

<b>Name:</b>			
<b>Enrolment No:</b>			
<div><div>UPES</div><div>End Semester Examination, May 2025</div><div><div>Course: Education and Human Development</div><div>Program: BAPP</div><div>Course Code: BAPP3017P</div></div><div><div>Semester: VI</div><div>Time: 03 hrs.</div><div>Max. Marks: 100</div></div></div>			
<b>Instructions:</b>			
<div>SECTION A</div> <div>10Qx2M=20Marks</div>			
S. No.		Marks	CO
Q 1	What is one major reason why education has fallen off the policy radar? a. Lack of evidence on its impact b. Competition from other pressing global crises c. Decline in population growth d. Overfunding of education	2	CO1
Q2	Which organization highlights the importance of education for resilience and societal well-being? a. World Bank b. OECD c. UNESCO d. G7	2	CO1
Q3	Which country has achieved significant progress in educating girls and reducing the risk of extremist violence through education policies? a. Afghanistan b. Bangladesh c. Rwanda d. South Africa	2	CO1
Q4	Which education act in South Africa centralized education for black students during apartheid? a. National Education Policy Act b. South African Schools Act c. Bantu Education Act d. Education White Paper 3	2	CO1
Q5	Human development refers to: a. Economic growth only b. Expansion of income and wealth c. Enlargement of people’s freedoms and capabilities d. Urban infrastructure development	2	CO1
Q6	Education contributes to human development by:	2	CO1

	<ul style="list-style-type: none"> <li>a. Restricting choices</li> <li>b. Promoting dependency</li> <li>c. Enhancing capabilities and choices</li> <li>d. Limiting social mobility</li> </ul>		
Q7	Education helps reduce poverty by: <ul style="list-style-type: none"> <li>a. Encouraging inequality</li> <li>b. Enhancing employability</li> <li>c. Lowering aspirations</li> <li>d. Raising consumption only</li> </ul>	<b>2</b>	<b>CO1</b>
Q8	Education improves public health by: <ul style="list-style-type: none"> <li>a. Promoting unhealthy lifestyles</li> <li>b. Increasing superstition</li> <li>c. Raising awareness about hygiene, nutrition, and disease</li> <li>d. Reducing medical facilities</li> </ul>	<b>2</b>	<b>CO1</b>
Q9	The Right to Education (RTE) Act in India guarantees: <ul style="list-style-type: none"> <li>a. Higher education</li> <li>b. Free and compulsory education for children aged 6–14</li> <li>c. Adult literacy</li> <li>d. Vocational training</li> </ul>	<b>2</b>	<b>CO1</b>
Q10	Sustainable Development Goal 4 (SDG-4) focuses on: <ul style="list-style-type: none"> <li>a. Clean energy</li> <li>b. Quality education for all</li> <li>c. Water sanitation</li> <li>d. Industrial growth</li> </ul>	<b>2</b>	<b>CO1</b>
<b>SECTION B</b> <b>4Qx5M= 20 Marks</b>			
Q 11	Why are measurement issues crucial when assessing the relationship between education and economic growth?	<b>5</b>	<b>CO2</b>
Q12	Do you agree that international education and development is a fragmented field? Why/Why not?	<b>5</b>	<b>CO2</b>
Q13	Why is the role of education in humanitarian emergencies often marginalized in policy and practice?	<b>5</b>	<b>CO2</b>
Q14	What lessons can be learned from small island developing states in promoting education for sustainability?	<b>5</b>	<b>CO2</b>
<b>SECTION-C</b> <b>3Qx10M=30 Marks</b>			
Q 15	Explain how Education for Sustainable Development (ESD) empowers learners to take meaningful action against climate change, and what role does the Greening Education Partnership play in this process?	<b>10</b>	<b>CO3</b>
Q16	Discuss the implications of locally relevant education for rural transformation and livelihoods.	<b>10</b>	<b>CO3</b>
Q17	Evaluate the effectiveness of the Capability Approach in addressing gender inequality in education using the case studies of Rwanda and Saudi Arabia.	<b>10</b>	<b>CO3</b>

**SECTION-D**  
**2Qx15M= 30 Marks**

Q 18	<p style="text-align: center;"><b>Case Study: The Impact of Stunting on School Enrollment and Completion in Ethiopia</b></p> <p>Ethiopia has one of the highest stunting rates in the world, with over 40% of children under five being stunted. Malnutrition affects cognitive development, weakens the immune system, and reduces physical growth, which negatively impacts school readiness. Stunted children are more likely to enroll late, attend irregularly, and drop out before completing primary school</p> <p><b>Key Findings: The Link Between Stunting and Education</b></p> <p>Data from children aged 12–13 years shows that those who had higher height-for-age scores were more likely to have enrolled in school on time. Children who were never enrolled in school had the lowest average height-for-age scores (-1.96), suggesting a strong correlation between malnutrition and educational exclusion. Children who dropped out of school had an average height-for-age z-score of -1.57, which is still significantly lower than those who continued their education. This indicates that poor early-life nutrition contributes to lower school participation and completion rates. Some children attend school but struggle with learning due to the long-term cognitive effects of malnutrition. These children (silent exclusion group) had a height-for-age z-score of -1.20, meaning they were better off than dropouts but still suffered from the consequences of poor nutrition. Children with meaningful school access had the highest height-for-age z-scores (-0.87), confirming that better nutrition is linked to better educational outcomes.</p> <p><b>Key Challenges and Barriers in Ethiopia</b></p> <p>Stunted children often start school later than their peers, leading to overage enrolment. Overage students face a higher risk of dropping out before completing primary school. Malnourished children frequently suffer from illnesses, fatigue, and low energy, reducing their ability to attend school consistently. Children with irregular school attendance had lower height-for-age scores, showing a direct link between nutrition and participation. Families in extreme poverty often prioritize work over education, further increasing the likelihood of nutritional and educational deprivation. Stunted children are twice as likely to come from the poorest households, reinforcing the cycle of poverty, malnutrition, and educational exclusion.</p> <p><b>Policy Recommendations</b></p> <p>School feeding programs have been proven to reduce stunting, improve school attendance, and enhance learning outcomes. Ethiopia should expand nutrient-rich meal programs in schools, particularly in rural areas. Interventions such as micronutrient supplementation, breastfeeding</p>	30	CO4
------	--	----	-----

	<p>support, and maternal nutrition programs can reduce stunting rates. Investment in the first 1,000 days of life (from conception to age two) is critical to prevent long-term cognitive and physical impairments. Educating parents about the importance of nutrition and early childhood development can improve household food practices. Mother's education levels are directly linked to lower stunting rates, highlighting the need for women's literacy and empowerment programs. Improved access to healthcare, clean water, and sanitation can reduce childhood infections that contribute to malnutrition. School-based deworming and vitamin supplementation programs should be expanded.</p> <p>Analyze the correlation between malnutrition (as measured by height-for-age z-scores) and school dropout or late enrollment in Ethiopia.</p> <p>"Stunting is not just a health issue but a critical barrier to educational success." Discuss with reference to the Ethiopian case study.</p> <p>Do you think nutrition should be included as an education policy concern? Justify your answer with evidence.</p>		
--	---	--	--