Initiating Population Education Club

By

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Introduction

INTRODUCTION

Every generation has had its own problems but the ever increasing population may be viewed as the super problem of the present generation (Salkar, 1986).

Population, pollution and poverty are the burning problems of today which threatens the world. The problem of excessive population growth is a delicate and difficult one, it is overlaid with emotion. It is a controversial complex (Patil, 1989).

If the population problem is not dealt with reasonably, it will infact explode, explode in suffering, explode in violence and explode in humanity (Macnamara,1989).

Since the beginning of the present century the population of India has decreased only once during the decade 1911-1921. Prior to 1921 the population of India increased at a very slow pace. However, after 1921 it increased steadily and the population of 1931 almost doubled by 1971. It is estimated that since 1981, however, the birth rate has remained more or less stationary and

there has been a marginal decline in death rate due to fall in infant mortality rate. Fall in death rate means not only survival of more people, but also, that those who survive live longer.

India, with a population of 685 million is the second most populous country in the world, next to China which has already 1.2 billion population. As per 1981 census, the population of India is growing at a rate of more than 2 per cent per annum. In fact the population of India has more than doubled since indepdence (Lakshmana, 1988).

The population explosion in the Third world is held to be one of the most serious threats to successful development (Bhan, 1973).

One of the major causes for the rapid growth of population is due to the sharp fall in the death rate. Major communicable diseases like cholera, small pox and malaria have been nearly brought under control. The widespread use of antibiotics, vaccination and other health measures have greatly reduced many infectious diseases. And in response to these relatively improved health conditions

life expectancy has risen from 32 years in 1950 to 54.6 in 1981 (Sarangapani, 1989).

Rapid population growth reduces per capita income, deteriorates the standards of living, hits savings, increases unemployment, results in high prices, retard industrialisation, mass production, creates cereal and protein gap, add to illiteracy, ignorance, disease and squalor, leads to fall in standards of education, housing and health, creates environmental problems and affects social services and social security measures (Madhava, 1974).

The demographic situation in India though quite serious, is not out of control. The measures taken by government to meet the challenge of population growth consists of a two-prolonged approach: (1) Clinical approach and (2) Educational approach. It may be observed from the available statistics that 42 per cent of our population is in the age group 0-14 years. Considering that the fertility of women is limited between the ages of 15 to 45 years, our clinical approach in the form of Family Planning Programme covers hardly 37 percent of population. Therefore, the educational approach which will cover 42 percent of population in the age group 0-14 years acquire

an important dimension, because it is this group which will decide about the population trends in the next one or two decades. Hence necessary population awareness is to be created in them. This new trend in education is named as population Education (Salkar,1986).

Mouli (1974) suggested that it is an utmost need to persuade not only the present adult of child bearing age but their mother in law and grand parents also.

UNESCO (1970) has defined population Education as follows : "Population Education is an educational programme which provides for a study of the population situation in the family, community, Nation and world, with the purpose of developing in the students rational and responsible attitude and behaviour towards the situation.

Viederman (1974) opined that population Education may be termed as an educational process which assists persons as to learn the probable causes and consequences of population phenomena for themselves and their communities (b) to define for themselves and their communities the nature of the problems associated with

population processes and characteristics and (c) to assess the possible effective means by which the society as a whole and she as an individual can respond to and influence these processes in order to enhance the quality of life now and in the future.

Murugavel (1989) also emphasised the aim of population education is to help, promote the well being and higher quality of life not for a few or for the privilaged but for all humanity.

Population Education is one of the means to bring the required change in younger generation, in their opinion, attitude, behaviour and values (Simon, 1983).

Thus Education of the people appears therefore to be the most potent force which may generate necessary energy among the masses and enable them to think seriously about the problem of phenomenal population, which is the root cause of our economic and social evils (Salkar, 1986).

Most developing countries have a national policy and programme for birth control. Ideas about family planning and birth control are communicated to the people

through mass media such as wall paintings, posters, pamphlets, books, films radio-broadcasts and TV etc. Mass media has not been a effective approach to control the population. Therefore population phenomenon need to be systematically imparted through well planned programmes of population explosion (Murugavel, 1989).

Realising the need for population education particularly among women, the investigator has undertaken this study to impart knowledge and create an awareness of population explosion.

The good rapport established by the students of Avinashilingam Deemed University, at Kannappanagar, of Coimbatore Corporation, motivated the investigator to select this area. Of the ten adult education centres run by the University in this area, the investigator selected two centres comprising 50 women for the study.

Following are the major objectives of the study.

1. To make the community aware of the dynamics of population and its causes and consequences.
2. To educate them on the various Family Welfare Programmes.
3. To impart knowledge on Health Hygiene and Nutrition.
4. To stress the importance of small family norm.

Review of Literature

II. REVIEW OF LITERATURE

The important aspects of population Education was reviewed under the following heads:

A. Concept of population Education

B. Aims and objectives of population Education

C. Needs and importance of population Education and

D. Studies related to population Education.

A. Concept of Population Education

The demographers viewed concept of population Education in this way.

Viederman (1974) was of the opinions that, population education is not a euphemism for birth control or family planning education, although information concerning both might be included in the content of the programme. Similarly it is not a programme designed to persuade people to have a particular size family, either large or small. It is an effort to show the interrelations

between the public and the personal in the hope that individual and public decisions will result in an enhanced quality of life for all, they are educational programmes for social responsibility.

Chandra sekhar (1983) stated that population education is the economics, sociology and statistics of the growth of population, its distribution and its relation to the level of living and its ultimate economic and social consequences in relation to a welfare economy.

Poffenberger (1971) viewed population education as a part of educational policy and provides impetus for change within the educational system. Population education is also a part of population policy and provides support for it. In population terms population education programmes have been designed to give each Population actor greater mastery of the consequences of his actions for himself and others, and the knowledge necessary to take steps open to him and the society to influence population trends.

According to Sarangapani (1973) population is not a problem to be controlled, but rather as a

phenomenon-both social and biological to be understood. The goals of population education are to develop an understanding of the impacts of population characteristics and process of National Development both in the short and long run; as well as their impacts on the individual and family. Thus population education deals with society at both the macro and micro levels. As such it serves dual purpose.

Thiagarajan (1974) defined population education as "education aimed at providing an awareness of the population problem in the broad perspective of building a social order of equality and economic justice leading to a welfare state through the process of internationalisation of positive attitude and emphasising the belief that man can control and determine the course of action, of himself, on his family and his community.

Mostly accepted definition is "Population education is an education aiming at providing an awareness of the population problem." As the definition says, it creates a population awareness in the minds of the people UNESCO, 1974).

Yadav (1974) divided the study of population education into three variables, namely demographic landscape, population and resources and population and and environment ecology, with the purpose of developing rational attitudes, values and behaviour among the target group. It is not merely an awareness, but it is much more than that. It prepares the future citizens to strike the functional balance among the various components of population demography, resources, and environment ecology and thereby to achieve better quality of life is universally accepted, as a desirable norm of population Education. Population education thus aims at the development of :

i) Fundamental knowledge/information of population dynamics
ii) Conceptual frame work
iii) Attitude and values
iv) Guidelines for policy decisions and skill development
v) Citizenship

Gajendragadkar (1971) has observed that population education is a part-a very significant part of a comprehensive dynamic programme of education in social values.

B. Aims and objectives of population Education :

Anantapadmanabhan (1978) reviewed the objectives of population education as follows.

i. To develop an understanding of the components of population growth, birth rate, death rate and growth rate etc.

ii. To develop an understanding of the trends of the population growth at national and international levels.

iii. To develop an understanding that population increases due to the widening gap between birth rate and death rate.

iv. To develop an understanding that in India the dependency ratio is much higher as compared to many other countries.

v. To develop a positive attitude towards small family norm.

Bhan (1972) felt that the objective of population education course is to create an awarness among the youth that a rapid growth of population will come in the way of achieving a good standard of living and to

develop a commitment in them towards a better standard of living for himself and the society.

According to Thiagarajan (1982) the specific objectives of population education are :

1. To acquire insightful awareness about present population trends, unprecedented rate of population growth and estimated further projections of population growth for different countries and the world.

2. To develop a deep realisation of the implications of population trends in a country in relation to health, food, transport, housing, pollution of the environment, education, employment, percapita income, natural resources and such other factors.

3. To develop insight into the relationship between implications of population growth and the quality of life in the family and the nation.

Uma shankar (1977) is of the opinion that population education aims at preparing the people for realising their responsibilities and role in helping a nation in achieving an optimum population which could enjoy

better quality of life. Thus, the concept of population education is positive to make family life and life of the children richer, more counterfed, more prosperous and more happy. With these objectives in view, mass media and adult education programmes have directed their efforts to create general consciousness in the people about the population problem and population control.

Mortezo (1983) says that population education programmes seeks to increase among school leavers awareness of population and its various implications and also encourages the youth to marry at an age when they are economically self-reliant, socially responsible and mature.

C. Needs and importance of population Education :

Mouli (1974) stated that it is needless to stress the importance of education for the welfare of human beings. Education is also a pre-requisite for a happy, prosperous, peaceful and an enlightened life so is the case with "population education". An exploding situation, what we call as "population explosion", can

only be controlled by imparting this type of education. Thus the importance of population education has got a longway to go and is not simple negligeble.

To improve life in our complex environment, people must understand the basic forces at work in a constantly changing ecological and social system. In order to grasp how demographic trends affect these systems one must first understand how they inter-relate with the forces of technology, political and economic institutions and cultural values (Sushama,1984).

Sharma (1986) is of the opinion that the capacity of thinking rationally can come through good education and, thus, to enable people to acquire that capacity we have to educate them properly and adequately. Thus a top priority has to be given to educating people if we want to reduce our birth rates.

According to Sharma (1982) for the immediate solution of the problem of rapidly increasing population, it is essential that the illiterate adult women are acquainted with the problem and are known to the need and importance of family planning and family

welfare programmes. It would not only enhance their own happy lives but also the lives of their children who would be healthy and happy indeed. For this very purpose, they should be encouraged to form clubs, so as to organise healthy recreational programmes in which stories and talks on different useful matters can take place.

Tata (1987) stated that literacy programmes, particularly amongst girls and young women, would be a most effective instrument in reducing the birth rate, quite apart from its immensely beneficial contribution to the task of eradicating the ignorance, discrimination, injustice and other evils which continue to plague our long suffering women.

Rama Rao (1988) viewed that infant mortality rate could be reduced by better health care, by increasing literacy among women and by educating the people on health, sanitation, nutrition and cleanliness.

D. Studies related to population Education

Gopalan (1971) conducted a study on acceptance of contraceptive methods and found that educating

the wife alone was found to be good as educating both wife and husband. Acceptance rates were higher if respondents believed that friends, neighbours and relatives were practising contraception.

A study was conducted by Rasheed (1978) to assess the awareness of unmarried girls regarding population, human reproduction and Family Planning. Awareness on population problem at the national and family level was present in 69.7% and 77.4% respectively. About half of the students 47.2% had relevant knowledge on menstruation and only few (28.9%) were aware of the facts related to child birth, 72.5% girls know about family planning but only 32% had heard of constraceptive techniques. Recommendation for introducing the subject "Population and Family welfare Education" in the school curricula is suggested.

Dias (1978) conducted a survey to assess as to what extent the message of family planning had reached and influenced a rural community. Findings reveals that they had a fair knowledge of the methods of contraception, its actual practice was poor. The hospital could be provided with more facilities in order to promote family planning.

Veena et al (1979) conducted a study among intermediate college students in Kanpur to assess the knowledge of them regarding population dynamics. It was found to be poor, girls seemed to be better informed than boys with respect to information on human reproduction. An assessment of the students knowledge about family planning methods reveals that girls knew more about female methods. While boys knew more about male methods. None of the students wants to have more than 4 children when asked as to how many children they would like to have in the future, while none of them wants to have only one child.

Thacker (1980) Made an attempt to examine the pattern of grwoth of population during the period of five year plans in India and explore the process by which various measures of population control can be made more effectively. It is pointed out that the actual number of population has increased from 36% million in 1951 to 68.5 million in 1980. The birth rate has come down from 41 per 1,000 persons in 1951 to 33 persons in 1978. The death rate has declined from 27 per 1000 persons to 15 persons in 1978. The rate of effectively protected couples by family planning measure has declined from 24 per cent in 1975 to 22 per cent in 1978. It indicated that affect of family planning was declining. To make

it more effective the author has called for "population education with effective management".

Som and Gupta (1980) made an attempt to investigate the opinion on the optimum number of children and attitude towards family planning in Calcutta The finds of study are as follows.

Among the Muslim respondents 34 persons considered 3 children only as optimum size and 44 persons considered 6 children as optimum. Of the rural Hindu respondents 74 persons considered that 3 children were enough for a family and 78 persons considered that 6 children in a family are not of optimum size. In general Hindu respondents appear more favourable towards the concept of small family than muslims.

An attempt was made mainly to assess knowledge of people of Andrapradesh and Bihar about various infectious diseases and their health practices pertinent to child and mother. The study indicated a very poor knowledge among the people about the various infectious diseases and the protections against them. Knowledge of child and maternity care was also considerably low among the people. The findings underlined the urgency of taking

immediate measures to improve the existing medical services particularly in rural areas and also to educate people about health practices and maternity care (Khan et al, 1981).

Sawhney (1982) conducted a survey among university girl students at Lucknow to assess the attitude of girl students towards their marriage plans, desired family size and its composition and acceptance of small family norm. The findings reveal that there is every possibility that they will plan their families later on when they enter into the married life.

This study helped in understanding the views of students need for introducing the subject on population education at every level of education and also accelerating the educational media for illiterate masses particularly youth.

Singh (1989) conducted a study after selecting a sample of twenty illiterate workers and pre-testing them for their level of awareness, the four-month awareness development programme was given to them. It is evident that the workers' awareness scores ranged from

17 to 44 at the pre-test stage whereas the scores ranged from 47-67 at the post test stage.

To conclude it was of significance that there was an improvement in the level of workers' awareness after they had the awareness development programme.

Methodology

III. METHODOLOGY

The procedure pertaining to this study involves the following aspects.

A. Planning the programme

B. Conducting the programme and

C. Evaluating the programme

A. Planning the programme :

This aspect includes the following steps.

1. Selection of the area
2. Selection of the sample
3. Selection of the method and collection of data

1. Selection of the Area

Kannappanagar, a slum of Sanganoor division in Coimbatore Corporation, was selected for this study. The slum was situated five kilometers away from the University. It has been one of the 10 adopted slums of the University for Mass Literacy Programme (MLP), as assigned by the Collector of Coimbatore under UGC. Since

adult education was being carried out continuously it was felt that population education inputs in the same area would bring about holistic development of the slum dwellers, hence this area was chosen. (Fig. 1).

2. Selection of the samples:

Two hundred married women at random between the age group of 15-45 were interviewed to find out their knowledge about population and other related aspects and their interest to join the club. It was found from their response that eighty five women had undergone family planning measures. From the remaining 115, 50 women came forward to join the club.

3. Selection of the method and collection of data :

Required information from the respondents was collected using an interview schedule (Appendix I). Schedule is the name usually applied to a set of questions which are asked and filled by an interviewer in a face situation with another (Sidhu, 1984). There are three important phases in the interview, a rapport building, probing and recording of responses (Sharma, 1984). The interview schedule was pretested with pilot study.

FIGURE - 1

LOCALE OF THE PROJECT

After establishing rapport with the people, the interview schedule was administered to 50 interested women. They were asked to give their opinions on population, population explosion, Consequences of over population, and the advantages of small family etc.

Their opinions on the above are discussed in the following tables.

Womens' knowledge of population explosion :

The knowledge of the respondents about population explosion is shown in table I.

TABLE I

KNOWLEDGE OF WOMEN ABOUT POPULATION EXPLOSION

S.No.	Aspects	Number of persons responding : 50
1.	Increase in population	19
2.	Increase in births	8
3.	Large family (size)	2
4.	Condition when birth rate is more than the death rate	0
5.	Not aware	21

The above table enlightens the investigator their knowledge of population explosion. Twenty one respondents were not aware of that word itself. It shows their ignorance on population explosion. According to nineteen respondents population explosion is nothing but increase in population. Eight respondents were of the opinion that population explosion means increase in the number of child births. Two respondents had given their opinion that population explosion is nothing but large family.

Response of the women towards the measures taken by the Government to control population explosion :

Table II shows the knowledge of the respondents regarding the measures taken by the government to control population explosion.

TABLE II

MEASURES TAKEN BY THE GOVERNMENT TO CONTROL POPULATION EXPLOSION

S.No.	Measures of the Government	Number of persons responding : 50
1.	Family welfare programme	10
2.	Contraceptive service and sterilising facilities	24
3.	Population Education	0
4.	Increase in the age at marriage	4
5.	Not aware	12

It is interesting to note that twenty four respondents had replied that the measures of contraceptive service and sterilising facilities could control population

explosion. 10 respondents were aware of the family welfare programmes and only a few respondents were aware of the new government policy on the increase of age at marriage. Twelve respondents were not aware of any of these measures.

It was disheartening to note that not one of them knew about the term population education. It induced the investigator to work more on the same.

Sources of information on population explosion as expressed by the respondents :

Table III shows the sources of information on population explosion.

TABLE III

SOURCES OF INFORMATION ON POPULATION EXPLOSION

Sl. No.	Sources of information	Number of persons responding : 50
1.	Radio	18
2.	Motion picture	10
3.	T.V.	5
4.	Newspapers, books	2
5.	Others	8
6.	Not aware	7

It was observed that out of 50 respondents, eighteen had gained their knowledge on population through the most effective media of communication that is Radio. Ten respondents had learnt about population explosion through another effective media motion picture. Only five respondents replied that they had gained knowledge about population explosion through T.V. since many of them did not own Televisions. Eight respondents had learnt about the population explosion through display Board, posters and advertisements about family planning on the walls.

Response of the women towards the ideal size of a family:

The respondents had expressed their opinion on the ideal size of a family as shown in Table IV.

TABLE - IV

IDEAL SIZE OF A FAMILY AS EXPRESSED BY THE RESPONDENTS

S.No.	Family Size	Number of persons responding : 50
1.	1 - 3	6
2.	4 - 5	42
3.	6 - 7	1
4.	Not aware	1

It was observed that out of 50 respondents 42 were of the opinion that 4-5 members in a family and 6 respondents had replied that 2-3 members in a family and only one said that 6-7 members in a family were said to be the ideal size of a family.

The opinion of the women towards ideal interval between births :

Table V shows womens' opinion about the ideal interval between births.

TABLE - V

IDEAL INTERVAL BETWEEN BIRTHS DESIRED BY THE RESPONDENTS

Sl. No.	Ideal Interval between Births (in Years)	Number of persons responding : 50
1.	One	23
2.	Two	13
3.	Three	10
4.	Four	0
5.	Not decided	4

Regarding the ideal interval between two children, 23 respondents were of the opinion that one year interval between two children is an idal one. 13 respondents said that two year interval will be an ideal one and 10 respondents were of the opinion that 3 years interval will be an ideal one.

Consequences of over population on society :

Table VI illustrates the respondents' opinion about the consequences of over population.

TABLE - VI

CONSEQUENCES OF OVER POPULATION

Sl. No.	Aspects	Number of persons * responding : 50
1.	Spread of infectious diseases	30
2.	Environmental pollution	34
3.	Poverty	15
4.	Not aware	19

* Multiple response

Above table indicates that 30 respondents were aware of the fact that the over population leads to spread of infectious diseases and 34 respondents expressed their opinion that over population results in environmental

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pollution, 19 respondents do not know the evil effects of over population. Fifteen respondents were of the opinion that over population in a country leads to poverty.

Advantages of small families :

The respondents felt that one can enjoy more benefits like the following given in Table VII if he/she has small family.

TABLE VII

BENEFITS OUT OF SMALL FAMILIES

S.No.	Aspects	Number of persons * responding : 50
1.	Nutritious food	27
2.	Proper clothing	32
3.	Adequate shelter	30
4.	Possibility for higher education	25
5.	More money can be saved	30
6.	More happiness	35

*multiple response.

From this table it is clear that, almost all the respondents realized that one can enjoy all the benefits if he/she has small family.

Disadvantages of large families :

Table VIII shows the disadvantages that a large family has to face as expressed by the respondents.

TABLE - VIII

DISADVANTAGES OF LARGE FAMILIES

S.No.	Aspects	Number of persons* responding : 50
1.	Poverty	30
2.	Lack of Nutritius food	27
3.	No individual attention	35
4.	Ill health	31
5.	Unhappiness	29

* multiple responses

It is clear that from the above table that almost all the respondents were of the opinion that a large

services available. Rest of the respondents were aware of the antenatal services available to them.

Awareness of prevention of diseases by immunisation :

From the respondents it was evident that either pregnant women or children in the family were immunised. But their knowledge about the type of immunisation given corresponding to the type of diseases that can be prevented was not satisfactory. The response of the women is given in Table X.

TABLE X

KNOWLEDGE ABOUT PREVENTION OF DISEASES BY IMMUNISATION

Sl. No.	Diseases	Number of persons* responding : 50
1.	T.B.	10
2.	Diphtheria	18
3.	Tetanus	12
4.	Polio	23
5.	Measles	21
6.	Typhoid	15
7.	Whooping cough	19
8.	Unaware	8

*multiple responses.

family has to meet the consequences and disadvantages like poverty, lack of nutritious food, no individual attention, ill health and unhappiness.

Awareness regarding maternal and child care :

Respondents knowledge on ante-natal services available were shown in Table IX.

TABLE - IX

AWARENESS OF ANTENATAL SERVICES AVAILABLE

S.No.	Type of Services	Number of persons* responding : 50
1.	T.T for pregnant women	15
2.	Vitamin Tablets	13
3.	Routine medical check up	17
4.	Other medicines	6
5.	Not aware	20

* multiple response

It was fatalistic to note that out of fifty respondents 20 respondents were not aware of antenatal

The above table indicates very poor knowledge among the women about the various types of immunisation given as preventive measure.

Knowledge about family planning methods :

Table XI illustrates the various family planning methods known by the women.

TABLE - XI

KNOWLEGE ABOUT FAMILY PLANNING METHODS

S.No.	METHODS	NUMBER OF THE PERSONS* RESPONDING : 50
1.	Natural methods	0
2.	Mechanical methods	0
3.	Chemical methods	0
4.	Intra-Uterine devices	10
5.	Oral contraceptive pills	15
6.	Vasectomy	8
7.	Tubectomy	20
8.	Not aware	12

*multiple response.

More respondents had specific knowledge of Tubectomy, Vasectomy and Oral pills. They were not aware of the mechanical, chemical and natural methods available.

B. Conducting the programme :

Based on the knowledge and the interest of the members the following concepts were chosen for educating the members. The plan of work is given in detail in Table XII .

a. Demography,
b. Causes and consequences of population explosion
c. Nutrition and health education,
d. Small family norm and
e. Family welfare programmes.

To impart these concepts the following are the methods followed :

a. Lecture cum discussion
b. Exhibition
c. Health check up
d. Demonstration and
e. Film show

a. Lecture cum discussions :

Special lectures were arranged with the help of District Extension Educator, Child and Family Welfare gave a brief outline of child care, immunization, birth control measures and small family norm using suitable audio-visual aids/methods (fig.11).

Group discussion, on the problems faced by women due to large family and the ways and means to overcome the problems, was carried out. (fig.111).

b. Exhibition :

Exhibition was put up on
i. Immunisation ii) Population explosion, its consequences iii) Birth control iv) Nutrition and v) Health (fig.IV).

c. Health Checkup :

The investigator organised a camp for health checkup covering the entire slum dwellers particularly for the women and children including the families of the club members with the help of the primary Health Centre,

FIGURE - II

SPECIAL LECTURE BY DISTRICT EXTENSION EDUCATOR CHILD AND FAMILY WELFARE

FIGURE - III

GROUP DISCUSSION IN PROGRESS

FIGURE - IV

EXHIBITION ON POPULATION DYNAMICS

Sanganoor health officials for a day in this area (fig.V).

d. Demonstration :

A demonstration was conducted by the investigator on how to prepare infant weaning food Kuzlanthai Amuthu (fig.VI).

e. Film show :

The District Extension Educator, Child and Family Welfare Screened films on maternal and child health and Birth control measures.

C. Evaluating the programme :

a. The response of women to the various activities conducted and

b. Knowlege gained by the members about population dynamics

a. The response of the women to various activities conducted.

FIGURE - V

IMMUNISATION IN PROGRESS

FIGURE - VI

DEMONSTRATION ON WEANING FOOD

FIGURE - IV

EXHIBITION ON POPULATION DYNAMICS

Sanganoor health officials for a day in this area (fig.V).

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a. The response of women to the various activities conducted and

b. Knowlege gained by the members about population dynamics

a. The response of the women to various activities conducted.

FIGURE - V

IMMUNISATION IN PROGRESS

FIGURE - VI

DEMONSTRATION ON WEANING FOOD

The attendance of the women for the various aspects of the programme and their extent of participation in each of the methods utilised for the education were recorded.

b. Knowledge gained by the members about population dynamics and outcomes of the activities conducted :

From the baseline survey it was found that the women need to be educated to create an awareness on population dynamics. Accordingly members were educated on different aspects of population dynamics using suitable methods/aids for a period of 10 days. Appropriate tools were administered to find out

1. Response of members towards various activities
2. Knowledge gained, and
3. attitudes developed.

The results were discussed in the next chapter. The tools used were as follows :

1. Rating Scale :

The response of the members towards lecture cum

discussion, exhibition, health checkup and immunization camp, demontration and film show were assessed indiviudally with the help of rating scale (Appendix II, III and IV).

2. Score card :

Knowledge gained by the members on various aspects of population dynamics was evaluated through tests (Appendix V & VI) given to them before and after education.

TABLE XII

PLAN OF WORK FOR INITIATING POPULATION EDUCATION CLUB

S.No.	Date	Time	Objectives	Particulars/ Content	Methods used	Aids used	Person involved	Beneficiries	Evaluation tools
1.	8.02.90	10 am to 1 pm	To know the socio economic and health status of the women.	Conducting general meeting, collection and analysis of data.	Individual and group contact.	Interview schedule	Investigator	Club members (50)	Interview schedule
2.	9.02.90	2 pm to 4 pm	Orienting the rural women on family welfare programme and child care.	Giving a brief outline of child care, immunization, population explosion and small family room.	Lecture Cum Discussion	Charts and posters	District extension educator of child and family welfare.	Club members	Rating scale
3.	11.02.90	2 pm to 5 pm	Imparting the knowledge on small family norm	Informal talk on importance of small family norm.	Group contact	Flash cards	Investigator	Club members	Rating scale

4.	13.02.90	2 pm to 4 pm	Teaching the women on need for birth control measures.	Different types of permanent and temporary family planning methods.	Group dis-cussion	Posters charts, Booklets flash cards	Investi-gator	Club Members	Rating scale
5.	16.02.90	2 pm to 4 pm	Educating women on health, Nutrition, population explosion and family welfare measures.	Exhibition on i) immuni-zation ii) Popula-tion explosion iii) Birth control iv) Nutrition and v) Health	Group contact	Charts, Posters models flash cards, Booklets photographs newspaper clipping.	Investi-gator	Club members	Rating scale
6.	16.02.90	10am to 5 pm	To improve health status of women and children.	Health check up and Immunization camp	Indivi-dual contact	Interview schedule	Investi-gator and PHC staff	Entire slum Parti-cularly women & children	Obser-vation
7.	17.02.90	11am to 12 pm	To impart knowledge on low cost weaning food	Demonstrati-on infant weaning food Kuzlanthai Amuthu	Group contact	Poster and model	Investi-gator	Club members	Rating scale

8.	17.02.90	6 pm to 10 pm	Creating awareness on maternal and health and birth control measures.	Film show on maternal and child health and Birth control measures	Group contact	Film show	District Health Office	Club members	Rating scale
9.	18.02.90	9 am to 12 pm	Assessing the benefits of initiating population, education club.	Evaluating the population Education club	Individual contact	Interview schedule	Investigator.	Club members	Knowledge test

Results and Discussion

IV. RESULTS AND DISCUSSIONS

The results of the study are discussed under following heads :

A. Background information about the women

B. Response of the members to various activities conducted and

C. The outcomes of the programmes

A. Background information about the women

The background information about the selected women includes :

a. Age distribution

b. Caste and educational status

c. Occupational pattern

d. Income distribution and

e. Age at marriage

a. Age distribution

Table XIII indicates the agewise distribution of the sample.

TABLE XIII

AGEWISE DISTRIBUTION

S.No.	Age (in years)	Number of persons respoinding : 50
1.	16 - 20	19
2.	21 - 25	20
3.	26 - 30	6
4.	31 - 35	5

Out of 50, 19 respondents belonged to the age group of 16-20 and 20 are in the age group of 21-25 and 6 belonged to the age group of 26-30 and 5 are in the age group of 31-35.

2. Caste and educational status

Table XIV gives the details of caste and educational status of the women.

TABLE XIV

CASTE AND EDUCATIONAL STATUS

Caste/Education	FC	BC	SC
Illiterates	4	12	3
Literates	5	13	13

Most of the members belonging to scheduled caste and backward caste were literate.

3. Occupational pattern

Majority of the women were housewives and the others were coolies.

4. Income distribution

Table (XV) indicates the income distribution of sample as follows :

TABLE XV

INCOME DISTRIBUTION OF SAMPLES

Sl. No.	Annual Income (in Rs)	Number of persons responding : 50
1.	1001 - 3000	2
2.	3001 - 5000	22
3.	5001 - 7000	18
4.	7001 and above	8

Majority of the women were above the poverty line.

5. Age at marriage :

All the members were married. Table (XVI) shows the age at which the marriage of the members took place.

TABLE XVI

AGE AT MARRIAGE OF THE MEMBERS

S.No.	Age (in Years)	Number of persons responding : 50
1.	13 - 17	3
2.	18 - 22	40
3.	23 - 27	7

Most of them were married between the age group of 18-22.

B. Response of the members to various activities conducted

The responses of the women to various activities conducted were assessed in terms of their

a. Attendance in the classes and

b. Extent of participation in each of the methods utilised for education.

a. Attendance in the classes :

The response of the women to the programme organised by the investigator was judged from the attendance to various activities.

TABLE - XVII

ATTENDANCE OF THE WOMEN TO VARIOUS ACTIVITIES

S.No.	Activities	Number of persons* attended : 50
1.	Lecture cum discussions	35
2.	Exhibtion	40
3.	Health check up and immunisation camp	44
4.	Demonstration	43
5.	Film show	50

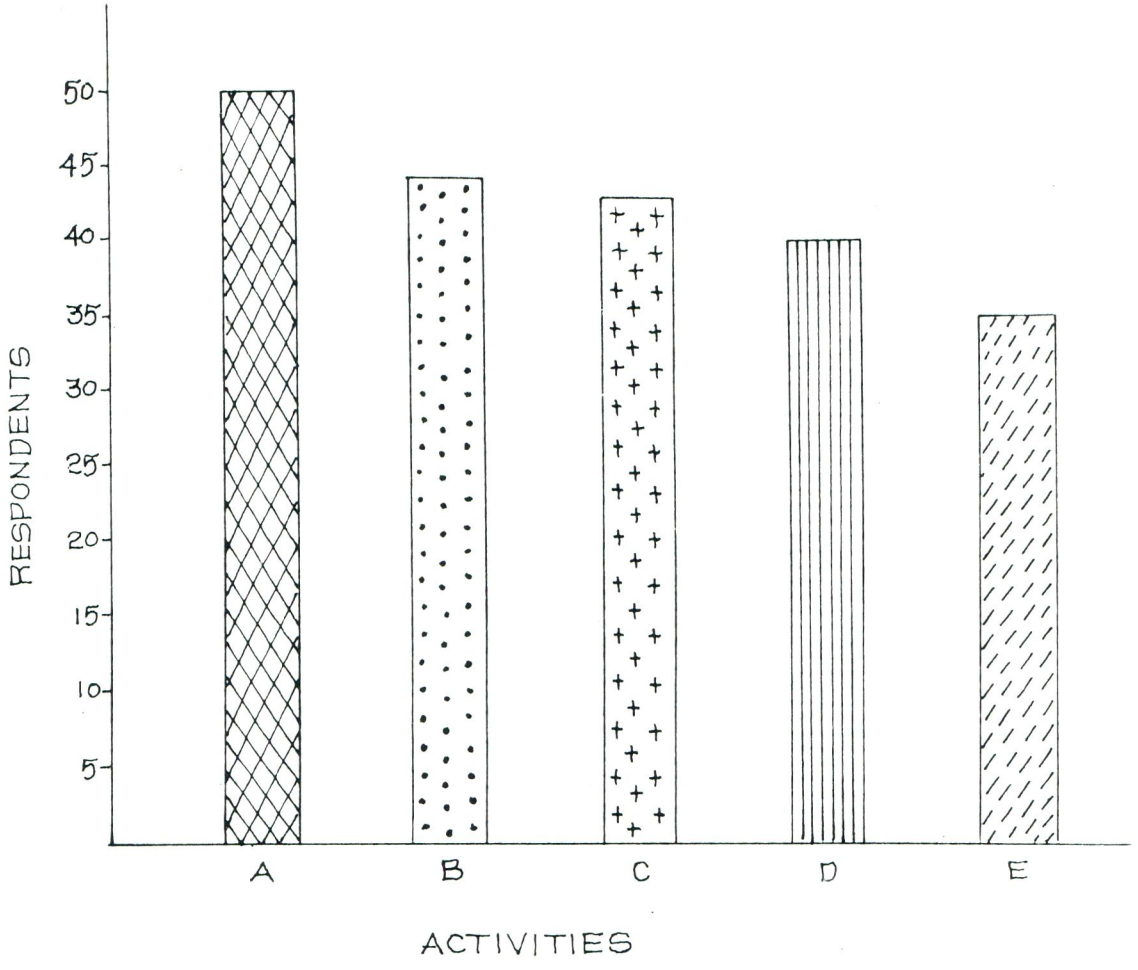
* Multiple response.

It was heartening to note that the minimum attendance itself was 35, pointing out of the interest of the women in the subject dealt with. The methods like filmshow, Health check up and immunization camp, Demonstration and exhibition attracted almost all members (fig.VII).

b. Extent of participation in each of the methods utilised for education

i. Response of the women to lecture cum discussion

Table XVIII illustrates the response received.



A. FILM SHOW

B. HEALTH CHECKUP AND IMMUNISATION CAMP

C. DEMONSTRATION

D. EXHIBITION

E. LECTURE CUM DISCUSSIONS

RESPONSE OF THE MEMBERS TO VARIOUS ACTIVITIES

Figure. VII

TABLE XVII a

RESPONSE OF THE WOMEN TO LECTURE

S. No.	Aspects	Number of persons responding : 50		
		To a great extent	To some extent	Not at all
1.	Attentiveness	20	22	8
2.	Learned the subject matter	30	15	5
3.	Felt it as a source of information	30	13	7
4.	Asked for explanation	15	22	13
5.	Understood through audio visual aids	21	18	11

Gain in knowledge of the members on population Dynamics was evident from their attentiveness in the class and raising relevant questions.

TABLE - XVIII b

RESPONSE OF THE WOMEN TO DISCUSSION

S. No.	Aspects	Number of persons responding : 50		
		To a great extent	To some extent	Not at all
1.	Showed enthusiasm	37	10	3
2.	Exchanged information	32	13	5
3.	Motivated others to take part in discussions	28	17	5
4.	Suggested solutions to the problems raised	19	24	7

The respondents showed great enthusiasm with which they participated in discussion.

ii. b. Response of the women to exhibition

Table XIX furnishes the details regarding response of the women to exhibition.

TABLE - XIX

RESPONSE OF THE WOMEN TOWARDS THE EXHIBITION

S. No.	Aspects	Number of persons responding :50		
		V.much	partly well	Not at all
1.	Developed interest in the theme of the exhibition.	17	26	7
2.	Could identify the things exhibited and understand relationship with the same time.	11	34	5
3.	Gained subject matter knowledge from the exhibition	29	13	8
4.	Studies the exhibitions throughly	8	36	6
5.	Raised questions	6	6	38

The exhibition on the whole impressed the women very much since they could witness the importance of small family and how it helps in the development of the nation.

iii. Response of the women to health check up and immunisation camp.

Table XX furnishes the details regarding response to the health check up and immunisation camp.

TABLE - XX

RESPONSE OF THE MEMBERS TOWARDS HEALTH CHECK UP AND IMMUNISATION CAMP

S.No.	Details	Number of persons benefitted : 50
1.	DPT Ist dose	11
	IInd dose	8
	IIIrd dose	9
2.	Polio Ist dose	14
3.	Measles	9
4.	DPT - Booster	15
5.	DT	42
6.	FST	6
7.	TT	10
8.	Vitamin A drops	11

There was good response from women and children for Health check up and immunization. It is evident that the people of this area need to be given attention by the health authorities.

iv. Impact of Demonstration

Demonstration was conducted on preparation of weaning food. The impact of the demonstration on women is presented in Table (XXI).

TABLE - XXI

IMPACT OF DEMONSTRATION CONDUCTED

S.No.	Aspects	Number of persons * Respondings : 50
1.	Attentivenss	45
2.	Clarified doubts	11
3.	Came forward to help in the demonstration	4
4.	Recall the procedures well	27
5.	Motivated for adoption	35

* multiple response

Majority of the women were motivated to prepare the weaning food on their own.

v. Response of the women towards film shows

Table (XXII) shows the response of the women towards film shows :

TABLE XXII

RESPONSE OF WOMEN TOWARDS FILMSHOWS

S.No.	Aspects	Number of persons * responding : 50
1.	Could understand things shown on the screen and relate with real life	50
2.	Asked for explanations	15
3.	Clarified doubts	10
4.	Learned the subject matter	45

* Multiple response.

The response of the women towards filmshows revealed that films are effective media of disseminating information. It helped them to develop interest and curiosity to learn the subject matter thoroughly.

C. The outcomes of the programmes :

The outcomes of the programme is discussed under the following aspects :

a) Knowledge gained by the members about population explosion

b) The pratice developed by the members to know about population dynamics and family welfare programmes through different media.

a) Knowledge gained by the members about population explosion.

Knowledge gained by the members about population explosion is dealt under the following aspects.

i) The meaning of population explosion
ii) Consequences of over population
iii) Concept of small family norm
iv) Measures to control population explosion by the government and
v) Knowledge on various aspects of population dynamics.

i) The meaning of population explosion :

The knowledge gained by the members about the meaning of population explosion is given in Table XXIII.

TABLE - XXIII

MEANING OF POPULATION EXPLOSION AS EXPRESSED BY THE RESPONDENTS AFTER EDUCATION

S.No.	Aspects	Number of persons responding : 50
1.	Increase in population	4
2.	Increase in births	3
3.	Large family (size)	3
4.	Condition when birth rate is more than the death rate	40

It is heartwarming to note that 40 respondents could give the correct meaning of population explosion viz., a condition when birth rate is more than the death rate. None of them knew this answer before education.

ii) Consequences of over population :

The consequences of over population revealed by the members.

1. Consequences of over population on society
2. Consequences of over population on families

1. Consequences of over population on society :

Table XXIV explains the ill effects of population explosion on society.

TABLE XXIV

CONSEQUENCES OF OVER POPULATION ON SOCIETY

S.No.	Consequences	Number of persons responding : 50 *
1.	Spread of infectious diseases	45
2.	Environmental pollution	41
3.	Poverty	38

*Multiple response

Above table illustrates that almost all the respondents have understood the consequences of over population in comparision to the 19 members who were not aware of any one of the answers before the programme.

2. Consequences of over population on families :

The consequences of over population on families are depicted in Table (XXV)

TABLE XXV

CONSEQUENCES OF OVER POPULATION ON FAMILIES

S.No.	Consequences	Number of persons * responding : 50
1.	Poverty	45
2.	Lack of nutritious food	49
3.	No individual attention	42
4.	Ill health	47
5.	Unhappiness	50

*Multiple response

The programme has made a great impact on the change of attitude of the people towards the consequences of large families. Earlier many of them felt that large families have more hands to work.

iii) Concept of small family norm :

The concept of small family norm is dealt under the following aspects :

1. Ideal size of a family
2. Advantages of small families
3. Ideal interval between births

1. Idal size of a family :

The respondents expressed their opinion about the ideal size of a family as follows :

TABLE XXVI

IDEAL SIZE OF A FAMILY

S.No.	Number of persons in a family	Number of persons responding : 50
1.	1 - 3	36
2.	4 - 5	14

Out of 50 respondents, 36 believed that one child is enough for a family and they said that they would practice the same in the future.

2. Advantages of small families :

The respondents felt that they can enjoy more benefitsif they have small family. Table XXIX shows the advantages of small family.

TABLE XXVII

ADVANTAGES OF SMALL FAMILIES

S.No.	Advantages	Number of persons* responding : 50
1.	Nutritious food	45
2.	Proper clothing	47
3.	Adequate shelter	43
4.	Possibility for higher education	39
5.	More money can be saved	45
6.	More happiness	50

*Multiple response

It is clear that the programme has influenced their ideas on having a small family. If they have small family, they can enjoy all the benefits of life. As seen in the above table all 50 respondents felt that if they practise small family norm they can lead happy life.

3. Ideal interval between births :

The opinion of the women towards ideal interval between births is shown in the following table.

TABLE - XXVIII

IDEAL INTERVAL BETWEEN BIRTHS DESIRED BY THE RESPONDENTS

S.No.	Ideal interval between births (in years)	Number of persons responding : 50
1.	One	3
2.	Two	5
3.	Three	30
4.	Four	12

Earlier to the programme the respondents pointed out only one year as the birth interval between two children. Now 30 members have opted for 3 years gap between two children.

iv) Measures to control population explosion by the government.

Measures to control population explosion by the government is described under the following heads:

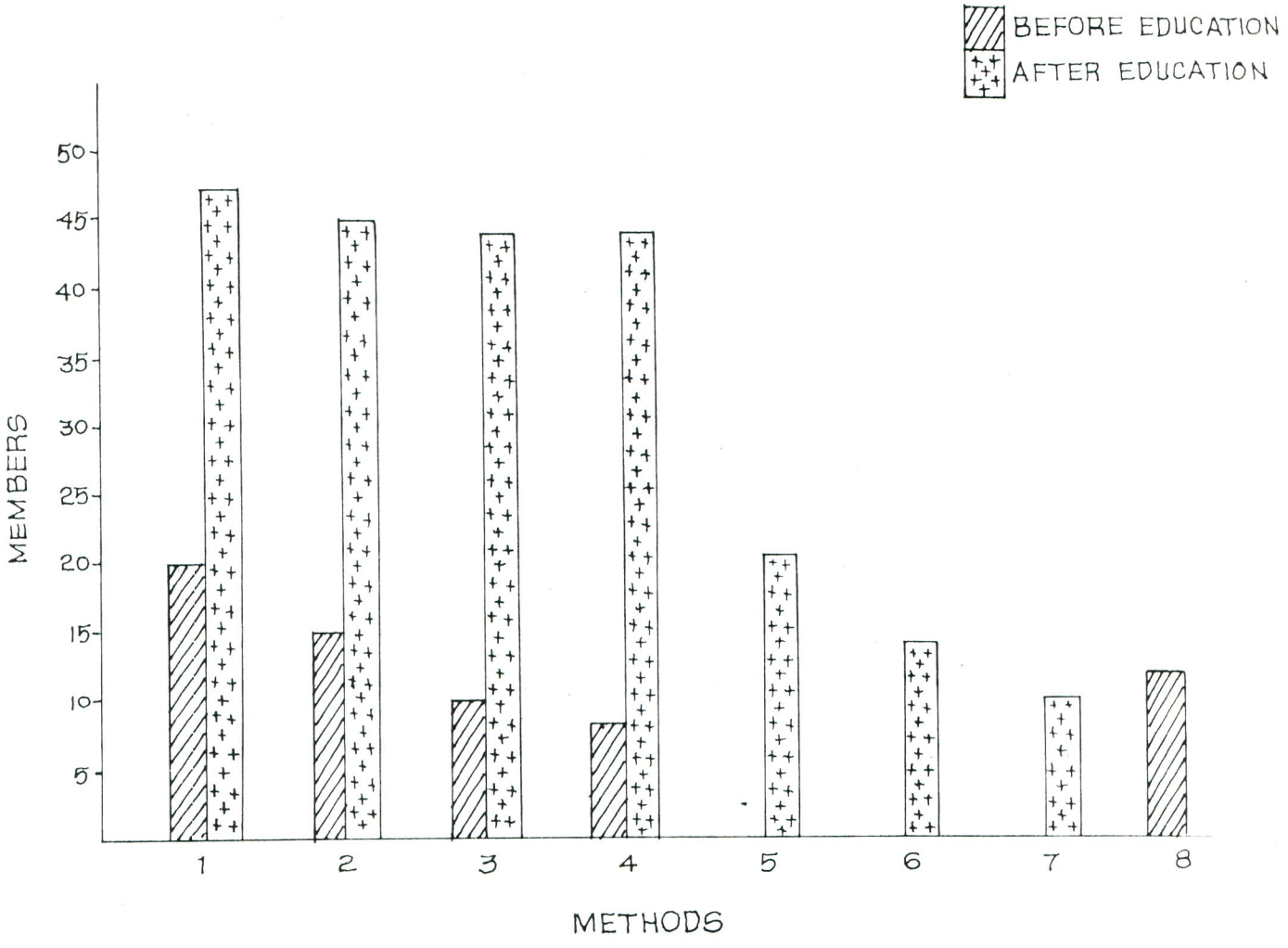
TABLE - XXIX

MEASURES TAKEN BY THE GOVERNMENT TO CONTROL POPULATION EXPLOSION

S.No.	Aspects	Number of persons responding : 50
1.	Small family norm	30
2.	Increase in the age at marriage	25
3.	Spacing of children	32
4.	Family Planning	
	a. Clinic Services	45
	b. Mobile Services	37
	c. Post-partum Services	
	(i) Antenatal Services	30
	(ii) Neonatal Service	25
	(iii) Postnatal Service	29
	(iv) Immunisation services to children and mothers, and	34
	(v) Prophylaxies against anaemia and blindness	12
	d. Contraceptive distribution	43
	e. Education and motivation activities	40
	f. Incentives and disincentives	42

*Multilpe response.

It is interesting to note that after the programme majority of the respondents gained knowledge on various measures of the Government to control population explosin.



1. TUBECTOMY
2. ORAL CONTRACEPTIVE PILLS
3. INTRA-UTERINE DEVICES
4. VASECTOMY
5. CHEMICAL METHODS
6. MECHANICAL METHODS
7. NATURAL METHODS
8. NOT AWARE

KNOWLEDGE OF THE MEMBERS ABOUT BIRTH CONTROL MEASURES

Figure. VIII

iv)2.Awareness on antenatal services available :

Knowledge of respondents towards ante-natal services available is shown in Table XXXI.

TABLE XXXI

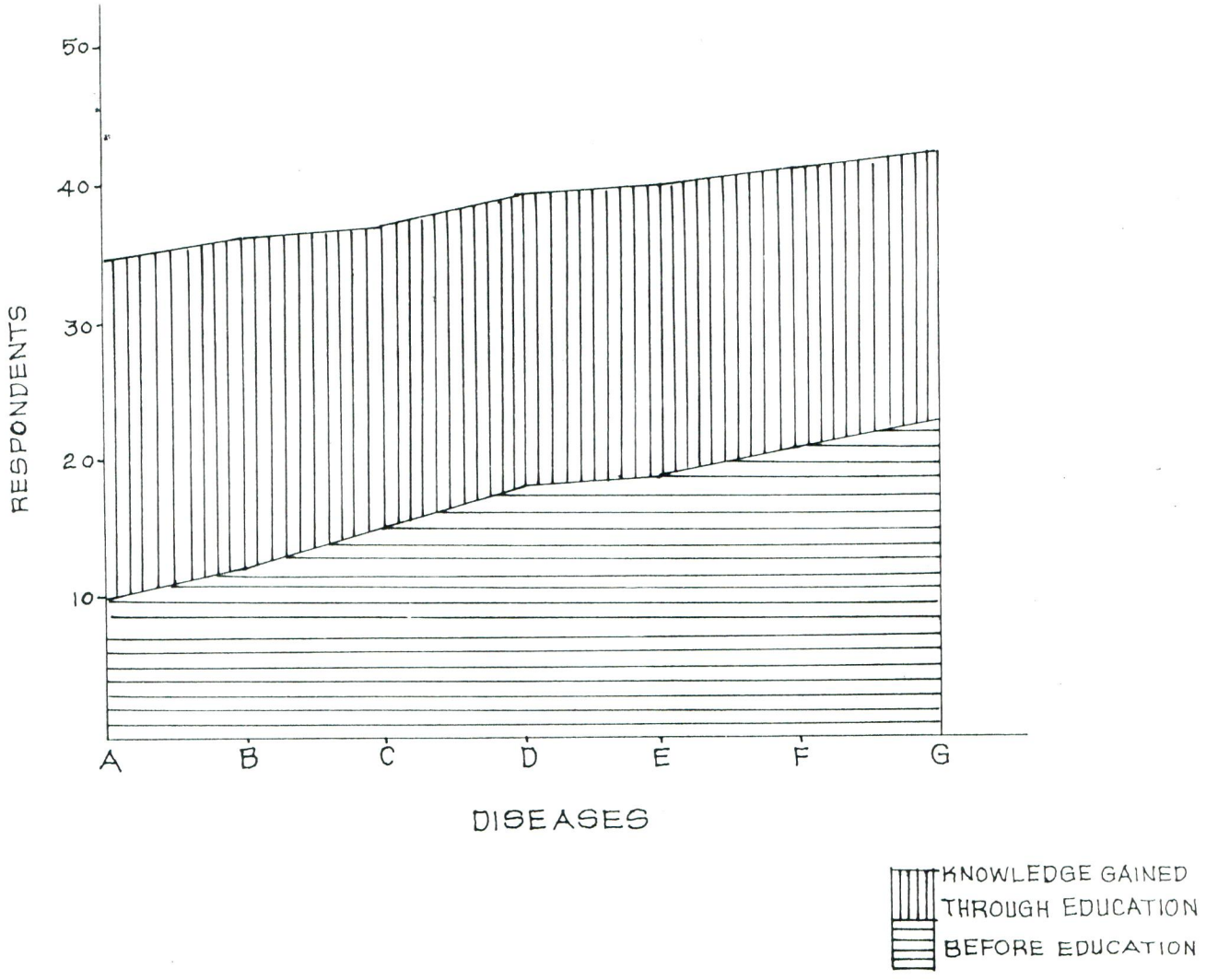
AWARENESS ABOUT ANTENATAL SERVICES AVAILABLE

S.No.	Types of services	Number of persons* responding : 50
1.	T.T. for pregnant women	43
2.	Vitamin Tablets	37
3.	Routine medical check up	49
4.	Other medicines	35

*Multiple response

Prior to the programme 20 respondents were not aware of antenatal services. The programme had helped the members to enrich their knowledge on antenatal services.

KNOWLEDGE OF RESPONDENTS ABOUT TYPES OF DISEASES AND IMMUNISATION BEFORE/AFTER POPULATION EDUCATION



A. T.B
B. TETANUS
C. TYPHOID
D. DIPHTHERIA
E. WHOOPING COUGH
F. MEASLES
G. POLIO

Figure IX

v. Knowledge on various aspects of population dynamics :-

Table XXXIII illustrates the knowledge level of the members about various aspects of population dynamics before and after education.

TABLE XXXIII

SCORES OBTAINED BY THE MEMBERS

S.No.	Score	Number of persons responding: 50		't' value
		Before education	After education	
1.	0 - 5	35	3	
2.	5 - 10	13	10	
3.	10 - 15	2	15	12.7
4.	15 - 20	0	22	

The education on population dynamics had a great impact on women which is evident from the t value (12.7) obtained for the difference of score before and after education.

b) The practice developed by the members to know about population dynamics and family welfare programme through different media :

Table XXXIV illustrates the media through which the members enrich their knowledge on Population Dynamics and Family Welfare Programme.

TABLE XXXIV

PRATICE DEVELOPED BY MEMBERS IN KNOWING ABOUT POPULATION DYNAMICS AND FAMILY WELFARE PROGRAMME THROUGH MEDIA AVAILABLE

S.No.	Media	Number of persons * responding : 50
1.	Radio	20
2.	Motion pictures	24
3.	Newspaper, books	8
4.	T V	7
5.	Others	20
6.	Not aware	0

*Multiple response

The table revealed that after education given by the investigator, the respondent were keen to understand the programmes coming through various media.

Summary and Conclusion

V. SUMMARY AND CONCLUSION

The study aimed at 'Initiating Population Education Club' at Kannappanagar was carried out with a aim of educating 50 women between the age group of 15 - 35 about 'Population explosion' and its consequences and how to overcome the problems.

The selected women were given education on the topic using suitable methods/Aids. The knowledge gained by the members was evaluated using appropriate tools. The findings of the study are summarised below :

1. The mean 86.4 per cent attendance of the women to various activities revealed their interest in the subject matter.

2. Film show proved the effective method in enthusing 45 members to understand the subject matter.

3. Group discussion paved way for the members to exchange their views on the problems faced by women due to large family and the ways and means to overcome the problems.

4. The demonstration on 'preparation of weaning food' motivated 35 members to prepare the weaning food by themselves.

5. Majority of the respondents were not aware of the meaning of the word 'population explosion'. But after the education almost all the respondents were able to give the correct meaning of the word 'population explosion'.

6. All the respondents have understood the consequences of over population in comparision to the 19 members who were not aware of any one of the answers before the programme.

7. The programme has made a great compact on the change of attitude of the people towards the consequences of large families. Earlier many of them felt that large families have more hands to work.

8. Out of 50 respondents, 36 believed that one child is enough for a family and they said that they would practice the same in the future.

9. The education helped the members to develop positive attitude towards the following.

   a. Small family norm
   b. Ideal interval between births as three years.
   c. Immunisation of children and pregnant women to prevent from diseases and
   d. extending their cooperation for different measures taken by the government to control over population.

10. The members gained more knowledge about family planning methods, more specifically 47, 45 and 44 members were able to state about Tubectomy, oral contraceptive pills and intrauterine devices respectively.

11. The education helped almost all the members to be aware of antenatal services available.

12. The education on population explosion and other related aspects had a direct impact on the respondents which is evident from the significant value (12.7) obtained for the difference in knowledge scores before and after the education.

13. The education helped the members (mean 15.8) to develop the practice of listening to various programmes related to population and family welfare through different media such as Radio, Motion pictures, TV and reading newspaper, books and magazines.

Recommendations :

Based on the experience gained in this study, and suggestions given by the women participants; the following recommendations are made.

1. The PHC authorities need to give proper attention to after care for the people who have undergone family planning measures.

2. There should be adequate medical facilities and frequent visits by PHC Staff.

3. Provision for adequate sanitory facilities.

4. From the co-operation and active participation extended by the members, the investigator felt that more such clubs for women may be organised in other areas particularly in urban slums~~areas~~ to impart knowledge on population Dynamics and motivate women for better family living.

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Appendices

APPENDIX I

AN INTERVIEW SCHEDULE TO ASSESS THE EXTENT OF AWARENESS OF WOMEN ABOUT FAMILY WELFARE

I. General Characteristics :

1. Name of the respondent and address :

2. Age :

3. Sex :

4. Marital Status :

Married ( ) Unmarried ( )

5. Caste and religion :

6. Occupation of the respondent, if employed :

7. Type of family

Joint ( ) Nuclear ( )

8. Age at marriage ( )

9. Family background :

S.No.	Name of family members	Relationship to the head of the family	Sex	Age (in yrs.)	Education	Occupation	Income

Total family Income (Annual) :

No.of children :

II. Awareness of the women regarding population explosion :

1. What do you mean by population explosion?

2. Are you aware of the measures to control population explosion?

   Yes ( ) No. ( ) if yes mention the measures.

3. What are the sources from which you gather information about population dynamics and family welfare programmes.

   1. Radio ( )
   2. Television ( )
   3. Newspaper ( )
   4. Books & Magazines ( )
   5. Motion pictures ( )
   6. Advertisement ( )
   7. Others (Please indicate) ( )

III. Awareness of the women regarding demography :

1. What is the ideal size of a family? ( )
(Number of persons, including parents)

2. What is the ideal interval between births? ( )

3. Do you prefer a large ( ) or small ( ) family.

Why?

- food problems ( )
- inheritance problems ( )
- better quality of life ( )
- Children's education ( )
- Others

IV. Awareness of the consequences of over population growth in our society:

In the following statements, state whether each one is true or false :-

1. Members of the small family will not get nutritious food ( )

2. In small family proper clothing can be given to its members ( )

3. Members of the large family will get adquate food ( )

4. Children from large family will get adquate love and affection from parents. ( )

5. Members of the small family can live in a house with better amenities. ( )

6. Children from the small family will not get proper attention and guidance from parents. ( )

7. In large family medical expenses are more ( )

8. In small family, poverty exists ( )

9. In small family, children can study in standard schools with adequte facilities. ( )

10. In large family more of conflicts among its members. ( )

11. More money can be saved if the family is small ( )

12. As population decreases the spread of infectious disease increase ( )

13. Increase in the marriageable age for a man and woman cannot help as a measure to control population. ( )

14. The Suroundings of the area where the population is more will be cleaner and healthier. ( )

15. Standard of living in our country is high due to over population. ( )

V. Awareness regarding maternal and child health care:

1. Are you aware of the following antenatal services?

1.	T.T for pregnant women	Yes ( )	No ( )
2.	Vitamin tablets	Yes ( )	No ( )
3.	Routine medical checkup	Yes ( )	No ( )
4.	Other Medicines	Yes ( )	No. ( )

2. Are you aware of immunisation of children protect them from various infectious diseases?

Yes ( ) No ( )

3. Name the diseases which can be prevented due to immunisation.

1.	T.B	Yes ( )	No ( )
2.	Diphtheria	Yes ( )	No ( )
3.	Tetanus	Yes ( )	No ( )
4.	Measles	Yes ( )	No ( )
5.	Polio	Yes ( )	No ( )
6.	Typhoid	Yes ( )	No ( )
7.	Whooping cough	Yes ( )	No ( )

VI. Awareness of the women regarding family planning.

Are you aware of the various family planning methods?

1.	Natural methods-coitus interruptus	Yes ( )	No (
	Rhythm	Yes ( )	No ( )
2.	Mechanical methods-condum	Yes ( )	No ( )
	Diaphragm	Yes ( )	No ( )
3.	Chemical methods - Foam tablets	Yes ( )	No ( )
	Jellies and creams	Yes ( )	No ( )
4.	Intra.-uterine Devices-Lippes Loop	Yes ( )	No ( )
	Copper T	Yes ( )	No ( )

5.	Oral contraceptives	Pills	Yes ( )	No ( )
6.	Sterilisation	Vasectomy	Yes ( )	No ( )
		Tubectomy	Yes ( )	No ( )

APPENDIX II

RATING SCALE TO ASSESS THE RESPONSE OF THE WOMEN TO LECTURE

S.No.	Aspects	Number of persons responding		
		To a great extent	To some extent	Not at all
1.	Attentiveness			
2.	Learned the subject matter			
3.	Felt it as a source of information			
4.	Asked for explanation			
5.	Understood through audio visual aids			

APPENDIX III

RATING SCALE TO ASSESS THE RESPONSE OF THE WOMEN TO DISCUSSION

S.No.	Aspects	Number of persons responding		
		To a great extent	To some extent	Not at all
1.	Showed enthusiasm			
2.	Exchanged information			
3.	Motivated others to take part in discussions.			
4.	Suggested solutions to the problems raised.			

APPENDIX IV

RATING SCALE TO ASSESS THE RESPONSE OF THE WOMEN TOWARDS THE EXHIBITION

S.No.	Aspects	Number of persons responding		
		Very Much	Partly well	Not at all
1 .	Developed interest in the theme of the exhibition			
2.	Could identify the things exhibited and understand relationship with the same time			
3.	Gained subject matter knowledge from the exhibition			
4.	Studies the exhibitions throughly			
5.	Raised Questions			

APPENDIX V

QUESTION TO FIND OUT THE KNOWLEDGE OF THE CLUB MEMBERS ON POPULATION DYNAMICS BEFORE AND AFTER POPULATION EDUCATION

1. What are the measures taken by the government to control population explosion? (2)
2. What is the ideal interval between births? (2)
3. What is the minimum age of marriage fixed by the government of India for males? (2)
4. What is the minimum age of marriage fixed by the government of India for females? (2)
5. Where should births and deaths be registered? (2)
6. What are the antenatal services available in a primary health centre? (2)
7. Name the diseases which can be prevented by immunisation. (2)
8. What is colustrum? (2)
9. At what age should the child be given supplementary feeling? (2)
10. Mention the slogans, you know regarding family planning. (2)

APPENDIX VI

STATISTICAL APRAISAL

Test of significance between awareness of various aspects of population dynamics of women before after education was calculated by using the formula :

$$t = \frac{d}{S/\sqrt{n}}$$ Where

d = difference between before and after score

S = Standard deviation of differences.