development Index, Gender Inequality Index and Gender Empowerment Index of Selected Countries**

| Country     | Gender Related Development Index (GDI) |      | Gender Inequality Index (GII) Measure (GEM) |      | Gender Empowerment |      |
|-------------|----------------------------------------|------|---------------------------------------------|------|--------------------|------|
|             | Value                                  | Rank | Value                                       | Rank | Value              | Rank |
| Netherlands | 0.951                                  | 6    | 0.045                                       | 1    | 0.859              | 6    |
| USA         | 0.937                                  | 16   | 0.256                                       | 42   | 0.762              | 15   |
| Denmark     | 0.944                                  | 11   | 0.057                                       | 3    | 0.875              | 4    |
| Kazakhstan  | 0.792                                  | 65   | 0.312                                       | 51   | 0.469              | 69   |
| Sri Lanka   | 0.735                                  | 89   | 0.402                                       | 75   | 0.369              | 85   |
| China       | 0.776                                  | 73   | 0.213                                       | 35   | 0.534              | 57   |
| India       | 0.600                                  | 113  | 0.610                                       | 132  | NA                 | NA   |

|                  |       |     |       |     |       |    |
|------------------|-------|-----|-------|-----|-------|----|
| <b>Pakistan</b>  | 0.525 | 125 | 0.567 | 123 | 0.377 | 82 |
| <b>Singapore</b> | NA    | NA  | 0.101 | 13  | 0.761 | 16 |
| <b>Brazil</b>    | 0.798 | 60  | 0.447 | 85  | 0.490 | 70 |
| <b>Kenya</b>     | 0.521 | 127 | 0.608 | 130 | NA    | NA |

*Source: Human Development Report 2007/2008,  
[http://hdr.undp.org/en/media/HDR\\_20072008\\_GDI\(GEM\)](http://hdr.undp.org/en/media/HDR_20072008_GDI(GEM))*

### 3.6.2 Factors Affecting GEM

There are multiple factors which may affect the GEM score of a country. Some of the factors which may affect GEM are given below.

- Social structure of a country - a patriarchal social system may not permit higher role for women in decision making process. Muslim countries have perennially encountered lower participation of women in the economic and political process.
- Historical settings - if there is relative deprivation of women vis-à-vis men it may take longer to alter the historical setting in a country.
- Literacy rate - lower literacy rates for women could result in their exclusion from control over resources and in the decision making process.
- Level of urbanisation - typically urban societies extend greater roles for women at all levels. Rural societies are closed societies with limited resources as well as decision making opportunities; whatever is available is concentrated with men.

In this section, we discussed the GEM, its components and the factors affecting it. Now, answer the questions in Check Your Progress 4.

#### Check Your Progress 4

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Define the Gender Empowerment Measure.

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2) What are the different components of GEM?

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## 3.7 GENDER ADVERSARIES

In the earlier section, you studied gender empowerment and its measurement. In this section, you will study about the adversaries faced by women. The two main adversaries are:

- i) missing women
- ii) violence against women.

### 3.7.1 Missing Women

‘Missing women’ reflect the gender disparities of any society. The higher performing gender is favoured, whereas the gender with low performance is neglected. This leads to further additions to the missing women. Discrimination against women can begin early in life. Parental selection, female infanticide or abandonment, childhood sexual exploitation, genital mutilation, and limited access to adequate nutrition and health care; all affect the number of girls, in some parts of the world who survive into adulthood. These factors combined with limited access to education, early marriage and early child-bearing affect the health and wellbeing of girls, and can have lasting effects throughout their lives. Some of the causes of missing women are

- patrilocality
- economic value
- patriarchal society
- poverty

**Patrilocal exogamy:** whereby sons remain with the origin or parental household and contribute to joint income, while daughters migrate from their households to move into their husband’s parental household. Investment in sons, in terms of education and share in property, seems to pay off, whereas investment in girls is seen as wasteful expenditure.

**Economic Value:** although women do the majority of work, they do not share equally in income, earnings and wealth. Discrimination against women in earnings, employment, access to credit and capital accumulation mechanism, and private social benefit systems also affects the economic wellbeing of their children and other household members.

**Patriarchal Society:** one important reason for declining sex ratio is a patriarchal society. The desire for male heirs of property is another reason for discrimination against daughters.

**Poverty:** the situation of women becomes worse for those living in poverty. The disproportionate burden of family limits access to education, training and participation in paid employment. Women are forced to enter informal unorganised employment, thus, leading to exploitation - economically, physically and mentally.

**Declining sex ratio:** The declining sex-ratio is one of the reasons of which foeticide is a cause of concern. Many girl children are missing before they are born. The sex ratio of Northern Indian States of Punjab and Haryana is low as compared to Southern Indian State. The sex ratio of Kerala is 1058, the highest in India (Table 7). The all India sex ratio for 1991 is 927 which increased to 933 in 2001.

### Gender Discrimination-At a Glance

- 1) Of the World's 776 million illiterate adults, two thirds are women (UNFPA, 2010).
- 2) More Than 134 million women are "missing" worldwide because of a preference for boy babies that leads to sex-selective abortions and neglect of infant girls (UNDP, 2010).
- 3) Upto 70 percent of women experience violence in their life time (UNIFEM, 2005).
- 4) More than 101 million Primary-School age children are not attending school, and more than half of them are girl (UNFPA, 2010).
- 5) More than 3,50,000 women die each year-one every 90 seconds-from complications of pregnancy of child birth. Nearly all these deaths (99 percent) are in developing countries (World Bank, 2010).

### 3.7.2 Violence Against Women

Despite the protections guaranteed by the Universal Declaration on Human Rights and the convention on the rights of the child, gender discrimination and violence against women and girls persists everywhere and is a growing phenomenon in many parts of the world. Despite promises in the convention to end all forms of discrimination against women, the Beijing Platform for Action and the Millennium Development Goals, girls continue to be exploited by individuals and victimized by laws that fail to adequately protect them.

#### Forms of Violence

Gender based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violation, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices.

**Witchcraft:** sometimes a woman living in a village is alleged to be a witch and the cause of mishaps in the village. She is tortured and sometimes killed. Low education and superstition leads to such practices.

**Devadasi:** Girls in their childhood are made *devadasis* to serve in temples and they have to leave their home and stay in the temple complex. These girls grow up under the supervision of priests in the temple and when they are grown up, most of them are exploited.

**Table 8: Sex Ratio (No of female per 1000 males)**

| Sl No | States/Union Territories | 2011 | 2001 |
|-------|--------------------------|------|------|
| 1     | Jammu and Kashmir        | 889  | 900  |
| 2     | Himachal Pradesh         | 972  | 970  |
| 3     | Punjab                   | 895  | 874  |
| 4     | Chandigarh               | 818  | 773  |

|    |                            |      |      |
|----|----------------------------|------|------|
| 5  | Uttaranchal                | 963  | 964  |
| 6  | Haryana                    | 879  | 861  |
| 7  | Delhi                      | 868  | 821  |
| 8  | Rajasthan                  | 928  | 922  |
| 9  | Uttar Pradesh              | 963  | 898  |
| 10 | Bihar                      | 918  | 921  |
| 11 | Sikkim                     | 890  | 875  |
| 12 | Arunachal Pradesh          | 938  | 901  |
| 13 | Nagaland                   | 931  | 909  |
| 14 | Manipur                    | 985  | 978  |
| 15 | Mizoram                    | 976  | 938  |
| 16 | Tripura                    | 960  | 950  |
| 17 | Meghalaya                  | 989  | 975  |
| 18 | Assam                      | 958  | 932  |
| 19 | West Bengal                | 950  | 934  |
| 20 | Jharkhand                  | 948  | 941  |
| 21 | Orissa                     | 979  | 972  |
| 22 | Chhatisgarh                | 991  | 990  |
| 23 | Madhya Pradesh             | 931  | 920  |
| 24 | Gujarat                    | 919  | 921  |
| 25 | Daman & Diu                | 618  | 709  |
| 26 | Dadra & Nagar Haveli       | 774  | 811  |
| 27 | Maharashtra                | 929  | 922  |
| 28 | Andhra Pradesh             | 993  | 978  |
| 29 | Karnataka                  | 973  | 964  |
| 30 | Goa                        | 973  | 960  |
| 31 | Lakshadweep                | 946  | 947  |
| 32 | Kerala                     | 1084 | 1058 |
| 33 | Tamil Nadu                 | 996  | 986  |
| 34 | Pondicherry                | 1037 | 1001 |
| 35 | Andaman & Nicobar Islands* | 876  | 846  |

Source : *Census of India*

**Dowry:** This is one of the most prevalent crime against women. At the time of marriage, a bride is supposed to bring dowry in terms of cash or kind as demanded by the bridegrooms' family. In the absence of dowry, the marriage is not finalized, and after marriage, if the dowry is not given the bride is tortured or even burnt to



death. A number of lacunae in the legal system allow the culprits to escape any punishment.

**Exploitation at the workplace, in schools, and at home:** This kind of exploitation is seldom reported as the culprit is a known person. The crime against women is done either by colleagues, boss, teacher, or some relative. Social stigma and inability to prove the crime of a trusted person leads the victim to suffer in silence.

**Rape:** This is among the most common crimes against women. All rape cases are not reported to police. Laws are not victim-friendly rape victims. Many times, culprits are either close relatives, friends, or known persons.

**Blackmail:** With the development of technology, women have become more prone to blackmail. The use of spy cameras and conversion of these into CDs and DVDs have made blackmailing more convenient.

**Sex determination:** Another disadvantage of technology is sex determination. The deteriorating sex ratio is due to sex determination. Recent research shows that missing women are more in rich northern Indian states compared to the south, and in poor States.

**Selling of Girls:** It is reported that in a few impoverished states and tribal communities' girl children are sold for a petty amount of money. Sometimes, they are sold under the guise of marriage also. Many of them end up as prostitutes or bar girls. The selling of girls as domestic help or sex workers is also driven by poverty of the family.

**Other forms of violence:** These include forcing girls into prostitution and honour killings. Honour killing is killing females if they revolt against their families or relatives wishes and decide to marry into other castes or religions.

### 3.7.3 Programmes for Prevention and Care

It is recognized that gender based violence exists in domestic and public spheres. Every effort should be made to prevent such inhuman acts of violence. Elimination of discrimination against women in employment and in access to capital and technology with attention to developing economic opportunities for women in private enterprise, in agriculture and all sectors of formal employment must be prioritized to enable women, their families, and their communities to reach their full potential. Education and training skills are essential tools for achieving economic wellbeing. The abolition of traditional discriminatory practices like *sati*, *devadasi*, genital mutilation and enforcement of law should be strongly followed. Legislative reforms should be formulated for the protection and promotion of women's rights. Awareness about the laws, rights, and responsibilities in family life must be made. Victims of violence must be offered psychological and financial support.

The following are a number of strategies adopted by UNFPA to address gender based violence.

- Ensuring that emergency contraception is available for victims of sexual violence.
- Strengthening advocacy on gender based violence in all country programmes in conjunction with other United Nations partners and NGOs.

- Advocating for women with Parliamentarians and Women's National networks.
- Integrating messages on the preventions of gender based violence into information, education and communication projects.
- Conducting more research on gender based violence.

In this section, we discussed the causes of missing women, various forms of violence against women, and about the prevention of violence against women. Now, answer the questions in Check Your Progress 5.

### Check Your Progress 5

**Note:** a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the different forms of violence against women?

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2) How can we prevent violence against women?

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## 3.8 MEASURES FOR ENGENDERING DEVELOPMENT

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Promoting gender equality is an important part of a development strategy that seeks to enable all people - women and men, alike - to escape poverty and improve their standard of living. Economic development opens many avenues for increasing gender equality in the long run. A considerable body of evidence around the world supports this assertion. The strategy for engendering development could include the following points.

- Establishing incentives that discourage discrimination by gender: The structure of economic institutions also affects gender equality in important ways. Markets embody a powerful set of incentives that influence decisions and actions for work, saving, investment, and consumption. Evidence from Mexico and the United States suggests that firms operating in competitive environments discriminate less against women in hiring and pay practices than the firms with significant power in protected environments. The reservation of jobs for women in private and corporate sector will discourage gender discrimination.

- ii) Designing service delivery to facilitate equal access: The design of program delivery such as school systems, health care centres, financial organizations and agricultural extension programs can facilitate or inhibit equitable access for females and males. In parts of West Africa 'mobile bankers' bring financial services to local markets, workplaces and homes, eliminating the need for women to travel long distances to save or borrow. In Bangladesh, group-based lending programs use support groups and peer pressure as a substitute for traditional bank collateral to ensure repayment. Both designs have increased women's access to financial resources.
- iii) Foster economic development to strengthen incentives for more equal resources and participation: when economic development raises income and reduces poverty, gender inequalities often decline. As with basic rights, higher incomes generally translate into greater gender equality in resources whether in health or in education. In education, studies suggest that the largest improvements from income growth are likely to occur in the poorest regions of South Asia and sub Saharan Africa. Globalisation has seen more women working in different capacities in the private and corporate sector in India.
- iv) Taking active measures to redress persistent disparities in command over resources and political voice: active measures which can be implemented quickly including reservation for women in political institutions give women an opportunity to reduce persistent disparities in command over resources. Recent experience from more than 30 countries, including Argentina, Ecuador, India, Philippines, and Uganda suggests that political reservation can be effective in increasing political participation and representation in local and national assemblies in a relatively short period of time. 'Reservation' legislation takes different forms in different countries but, generally, it stipulates that a minimum number (or proportion) of political parties' candidates or of electoral seats in national or local assemblies be reserved for women. The passing of the Women's Reservation Bill in the Rajya Sabha is a significant step towards the political empowerment of women in India.
- v) Institutional mechanisms for the advancement of women: it can be government (central, state, or local) or non government organizations which support the cause of women's advancement. Though institutional mechanisms exist at all levels, they need to be strengthened. The National Policy for Empowerment of women provides for strengthening the existing mechanisms through appropriate interventions, viz., provision of adequate resources, training, and advocacy skills to effectively influence macro policies, legislations, programmes, etc., to empower of women. The equal opportunity and gender budgeting policy measures should be regularly monitored by both the central and provincial governments in various states.
- vi) The role of the media in portraying the female gender leaves much to be desired. Press and the print media are generally found unduly sensationalizing traumatic events such as rape, thereby invading the privacy of the victim. Very few positive stories of women who have stood up for their rights are published. The media has to become gender sensitive and more responsible while portraying women and, thus, play a significant role in bringing about attitudinal changes in society. A gender friendly media policy needs to be formulated for this purpose.

### 3.9 LET US SUM UP

Gender and development is one of the important issues of today's society. This unit deals with the critical areas of gender and development like economic participation, economic opportunity, political empowerment, educational attainment, health and wellbeing of women. In spite of advancement in various sectors like technology, education, and health, the position and condition of women in societies especially developing societies is still very much behind than their male counterparts. It is important to understand that the development and wellbeing of women will also lead to the development of the nation.

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## 3.11 CHECK YOUR PROGRESS-POSSIBLE ANSWERS

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### Check Your Progress-I

- 1) What do you understand by the term, Gender?

**Answer.** Gender is the social dimension of being male or female. Gender identity is the sense of being male or female, which most children acquire by the age of three. Gender is not being manly or feminine. Gender is how you feel inside. Gender identity is a person's sense of identification with either the male or female sex, as manifested in appearance, behaviour, and other aspects of a person's life.

- 2) How are gender and development related?

**Answer.** Development is a process of expanding human capabilities or a process of enlarging choices or options. By exercising these choices or options people can develop their power and, in turn, can develop their country. These choices can be of various types, e.g., to be educated, to be creative, to lead a longer and healthy life, and so on. Development may be gender specific in many contexts. It can assign a greater role to one gender, marginalizing another, or, it can provide equal opportunity to all. This depends on the priority of development policy. Gender has played an important role in the overall development of a country depending on the socioeconomic and political environment.

### Check Your Progress 2

- 1) What are the critical areas of gender and development?

**Answer.** A few critical areas of gender and development are

- i) Economic participation
- ii) Economic opportunity
- iii) Political empowerment
- iv) Educational attainment
- v) Health and well being.

- 2) What do you mean by political empowerment of women?

**Answer.** The political empowerment of women means the equitable representation of women in decision-making institutions which are critical for the policy formation. In the Indian context, they refer to the representation of women in Parliament, state assemblies, and, more recently, in local self government institutions.

### Check Your Progress 3

- 1) Define the Gender Development Index.

**Answer.** The Gender Development Index is the quantitative projection of the development of a country with reference to parameters which reflect the

extent of gender disparity prevailing in any society. It is measured on the following three parameters of development.

- Life expectancy at birth
- Illiteracy level
- Standard of living reflected in the income level of women.

The GDI attempts to bifurcate the achievements between the genders. The GDI was developed in 1995 by UNDP to consider gender disparity on overall human development of a nation.

2) Differentiate between GDI and HDI.

**Answer.** The Human Development Index is the measurement of overall development of a country on an average without giving any specific weightage to any particular indicator. The Gender Development Index measures development on parameters with reference to their focus on gender based indicators. The indicators used for measuring HDI and GDI are common, but for GDI, it is further narrowed down to calculate gender specific disparities in each parameter.

#### Check Your Progress 4

1) Define Gender Empowerment Measure.

**Answer. Gender Empowerment Measure** is a measure of inequalities between men's and women's opportunities in a country. GEM combines inequalities in three areas

- Political participation and decision making
- Economic participation and decisions making
- Power over economic resources.

GEM focuses on the empowerment of women in a country with reference to their role in development. Since it is extremely difficult to quantify empowerment, the above parameters are generally accepted as reasonable indicators of women's role in any society.

2) What are the different components of GEM?

**Answer.** GEM has three components

- share of women in earned income.
- relative weight of women among administrators and professional workers
- share of women in Parliamentary seats.

These three components indicate women's active role in the socioeconomic and political process of a country, and also manifest their relative control over resources and institutions.

- 1) What are the different forms of violence against women?

Gender based violence reflects and reinforces inequities between men and women and compromises the health, dignity, security, and autonomy of its victims. It encompasses a wide range of human rights violation, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls, and several harmful traditional practices.

- 2) How can we prevent violence against women?

Legislative reforms should be formulated for the protection and promotion of women's rights. Awareness about the laws, rights, and responsibilities in family life must be made. Victims of violence must be offered psychological and financial support.

A number of strategies adopted by UNFPA Fund to address gender-based violence follow.

- Ensuring that emergency contraception is available for victims of sexual violence.
- Strengthening advocacy on gender based violence in all country programmes in conjunction with other United Nations partners and NGOs.
- Advocating for women with Parliamentarians and Women's National networks.

## MDV 103: ISSUES AND CHALLENGES OF DEVELOPMENT

| Block    | Unit Nos | Unit Titles                                 |
|----------|----------|---------------------------------------------|
| <b>1</b> |          | <b>BASIC ISSUES IN DEVELOPMENT</b>          |
|          | 1        | Population                                  |
|          | 2        | Poverty                                     |
|          | 3        | Inequality                                  |
|          | 4        | Unemployment                                |
| <b>2</b> |          | <b>SECTORAL ISSUES IN DEVELOPMENT</b>       |
|          | 1        | Agriculture                                 |
|          | 2        | Industry                                    |
|          | 3        | Services                                    |
|          | 4        | Infrastructure                              |
| <b>3</b> |          | <b>SOCIAL ISSUES IN DEVELOPMENT</b>         |
|          | 1        | Education and Development                   |
|          | 2        | Health and Development                      |
|          | 3        | Gender and Development                      |
| <b>4</b> |          | <b>EMERGING ISSUES IN DEVELOPMENT</b>       |
|          | 1        | Energy and Development Nexus                |
|          | 2        | Natural Resource Management and Environment |
|          | 3        | Sustainable Development                     |
|          | 4        | Climate Change                              |
| <b>5</b> |          | <b>GOVERNANCE</b>                           |
|          | 1        | Governance – An Overview                    |
|          | 2        | Participatory and Decentralized Governance  |
|          | 3        | Good Governance: Attributes and Challenges  |
|          | 4        | E-Governance and Development                |