# Assessment of Awareness, Attitude and Practice of Population Matters Among Rural Women

BY

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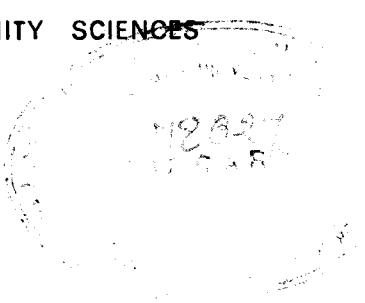

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# Introduction

# I. INTRODUCTION

Of the many challenges which mankind has to face today, the most significant and the most menacing is the problem of growing population (Salkar 1986).

A country's people should be a resource; not a liability. Problems arise when population growth outstrips a society's capacity to adapt to their needs and equip them to make their contribution (Sadik 1988). In recent years population growth has become one of the most crucial human problems. Population problems and their implications are probably receiving more attention now than at any time (Rao and Rockefeller 1973).

Every minute the global population grows by 150; everyday by 220,000; every year by 80 million. By the end of this century, the world is expected to have 6.1 billion people. According to recent estimates (1987) the world population is somewhat over 5 billion (Mandal et al., 1989).

Of that, India has a population of 685, 184, 692 according to 1981 census. Although India accounts for only 2.4% of the total area, it contains about 15% of the world population. According to U.N. Projections India would double its current population during the next 50 years and have more people than China now have. (Malayala Manorama 1988).

According to projections made by the Expert Committee, population in the age group of 15-35 was estimated at 230.4 million. Which seem to be proportionately higher (premchand 1982). Women in the reproductive period represent nearly 23% of the India population (Sahai 1985). Over population will give rise to numerous problems in various aspects of man's life especially in education (Thangavelu 1980) and it has serious implications for material in the both short and long term (Thant 1976).

Under development constitutes a vicious circle. Because people are ignorant they are poor, because they are poor, they are sick, because they are sick they can't produce things more and so they become poorer. Another important contributing factor to the vicious circle of poverty in developing countries is "Population Explosion". This explosion to some extent is the result of ignorance of the people (Adam Curle Quoted by Chalam 1981).

Literacy and education are vehicles of progress of society (Subbarayan 1978). This makes the people more conscious; aware of their rights and potentials and also capable of participation in the wider millieu of the society. Education also increases one's awareness, intelligence, social status and prestige and generates confidence (Sharma 1983).

Educational level of women appeares to be one of the strongest factors affecting fertility especially in high fertility countries. So female literacy is of special importance in the Indian context because of the great display in male and female literacy rate. (Devadas 1978 and Malayala Manorama 1988).

More than 75% of the female population and more than 50% of the male population in India is illiterate. The percentage of literates among the female population in Tamil Nadu is 34.1 (Bose 1981).

Illiteracy is more pronounced among women in our country than among men. Out of every 5 women, 4 are illiterates as compared to less than one out of every 2 men (Chhabra 1980) and because of illiteracy there is a good deal of ignorance among the rural women.

It is now increasingly realized that because of illiteracy vast majority of our people have not been able to take advantage of the massive investment. Government has made through various development programmes and schemes to raise the standard of living in this country. Consequently a fairly large segment of our population is still below the poverty line. It is therefore, being increasingly emphasized that unless people are made aware of their disabilities, they would not be able to participate in the National Development (Sood 1988).

The importance of population control is essential if the fruits of development are to reach the illiterate poor and improve the weaker sections of the community (Chalam 1981).

Through education people became aware of their social and legal rights, learn income generating skills and become active participats in the process of development and social change. Women

acquire better status and voice in the affairs of the family and community. Education helps to liberate them from the fetters of traditiion and superstition (Chari 1982).

Gandhi (1975) in her message to International Women's Conference, held in Mexico states that women are handicapped from birth; by customs and social attitudes. They have no change of developing their innate strength. So she stressed the need for equality of opportunity for women in programmes of health, education, and employment as well as other areas.

The low percentage of literacy keeps the level of awareness low and thus maintains the movement of the viscious cycle of poverty, illiteracy and backwardness (Dabral and Anshu 1988).

The women of this country are bound in slavery by the chains forged by men and is caught in the deathtrap of religion, thanks to lack of education and knowledge. The poisonous serpents of tradition, custom, illiteracy, pseudo-haliness have been hissing at her all through her life. She has became unaware of her duty to herself. Knowledge, scientific outlook and a humanistic view will arise in a person due to education (Subbamma 1985).

A number of social and religious customs, taboos, inhibitions, rituals, etc. prevail in Indian society which come in the way of women's freedom, education and work participation and also other spheres of life (Maurya 1988).

Chandrasekaran (1980) quotes, Jawaharlal Nehru who once said, to awaken the people, it is the women who should be awakened, once she is on the move, the family moves, the village moves, the nation moves. So it was suggested that the women should be made aware of the magnitude towards the adoption of small family norm in their future lives.

Lesser the number of children greater the attention that is paid towards their welfare-education, clothing, health, upbringing and cultural growth for the means of average family are bound to be very limited for a longtime to come (Subbamma 1985).

Population awareness and population education are of vital importance as they constitute topics that are fundamental for understanding current population problems and thereafter for helping to create a positive attitude to the small family norm especially among youth and young mothers (Kapoor and Jha 1982).

The near-absence of health modernity is due to poverty and illiteracy and it reflected in unhygienic living conditions, faulty food habits, high prevalence of diseases and disabilities and malnutrition in children under 5 years (Jayaswal and Singh 1989).

Voluntary acceptance of family planning is a matter of individual choice and depends on several factors such as the status and role of women, their education and economic independence, family occupation, rural or urban residence, age at marriage and family size preference (Sivasamy 1981).

With higher female literacy, a number of concomitant changes begin to operate which eventually accelerates fertility reduction. The increased fertility level among women has been recognised as an important contributory factor to the changing attitude of women to their traditional roles as wife and mother. With increased female literacy, one could expect a greater participation of women in gainful employment outside house, and with it, changed attitudes towards family size (Misra 1981).

To bring about social change, change of attitude is very important, once this is achieved a society will be receptive to ideas to accomodate both modernity and tradition. (Devendra 1986). The awareness depends, on the one hand, on the mechanisms of communication and dissemination of knowledge and, on the otherhand, on the receptivity of the individuals which results from her ideological system and the immediate social pressures and interests (Agarwal 1988).

So the awareness and attitude of women must change as women acquire better status and voice in the affairs of the family and community, only if they are given equal opportunity in programmes of health, education, employment as well as in other areas (Chari 1982).

In the field of family planning right from 1950 hundreds of studies have been conducted on knowledge, attitude and practice (KAP Studies) in different parts of the world, (Rao, 1974).

Similarly, from 1970 onwards knowledge, attitude and behaviour of different sectors of people towards population education and related issues were conducted (Unesco, 1980).

These surveys were aimed at to find out how much the respondents know of the population problems and their effects. But incase of studies on population education attention has been focussed only on knowledge and attitudes and not much interest is show in studying the practices of population education.

So the present study is a modest attempt in this direction to find out the awareness, attitude and practice of population matters among the rural illiterate women.

# Review of Literature

## II. REVIEW OF LITERATURE

The literature pertaining to this study are reviewed under the following headings:

1. Population situation in India
2. Status of rural women in India
3. Attitudes of women towards population Education
4. Attempts made in the past to assess population awareness and practice of rural women.

### 1. POPULATION SITUATION IN INDIA

India's population has always grown from decade but its growth was not menacing as it is today. Every generation has had its own problem but the every increasing population may be viewed as the super problem of the generation (Salker 1986).

Since independence, India has been witnessing a variable demographic revolution unprecedented in the long history of the country. In the world today, India ranks second next to China, in population matters, with 685 millions by 1981, seventh in land area, i.e. India has to support about 15% of the world's population on 2.4% of world's total land (Thiagarajan 1982). In 1971, India had a population of 547, 949, 809 and in 1981, it rose to 685, 184, 692 bringing the difference to 137 million. In 1986 India's estimated population was about 760 millions. It is after China (983 million in 1981), the second most populus country in the world (Social and Economic Atlas of India 1987).

In 1981, there were 35.4 crores males and 33.9 crores females against 28.3 crores males and 26.4 crores females in 1971. Thus, for every 1000 males India has 933 females, the number declining from 972 in 1901 to 950 in 1931 (India 1987).

The details of the population by age and sex are shown below.

**POPULATION BY AGE AND SEX**

| | 15 - 19 | | 20 - 24 | | 25 - 39 | |
|---|---|---|---|---|---|---|
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| India | | | | | | |
| 1971 | 36,295 | 33,164 | 30,089 | 28,482 | 68,690 | 65,759 |
| 1981 | 25,222 | 22,246 | 21,573 | 21,528 | 55,897 | 54,010 |
| Tamilnadu | | | | | | |
| 1971 | 2,437 | 2,466 | 2,150 | 2,167 | 5,098 | 5,267 |
| 1981 | 1,841 | 1,753 | 1,771 | 1,763 | 4,376 | 4,589 |

The problem of population has been a problem since time immemorial. It was in the past, it is in the present, and it will be definitely in the future too. The demographers say that, within 500 years, it will be about 1 person/square foot. There were 27 persons per square metre. This emerging picture of the growth in population is really frightful and shuddering (Mamtora 1978).)

Since Independence of India, there has been a tremendous increase in the production of the food grains, cement, steel,

petroleum products, fertilizers, medical and educational services. And yet when the per capita growth is worked out, the result is not impressive. It has to be accepted that one of the main reasons for this is a fact that the population of India has almost doubled since independence (Sadik 1988).

The population explosion in the third world is held to be one of the most serious threats to successful development (Ashok Kumar 1989). There are well known basic inputs necessary to ensure minimum well being. Adequate food, adequate clothing, adequate shelter, adequate education and adequate health services are absolutely vital for the well being of any country, to have a healthy population. If those minimum inputs are to be given to Indian Children and eradicate poverty, then much higher priority must be given to the problem of population (Karan Singh 1975).

According to Chandrasekhar (1981) and Mohan Kumar (1981) the population problem is the most fundamental of all human problems. It affects every aspect of man's social life - individual, national and international. It affects the health and happiness of the individual families, it affects the prosperity of the whole world, and the population problem may lead to war.

Population explosion have made the sociologists worried about the future problems of human beings. Population explosion affects health, wealth and happiness of individual. It also affects the economical development of a country.

Therefore Indira Gandhi (1975) stressed the need for equality of opportunity for women in programmes of health, education and employment as well as other areas.

## 2. STATUS OF RURAL WOMEN IN INDIA

The status of women may briefly be defined as a set of expectations in respect of the attributes, pertaining to the duties and responsibilities of women in different roles (Dave and Sadashiviah 1981). Women constitute almost half the country's population who have been deprived of their self-respect and subjugated into grim existence (Ghosh 1984).

Nation's greatness depends on how its women enjoy respect and status in the country. Lot of women in India are improving with faster pace (Sahai 1985). Over 60% of all women and girls in the world live in countries were their status is poor to extremely poor. These 1.4 billion women live under conditions that threaten their health. Their poor status comprises maternal health in many ways - girls often get less education than boys, less food, less health care, some cannot get health care even in an emergency, without a man's permission; some are married young and begin bearing children too soon; some are circumcised in childhood (Population Crisis Committee 1988).

The ability of women to control their own fertility forms an important basis for the enjoyment of other rights, likewise, the assurance of socio-economic opportunities on an equal basis with men and provision of the necessary services and facilities enable women to take greater responsibility for their reproductive lives (United Nations 1986).

The status of women in a society is the true index of its cultural, social and religious and spiritual levels (Ministry of educatioon and Social Welfare 1974).

Socially accepted rights and expected roles of women are closely affected by the stage and methods of development and position held by the group in the social hierarchy. It is however, generally accepted that a change in the status of women is a good indicator of the pattern and direct of social change (Devendra 1986).

The percentage of progressive women is also not high in India, the main reason for this being the tradition-bound social evils, superstition, ignorance and irrational beliefs and orthodoxy still ruled Hindu society (Kripalani 1975).

Historically, Indian women have been denied of the opportunity to widen their mental horizons largely through restriction on their education. Even today, out of every 1000 women in India, only 200 are literate (Kapoor 1986). Traditionally, women virtually everywhere have received less formal education than men and this continues to be true in the most developing countries today. Equal access to education for women is particularly crucial because without it, full participation of women in the process of development will not be possible (Report of plan of Action 1984).

According to the report of the committee on the status of women (1974) in India, there was only six percent of literate women in India during 1946-47, after which the pace has been a little

faster, thanks to the ideas set before the nation by the constitution and the execution of the successive five year plans. It is worth noticing that the pace was faster only in relation to the need for and significance of women folk literate. Notably in 1971, literate among women was only 18.4% (Kapoor 1986)..

In 1981 the literacy rates among men is 46.89% against the female literacy rate of 24.82 (India 1987). It is apparent from the census report that the literacy among men is higher and this gap does an increasing with the increase in the level of education. Though the percentage literacy amongst women has improved, yet the absolute number of illiterate women have also increased (Sharma 1988).

The State of the world's women (1985) strongly opines that education of women can make child bearing safer and improve the health of the entire family. So if given proper facilities and encouragement, Indian women can participate in all the national activities on an equal footing with men. When women are educated her status in the society also rises (Chhabra 1980).

## 3. ATTITUDES OF WOMEN TOWARDS POPULATION EDUCATION

People's attitude are influenced by various cultural factors which are in favour of large families and therefore they do not want to adopt family planning. The various studies in early 70's have stressed that the education should be given to those who are already in the reproductive age group and those who would be entering this age very soon. When they enter into parenthood without adequate

information they do not change their attitude and hence do not plan their families. This is one of the reasons why inspite of so many years of family planning programme in the country, people have not yet developed the desirable attitudes towards "Small Family Norm" and do not accept family planning measures readily (Dave 1985).

The Mysore population study which was carried to investigate the attitude and motivation of the population towards family size revealed that the educational status had an influence on the women's opinion. The desire for children decreased as the size of the family grew. In most of the knowledge, Attitude and practice studies the women have always given their preference for small family size (Sadashiviah 1981).

According to Chatterjee and Bhatia (1974) the attitude towards family planning which involves the attitude of couples towards family size,need for a son, spacing approval and usage of birth control techniques for limiting the number of children or delaying pregnancies has been found to be closely associated with the educational attainment of couples.

One of the reasons for the current high fertility in India is that the desired number of children by people is big. Another factor making towards the high level of fertility is the low level of fertility planning practice; inspite of higher levels of awareness, of its methods and of knowledge and their use (Ambannavar 1975).

## 4. ATTEMPTS MADE IN THE PAST TO ASSESS POPULATION AWARENESS AND PRACTICE OF THE RURAL WOMEN

The attempts made in the past to assess population awareness and practice of the women are reviewed under the following aspects:

### a. Population Dynamics:

An attempt was made by Baruah (1988) to find out the people's awareness of India's population problem and the reasons for limiting family size in the selected group of women at 4 different catagories. The Jorhat of Assam was selected for the study which was conducted with 200 women representing different socio-economic strata. The finding were:

1. More or Less, all the women from various literacy levels were aware of the seriousness of India's population problem and suggested family planning as the main weapon to solve it.

2. The important reasons for limiting the family size seemed to be eradication of poverty, raising the standard of living, having a happy family, adequate food commodities for all the human beings and removal of unemployment.

3. The concept of limiting family size is much popular among the educated women. The education seems to be an influencial factor as opnied by the various groups in a differential manner.

A longitudinal study was undertaken by Sreenath et al., (1978) to evaluate the advantages that children from small family of poor socio-economic background, have over children from large families

in terms of growth and morbidity, when most of the other environmental factors are similar. The sample of the study comprised of 32 children in the small family and 77 children in large families. It was found that small families had significantly less number of undernourished children throughout the study, as compared to the large families.

Another study was conducted by Rao (1977) to find out the relation between the family size and the morbidity and mortality pattern of children. It was found that children who are either the first, second or third born are definitely better off, as compared to the fourth or later born children, not only between families, but also in the same family. Detailed history taken from mothers also revealed that greater incidence of PCM among the later born contributes significantly to the mortality among higher birth orders. so it was concluded that the greater the family size, the higher was the morbidity and mortality due to nutritional disorders.

**b. Health:**

Singh (1989) on a stratified sample of 800 rural tribal males and females administered the health modernity scale to measure scientifically correct information, attitudes and behaviour, in relation to physical and mental health, diet and nutrition, family planning, child care and breast feeding and health habits. It was carried out in the rural tribal populations of chotanagpur and santal parganas in South Bihar to identify the areas of ignorance and misconceptions in seven dimensions of health modernity.

The findings revealed a very low of health modernity which also confirmed the unhygienic living conditions, faulty food habits, lack of personal hygiene and environmental sanitation, and high intake of haria (rice beer) and tobacco. It was a consequence of their literacy, poverty and the absence of health education.

Prasad and Majundar (1981) studied the health practices in 2 states namely Andrapradesh and Bihar. They gathered 797 currently married people, 397 from Andrapradesh and 400 from Bihar. The study demonstrated that considerably a large number of people particularly in rural areas of Bihar and Andrapradesh were not getting benefit of Government Hospitals. The study also indicated a very poor knowledge among the people about the various infectious diseases and the protections against them, knowledge of child and maternity cares was also considerably low among the people.

The findings underline the urgency of taking immediate measure to improve the existing medical services particularly in rural areas and also to educate people about health practices and child and maternity cares.

To study the perception of rural population in utilisation of health care services Srinivasan (1984) selected two Primary Health Centre in Tamilnadu. Observation and interview technique were employed for 125 respondents selected at random from five sample villages. The study revealed that 65.5% of the respondents had utilised the health care services of the selected health centres. It was significant to find that people still preferred the traditional

practice of conducting delivery at home. All the respondents were aware of family welfare programmes and its methods. It is revealed that 69.9% of them were not in favour of family welfare programmes. It is suggested that the image and optimum utilisation of health care services of the health centres need to be improved.

**c. Nutrition:**

Dave (1985) conducted a survey with 100 mothers in the villages of Rajasthan to find out their knowledge, opinion and practices regarding the infant feeding. The findings revealed that the mothers either had insufficient or negligible knowledge regarding infant feeding. They held on to certain beliefs and practices not because they knew the advantages of those practices, but because of their roles in the traditions. Their mothers and grandmothers or in laws have been practising certain things and so they were also practising certain feeding practices.

Kusuma (1988) observed 100 children below the age of 3 years and 100 mothers in Sugalimitta Thondas, a village of the sugulas in Chittoor District of Andrapradesh for their infant feeding practices. Almost all mothers were uneducated. The finding were:

1. The respondents reported that good milk appear only on the second day and that they labelled colostrum as dirty milk.

2. Feeding on demand is the rule and it continues till the mother gives birth to another baby.

3. They did not know that the breast feeding helps the mother in reducing the size of the womb, in reducing the excess fat in mother and that it helps the mother delaying the next conception.

4. They had an opinion that the child got severe stomach ache if weaning is started early.

Although economically the sugali children were backward their childhood health was definitely much superior and all that was due to the prolonged breast feeding practices. There is a good deal of ignorance particularly among the farm women about what food should be given to toddlers, when should it be given, and how should it be prepared.

Koshy and Bhagot (1980) conducted a survey in the villages of the Union Territory of Delhi. The findings revealed some interesting facts such as the causes of malnutrition among infants and small children. There is need for greater awareness among the rural mothers about child feeding and nutrition education for keeping their infants and toddlers in good health.

d. **Family Planning:**

Gurumurthy (1985) studied the knowledge, Attitude and practice of family planning in relation to fertility behaviour and the size of the sample was fixed as 600 eligible couples from Andrapradesh. Majority of them knew about permanent methods of contraception namely vasectomy and tubectomy. The general opinion about family planning was that it was good (65%). Finally when reasons were

elicited from the respondents who were unfavourable towards family planning adoption, it was found that they were based mostly on health grounds, waiting for sons, for soome more children, perception of child mortality fear, impotency and sin therefore contraception is yet to find general acceptance in this community. The findings suggested scientific education on small family norms, sex education, contraception and physiology of reproduction in order to remove their unscientific notion on child birth. Bisaliah and Gowda (1981) studied the socio-economic profile of family planning adopters and non-adopters. The sample were collected from Obalpura village of Bangalore district. Of the total 250 households in the village, Vokkaligers from numerically a dominent caste group with 167 households. For an intra-caste analysis of socio-economic profiles of adopters and non-adopters 79 households were selected at random, of which 42 turned out to be adopter households and 37 non-adopter households.

Family Planning behaviour of the couple depends not only on the status of husband but also on the status of the wife in the family. Most of the women in rural areas are illiterates and involved in traditional household occupation. It was found that literacy of women was positively associated with the favourable attitude towards family planning.

So husband and wife should be educated and motivated sufficiently about the family planning particulars in order to bring

about favourable attitude formation towards family planning among eligible couples (Reddy 1984).

Chhabra (1980) pleads the cause of promoting literacy among women and suggests fresh approach and outlook and new strategy and mechanism for strengthening the economic and productive role of women and effectively linking it with the educational effort. He selected 573 villages, 405 in 26 town blocks and 168 in Calcutta city blocks. The findings in households of the study were as follows: Of rural Hindu respondents 74 considered 3 children enough, 78 considered 6 children too many, 60 favoured limiting family size. Education seems to have positive relationship with the family size of the couple. The studies revealed that when both couples are highly educated and employed they preferred small family, when women are educated their status in the society also rises.

In a study conducted by Gupta et al., (1975) in the villages of Allahabad it was found that fertility had a negative correlation with education. Bhatia (1979) and Sadashivaiah (1979) studied age at marriage and education of women as indicator status of women and their fertility behaviour.

# Experimental Procedure

## III. EXPERIMENTAL PROCEDURE

The procedure for this study on the "Assessment of Awareness, Attitude and Practice on Population matters Among Rural Women", comprised of the following steps:

1. Selection of the area
2. Selection of the sample
3. Selection of the method
4. Collection of data and
5. Analysis of data

### 1. SELECTION OF THE AREA

Since the study had to be conducted among the rural women, Kallappalayam Village was selected which is located 35 Kms away from the Coimbatore City. The area was selected mainly because of the co-operation rendered by the people.

### 2. SELECTION OF THE SAMPLE

The sample of the study consisted of 100 illiterate rural women belonging to the age of 15-35 years. Among those 71 were married and 29 were unmarried. The age period of 15-24 years is a period of sexual maturation and transition from adolecent to adulthood. There has been a progressive increase in the working age population i.e. 15-59 age group, which grew from 52% in 1971 to 54% in 1981. (Social and Economical Atlas of India 1987). Women in the reproductive age group represent nearly 23% of the Indian

population. As a result of large family size, uncontrolled fertility high birth rate and lack of child spacing, health and nutritional status of this vast segment is at risk, affecting adversely the well being of the families (Sahai 1985). Therefore women at this period require education regarding nutrition, health aspects like exercise, personal hygiene and disease prevention, family life education, sex education and counselling services (Rajeswari 1985). Therefore the samples belonging to the reproductive age group of 15-35 years were selected.

## 3. SELECTION OF THE METHOD:

The method selected to collect the data was interview. This method was selected mainly because, there is a face to face contact with the persons from whom the information is to be obtained (Gupta 1988). According to Khanna et al., (1977), the interview creates a friendly atmosphere for proper response and permits exchange of ideas and information received through interview is very reliable.

The tool consisted of the following schedule:

a. A preliminary schedule (Appendix A) to find out the family background and the source of information on population they received from various medias such as radio, television, films, newspapers, books, magazines, friends, relatives, exposure to population education programme.

b. An interview schedule to assess their awareness (Appendix B), attitude (Appendix C) and practice (Appendix D) of the population matters.

The following aspects were included in the schedules to assess the knowledge, attitude and practice of rural women.

i) Population Dynamics

ii) Health

iii) Nutrition

iv) Family life and reproduction

Population dynamics included information regarding population of India, population of Tamilnadu, population explosion and its effects on national development, birth rate and death rate.

The health aspect comprised of the personal hygiene, immunization and services available at Primary Health Centre for Women and children.

The third aspect nutrition included the functions of food, weaning foods, need for taking green leafy vegetables and foods to be included and avoided during infections.

The last aspect family life and reproduction included the information regarding reproductive organs, age at marriage, number of children, spacing between the children and treating of a male and female child.

Number of items included in each aspect are given as follows:-

| | ASPECTS | AWARENESS | ATTITUDE | PRACTICE |
|---|---|---|---|---|
| i) | Population Dynamics | 12 | 25 | 4 |
| ii) | Health | 16 | 25 | 3 |
| iii) | Nutrition | 11 | 11 | 6 |
| iv. | Family life and Reproduction | 13 | 26 | 6 |

The tool on awareness and population practice contained objective type of questions for which only one word answer need to be given. The attitude tool developed by Ubaidullah (1988) was taken and modified to suit to rural women. It contained statements for which the repondents had to say whether they agree, or disagree. The attitude tool had both positive statements as well as negative statements. The correct answer for each question was given a score i.e. one.

## 4. COLLECTION OF DATA

Door to door visit was made by the investigator to locate the sample with relevance to their age and education and a list was prepared. Then a rapport was established with the women in the selected age group and the purpose of the study was explained to them individually and the interview schedule was administered to each one of them. The sample were first of all interviewed for their

general family background and then for their awareness, attitude and practice about population matters separately. They were asked questions and the statements from the attitude tool were read out to them and their response was noted down carefully. They were explained whenever they did not understand any question. Thus the data were collected and consolidated.

## 5. ANALYSIS OF DATA:

After the data completion, the answers were scored and based on the scores obtained, their awareness, attitude and practice were analysed with relation to the source of information on population matters and marital status. Thus the answers were analysed and compared statistically.

# Results and Discussion

# IV. RESULTS AND DISCUSSION

The results of the study on the, "Assessment of Awareness, Attitude and Practice on population matters Among Rural Women", are discussed under the following headings:

1. The family background information of the selected sample.
2. The population awareness and practice of the selected sample on population matters.
3. The attitude of the selected sample towards population education.
4. The correlation co-efficient of the awareness, attitude and practice of population matters of the selected sample.
5. Impact of mass media on the awareness, attitude and practice of the selected sample.

## 1. The family background information of the selected sample:

The family background information of the selected sample is given in Table I.

## TABLE - I

## BACKGROUND INFORMATION OF THE SELECTED SAMPLE

| S.No | Details | Percentage |
|---|---|---|
| 1. | AGE | |
| | Young (15-25 years) | 52 |
| | Old (25-35 years) | 48 |
| 2. | MARITAL STATUS | |
| | Married | 71 |
| | Unmarried | 29 |
| 3. | TYPE OF FAMILY | |
| | Nuclear | 89 |
| | Joint | 11 |
| 4. | SIZE OF THE FAMILY | |
| | Small | 30 |
| | Large | 70 |
| 5. | EDUCATIONAL STATUS | |
| | a. Husbands of married | |
| | Illiterate | 34 |
| | Elementary | 24 |
| | High School | 13 |
| | Higher Secondary | |
| | College | |
| | b. Fathers of Unmarried | |
| | Illiterate | 19 |
| | Elementary | 6 |
| | High School | 1 |
| | Higher Secondary | |
| | College | |
| 6. | OCCUPATION | |
| | Working | 29 |
| | Non working | 71 |
| 7 | TOTAL FAMILY INCOME | |
| | Below Rs. 500/- | 59 |
| | Rs. 501-1000/- | 41 |

When the samples were analysed for the background information, it is found that nearly 50% of them were found to be in the older age group (of 25-35 years). Majority of them were married and their families were found to be nuclear but large in size. The husbands of the married and the fathers of the unmarried were found to be illiterate which is followed by educational level upto elementary school level and very few had education upto high school.

Majority of the sample were found to be homemakers and about 25% were working. About half of the sample had a family income of below Rs.500/- and about 41% had an income ranging from Rs.501-1000.

**2. The awareness and practice of the selected on population matters:**

The awareness and practice of the selected sample on population matters is discussed under the following aspects:

a. The awareness and practice of the selected sample on population dynamics.

b. The awareness and practice of the selected sample on health.

c. The awareness and practice of the selected sample on nutrition.

d. The awareness and practice of the selected sample on family life and reproduction.

**a. The awareness and practice of the selected sample on population dynamics.**

Population education is basically and essentially a new educational concept, which aims at informing people about the facts of human population in a society, its growth pattern, fertility behaviour, characteristics and how population is related to the dynamics of development in the society (Ubaidullah 1983).

Population education includes knowledge, understanding, attitudes and skills which may help the individual to understand the implications of unrestricted population growth for himself, his family, state and the world at large and it may kindle in him the desire to mould his own reproductive behaviour in favour of a small family. (Thangavelu 1980).

Table II shows the details about the awareness and practice of the selected sample on population dynamics.

## TABLE - II

## THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE ON POPULATION DYNAMICS

| S.No | Variables | Awareness (Total Scores: 29) | | | Practice (Total Scores:5) | | |
|---|---|---|---|---|---|---|---|
| | | Less Awareness | Moderate Awareness | $X^2$ value | Poor | Moderate | $X^2$ value |
| 1. | AGE | | | | | | |
| | Young (N:52) | 44 | 8 | 6.30* | 41 | 11 | 5.78* |
| | Old (N:48) | 30 | 18 | | 27 | 21 | |
| 2. | MARITAL STATUS | | | | | | |
| | Married (N:71) | 47 | 24 | NS | 38 | 33 | 5.75* |
| | Unmarried (N:29) | 24 | 5 | 2.73 | 23 | 6 | |
| 3. | TYPE OF FAMILY | | | | | | |
| | Nuclear (N:89) | 68 | 21 | NS | 61 | 28 | NS |
| | Joint (N:11) | 6 | 5 | 2.32 | 6 | 5 | 1.10 |
| 4. | OCCUPATION | | | | | | |
| | Working (N:29) | 19 | 10 | NS | 22 | 7 | NS |
| | Non-working (N:71) | 55 | 16 | 1.58 | 45 | 26 | 1.44 |
| 5. | INCOME | | | | | | |
| | Below Rs.500 (N:29) | 43 | 16 | NS | 35 | 24 | NS |
| | Rs.501-1000 (N:41) | 31 | 10 | 0.11 | 32 | 9 | 3.79 |

NOTE: NS - Not significant

* Significant at 5% level

Significant difference is seen between the variables, age and marital status with regard to the awareness and practice of the sample on population dynamics. The scores reveal that the awereness and practiice of the sample are poor but the sample of older age group who are married seem to have slightly better awareness and practice when compared to their counterparts. Type of family and occupation in no way influence their awareness and practice. Compared to the awareness, practice was found to be moderate.

Gupta (1979) also found the similar finding that women were found to have less awareness on population dynamics.

**b. The awareness and practice of the selected sample on health**

According to Singh et al., (1987) health modernity is a scientifically correct information, attitude and behaviour in relation to physical and mental health, family planning and child care, personal and environmental sanitation and such other issues which are essential pre-requisities for healthy living and therefore, for human and social development.

The awareness and practice of the selected sample on health is given in Table III.

## TABLE - III

## THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE ON HEALTH

| S.No | Variables | Awareness (Total Scores:27) | | | Practice (Total Scores:8) | | |
|---|---|---|---|---|---|---|---|
| | | Less | Moder-ate | $X^2$ value | Poor | Moder-ate | $X^2$ value |
| 1. | AGE | 33 | | | | | |
| | Young | 33 | 19 | NS | 47 | 5 | NS |
| | Old | 24 | 24 | 1.89 | 43 | 5 | 0.65 |
| 2. | MARITAL STATUS | | | | | | |
| | Married | 25 | 46 | NS | 62 | 9 | NS |
| | Unmarried | 12 | 17 | 0.35 | 23 | 6 | 1.95 |
| 3. | TYPE OF FAMILY | | | | | | |
| | Nuclear | 32 | 57 | NS | 80 | 9 | NS |
| | Joint | 6 | 5 | 3.81 | 6 | 5 | 0.45 |
| 4. | OCCUPATION | | | | | | |
| | Working | 10 | 19 | NS | 24 | 5 | NS |
| | Non-working | 29 | 42 | 0.45 | 64 | 7 | 0.2 |
| 5. | INCOME | | | | | | |
| | Below Rs.500/- | 26 | 33 | NS | 51 | 8 | NS |
| | Rs. 501-1000 | 13 | 28 | 2.04 | 36 | 5 | 2.85 |

NOTE:

NS - Not Significant.

No significant difference is seen in the aspect of health with different variables such as age, marital status, type of family, occupation and income. But it is clear from the table that the sample of 25-35 years, married, belonging to nuclear family, employed and whose family income is below Rs.500/- seen to have better awareness on health. With regard to the health practice, majority of them had very poor practices, which stress the need for health education to the rural women.

The findings of Singh (1989) revealed a very low extent of health modernity which confirmed the unhygienic living conditions, faulty food habits, lack of personal hygiene and environmental sanitation. It was a consequence of their illiteracy, poverty and the absence of health education. He emphasizes that health education is of crucial importance in promoting family welfare services in the country.

There is a need for greater awareness among the rural mothers about child feeding and nutrition education for keeping their infants and the family members in good health (Koshy and Bhagot, 1980).

C. The Awareness and practice of the Selected Sample on Nutrition.

The awareness and practice of the selected sample on nutrition is given in Table IV.

## TABLE - IV

## THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE ON NUTRITION

| S.NO. | Variables | Awareness (Total Scores: 27) | | | Practice (Total Scores: 8) | | |
|---|---|---|---|---|---|---|---|
| | | Less | Mode-rate | $X^2$ value | Poor | Mode-rate | $X^2$ value |
| 1. | AGE | | | | | | |
| | Young | 44 | 8 | 10.99** | 46 | 6 | 14.30** |
| | Old | 26 | 22 | | 26 | 22 | |
| 2. | MARITAL STATUS | | | | | | |
| | Married | 43 | 28 | 3.18 NS | 61 | 10 | 0.017 NS |
| | Unmarried | 23 | 6 | | 24 | 5 | |
| 3. | TYPE OF FAMILY | | | | | | |
| | Nuclear | 64 | 25 | 0.31 NS | 64 | 25 | 0.004 NS |
| | Joint | 6 | 5 | | 6 | 5 | |
| 4. | OCCUPATION | | | | | | |
| | Working | 20 | 9 | 0.11 NS | 23 | 6 | 1.38 NS |
| | Non-working | 50 | 21 | | 48 | 23 | |
| 5. | INCOME | | | | | | |
| | Below Rs.500 | 39 | 20 | 1.96 NS | 41 | 18 | 0.602 NS |
| | Rs.501-1000 | 30 | 11 | | 30 | 11 | |

NOTE: NS - Not Significant
** - Significant at 1% level

Only age seem to influence the awareness and practice oof the rural women with regard to nutrition aspects. Nearly half of the sample of older age group have moderate awareness. The other variables have no influence on the knowledge and practice of the same. Majority of the sample irrespective of the variable have only less awareness. They are not knowing much about the nutrition aspects which also influence their practicing in their daily life. Again there is an urgent need for giving nutrition education to the rural mass especially women.

Hamilton et al (1989) state that undernourishment and deficiencies of certain nutrients during a woman's reproductive years are suspected of increasing her risk of infection. Surveys over 80 developing countries have found that 20-45% of women in the age of 15-44 years do not consume enough calories each day. So education can provide the skills, knowledge, and confidence. women need to plan healthy diets and protect the health of their families.

Jorapur (1981) also found that 60 to 75% of pregnant and nursing mothers were not aware of the necessity of supplementary foods.

**d. The awareness and practice of the selected sample on family life and reproduction**

Table V shows the details about the awareness and practice of the selected sample on family life and reproduction.

## TABLE - V

## THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE ON FAMILY LIFE AND REPRODUCTION

| S.No | Variables | Awareness (Total Scores: 27) | | | Practice (Total Scores: 8) | | |
|---|---|---|---|---|---|---|---|
| | | Less | Mode-rate | $X^2$ VAlue | Poor | Mode-rate | $X^2$ value |
| 1. | AGE | | | | | | |
| | Young | 40 | 12 | $2.48^{NS}$ | 47 | 5 | $14.96^{**}$ |
| | Old | 30 | 18 | | 27 | 21 | |
| 2. | MARITAL STATUS | | | | | | |
| | Married | 45 | 26 | $3.47^{NS}$ | 44 | 27 | $2.23^{NS}$ |
| | Unmarried | 24 | 5 | | 23 | 6 | |
| 3. | TYPE OF FAMILY | | | | | | |
| | Nuclear | 63 | 26 | $1.22^{NS}$ | 66 | 23 | $1.82^{NS}$ |
| | Joint | 61 | 5 | | 6 | 5 | |
| 4. | OCCUPATION | | | | | | |
| | Working | 20 | 9 | $0.46^{NS}$ | 23 | 6 | $0.79^{NS}$ |
| | Non-Working | 53 | 18 | | 50 | 21 | |
| 5. | INCOME | | | | | | |
| | Below Rs.500 | 41 | 18 | $0.92^{NS}$ | 41 | 18 | $0.47^{NS}$ |
| | RS.501-1000 | 32 | 49 | | 31 | 10 | |

NOTE

NS - Not Significant
** - Significant at 1% level

Only 50 percent of the sample belonging to older age group practice family planning since a significant difference is seen here. The awareness and practice of all other sample irrespective of the variable was found to be less only. So there is again a need to educate the younger generation as well as those who are in the reproductive age on the importance of small family so that the population explosion can be controlled and the problem be solved. Similar finding was also found by Ubaidullah (1988).

### 3. Attitude of the selected sample towards population education

The attitude of the selected sample towards population education is discussed under the following aspects.

a. Attitude of the selected sample towards population dynamics
b. Attitude of the selected sample towards health
c. Attitude of the selected sample towards nutrition
d. Attitude of the selected sample towards family life and reproduction.

### a. Attitude of the selected sample towards population dynamics

the attitude of the selected sample towards population dynamics is given in Table VI.

## TABLE - VI

## ATTITUDE OF THE SELECTED SAMPLE TOWARDS POPULATION DYNAMICS

| S.No | Variable | Population dynamics (Total Scores : 25) | | |
|---|---|---|---|---|
| | | Less favourable | Favourable | $X^2$ Value |
| 1. | AGE | | | |
| | Young | 28 | 24 | $2.02^{NS}$ |
| | Old | 19 | 29 | |
| 2. | MARITAL STATUS | | | |
| | Married | 23 | 48 | $11.1^{**}$ |
| | Unmarried | 20 | 9 | |
| 3. | TYPE OF FAMILY | | | |
| | Nuclear | 44 | 45 | $0.068^{NS}$ |
| | Joint | 5 | 6 | |
| 4. | OCCUPATION | | | |
| | Working | 17 | 12 | $0.75^{NS}$ |
| | Non working | 30 | 41 | |
| 5. | INCOME | | | |
| | Below Rw. 500 | 22 | 37 | $5.44^{**}$ |
| | Rs.501-1000 | 25 | 16 | |

NOTE: NS - Not Significant
** - Significant at 1% level

Attitude is defined as the degree of postive or negative effect associated with some psychological aspect (Thurstone, 1946). The psychological aspect here is population education.

Misra et al (1988) attitude is commonly considered to be a mental state of readiness and preparedness, organised through experience, which exerts dynamic and positive influence upon an individual to respond in a particular way.

The attitude of the married women seemed to be favourable compared to unmarried women as statistically high significant difference is seen. The other variables such as age, type of family, occupation and income do not have any influence on the population dynamics.

Majority of the young women have less favourable attitude to population education which suggests that their attitude must be changed so as to make them aware of the population problems.

**b. Attitude of the selected sample towards health**

Chatterjee et al (1974) state that health is both an important factor in the achievement of the status as well as an indicator of social status, Particularly for women, whose status is conditioned to a great extent by social attitudes.

The attitude of the selected sample towards health is shown in Table VII.

## TABLE - VII

## ATTITUDE OF THE SELECTED SAMPLE TOWARDS HEALTH

| S.No | Variables | Health (Total Scores : 25) | | |
|---|---|---|---|---|
| | | Less favourable | Favourable | $\chi^2$ value |
| 1. | AGE | | | |
| | Young | 24 | 28 | 5.77** |
| | Old | 11 | 37 | |
| 2. | MARITAL STATUS | | | |
| | Married | 15 | 56 | 10.09** |
| | Unmarried | 19 | 10 | |
| 3. | TYPE OF FAMILY | | | |
| | Nuclear | 33 | 56 | 0.38NS |
| | Joint | 5 | 6 | |
| 4. | OCCUPATION | | | |
| | Working | 12 | 17 | 1.0NS |
| | Non-working | 22 | 49 | |
| 5. | INCOME | | | |
| | Below Rs.500 | 19 | 40 | 0.2NS |
| | Rs.501-1000 | 15 | 26 | |

NS -Not significant
* - Significant at 1% level
** Significant at 5% level

Only age and marital status of the sample seem to influence the women's attitude towards health, as significant difference is found. But the table reveals that majority of the mothers irrespective of type of family, occupation and income, have favourable attitude. So it clearly shows that women need to be educated on health aspect.

### c. Attitude of the selected sample towards nutrition

The attitude of the selected sample towards nutrition is shown in Table VIII.

## TABLE - VIII

## ATTITUDE OF THE SELECTED SAMPLE TOWARDS NUTRITION

| S.No | Variables | (Total Scores : 11) | | |
|---|---|---|---|---|
| | | Less favourable | Favourable | $X^2$-Value |
| 1. | AGE | | | |
| | Young | 25 | 27 | 0.31$^{NS}$ |
| | Old | 25 | 25 | |
| 2. | MARITAL STATUS | | | |
| | Married | 29 | 42 | 8.0$^{**}$ |
| | Unmarried | 21 | 8 | |
| 3. | TYPE OF FAMILY | | | |
| | Nuclear | 47 | 42 | 2.52$^{NS}$ |
| | Joint | 3 | 8 | |
| 4. | OCCUPATION | | | |
| | Working | 13 | 16 | 14.3$^{**}$ |
| | Non-working | 9 | 62 | |
| 5. | INCOME | | | |
| | Below Rs.500 | 25 | 34 | 3.34$^{NS}$ |
| | Rs.501-1000 | 25 | 16 | |

NOTE:

NS Nott significant

** - Significant at 1% level.

Highly significant difference is observed with regard to the attitude of women towards nutrition in respect of marital status, age and occupation. No difference is found with other variables. The unmarried, young people seem to have less favourable attitude which stress the need for nutrition education to rural community.

Koshy et al (1980) also found that women were ignorant about the feeding practices and stress the need for nutrition education for the good health of children. Dave (1985) also found the reasons for the insufficient knowledge regarding feeding practices were faulty attitudes.

**d. Attitude of the selected sample towards family life and reproduction**

The attitude of the selected sample towards family life and reproduction is shown in Table IX.

TAPBLE IX

ATTITUDE OF THE SELECTED SAMPLE TOWARDS FAMILY LIFE AND REPRODUCTION

| S.No | Variable | Family Life (Total Scores : 26) | | |
|---|---|---|---|---|
| | | Less favourable | Favourable | $X^2$ Values |
| 1. | AGE | | | |
| | Young | 23 | 29 | 7.45** |
| | Old | 9 | 39 | |
| 2. | MARITAL STATUS | | | |
| | Married | 11 | 60 | 30.4** |
| | Unmarried | 21 | 8 | |
| 3. | TYPE OF FAMILY | | | |
| | Nuclear | 29 | 60 | 0.96NS |
| | Joint | 5 | 6 | |
| 4. | OCCUPATION | | | |
| | Working | 13 | 16 | 14.4** |
| | Non-working | 9 | 62 | |
| 5. | INCOME | | | |
| | Below Rs.500 | 16 | 43 | 1.59NS |
| | Rs.501-1000 | 16 | 25 | |

NS - Not significant
* - Significant at 5% level
** Significant at 1% level

Except the type of family and income, all the other variables influence the attitude of women towards family life and reproduction, as highly siginificant difference is noted (Fig.1). Here also majority of the young unmarried women of nuclear family have less favourable attitude which might be because of their ignorance about the family life and reproduction. So again there is a need to edcuate the women in this area in order to help them to become more aware of small family.

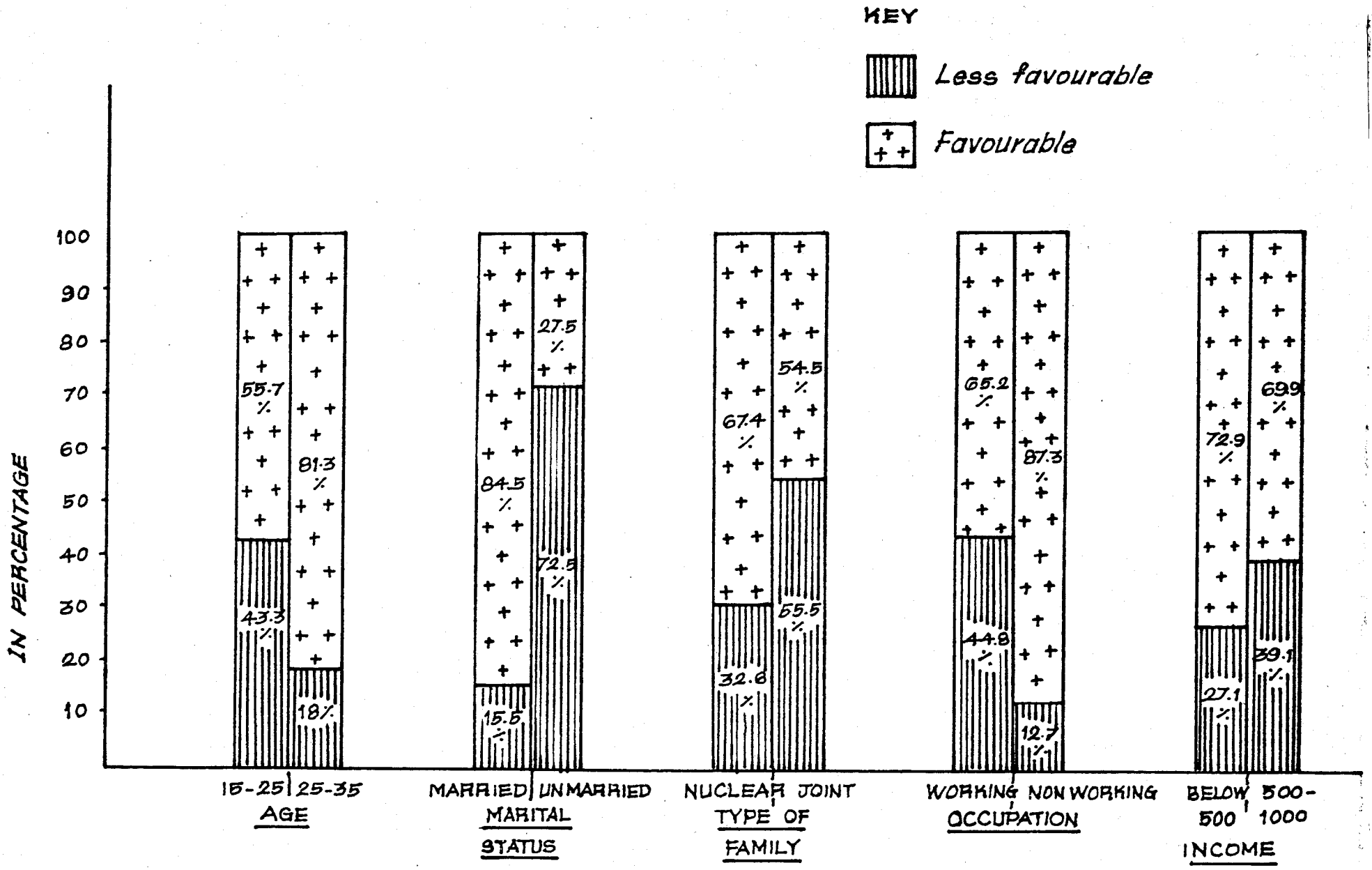
Krishna Kumari et al (1977) also found that inadequate information was the main reason for non acceptance of Family Planning.

**4. The correlation co-efficient of the awareness attitude and practice of population matters of the selected sample:**

**a. The correlation co-efficient of the awareness, attitude and practice on population matters of the selected sample.**

Sreedevi and Reddy (1988) point out that knowledge influences attitudes and attitudes influence practices. Such being the case, if education in population matters is given, it is likely to affect favourably the practices pertaining to population matters. Population education therefore becomes a pre-condition for desirable practices in population matters.

Table X gives the details of the correlation co-efficient of the awareness, attitude, and practice of population matters of the selected sample.




THE ATTITUDE OF THE SELECTED SAMPLE TOWARDS FAMILY LIFE AND REPRODUCTION

Figure-1

TABLE - X

CORRELATION CO EFFICIENT OF THE AWARENESS, ATTITUDE AND PRACTICE OF THE SAMPLE

| S.No | | Mean scores | Correlation coefficient |
|---|---|---|---|
| 1. | Awareness | 21.30 | |
| | vs | | 0.7860** |
| | Practice | 9.27 | |
| 2. | Awareness | 21.30 | |
| | vs | | 0.3011** |
| | Attitude | 56.39 | |
| 3. | Attitude | 56.39 | |
| | vs | | 0.335** |
| | Practice | 9.27 | |

NOTE:

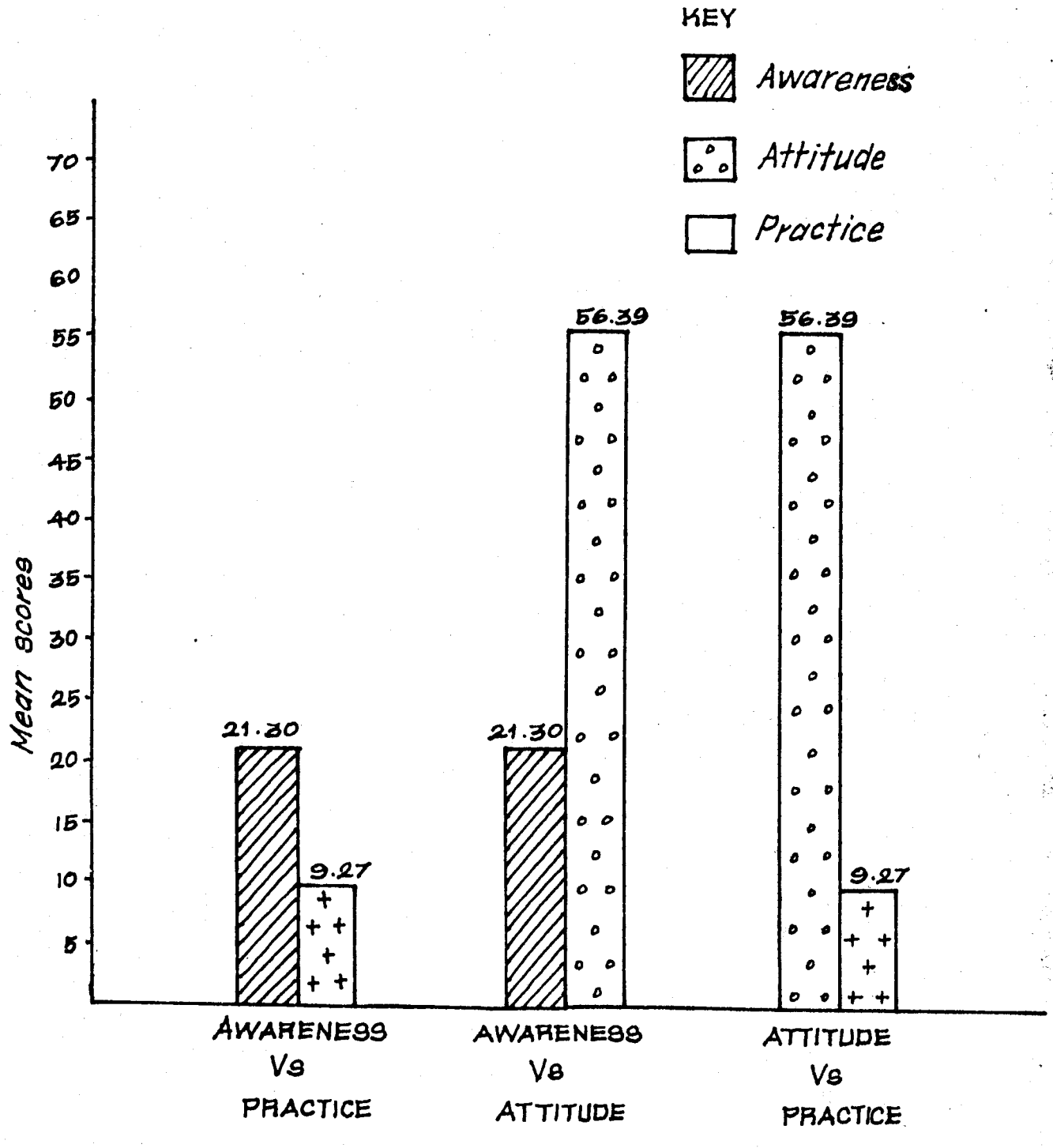
** - Significant at 1% level

Highly significant difference and positive correlation are seen between awareness and practice, awareness and attitude and attitude and practice of the sample on population matters totally (Fig.2).

the mean scores reveal that they have a high attitude for population education. But at the sametime, their awareness seem to be poor and the practice part is very poor. So if the women are educated, they would have a better awareness about the population problems and practice small family norm and will also have good health and nutrition practice.

Gurumurthy (1985) state that many KAP studies done in India and other developing countries, showed a moderate awareness when compared to the practice which was very low.

Ubaidullah (1988) also found a positive correlation and highly significant difference related to knowledge of, attitude towards and practice of population education.




THE CORRELATION CO-EFFICIENT OF THE AWARENESS ATTITUDE AND PRACTICE OF POPULATION MATTERS OF THE SELECTED SAMPLE

Figure - 2

**b. The correlation co-efficient of awareness, attitude and practice of the samples on different aspects of population matters**

Table XI shows the detailed view of the correlatioon co-efficient of awareness, attitude and practice of the sample on different aspects of population matters.

TABLE - XI

CORRELATION CO-EFFICIENT OF AWARENESS, ATTITUDE AND PRACTICE OF THE SAMPLE ON DIFFERENT ASPECTS POPULATION MATTERS

| S.No | Aspects | Details | Awareness vs Practice | Awarness vs Attitude | Attitude vs Practice |
|---|---|---|---|---|---|
| 1. | Population Dynamics | Mean | 1.90 | 1.90 | 12.90 |
| | | scores | 0.75 | 12.90 | 0.75 |
| | | Correlation co-efficient | $0.2725^{**}$ | $0.1908^{NS}$ | $0.2570^{**}$ |
| 2. | Health | Mean scores | 7.27<br>0.09 | 7.27<br>16.09 | 16.09<br>0.09 |
| | | Correlation co-efficient | $0.2925^{**}$ | $0.2851^{**}$ | $0.1174^{NS}$ |
| 3. | Nutrition | Mean Scores | 8.25<br>6.34 | 8.25<br>7.26 | 7.26<br>6.34 |
| | | Correlation Co-efficient | $0.7758^{**}$ | $0.0959^{NS}$ | $-0.0278^{NS}$ |
| 4. | Family Life Education | Mean scores | 3.94<br>2.69 | 3.94<br>17.34 | 17.34<br>2.69 |
| | | Correlation Co-efficient | $0.7805^{**}$ | $0.3909^{**}$ | $0.3885^{**}$ |

NOTE: NS - Not Significant
** - Significant at 1% Level.

With regard to population dynamics, highly significant difference is seen between awareness and practice and attitude and practice and no difference between knowledge and attitude is seen which shows that eventhough they have positive attitude they do not have much awareness on population problems, which inturn affects their practicing it.

For health aspect, significant difference is found between awareness and practice and awareness and attitude. No difference is seen between attitude and practice of the sample. for nutrition aspect, except between awareness and practice, no difference is seen between awareness and attitude and attitude and practice. The mean socres reveal that eventhough they have little awareness, they do not know how to apply it in their daily life which again stress the need for nutrition education to rural mothers.

On the contrary, for family planning highly significant and positive correlation is seen between awareness, attitude and practice of the sample. They seem to have a high attitude but poor awareness leads to poor practice.

**5. Impact of mass media on the awareness and practice of the selected sample:**

Venkatappiah (1984) states that the mass media in India, to be an agent of development, have to be rural oriented since 80% of the population lives in the Villages.

Dave et al (1981) state that the various KAP studies conducted in the country in the past years indicate that people do to certain extent gain knowledge about the family planning through mass media, the major gap is between their knowledge and practice, due to the slow change in their attitudes towards acceptance of these measures.

The impact of mass media on the awareness and practice of the selected sample is shown in Table XII.

## TABLE XII

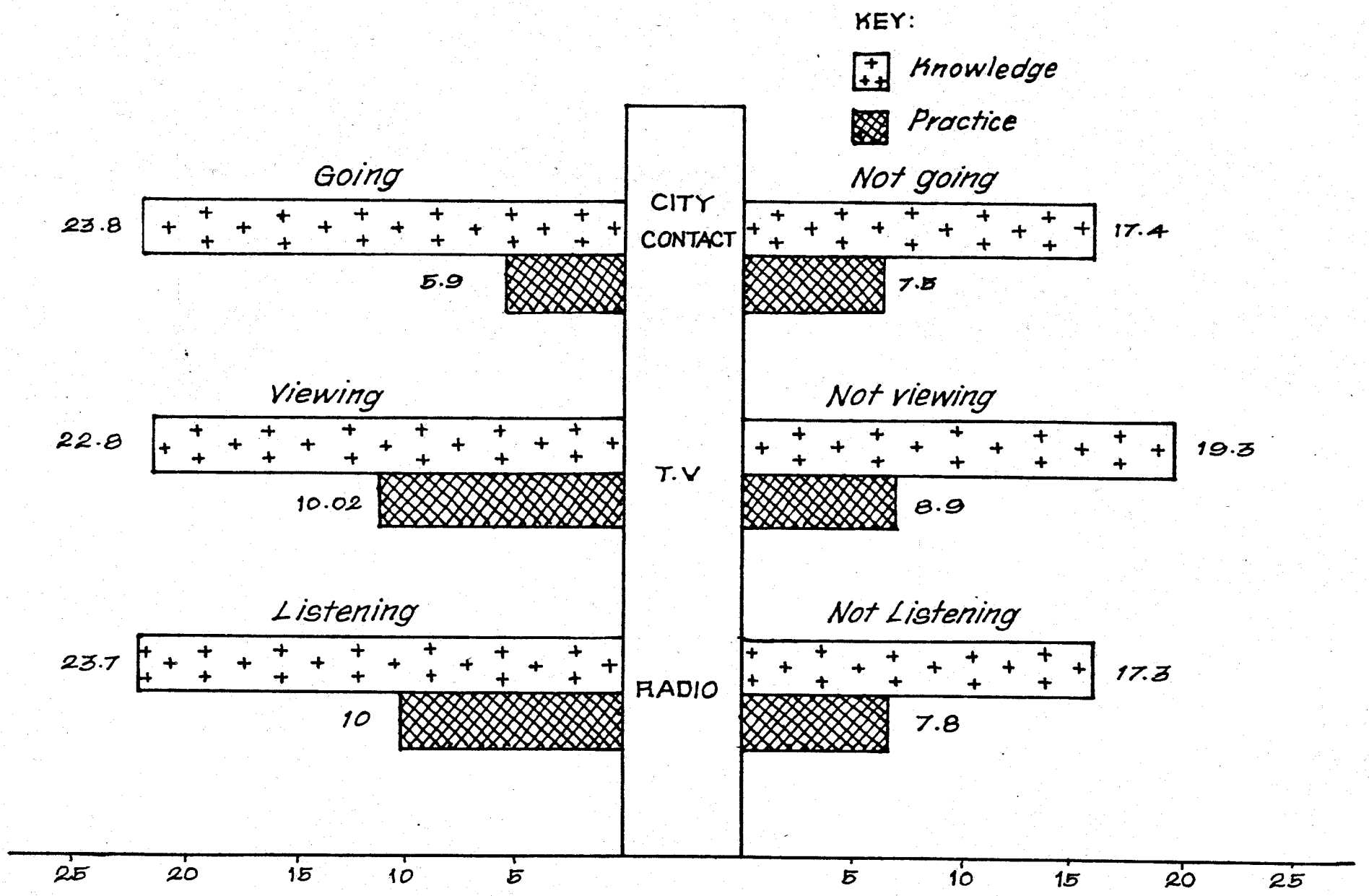
## IMPACT OF MASS MEDIA ON THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE

| S.No | Mass Media | Awareness | | | | Practice | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Mean | Mean Deffe-rence | S.E (d) | 't' Value | Mean | Mean diffe-rence | S.E (d) | 't' value |
| 1. | RADIO | | | | | | | | |
| | Yes (N.64) | 23.72 | 6.42 | 0.18 | 35.66** | 10.69 | 2.89 | 0.766 | 3.77** |
| | No (N.36) | 17.3 | | | | 7.8 | | | |
| 2. | TELEVISION | | | | | | | | |
| | Yes (N.58) | 22.75 | 3.45 | 0.164 | 20.99** | 10.02 | 1.24 | 0.089 | 13.93** |
| | No (N.42) | 19.3 | | | | | | | |
| 3. | CITY CONTACT | | | | | | | | |
| | Yes (N.60) | 23.8 | 6.45 | 0.134 | 48.13** | 5.92 | 1.55 | 0.118 | 13.13** |
| | No (N.40) | 17.35 | | | | | | | |

NOTE:

** - Significant at 1% level

Mass media has an influence on the awareness, and practice of the sample as it is clearly revealed from the statistical analysis which shows a highly significant difference (Fig.3). The mean scores for awareness and practice of those who listen to the radio, watch Television and have city contact are higher than those who do not have the exposure to radio and television. So it is clear that mass media definitely influences their population awareness and practice. Ubaidullah (1988) also found that viewing television, listening to radio and city contacts were turned out to be the significant predictors of knowledge of attitude towards and practice of population education. So it has to be geared to the maximum so as to make the illiterates aware of the problem and simultaneously educate them on population matters, so that their practice would improve.




IMPACT OF MASS MEDIA ON THE AWARENESS AND PRACTICE OF THE SELECTED SAMPLE

Figure : 3.

# Summary and Conclusion

## SUMMARY AND CONCLUSION

The study on the "Assessment of Awareness, Attitude and practice on population matters Among Rural Women" was conducted in Kallappalayam Village which is located 35 kms. away from the Coimbatore city. The sample who were illiterates and belonging to the reproductive age group of 15-35 years were selected for the study. Interview method was selected to conduct the study. The tool of the study consisted of the following schedule. A preliminary schedule to find out their background information and a test battery to assess their awareness, attitude, and practice of the population matters. Aspects like population dynamics, health, nutrition and family life and reproduction were included in the test battery. The mothers were interviewed and the data was collected. The findings of the study are summarised below:

1. Statistically significant difference was seen between the variables age and marital status with regard to the awareness and practice of the sample on population dynamics. The awareness and practice of the sample were found to be poor.

2, No significant difference was seen in the aspect of health with different variables. But the sample belonging to the low income family seem to have better awareness on health. With regard tc the practice, majority of them had very poor practices.

3. With regard to nutrition, majority of the young women had moderate awareness. Age alone seemed to influence the awareness and practice of nutrition among the rural women.

4. Only the marital status and age influenced the awareness and practice on family planning and significant difference at 5 percent level was noted. Generally the awareness and practice of all the other sample was found to be less.

5. Statistically high significant difference was found between married and unmarried women with regard to their attitude towards education on population dynamics. Majority of the young women (54%) had less attitude.

6. With regard to the attitude of the women towards health, only age and marital status influenced as significant difference was found statistically. But the mean scores reveal that majority of the mothers had favourable attitude towards health.

7. Highly significant difference was observed with regard to the attitude of women towards nutrition in respect to martial status, age and occupation.

8. Highly significant difference was found with all the variables except the type of family and income with regard to their attitude towards family life and reproduction.

9. The correlation co-efficient of the awareness, attitude and practice of the samples were found to be highly significant and positively correlated. Eventhough the attitude was found to be favourable, their awareness and practice were found to be poor in population dynamics, health, nutrition and family life and reproduction.

Hence the findings of the study recommend the following:

1. Government must take efforts to start population clubs/cells in each block.

2. Population education must become one part of continuing education/adult education.

3. Adult education centre must be started in each and every village and illiterate women in the reproductive age group of 15-35 years must be motivated to join in the programme and get benefitted.

4. Government must supply a radio and Television set to each and every village - small or big, in order to have an exposure to different programmes on population aspects.

5. Government must take efforts, to organise training programme for the teachers of adult education programme.

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# Appendix

## APPENDIX - A

### INTERVIEW SCHEDULE TO COLLECT INFORMATION ON THE FAMILY BACKGROUND OF THE RESPONDENTS

1. Name of the Centre :

2. Number of the Centre :

3. Details of the respondent :

   Name : Age:

4. Home Address :

5. Type of Family :

   (i) Nuclear ..... ( )

   (ii) Joint ..... ( )

6. Occupation of the respondent :

   (i) Full time ..... ( )

   (ii) Part time ..... ( )

   (iii) Seasonal ..... ( )

   (iv) Home maker ..... ( )

7. Marital status :

   (i) Unmarried ..... ( )

   (ii) Married ..... ( )

8. Family Background :

| S.No | Name | Relation -ship | Age | Sex | Educational level | Occu- pation | Income | Income from other sources |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Total Income/month :

9. Sources of information on population Matters :

A. Knowledge gained through listening to radio :

(i) Do you listen to radio?

| Yes | No | If yes Programmes heard | Time spent From | Time spent To | Population information gained |
|---|---|---|---|---|---|
| | | (i) Songs | | | |
| | | (ii) Stories | | | |
| | | (iii) Plays | | | |
| | | (iv) Any others | | | |
| | | (i) Speeches | | | |
| | | (ii) Discussions | | | |
| | | (iii) Interviews | | | |
| | | (iv) News Bulletins | | | |
| | | (v) Any others | | | |

B. Knowledge gained through watching T.V.:

(i)Do you watch T.V. Programmes?

| Yes | No | If yes Programmes seen | Time spent/day | Poplulation information gained |
|---|---|---|---|---|
| | | Informative | | |
| | | 1. News Bulletins | | |
| | | 2. Speeches | | |
| | | 3. Discussions | | |
| | | 4. Quiz programmes | | |
| | | 5. Any other | | |
| | | Entertaining | | |
| | | 1. Music programmes | | |
| | | 2. Plays | | |
| | | 3. Movies | | |
| | | 4. Any other | | |

C.Knowledge gained through viewing films :

(i) Do you see films related to population matters?

| Yes | No | If yes, title of the film | Frequency of watching | Population information gained |
|---|---|---|---|---|
| | | | | |

D. Knowledge gained through newspapers, books and magazines:

Do you read Newspapers, Books and magazines? (or) Do others read them out for you?

| Source of Infor-mation | Yes | No | If yes articles learn | Timings From | To | Information learnt |
|---|---|---|---|---|---|---|
| A. News Papers | | | Editorial | | | |
| | | | Articles for Women | | | |
| | | | Stories | | | |
| | | | Songs/plays | | | |
| | | | General | | | |
| B. Books & Magazines | | | | | | |

E. Have you gained any information on population matters through your friends/relatives/neighbours?

| Yes | No | If yes, person | Population information gained |
|---|---|---|---|
| | | | |

F. Do you have the habit of going to the city?

Yes ( ) No ( )

If no, reasons:

If yes, how often do you go?

Frequency/week Purpose

G. Exposure to population education programme

Was there any programme/meeting/campaign in your village with regard to population education?

| If yes, Programmes/ Activities | No. of days conducted | Organisers | Population Knowledge gained |
|---|---|---|---|
| | | | |

## APPENDIX - B

## A TEST BATTERY TO ASSESS THE AWARENESS OF POPULATION MATTERS AMONG THE RURAL WOMEN

| S.No | I. AWARENESS OF POPULATION DYNAMICS | SCORE |
|---|---|---|
| 1. | What was the population of India according to the 1981 census? | 1 |
| 2. | What was the population of TamilNadu according to the 1981 census? | 1 |
| 3. | Which age group, the younger age group or old age group constituted the highest percentage of population in India according to the 1981 census? | 1 |
| 4. | Which is the most highly populated country in the world? | 1 |
| 5. | What is the danger in terms of population growth in having more number of people in the younger age groups? | 1 |
| 6. | What is India's position in world population? | 1 |
| 7. | Where should births and deaths be registered? | (1+1=2) |
| 8. | How does population increases affect the following? | |

| | | EFFECT ON NATION | EFFECT ON FAMILY |
|---|---|---|---|
| i. | Food | | 2 |
| ii. | Clothing | | 2 |
| iii. | Shelter | | 2 |
| iv. | Health | | 2 |
| v. | Education | | 2 |
| vi. | Intelligence of children | | 2 |
| vii. | Recreation | | 2 |

viii. Employment 2

9. Mention one or two important causes for poverty in India. (1+1=2)

10. Has Medical advancement reduced the mortality rate in India or not? 1

11. What is the relationship between birth rate and population increase? 1

12. What is the relationship between death rate and population increases? 1

## II. AWARENESS OF HEALTH

1. Why should we keep our body clean? 1

2. What should we do while sneezing and coughing? Give reasons. (1+1=2)

3. Why should we keep our nails and hands clean? 1

4. Why should we wear chappals? 1

5. Where should we send our children for defaec ation? 1

6. Mention one or two important reasons for doing exercise (1+1=2)

7. Is there any relationship between number of members in the family and household cleanliness? 1

8. Do you process drinking water?

   Yes No

   If yes, how? (1+1=2)

9. Name any one or two vaccines to be given to a child before 6 month old? Indicate their purpose. (2+2=4)

10. Mention the immunization to be given to a child between 6-12 months 1

11. What is the effect of repeated pregnancies on a woman and a child?

    On a woman: On a child: (1+1=2)

12. What are the health services available for pregnant and lactating women in PHC? (1+1=2)

13. Should the children be prevented from mosquito bite?

    Yes No

    Give reasons: (1+1=2)

14. How would you protect the children from mosquito bite (1+1=2)

15 Is it necessary to protect the food from flies and insects?

    Yes No

    reasons (1+1=2)

16. How would you protect the food from flies and insects? 1

III. AWARENESS OF NUTRITION

1. Mention the three important functions of food 3

2. Mention any two important foods that give energy to the body (1+1=2)

3. Mention any two important foods which protect the body from being affected by diseases (1+1=2)

4. Mention any two important foods that help to build the body (1+1=2)

5. Mention any two important foods to be included during pregnancy. Give reasons (2+1=3)

6. What is the significance of eating greens? 1

7. Is Cholostrum harmful for the baby?

    Yes No

    reasons (1+1=2)

8. Is mother's milk good for the child?

Yes No

If yes, how? (1+1=2)

9. At what time the breast feeding should be started? How long it should be continued?

Time of starting:

Time of stopping: (1+1=2)

10. When should supplementary feeding be started? Name any two important supplementary foods that can be given to the infants

Upto 6 months:

6-12 months: (1+4=5)

11. Mention two foods to be included/avoided under the following conditions.

| Conditions | To be included | To be avoided |
|---|---|---|
| Diarrhoea | | |
| Measles | | |
| Fever | | |
| Cold & Cough | | |

(4+4+4+4=16)

## IV. AWARENESS OF FAMILY LIFE EDUCATION AND REPRODUCTION.

1. Name the organ producing germ cells in Man's and woman's body? (1+1=2)

Man: Woman:

| | | |
|---|---|---|
| 2. | Where does the child grow in the woman's body? | 1 |
| 3. | What is the common symptom of pregnancy? | 1 |
| 4. | During which days of the menstrual period does a woman has a chance to conceive? | 1 |
| 5. | Indicate the age range during which fertility is more for a woman? | 1 |
| 6. | Indicate the best age range during which a woman can give birth to a child. Give reasons | (1+2=3) |
| 7. | Mention two sources for family planning services. | 2 |
| 8. | Mention two family planning methods known to you. | 2 |
| 9. | What is the cash incentive offered by the government for sterilization? | 1 |
| 10. | What are the slogans you know for family planning? | 2 |
| 11. | What is the symbol of family planning? | 1 |
| 12. | What is the minimum age of marriage fixed by the Government of India for males? | 1 |
| 13. | What is the minimum age of marriage fixed by the Government of India for females? | 1 |

## POPULATION AWARENESS (ANSWERS)

| I. | AWARENESS OF POPULATION DYNAMICS: | SCORES |
|---|---|---|
| 1. | 68.4 Crores | 1 |
| 2. | 4.8 Crores | 1 |
| 3. | The younger age group | 1 |
| 4. | China | 1 |
| 5. | Birth Rate will be higher | 1 |
| 6. | Second Place | 1 |
| 7. | Village: Village Munsiff/Karnam<br>Town: Corporation Office/Government Hospital | (1+1=2) |

| 8. | | Effects on nation | Effects on family |
|---|---|---|---|
| a. | Food | Reduces per capita consumption | Insufficiency |
| b. | Clothing | Drains the available resources | Inability to clothe all |
| c. | Shelter | Over-crowding of urban areas | Limited space |
| d. | Health | Results in high mortality rates | Precipitates many diseases |
| e. | Education | Inability to reach all segments of population | All may not be able to get good education |
| f. | Intelligence of Children | Leads to wastage and stagnation | poor mental development |
| g. | Recreation | Poor facilities | Opportunities for all may be lessened. |
| h. | Employment | Opportunities become very scanty | Lack of employment reduces the standard of living |

(2+2+2+2+2+2+2+2=16)

9. Population increase.
Low income and lack of employment. (1+1=2)

10. Yes 1

11. Directly proportional-as birth rate increases, population also increases. 1

12. Inversely proportional-as death rate decreases, population increases. 1

II. AWARENESS OF HEALTH

1. To prevent us and others from diseases 1

2. Cover mouth and nose with a cloth/handkerchief

   Reasons: To prevent the transmission of infectious droplets to others. (1+1=2)

3. To prevent germs from entering in through the mouth 1

4. To prevent us from hook-worm disease 1

5. Latrines 1

6. Any two: for proper blood circulation, excretion and digestion. (1+1=2)

7. With many members in the family, it is difficult to keep the household clean. 1

8. 1. Yes.
   2. Boiled and cooled. (1+1=2)

9. Any 2 vaccines: BCG, DPT and Polio
   Reasons: To prevent the child from diseases like tuberculosis, and diphtheria, polio,tetanus and whooping cough (2+1+1=4)

10. Measles vaccine 1

11. On a Woman = anaemia
    On a Child = Maln utrition (1+1=2)

12. Family planning advise and child care. (1+1=2)

13. 1. Yes
    2. To prevent the child from being affected by malaria (1+1=2)

14. Any 2: By the use of mosquito nets, mosquito repellents, and mosquito proof window meshes. (1+1=2)

15. 1. Yes
    2. To prevent contamination of food by flies, which may cause a number of diseases like dysentry,cholera. (1+1=2)

16. By covering the food utensils 1

III. AWARENESS OF NUTRITION:

1. Gives energy
   builds body; and prevents diseases (1+1+1=3)

2. Any 2: Cereals, roots & tubers, dried fruits, sugar and fats (1+1=2)

3. Any 2: Vegetables, green leafy vegetables, fruits, milk eggs, fish and liver (1+1=2)

4. Any 2: Milk, egg, meat, fish, pulses, nuts and oil seeds. (1+1=2)

5. Any 2: Milk, dhal, egg, green leafy vegetables.
   Reasons: To provide proteins for the growth of the foetus (2+1=3)

6. For good eyesight and prevention of diseases 1

7. 1. No.
   2. It provides immunity to the child. (1+1=2)

8. 1. Yes
   2. Mother's milk provides immunity, promotes growth
   ( any of the two ) (1+1=2)

9. Two hours after delivery
   9 months - 1½ years. (1+1=2)

10. When the baby is 4 months old

| Age | Supplementary Foods |
|---|---|
| Upto 6 months | Fruit juices, ragi kanji/kool, mashed vegetables and fruits and egg yolk (Any two) |
| 6 - 12 months | Idli, mashed rice, dhal, egg - white (any two) |

(1+2+2=5)

11. Any two foods under each category

| | Conditions | Foods to be included | Foods to be Avoided |
|---|---|---|---|
| a. | Diarrhoea | Barley water with milk/butter milk; arrowroot kanji, orange juice, bread, apple banana. | Mature Vegetables and fruits, spices and condiments; whole millets and cereals. |

| | | | |
|---|---|---|---|
| b. | Measles | Fruits, Coconut water, curds. | Hot foods, spices and condiments. |
| c. | Fever | Barley water, bread, rice kanji, fruit juice, milk. | Pulses, fatty foods, thick vegetable gravies. |
| d. | Cold and Cough | Rasam Rice, Orange juice. | Sweets, Ice-cold foods. |

Note: Scores will be given for mentioning two foods under each category i.e. foods to be included and avoided.

Foods to be included (1+1)

Foods to be avoided (1+1)

IV. AWARENESS OF FAMILY LIFE EDUCATION AND REPRODUCTION:

1. Man : Testis
   Woman : Ovaries (1+1=2)
2. The uterus. 1
3. Stopping of menstruation. 1
4. 11-18th day in a 28 day menstrual cycle 1
5. 18 - 25 Years 1
6. Age range: 21 - 24 Years

   Reasons: That will be the age during which a woman will be physically mature for reproduction and she will also be mentally prepared to rear the child (1+1=2)
7. Any 2: Primary Health centre, Government Hospital and Employees State Insurance Corporation. (1+1=2)
8. Any 2: Loop, oral pill, condom, sterilization 2
9. Rs. 160 1
10. We two, Ours two.

    Small family is a happy family (1+1=2)

| | | |
|---|---|---|
| 11. | Red triangle | 1 |
| 12. | 21 Years. | 1 |
| 13. | 18 Years. | 1 |

## APPENDIX C

## TEST BATTERY TO ASSESS THE ATTITUDE OF RURAL WOMEN TOWARDS POPULATION EDUCATION

### I. Attitude Towards Population Dynamics:

Agree/Disagree

1. India's population is too large for its resources
2. Population in India isuncontrolable.
3. More number of young people in the population is not a burden to the country.
4. Rapid growth of population will cause a food problem in India.
5. Population growth is not a hinderance to economic development.
6. Population growth in India is not causing housing problem.
7. Increase in illitracy in India is due to rapid population growth.
8. Lack of adequate transportation facilities has its genesis in over population.
9. Over population is not a cause of poverty
10. Pollutioon does not increase with the increase in population.
11. Unemployment in India is due to over population
12. Over population in urban areas is caused by people mirgrating from rural areas.
13. Over population in a country gives rise to crime and law and order problems.
14. The more the people, the more is the depletion of natural resources.
15. India should not face the problem of over population in future.
16. Population education is the need of times.
17. Populajtion education is the most effective method of solving the population problem.

**Agree/Disagree**

18. Population control programme should be given priority for the bright future of India.

19. Populajtion education will help in the proper registration of births and deaths.

20. Populajtion education will help the people to improve the quality of life in India.

21. Populajtion education will enable the learners to understand the social problems of the country.

22. Every citizen should be taught about the determinants and consequences of rapid population growth.

23. Nature always provides the necessities for the evergrowing population of a country.

24. Highly populated countries face the problem of slums, diseases and hunger.

25. Every citizen of the country should understand the population problem.

## II. Attitude on Health

1. The health services available in India in relation to its population are adequate.

2. Infant mortality in India is higher due to inadequate health facilities.

3. Health education programmes do not help in increasing the health status of the people.

4. It is not harmful to drink unsafe water.

5. Open air defaecation has nothing to do with environmental pollution.

6. Chickenpox can not be cured by modern medicines.

7. Measles occurs due to the curse of the goddess.
8. It is benefificial for the villagers if we teach them about the various methods of disposal of waste.

9. One need not clean teeth daily.

10. Every one should take a bath daily.

**Agree/Disagree**

11. Immunisation of children is not necessary

12. All infectious diseases are not curable by traditional health practices.

13. Deadly diseases occur due to 'Karma'.

14. Prenatal care for pregnant mothers is not necessary

15. It is goodto have deliveries in the hospitals.

16. Alcoholism is good for health

17. Smoking is injurious to health

18. Anaemia is not curable

19. Over population creates health and hygiene problems

20. It is good to take the children tokl the barber for 'Mantras' for better health of the children

21. Proper health education should be given to the people in order to decrease the rate of mortality and morbility in our country.

22. The people should be educated with regard to the health care in order to prevent the diseases caused by infection.

23. every citizen should know the importance of immunization of children.

24. Mother and child care must be given due importance in the health education programme.

**III. Attitude towards food and Nutrition:**

1. Eating and balanced diet is good for health

2. Pregnant women must be educated to take balanced diet.

3. Certain foods are harmful during pregnancy.

4. Breast feeding is better than bottle feeding.

5. Breast feeding effects the health of the mother

6. It is impossible for working women to breast feed their children.

**Agree/Disagree**

7. Children can be given semi-solid foods from six months onwards.

8. Nutritious diet gives protection against diseases.

9. In general the nutritional status of a family is affected by its size.

10. The present nutritional programmes in our state are beneficial to us.

11. It is not necessary to sterilise the bottle during each feed of a baby.

## IV. Attitude on Family Planning and Family life education

1. As child is the gift of God, adoption of family planning is a great sin.

2. Modern techniques of family planning do not affect the health of the couple.

3. It is difficult to get intrauterine devices and condoms in village.

4. People must be educated about services available in Primary Health Centre and material and child Health Centres.

5. Population education will create an immediate favourable attitude in the minds of adult learners for adopting small family norm.

6. The birth of a child is God's Will.

7. Too many children are sure to undermine the mother's health.

8. Family life education helps to have a better family life.

9. Boys and girls should be given freedom in mate selection.

10. Women should be given equal status with men

11. The dowry system should be discouraged.

12. Employment of Women does not spoil family life

**Agree/Disagree**

13. Employment of women hinders proper care of children

14. Arranged marriages make family life happy.

15. Limited number of children leads to joy in life.

16. Male children are preferable to female children

17. One must have a son to carry on the family name in the next generation.

18. A person having a larger family than he is capable of bringing up is morally irresponsible.

19. It is unfair to insist upon the minimum age at marriage for boys and girls.

20. it is better if a family consists of 2 or 3 children irrespective of the sex of children.

21. Big families have less social problems.

22. Population education paves the way for responsible parent hood

23. A small family ensure better availability of food, clothing and living space for each member of the family.

24. Many parents presume that having more number of children is a security.

25. Education creates an awareness in the minds of women with regard to the ideal age of marriage, number of children and spacing between children etc.,

26. Proper education of women removes all the superstitious beliefs they have with regard to children and family life.

## APPENDIX - D

## A TEST BATTERY TO ASSESS THE POPULATION PRACTICE OF POPULATION MATTERS AMONG RURAL WOMEN.

| | SCORES |
|---|---|
| **I. PRACTICE OF POPULATION DYNAMICS** | |
| 1. Have you (or will you) registered the birth and deaths of your family members? Yes: No: If yes, when? | (1+1=2) |
| 2. As a citizen of India, what is your role in reducing the population increase? | 1 |
| 3. Have you talked with others about the matters/issues pertaining the population of our country? Yes No | 1 |
| 4. Have you advised others about reducing their family size in your place? | 1 |
| **II. PRACTICE OF HEALTH:** | |
| 1. What immunization do you/(will you) give to your child aged between 3 - 3 1/2 Years? | 1 |
| 2. Indicate 4 ways to preventing family of your members from being affected by infection? | 4 |
| 3. Do you approach the nearby PHC to get health services? Yes No If yes, mention the services. If no, reasons. | (1+1+=3) |
| **III. PRACTICE OF NUTRITION** | |
| 1. Which are the four foods you include for your day-to-day meal preparation? | (1+1+1+1=4) |

2. Do you include greenleafy vegetables in your diet?

Yes No

If yes, how often (1+1=2)

3. What were the two special foods you consumed or you will consume during pregnancy and lactation?

Pregnancy :

Lactation : (2+2=4)

4. Did you (will you) feed the child with colostrum?

Yes No

Reasons (1+1=2)

5. When did you (will you) start and stop breast feeding,

Time of starting:

Time of stopping:

Reason (1+1+2=4)

6. When did you /will you start the supplementary foods for your child/ children?

Upto 6 months

6-12 months (1+2+2=5)

## IV. PRACTICE OF FAMILY LIFE EDUCATION AND REPRODUCTION

1. At what age do you think a girl should get married?

Age (in years)

Reason: (1+1+1=3)

2. How many children do you think a woman must have?

Boys Girls

Reasons. (2+1=3)

At what age do you think a woman must give birth to children?

Age(in years)

Reasons

(1+2=3)

4. What do you think should be the gap between two children?

   Give reasons (1+2=3)

5. Do you think any one should get advice about family planning methods?

   Yes No

   If yes, from whom? When? (1+1+1=3)

6. How do you want to treat your sons and daughters? 1

## POPULATION PRACTICE (ANSWERS)

### I. PRACTICE OF POPULATION DYNAMICS:

1. i. Yes. 1
   ii. Village Munisiff/Corporation Office/Government Hospital (1+1=2)
2. By limiting the size of the families.
3. Yes. 1
4. Yes. 1

### II. PRACTICE OF HEALTH:

1. Typoid vaccine 1
2. Any 4:
   i. Keeping the body clean.
   ii. Keeping the house clean
   iii. Wearing chappals when going out.
   iv. Drinking boiled and cooled water.
   v. Keeping food utensils closed.
   vi. Keeping the surroundings clean.
   vii. Preventing water stagnation around the house.
   viii. Sending children to latrines for defaecation. (1+1+1+1=4)
3. Family planning advise and child care.

III. PRACTICE OF NUTRITION:

1. Any four from Basic 5 - Cereals; roots and tubers; fats, oils, pure carbohydrate foods, other vegetables, milk, milk products and pulses; fruits and green leafy vegetables. (1+1+1+1=4)

2. i. Yes,
   ii. Daily. (1+1=2)

3. Pregnancy (Any 2):

   Pulses, milk and green leafy Vegetables, egg. (1+1=2)

   Lectation (Any 2)

   Milk, Cereals, Fruits, Green Leafy, Vegetables (Any 2) (1+1=2)

4. i. Yes
   ii. Gives immunity (1+1=2)

5. Time of starting: Two hours after delivery.

   Time of Stopping: 9 months-1½ years.

   Reasons: Infection of the mother. (1+1+2=4)

6. 4 months old 1

| Age in months | Foods given |
|---|---|
| Upto 6 months | Fruit Juices; ragi Kanji/Kool, mashed vegetables and fruits and eff yolk (Any two). |
| 6 - 12 months | Idli, mashed rice, dhal , egg-white. (Any two) |

(1+2+2=5)

IV PRACTICE OF FAMILY LIFE EDUCATION AND REPRODUCTION

1. 18 years and above.

   Reasons: For both physical and psychological maturity. (2+1=3)

3. i. 21 - 24 years.

   ii. that will be the age during which a woman will be physically mature for reproduction and mentally prepared to rear the child. (1+2=3)

4. i. 3 years.

   ii. To prevent miscarriages, neonatal deaths, health risks of infants and mothers. (any two reason) (1+2=3)

5. i. Yes.

   ii. (Any 1) Doctors, nurses, health visitors, midwives.

   iii. After the delivery of the first child. (1+1+1=3)

6. Equally. 1

*****

## APPENDIX - E

### THE SCORES OBTAINED BY THE SAMPLE FOR THEIR AWARENESS, ATTITUDE AND PRACTICE ON POPULATION MATTERS

| S.No | Aspects | Scores | Awareness | Attitude | Practice |
|---|---|---|---|---|---|
| 1 | Population dynamics | 0 | 36 | - | 54 |
| | | 1 | 20 | - | 3 |
| | | 2 | 5 | - | 27 |
| | | 3 | 12 | - | 16 |
| | | 4 | 12 | - | - |
| | | 5 | 11 | - | - |
| | | 6 | 1 | - | - |
| | | 7 | 3 | 3 | - |
| | | 8 | - | 12 | - |
| | | 9 | - | 7 | - |
| | | 10 | - | 8 | - |
| | | 11 | - | 2 | - |
| | | 12 | - | 10 | - |
| | | 13 | - | 4 | - |
| | | 14 | - | 9 | - |
| | | 15 | - | 29 | - |
| | | 16 | - | 2 | - |
| | | 17 | - | 5 | - |
| | | 18 | - | 2 | - |
| | | 19 | - | 5 | - |
| | | 20 | - | 1 | - |

| | | | | | |
|---|---|---|---|---|---|
| | | 21 | - | 1 | - |
| | | 22 | - | - | - |
| | | 23 | - | - | - |
| | | 24 | - | - | - |
| | | 25 | - | - | - |
| | | 26 | - | - | - |
| | | 27 | - | - | - |
| | | 28 | - | - | - |
| | | 29 | - | - | - |
| | | | 100 | 100 | 100 |
| 2 | Health | 0 | - | - | 87 |
| | | 1 | - | - | 13 |
| | | 2 | - | - | - |
| | | 3 | - | - | - |
| | | 4 | 6 | - | - |
| | | 5 | 14 | - | - |
| | | 6 | 19 | - | - |
| | | 7 | 18 | - | - |
| | | 8 | 20 | - | - |
| | | 9 | 8 | - | - |
| | | 10 | 7 | 1 | - |
| | | 11 | 5 | 1 | - |
| | | 12 | 3 | 12 | - |
| | | 13 | - | 3 | - |

| | | | | |
|---|---|---|---|---|
| | 14 | - | 9 | - |
| | 15 | - | 8 | - |
| | 16 | - | 21 | - |
| | 17 | - | 9 | - |
| | 18 | - | 19 | - |
| | 19 | - | 13 | - |
| | 20 | - | 4 | - |
| | 21 | - | - | - |
| | 22 | - | - | - |
| | 23 | - | - | - |
| | 24 | - | - | - |
| | 25 | - | - | - |
| | 26 | - | - | - |
| | 27 | - | - | - |
| | TOTAL | 100 | 100 | 100 |
| 3. Nutrition | 0 | - | - | - |
| | 1 | 1 | - | 1 |
| | 2 | 5 | - | - |
| | 3 | 14 | - | 20 |
| | 4 | 5 | 4 | 22 |
| | 5 | 2 | 10 | 15 |
| | 6 | 10 | 20 | 5 |
| | 7 | 8 | 16 | 8 |

| | | | | |
|---|---|---|---|---|
| | 8 | 10 | 29 | 13 |
| | 9 | 8 | 19 | 7 |
| | 10 | 9 | 2 | 4 |
| | 11 | 8 | – | 2 |
| | 12 | 3 | – | – |
| | 13 | 5 | – | – |
| | 14 | 7 | – | 3 |
| | 15 | – | – | – |
| | 16 | 5 | – | – |
| | 17 | – | – | – |
| | 18 | – | – | – |
| | 19 | – | – | – |
| | 20 | – | – | – |
| | 21 | – | – | – |
| | 22 | – | – | – |
| | 23 | – | – | – |
| | 24 | – | – | – |
| | 25 | – | – | – |
| | 26 | – | – | – |
| | 27 | – | – | – |
| | 28 | – | – | – |
| | 29 | – | – | – |
| | 30 | – | – | – |

| | | | | | |
|---|---|---|---|---|---|
| | | 31 | - | - | - |
| | | 32 | - | - | - |
| | | 33 | - | - | - |
| | | 34 | - | - | - |
| | | 35 | - | - | - |
| | | 36 | - | - | - |
| | | 37 | - | - | - |
| | | 38 | - | - | - |
| | | 39 | - | - | - |
| | | 40 | - | - | - |
| | | Total | 100 | 100 | 100 |
| 4 | Family Life and Reproduction | 0 | 26 | - | 25 |
| | | 1 | 3 | - | 4 |
| | | 2 | 7 | - | 8 |
| | | 3 | 14 | - | 14 |
| | | 4 | 18 | - | 15 |
| | | 5 | 5 | - | 12 |
| | | 6 | 3 | - | 12 |
| | | 7 | 4 | - | 5 |
| | | 8 | 2 | - | 5 |
| | | 9 | 7 | - | - |
| | | 10 | 8 | 8 | - |
| | | 11 | 3 | - | - |
| | | 12 | 6 | 7 | - |

| | | | | |
|---|---|---|---|---|
| | 13 | - | 3 | - |
| | 14 | - | 4 | - |
| | 15 | - | 4 | - |
| | 16 | - | 6 | - |
| | 17 | - | 2 | - |
| | 18 | - | 21 | - |
| | 19 | - | 9 | - |
| | 20 | - | 24 | - |
| | 21 | - | 7 | - |
| | 22 | - | 4 | - |
| | 23 | - | 1 | - |
| | 24 | - | - | - |
| | 25 | - | - | - |
| | 26 | - | - | - |
| | Total | 100 | 100 | 100 |

## APPENDIX - F

## STATISTICAL APPRAISAL

For the statistical analysis, 't' test was used to find out the impact of mass media on the population awareness altitude and practice of the selected sample.

**Example:**

Influence of television on the population awareness of the selected sample.

**Formula used**

$E_{n-1} = \bar{d}/SE(\bar{d})$

Where $\bar{d} = \bar{X}_1 - \bar{X}_2$ $(\bar{X}_1 = \Sigma X_1/n_1;\ \bar{X}_2 = \Sigma X_2/n_2)$

$SE(\bar{d}) = Var(\bar{d})$

$\therefore$ var $\bar{d} = SS_1 + SS_2/n_1 + n_2 - 1\ (1/n_1 + 1/n_2)$

Where $SS_1 = \Sigma X_2^2 - (\Sigma x1)^2/n_1$

$SS_2 = \Sigma X_2^2 - (\Sigma X_2)^2/n_2$

$n_1 + n_2$ = Number of sample

WATCHING TELEVISION

| | YES | NO |
|---|---|---|
| Total | 1320 ($\Sigma X_1$) | 810 ($\Sigma X_2$) |
| Total of squares sample size | 36634 ($\Sigma X_1^2$) | 16773 ($\Sigma X_2^2$) |
| | 58 ($n_1$) | 42 ($n_2$) |

$$SS_1 = \Sigma X_1^2 - (\Sigma X_1)^2/n_1$$

$$= 36634 - (1320)^2/58$$

$$= 6592.6$$

$$SS_2 = \Sigma X_2^2 - (\Sigma X_2)^2/n_2$$

$$= 16773 - (810)^2/42$$

$$= 1151.6$$

$$\bar{X}_1 = \Sigma X_1/n_1 = 1320/58$$

$$\bar{X}_2 = \Sigma X_2/n_2 = 810/42$$

$$= 19.3$$

Mean difference (or) $\bar{d} = \bar{X}_1 - \bar{X}_2$

$$= 22.75 - 19.3$$

$$= 3.45$$

$$\text{Var } (\bar{d}) = SS_1 + SS_2/n_1+n_2-2 \ (1/n_1+1/n_2)$$

$$= \frac{6592.6+1151.6}{58 + 42 - 2} \left(\frac{1}{58} \times \frac{1}{42}\right)$$

$$\text{Var } (\bar{d}) = 0.027$$

$$SE\ (\bar{d}) = \sqrt{\text{Var } (\bar{d})}$$

$$= \sqrt{0.027}$$

$$= 0.1643$$

$$t_{n-1} = \bar{d}/SE\ \bar{d}$$

$$= 3.45/0.1643$$

$$t_{n-1} = 20.998^{**}$$

$t_{100-1}$ = 20.998 is significant at 1% level.