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# UNIT 1 WOMEN AND CHILD DEVELOPMENT

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## 1.0 INTRODUCTION

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Development should be prioritised for women and children in India due to multiple reasons and factors. We need to address patriarchy and socialisation process to mainstream gender issues in the process of development. Gender relations too play a significant role in the development of male, female, children and other genders in the society. Women and men play different roles in society. Due to role differentiation, the needs of each gender differs. Society, especially Indian society, perceives girls and boys differently. The preference of boy children in the family and community is due to the same patriarchy and socialisation process. We can notice the importance of boy children through child sex ratio. The human development approach/ framework provides indicators to measure the development of children, male and female in society. By looking at the women and child development through these indicators of human development, we can understand the significance of women and children progress to make the country move forward.

As we see in this Unit, Women and children constitute more than 60 per cent of the population in India. But, in terms of all aspects of development, they are far behind male members in society. Children are also discriminated based on their sex, especially girl children discriminated, and it is difficult for them to access all facilities like male children in society in terms of health and education. We will discuss children's discrimination based on sex in the section Life Cycle approach.

Further, the public/private divide is constituted and operated in gender terms. Women expect to confine at the private sphere of life, and their existence is restricted to domestic roles predominantly. States have taken several steps after

realising the importance of women in both public and private spheres. Measures are taken from 14th Century certainly brought considerable improvements in the life of women. Socio-Political changes in the 14th Century in Europe contributed to new thinking, and it showed the path to get changes in the life of women also. Social scientists have developed a variety of theories to explain the differences persisting among human beings since the late 18th century.

At the international level, the United Nations has contributed a significant share to bringing to universal notice the status and the condition of women and incorporated women issues in all development agendas. United Nations declared 1975 as the International Women's Year. Subsequently, the United Nations organised four international conferences for women. The concept of women/child and development originated during the 1950s and the 1960s. During this period, as many as 50 countries got independence. In the year 1970, the United Nations reviewed the results of the first development decade of the 1960s. Based on the review, it facilitated to develop various approaches to women development. The study concluded that both men and women must be lifted from poverty, and both men and women must benefit from development efforts.

In the women and child development sector, governments, voluntary sectors implemented various policies and programmes which certain extent contributed to the progress of women and children, formulating laws to address their issues. The programmes include empowering strategies, employment and income generation, welfare and support services, awareness generation and gender sensitisation and other enabling measures. These programmes play the role of being both supplementary and complementary to the other general development programmes in the sectors of health, education, labour and employment and rural and urban development and so forth. Apart from programmes and policies, the government implemented various support structures through voluntary agencies to assist in the development of the women and children. The main areas that focused upon in leading to the development of women and children are health, education, family welfare, strengthening social capital, labour, agriculture and co-operation, rural development, social security, poverty alleviation, social justice and empowerment, tribal affairs, science and technology, information and broadcasting, non-conventional energy sources, small scale and agro related industries and youth affairs and sports (Women and Children, 2007).

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## **1.1 LEARNING OUTCOMES**

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After studying the Unit, you would be able to:

- Define health, Quality of life and anthropometry;
- Discuss the status of women and children;
- Explain the status of women and children through the human development approach and Life cycle approach; and
- Examine the role of media for the development of women and children.

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## **1.2 DEFINITION: HEALTH, QUALITY OF LIFE AND ANTHROPOMETRY**

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According to World Health Organization (WHO), 'the enjoyment of the higher attainable standard of health is one of the fundamental rights of every human

being”. According to Amartya Sen, ‘health is among the most important conditions of human life and a critically significant constituent of human capabilities which we have reason to value’ (2002). In addition to the intrinsic value for Health, it is also significant aspects to achieve economic growth, educational attainment, succeeding in employment, earning income, travel, maintaining a social life, safety, security and empowerment all especially women and children. According to Constitutional Preamble of WHO, ‘Health is a state of complete physical, mental and social well-being. It is not merely the absence of disease or infirmity. This definition was adopted at the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the WHO, no.2, p. 100) and entered into force on 7 April 1948.

Health has various components- physical, mental, emotional, social and sexual with the following characteristics:

- Each component affects the distinct aspect of Health.
- All components are interrelated.
- All components together determine the Health of an individual.

We can conclude that Health is a complete well being of individuals and children by looking at the above definition. In the following sub-section, let us try to understand another significant concept related to Health, that is quality of life.

### **Quality of Life (QoL)**

The concept has a different meaning in philosophical, political and Health related contexts. Health-related QoL (HRQoL) includes physical, functional, social and emotional well-being of an individual. Miles defined Quality of Life (QoL) as an aggregate of several social and economic outputs received by groups or individuals or as subjective evaluation of satisfaction. It is also called as ‘well-being’. The following small study conducted by Parthasarathy among Irula tribes in Niligiri hills gives us clarity on the definition ‘Quality of Life’. In his research, he described the life of the Irula tribes. They lead a simple life by making themselves satisfied with practical needs.

They use locally available goods and services such as food, shelter and drinking water. However, outsiders have different perceptions by looking at the life of Irula tribes. Members of the tribes are not comfortable with outsiders’ interference and criticism about their way of life and their socio-cultural needs. They request outsiders not to observe their way of living. They ask others to stay away from them. This study shows that Irula tribes perceive the quality of life based on the socio-economic outputs of their community. They content with their life. But, outsiders view them subjectively and consider their life as not a ‘quality life’ according to their perception. According to UNESCO (1977) QoL is as an inclusive concept which includes all aspects of life, both the material needs and intangible factors like personality development, self-realization and healthy ecosystem. QoL is operating at both the micro and macro level. Quality of life at the micro-level includes food, shelter, clothing, drinking water and disposable resources. Quality of life at macro level includes infrastructure facilities, transportation, the safety of individuals and responsive governance. We can measure QoL through indicators.

## Anthropometry

Apart from the definition as mentioned above, other significant indicators to measure child health is the measures of anthropometry that is the measure of height for the age, weight for height (Body Mass Index). These aspects will explicitly talk about nutritional aspects among children. Poverty will undoubtedly help us to know both children and adults, especially women's quality of life and the measures to be taken through appropriate policies for the improvement of life of women and children. Stunted growth among children will affect cognitive development and educational attainment. Other significant indicators which show the Health of the children and women are Infant Mortality Rate (IMR) Child Mortality Rate (CMR), Maternal Mortality Rate (MMR), Iron and Folic acid deficiency, access to health care facilities, Vaccinations, trained attendants.

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## 1.3 DEFINITIONS: DEVELOPMENT

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The growth and Development of women and children are significant for the holistic growth of the country. Efforts have been taken at the International and national levels to mainstream Development of women and children through the formulation of appropriate policies and programmes. India consists of 121.06 crore population as per 2011 census. The female population is 48.5% out of the total population. Out of the total population, the percentage of children's population (0-6years) is 13.12 per cent. Thus, women and children consist of 62.62 per cent as per 2011 census. The Development of a large section of the population in India is imperative to make the country developed. The term 'development' perceived and defined differently by academic and policymakers. There are two approaches used in this Unit to learn about women and child development. One is a human development approach which provided various indicators to measure the Development of groups. The second one is Life cycle approach. Before we proceed further to see the Development of women and children through HDI (Human Development Index) and GDI (Gender-Related Development Index) and GEM (Gender Empowerment Measures) indicators, let us learn the term 'Development.'

Development has many meanings. Regardless of its definition and the framework, Development as a multidimensional and multi-sectoral process, involving social, economic and political change aimed at improving people's lives' ( refer). The process of Development manages and utilizes natural resources to meet the needs of human beings. Many accept this view irrespective of their ideological positions. Generally, some regions considered developed due to rapid economic activities, possessing high per capita income by the inhabitants, lots of employment activities and consumption of goods and services. Here economic growth and productive investment are the primary concerns. Another development perspective provides importance about people's health and education, which are significant to produce a more dynamic economy, a healthy and prosperous society. Development should also enable people to live the life they perceive and value. In this perspective, investment, economic activities, infrastructure development and employment opportunities are mean to achieve the Development in the areas health, education, child development, women empowerment. The human development approach addresses all these aspects.

### 1.3 STATUS OF WOMEN IN INDIA

Status is a state, condition, or situation. Sociologically speaking, Social status is the honour or prestige attached to person's position in society (one's social position). It may also refer to a rank or position that one holds in a group. Social status, the position or rank of a person or group within the society, can be determined in two ways. One can earn their social status by their achievements, which is known as achieved status. Alternatively, one can be placed in the stratification system by their inherited position, which is called ascribed status. Ascribed statuses can also be defined as those that are fixed for an individual at his/her birth.

Ascribed statuses that exist in all societies include those based upon sex, age, race, ethnic group and family background. For example, a person born into a wealthy family characterized by traits such as popularity, talents and high values will have many expectations while growing up. Therefore, they are given and taught many social roles as they are socially positioned into a family. Society expects them to become equipped with all traits and characteristics by acquiring through training and education. Achieved statuses meaning also what the individual acquires during his or her lifetime as a result of the exercise of knowledge, ability, skill and/or perseverance. Occupation provides an example of status that may be either ascribed or achieved, it can achieve by one gaining the right knowledge and skill to become socially positioned into a higher position of that job; building a person's social identity within the occupation. We will look at the status and position of women in our society in various fields based on the above description.

In India, Sex ratio is defined as the number of females per 1000 males in the population. In contrast, in almost all the UN publications/International publications, it is expressed as males to per 100 females. During the post-Independence period from 1951 to 2011, sex ratio in rural India has decreased from 965 to 946 and increased from 860 to 929 in urban India. At all India level, the sex ratio had decreased from 946 in 1951 to 943 in 2011. During this period 19 States/UTs have recorded a significant increase in sex ratio. The notable increase has been recorded in Andaman & Nicobar Islands, (40.16%), Delhi (13.02%), Assam (10.34%) and West Bengal (9.82%). Contrary to this, 16 States/UTs have recorded a significant decrease in Sex ratio. Notable reduction in sex ratio has been recorded in Daman & Diu (45.03%), Dadra & Nagar Haveli (18.19%), Goa (13.71%), Lakshadweep (9.25%) and Bihar (8.21%).

**Table 1.1: Gender inequalities- Some facts in India**

<b>Demographic Profile</b>				
<b>Population</b>	<b>Unit</b>	<b>1991</b>	<b>2001</b>	<b>2011</b>
Total	Crore	84.6	102.9	121.1
Female	Crore	40.7	49.6	58.7
Male	Crore	43.9	53.2	62.3
<b>Sex Ratio</b>				
All India		926	933	943
Rural		938	946	949

Urban		893	900	929
<b>Life expectancy</b>	<b>Years</b>	<b>2001-05</b>	<b>2006-10</b>	<b>2011-15</b>
Male		63.1	64.6	67.3
Female		65.6	67.7	69.6
<b>Literacy rate (7+ years)</b>	<b>%</b>	<b>1991</b>	<b>2001</b>	<b>2011</b>
All		52.21	64.84	72.99
Male		64.13	75.26	82.14
Female		39.29	53.67	65.46
<b>Higher Education</b>	<b>%</b>	<b>1950-51</b>	<b>2005-06</b>	<b>2013-14</b>
Total		N.A	11.16	21.1*
Male		N.A	13.5	22.3
Female		N.A	9.4	19.3

Reference: India Figures 2015, Ministry of Statistics and Programme Implementation

\*provisional

The evidence is shown in the above table that gender differences and inequalities persist at all levels and areas. According to Oxfam study, Gender inequalities is one of the world's oldest and pervasive disparities, and it is continuing till now. As of 2013, an estimated 767 million people lived below the international poverty line of \$1.90 a day (Progress towards the Sustainable Development Goals (E/2017/66. UN Women). UN Women and World Bank analysed the existing poverty data to submit in the special event of the Economic and Financial Committee of the UN General Assembly on 18th October, 2017 and found the gender differences in Poverty.

According to Global Micro Database (GMD) presented by the Kinnin Scott of the senior economist in the world Bank, women are more likely to be poor than men between the age of 20 to 34 years. Women are likely to be poor in their productive age than men. Poverty, combined with low education makes women to join in the unorganised sector. Women may accept to marry early in their period and produce children due to poor education, lack of access to resources and lack of access to health facilities at an early age. Children born for young, poor women may possess poor health like low weight, stunted growth and nutrition deficiency. Divorce, separation and widowhood also affect women more negatively than men. Divorced women in the 18-49 age group are more than twice as likely to be poor than divorced men in that same age group.

The research also showed that the poorest, single parents with children, and mothers with children might face a far higher risk of Poverty. Governments must consider all these factors before formulating policies to address poverty and inequalities.

“The greater likelihood of women not having an income of their own and the inequality in the division of unpaid care work, put women at a severe economic disadvantage compared to men, and at a higher risk of poverty,” says Shahra Razavi, Chief of Research and Data Section at UN Women. “

The evidence from Esther Boserup work on African Agriculture pattern in her book “Women’s Role in Economic Development” clearly brought out the women’s involvement in food production. But ownership of land is with men in most of the societies according to the Food and Agriculture Organization (FAO).

The World Economic Forum’s Global Gender Gap Index measures the extent of gender-based gaps in economic participation and opportunity, educational attainment, health and survival, and political empowerment. India ranked 112th position in 2019-2020, four places below from 2018 rank. India was 98th position in Global Gender Gap index 2006, and it has slipped in 112 positions in 2019-2020. India was 103 position with the score 0.962 2006 in health and survival. India has again moved backwards, and it has become the 150th position with the score 0.944. The Gender Gap Index assesses countries on how well they are dividing their resources and opportunities among their male and female populations, regardless of the overall levels of these resources and opportunities.

By providing a coherent framework for assessing and comparing global gender gaps and by revealing those countries that are role models in dividing these resources equitably between women and men, the Index catalyzes greater awareness as well as the greater exchange between policymakers. India is arguably amongst the most complex democracies in the world, with a long history of commitment to women’s welfare and empowerment through Constitutional provisions, legislation, policies and plans even while deep levels of structural gender bias persist within families, societies and economies. There are challenging opportunities and challenges, including continued high rates of economic growth in the face of a declining sex ratio, decreasing energy and natural resources, increasing income inequality and an urban-rural divide.

An informed and purposive approach to addressing the inequities of women’s social, political and economic exclusion, particularly amongst excluded groups, can no longer be viewed in terms of women’s issues. Instead, gender equality is a core prerequisite for sustainable and equitable economic growth. No discussion on women, gender, planning and policy can happen without addressing the context in which Indian women live and die. The links between women’s economic empowerment and the declining sex ratio are more important than at first glance. The constant undervaluing of women’s worth in economic and social terms and statistical ability to measure the differences has brought the issue to ahead.

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## 1.5 STATUS OF CHILDREN IN INDIA

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The life of the child starts in the mother’s womb. Once a woman conceives a baby, society expects a male child. If a woman delivers a girl baby, social institutions like family start discriminating women. Family start neglects the health of the mother and child. If a woman has a male baby, the family provides nutritious and sufficient food to a male child. Among Children, girls may face discrimination in the early stage. Family tends to discriminate adult family members too. Male members in the family get preference in getting nutritious and sufficient food and female members in the family likely to consume left over meals. According to a report by the United Nations Children’s Emergency Fund (UNICEF) in the year 2011 on **Status of Children in India A profile**, prevalence of anaemia among currently married women and girls in the age group of 15-19 years is very high. About 56 per cent of recently married women and girls in the

age-group 15-19 years have a lower haemoglobin level than 12 g/dl. Once a child grows up, the family provides education based on child sex. The concept of breadwinner plays a significant role in the education of the child. The male child expects to study well, and he is supposed to take care of the entire family economically. Thus, the family tends to provide quality education to boys, and girls can have an education if it is accessible and affordable. Due to discrimination in the early education, Girls grow up with less skilled and ended up joining in semi-skilled or low professional like the informal economy. They tend to earn less than their counterparts. It further reflects in every aspect. Low level of education affects their freedom to decide occupation, marriage, and it restricts women's mobility. It also impacts their sexuality and reproductive capacity.

The patriarchy and socialisation process decide the growth of the children. Society already perceives about children based on sex. Social institutions try to make everyone believe that a girl child should be brought in a particular manner, and boys should be brought in a certain way. This natural and individual cannot bring changes in the existing gender roles. Restricting the mobility of women and girl children particular way affect the growth and development of the girls. Low education affects women's capacity to decide on their own. It may reflect every aspect of their life. Low educated, unskilled women may accept to get married early in their life. Early marriage, lack of proper nutrition, conceiving a child at an early age may produce un nourished /malnourished child. This becomes a vicious cycle, and it may continue till women get proper education and get the capacity to decide their life on their own.

The life cycle of women and the problem faced by women in each life cycle period has been discussed in the following section. In India, when we look at the health indicators like Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), sex ratio, life expectancy at birth of women, the numbers are high compared to other developing countries. Apart from personal changes, it devalues their significance in the family and society.

In the following section, you will study the **life cycle approach** and how discrimination happens at each stage of women's life. We will discuss the life cycle approach in detail later in this Unit with more information.

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## 1.6 HUMAN DEVELOPMENT

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In this section, we will discuss women and child development from the human development perspective. Human Development approach provides people as a priority for development. The economy also important, but it enables people to enjoy full freedom, and it gives a choice to the people to pursue what they consider as development. According to this approach, a healthy economy must be created with necessary opportunities for the people to enjoy a healthy and long life with educational opportunities, a meaningful job, physical safety and democratic debate. Unlike other development approaches, Human development approach gives priorities to both male and female and children. Many focused on people's lives, still, they consider economic growth, macroeconomic stability, income and poverty reduction and improving people's lives are their priority areas—others who concentrate on sustained growth concern themselves with healthy, educated society with peace and stability. The second approach is based on human development approach. It also referred as human development and capability approach. It is focused on all peoples in the society and their freedoms. The notion of people's freedom can be found in the idea of Ubuntu in Southern Africa,



with liberation theology in Latin America and beyond with participatory development, community mobilisation, rights-based approaches, sustainable livelihoods and many other ethical approaches to development. It is applicable every country irrespective of whether they are developed or developing. Many perceived, theorised and developed indicators to measure human development in the society.

Nobel Laureate Amartya Sen's theory of capability approach provided the philosophical basis of human development. We need to note the contribution of Mehboob Ul Haq and Martha Nussbaum. The development of women and children are measured through various indicators like Sex ratio, Infant Mortality Rate (IMR), Maternal Mortality rate (MMR) so on, so forth as per human development approach.

### Check Your Progress: 1

**Note:** 1) Use the space below for your answers.

2) Compare your answers with those given at the end of this Unit.

1) What is Human Development Approach?

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## 1.7 LIFE CYCLE APPROACH

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This section is adapted and modified from the following website. [http://www.businessballs.com/erik\\_erikson\\_psychosocial\\_theory.htm#erikson's\\_basic\\_virtues](http://www.businessballs.com/erik_erikson_psychosocial_theory.htm#erikson's_basic_virtues)

Empowering women as a process, and it requires a life-cycle method. Therefore, every phase of their life counts as primacy in the planning process. Depending upon the progressive requirements at every stage, the female population has been characterized into five distinct sub-groups as the population anticipated for 2001 (Women and Children, 2007).

Human beings are born as infants and slowly pass through different stages and become adults. These stages constitute the life cycle. A life cycle is defined as the developmental stages that occur during an organism's lifetime. A life cycle ends when an organism dies.

For example, let us see the life cycle of plants. The life cycle of plants starts as seeds, and it sprouts as seedlings. Seedlings grow into offshoots and then become mature plants. Mature plants produce seeds. From these seeds life restarts. A life cycle may comprise more than 3 primary stages depending on the species. The exact names of each stage can also vary slightly depending on the species. Erik Erikson, a famous psychologist first published his eight-stage theory of human development in 1950 in his book "Childhood and Society". The chapter featuring the model is titled 'The Eight stages of Man'. Erikson developed his theory mainly from his extensive practical field research.

Erickson's eight-stage theory is relevant even in the present context. He explains how personality and behaviour develop in people. Erikson's theory is useful for teaching, parenting, self-awareness, managing and coaching, dealing with conflict, and general understanding self and others.

The table below shows Erickson’s eight stages of ‘psychosocial crisis stages’, age at each stage and life stage.

**Table 1.2: Erikson’s eight psychosocial stages**

Psycho- social Crisis Stage	Life Stage	age range, (other descriptions)
1. Trust v Mistrust	Infancy	0-1½ yrs baby (birth to walking)
2. Autonomy v Shame and Doubt	Early Childhood	1-3 yrs (toddler, toilet training)
3. Initiative v Guilt	Play Age	3-6 yrs (pre-school, nursery)
4. Industry v Inferiority	School Age	5-12 yrs (early school)
5. Identity v Role Confusion	Adolescence	9-18 yrs (puberty, teens*)
6. Intimacy v Isolation	Young Adult	18-40(courting,early parenthood)
7. Generativity v Stagnation	Adulthood	30-65 (middle age, parenting)
8. Integrity v Despair	Mature Age	50+ (old age, grandparents)

Ref:[http://www.businessballs.com/erik\\_erikson\\_psychosocial\\_theory.htm#erikson's\\_basic\\_virtues](http://www.businessballs.com/erik_erikson_psychosocial_theory.htm#erikson's_basic_virtues)

Erickson believes that the psychosocial crisis mentioned in each stage affects human beings’ development and personality. He said both positive and negative psychosocial situation in each stage. He derived the term ‘psychosocial’ from two words namely psychological (or the root, ‘psycho’ relating to the mind, brain, personality, etc.) and social (external relationships and environment). Erickson believes that his psychosocial principle is genetically inevitable in shaping human development occurring in all people. Erickson believes in nurturing of human personality and behaviour.

The term psychosocial is important in Erickson’s theory. As we have seen in the table, there are three columns. Erickson mentioned two words in column 1, namely ‘psychosocial crisis’. He said the word Trust Vs Mistrust during the infancy period. Successfully passing through each crisis in a particular stage is significant. The balance between trust versus mistrust helps human beings to pass through stage healthily. So, Erickson has given two words in each stage. One is positive, and the other is negative. These words are symbolic. Human beings may pass through both negative and positive experiences in each life stage. This does not mean that if someone goes through a high percentage of negativity in one stage, she/he cannot come out. One can quickly come out from negativity if we consciously pass through it. After looking at Erickson’s stages of human development, let us see how women face a crisis in each stage.

**Infancy** - (0-1 yrs 6 months): Once the family and society come to know about the birth of the girl child, they commit female infanticide, and such cases are reported in many parts of the country. Even if the girl child survives, they may get discriminated viz., without giving nutritious food and asking mother not to feed girl child properly. Before birth, sex-selective abortion is prevalent. Due to sex-selective abortion, the sex ratio is low in India. The following table gives you the sex ratio of select few states in India.

**Table 1.3: Sex ratio in a few States of India**

Sl.No.	States	Sex Ratio	Child Sex Ratio
1.	Kerala	1084(highest)	964
2.	Puducherry	1037	967
3.	Tamil Nadu	996	943
4.	Andhra Pradesh	993	939
5.	Chattishgarh	991	969 (highest)
6.	Haryana	879	834
7.	Andaman and Nicobar Islands	876	968
8.	Delhi	868	871(lowest)
9.	Chandigarh	818	880
10.	Dadra Nagar Haveli	774(lowest)	926

Computed: Census of India, 2011

**Early Childhood (toddler, and toilet training)- 1-3 yrs:** Like infant stages, girls are discriminated based on food; clothing and the socialisation process in this Age too.

**Play Age (pre-school, nursery) -3-6 yrs:** Family may not prefer to send their girl child to play school. They may get discriminated for food, clothing and medical care.

**School Age (early school) 5 -12 yrs:** Girls are socialised to take care of the younger siblings at this stage. If there is more work at home, girls are asked to discontinue their studies. In India, children (girls and boys) complete primary schooling at the Age of 10. In many parts of the country, the upper primary, high and higher secondary school may not be available in a closer vicinity. In that case, the family refused to send a girl child for schooling to faraway school. Lack of education can have a severe impact on the decision making of the girl, including on the health front. Girl children also face a lack of medical aid. They may also face physical violence.

**Adolescence (puberty, teens ages) -9-18 yrs:** Concerning a girl child, this is the Age for attaining puberty. They need psychosocial counselling and medical attention to understand the puberty. Family and society do not address their need. Schools, communities and governments at the local level must help the girls to understand physical and physiological changes in their body.

**Young Adult (courting, early parenthood) 18-40:** As an adult and adolescent women, they may face the problem of early marriage, withdrawal of support to continue education, early and repeated pregnancy, sexual violence and domestic violence. Maternal health remains a grave concern at this stage. The common cause for maternal deaths in India is haemorrhage, abortion, infection, obstructed labour, eclampsia (blood pressure during pregnancy), sepsis and anaemia.

**Adulthood (30-65):** Domestic and sexual violence, stress, triple burden are some of the issues women face during this period.

**Mature age (old age, grandparents) 50 +:** Like the previous stage, violence is the major problem women face in this stage too. The family may abandon woman again and may force to leave home.

The following two case studies will help you to appreciate government initiatives of two State governments in India to address the health concerns of all, mostly women and children. The Case study Tamil Nadu shows the overall improvement in public health. In this process, women and children are benefitted, and essential health indicators like Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Child Mortality Rate (CMR) have been reduced.

The following case may provide better understanding about child development in her/his early life. The case study is developed and published by the UNICEF. We have adopted the case study to make our learners to understand the gravity of the situation at the grassroots from their website. The link is given below.

<https://www.unicef.org/india/stories/memories-stillborn-child>

08 October 2020

*“I don’t blame anyone. The nurses in the hospital said I should have come earlier. But what has happened has happened,” says Golapi (33), reminiscing her grief of giving birth to a stillborn baby boy through caesarean section. She does not want to relive those days of trauma and pain that followed when her third child was born stillbirth. Golapi never got a chance to go to school. Her life in the remote Jambahali village of Nunpur Panchayat in Kalahandi district, Odisha, rural India, is a mix of household work, occasional farming in the fields and taking care of her husband Bashistha Rana and two children – a 15-year-old daughter and six-year-old son.*

*Golapi had been diligently following the instructions of the village health worker and had been regularly going for her antenatal check-up visits. In early June 2020, the auxiliary nurse midwife (ANM) had identified hypertension during her pregnancy as a “high risk” condition and had referred her to the nearest community health centre, 30 kilometres away in Tusra, for further check-up. Her family, however, took her to the district headquarter hospital (DHH) in Bolangir. She had given birth to her first child at the DHH and had planned the delivery of her third child too there. She was given medicines for high blood pressure and an ultrasound revealed that the baby was fine and weighed around 3.2 kilograms. After a four-day stay at the hospital, Golapi returned home.*

*However, a week later, her placenta gave way and she could feel that the baby was not moving. The decision to go to the hospital, followed by locating and hiring a vehicle took more than two hours. The couple set out to the community health centre in Tusra, which took more than an hour to reach. The doctors there referred her to DHH Bolangir, where she delivered by a caesarean section and gave birth to a stillborn baby. The doctors explained to her that she “should have come earlier.”*

*But how early could Golapi have come? The nearest community health centre is 30 kilometres away in Tusra and the closest large, well-equipped hospital – the District Headquarter Hospital – is 70 kilometres away in Bolangir from Jambahali. The road conditions are low, and it takes more than three hours to reach Bolangir.*

*High blood pressure leading to separation of the placenta in the womb was the most likely cause of stillbirth and could have been prevented if Golapi was able to reach the hospital on time. It could have helped manage her condition of pre-eclampsia leading to separation of the placenta in the womb.*

*Socially, the reasons for stillbirth can be traced back to her pregnancy as an adolescent. Early pregnancies usually leave life-long impacts.*

### **India committed to bringing down stillbirth rate.**

*“India has made considerable progress in reducing stillbirths in the past few years. It is heartening to see the high-level of political commitment and investment towards ending preventable stillbirth deaths in the country. Every stillborn baby is a tragedy. A vast majority of stillbirths can be prevented through a strong primary health care system. It is our joint responsibility to ensure that every woman is aware of, and adopts healthy behaviours and practices during pregnancy. It is critical that women receive timely access to skilled and quality care before and during childbirth,” says Dr Yasmin Ali Haque, UNICEF India Representative.*

*Pre-existing health conditions, adolescent pregnancies, infections during pregnancy, high rates of anaemia among pregnant mothers, conditions like pre-eclampsia, inadequate access to quality services and poverty are some known factors that contribute to the high rate of stillbirths. A majority of the cases occur during delivery or during the last weeks of pregnancy. India has committed to reduce further the number of stillbirths, as part of its agenda to improve maternal and newborn health.*

*Arti Senapati, an auxiliary nurse midwife (ANM), who has helped countless women in rural Odisha to have safe pregnancies over the last 32 years, says, “I know of women who get to eat only rice with a small portion of onions, chillies or a few pieces of vegetables. Then there are those, who continue to do hard labour even during the advanced stage of pregnancy. Early marriages and frequent pregnancies also increase the risk of stillbirths.”*

*Over the three decades of her career, Arti has seen progress in the number of stillbirths coming down. “There have been several initiatives by the government and more women today are aware that they need to go to the local health worker during their pregnancy, take Iron Folic Acid supplements and take the mandatory immunization shots. I also see women wanting to report to the hospital before their due date,” she adds.*

*“Birth spacing to prevent frequent pregnancies also needs a bigger push. Women in tribal communities also need more support as they report several health issues during pregnancy,” Arti says.*

*Golapi, since, has undergone tubectomy. “I already have two children and do not want any more,” she says. While she may have reconciled with the difficult experience and does “not want to relive the trauma,” there are many women who can’t forego the memories of their pregnancy and the trauma of the loss of their child.*

*As an ANM and a mother herself, Arti understands the deep pain women undergo post stillbirth. She stresses the need to be by the mother’s side and provide her*

*and the family emotional support. "I remember a young tribal woman who lost her first child and was traumatized by the grief. I stayed in regular touch with her and counselled her. Later she gave birth to a healthy child," she says.*

The above case study clearly taught us the significance of marrying at right age, proper nutrition, accessing health facilities, accessible and affordable health services, nutritious meal for pregnant women and infant to make our society healthy and developed.

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## **1.8 ROLE OF MEDIA IN WOMEN AND CHILD DEVELOPMENT**

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Mass Media play a significant role in bringing awareness about development issues. In the era of neo-liberal economy and getting accessed smart phones is affordable. Thus, mass media, including content streamed through smartphones through phone apps, can be used in both positive and negative manner. It is significant to use mass media positively to make society a better place for all. Mass media may negatively portray women due to patriarchy and socialisation process. It is significant to understand the existing gender socialisation to depict women and children in a dignified manner to bring development among them on par with male members in society.

The status of women and girls within the society should be acknowledged. Secondly, National Crime Record Bureau (NCRB) publishes data on crimes against women in various sections regularly. Not only publishing the data by the media, but it should also further analyse the data, and periodically publish to bring more extensive awareness among masses on gender-based violence (GBV) in the society. Media must stop publishing stories, which explicitly or implicitly demeaning, degrading and negative conventional stereotypical images of women. Private players control a significant percentage of mass media. It must make sure that women can also access equally like male members at all levels in the media industry. Media houses can design and develop gender-based code of conducts, professional guidelines to ensure the entire space is gender-sensitive.

It must provide compulsory gender sensitisation training to all to remove gender stereotypes, and it must encourage to publish development news and views to bring development for all. As we have seen in the human development approach, development of women measured by accounting disparities between male and female in the select indicators. United Nations publish World Human development report every year and we can see the country's position and progress through these reports. The media need to highlight the position of the country widely to make all stakeholders sensitize on the significance of developing all along with economic development.

Secondly, we have seen the life cycle approach in this Unit. Children especially girl child and women, suffers every stage of their life. It starts with the birth of a girl child. One can understand the discrimination of infant based on sex, violence against women and girls through the data in this Unit. Government publishes gender-disaggregated data at the state level and district level regularly. It is the responsibility of the media to highlight the women and children's status and position through these indicators. It is also essential to analyse the data and highlight the causes and consequences along with best practices.

Violence against women is pressing issues. All forms of violence against women, physical and psychological, whether at the domestic or communal levels, including those arising from practices, rituals or accepted beliefs should be published regularly with gender-sensitive manner to disregard these incidences. Rights of the Girl Child - All forms of discrimination against the girl child and violation of her rights should be eliminated by undertaking strong procedures, both preventive and punitive within and outside the family. These would communicate precisely to the society by the mass media.

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## 1.9 LET US SUM UP

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We have seen the development of women and child from the perspective of human development and life cycle approach. It is essential to bring development among women and child on a par with their counterparts, male members. We understood women and child development through development indicators. We have concentrated the development by looking at the health data. If we further expand our analyses, they still far behind male members in society. Thus, creating opportunities and expanding choices for women and children is vital to make them developed.

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## 1.10 KEYWORDS

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**Patriarchy:** This term “patriarchy” derives from nineteenth century anthropology and literally means ‘the rule of the father’ (from latin, pater is father and arche is rule).

**Gender Socialisation:** It is the process of learning societal expectations, attitudes and behaviours associated with boys and girls. Once a child born, they society expects social institutions like family to bring a child in a way society expects.

**Maternal Mortality Rate:** Maternal Mortality Ratio is number of women who die from pregnancy related causes while pregnant or within 42 days of pregnancy termination per 100000 live births.

**Infant Mortality Rate:** Number of infant deaths in a single year out of every 1,000 live births that year

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## 1.12 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

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### Check Your Progress: 1

1. It provides people for developments please refer 1.6 for elaborate answer.