

Creating Awareness Among Rural Adolescent
Girls Towards Small Family Norm

By
K. Premila

A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOMESCIENCE AND
HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY) COIMBATORE - 641 043
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN HUMAN DEVELOPMENT.

MAY 1996

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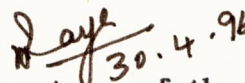
Certified as bonafide research work



Signature of the
Head of the
Department



Signature of the
Dean of the
Faculty



Signature of the
Guide

Acknowledgement

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Introduction

I. INTRODUCTION

"If you want to plan ahead for 10 years, plant trees,
If you want to plan for 100 years, educate children and youth"

There is a wide and deep awakening amongst the people and governments of various countries of this globe for higher standard of living, for better facilities, amenities, comforts, social justice and equality.

Population problem is a significant issue affecting a nations prosperity (Dutt, 1995). It is a matter of great concern for each and every citizen in this world. The rapid growth of population from the second half of this century rightly called 'population explosion' is causing serious social, economic, political, educational, employment, environmental and demographic crisis in the society.

The world demographic statistics present that at present there are about 6 billion people on earth. For every second, there is 4 births, 242 births per minute, 14,000 births per hour, 3.5 lakhs per day, 10.5 million per month and 127 million births per year. If the population increases on a continuous rate, then the number would increase to 12.5 billion people in the world by 2050 AD as projected by Harper (1992).

The national picture reveals that in India, population is 843.44 million (1991 census). It is amazing to know that, for every 1.4 seconds there is one birth, 43 children per minute, 240 births per hour, 61,000 births per day, 16 lakh births per month and 23 million births per year. If the present growth rate continues at this rate then, by the end of this century, the country will have more than one billion in number (Matthew, 1995).

In India, still people are guided by old, out-moded ideas and outlook and are not generally progressive and forward looking and are not quite ready and willing to absorb and practice new innovative, radical and revolutionary ideas.

Malignant growth of population causes considerable problems and crisis. In the present conditions, one cannot make simultaneous advances in terms of economic and population growth. It is hard to estimate the gigantic investment in the form of health, medical care, housing, education and other facilities for a population that has doubled in size. Other problems are transport, overcrowding in schools and deprivation of basic amenities and requirements. Hence if the unbridled growth of population is not checked and arrested, then it will lead to economic tension and political turbulence which will end up in chaos, crisis and conflicts in the nation as projected by

Ahuja (1992).

The increasing awareness of the population explosion has made government of India keenly alive to the necessity of family planning and achieving small family norm (Wadia, 1993).

Family planning means having babies by choice and not by chance. The aim of family planning is "to integrate through education and information, the idea of family limitation within the existing attitudes, values and goals of the people." India was the first country in the world to embark on a vast family planning programme in 1952 (Bhatia, 1995) and a sound population policy at the national level. The introduction of the family planning programme has led to reduction of the birth rate, small family norm and to achieve economic progress and improved living standards as opined by Naidu (1990).

Soundararaj (1983) defined small family as a "family with only two or less number of children". Soundararaj (1983) says that the simplest and most effective way of dealing with population explosion problem is the voluntary efforts of strong minded persons to sensitize men and women to limit family size.

There is no doubt that the adverse effects of large family size affects the children and women in terms of health and productivity. In order to bring about quality living for women and children, for preserving economic stability of the family and for ensuring the future prospects of the younger generation, it is desirable for every family in India to adopt small family norm.

Our government has been taking different measures to combat this problem. Two major approaches are noticeable, One is motivating adolescent population to have small families and the second is developing a positive attitude towards small families in the age group of 15 - 45 years who are potential.

Nearly 80 percent of the population live in rural areas. Today, family planning is centred around the use of contraceptives - oral or otherwise. This itself is not enough. It is very essential to bring about attitudinal change towards birth control among the masses (Chandra, 1987,). They are unwilling to obey lead away from the old, known and accepted path to the new, unknown and unaccepted path. Therefore the birth rate is high. In spite of the best efforts of the government, the standard of living of the people does not improve because of the enormous increase of population. Thus it is the rural population who have to be sensitized towards small family norm (Gopalan, 1993).

Dawn (1992) says that the knowledge of sex and related issues is essential not only for the control of population but also for its qualitative growth. At higher secondary stage, the adolescents should have scientific knowledge about sex, its role and functioning in the context of family planning as they are likely to be future parents soon.

The young people of today are tomorrows parents in the society. And the most crucial segment in the rural areas is todays young girls who are first on the threshold of marriage and motherhood. The attainment and competence of the adolescent girls will be the major determinanats of prosperity for the family and for the nation (Gopalan,1995).

Ramachandran (1994) says that only by moulding the attitudes, opinions and outlook of the younger generation through education in rural areas, the desired goal of small family norm can be achieved.

Against this backdrop, the need for this study to create awareness among rural adolescent girls towards small family norm was felt imperative.

THE OBJECTIVES OF THIS STUDY WERE TO :

- * Find out the rural adolescents knowledge on
 - a) Population
 - b) reproductive system
 - c) Sex related issues
 - d) Concept of small family
 - e) family planning measures

- * Create awareness regarding small family norm among rural adolescents

- * Plan and organise an educational programme on small family norm for rural adolescents and

- * Find out the impact of educational programme in terms of change in their knowledge.

Review of Literature

II. REVIEW OF LITERATURE

The related literature to this study on creating awareness regarding small family norm among adolescents are reviewed under the following headings :

- A. Population - Demographic details.
- B. Small family norm - scope and adoption.
- C. Family planning measures.
- D. Education towards small family norm in schools.

A. Population - Demographic Details

The population growth has created an imbalance between land and population in Asia. Asia covers 23 percent of the world's land area and contains approximately 56 percent of the world's population. The population of 2.8 billion is expected to increase to 3.5 billion by the end of the decade and to 4.15 billion by the year 2025 A.D. (Bhatia, 1995).

China and India are the world's two demographic giants. Based on estimates of Population Reference Bureau projection for the year 1991, India has 843.44 million people, about 16 percent of the world's population (Sarvela, et al, 1994). India's annual rate of population growth is highest in the world. The growth of India's population, 1901-1991 is given in Table I.

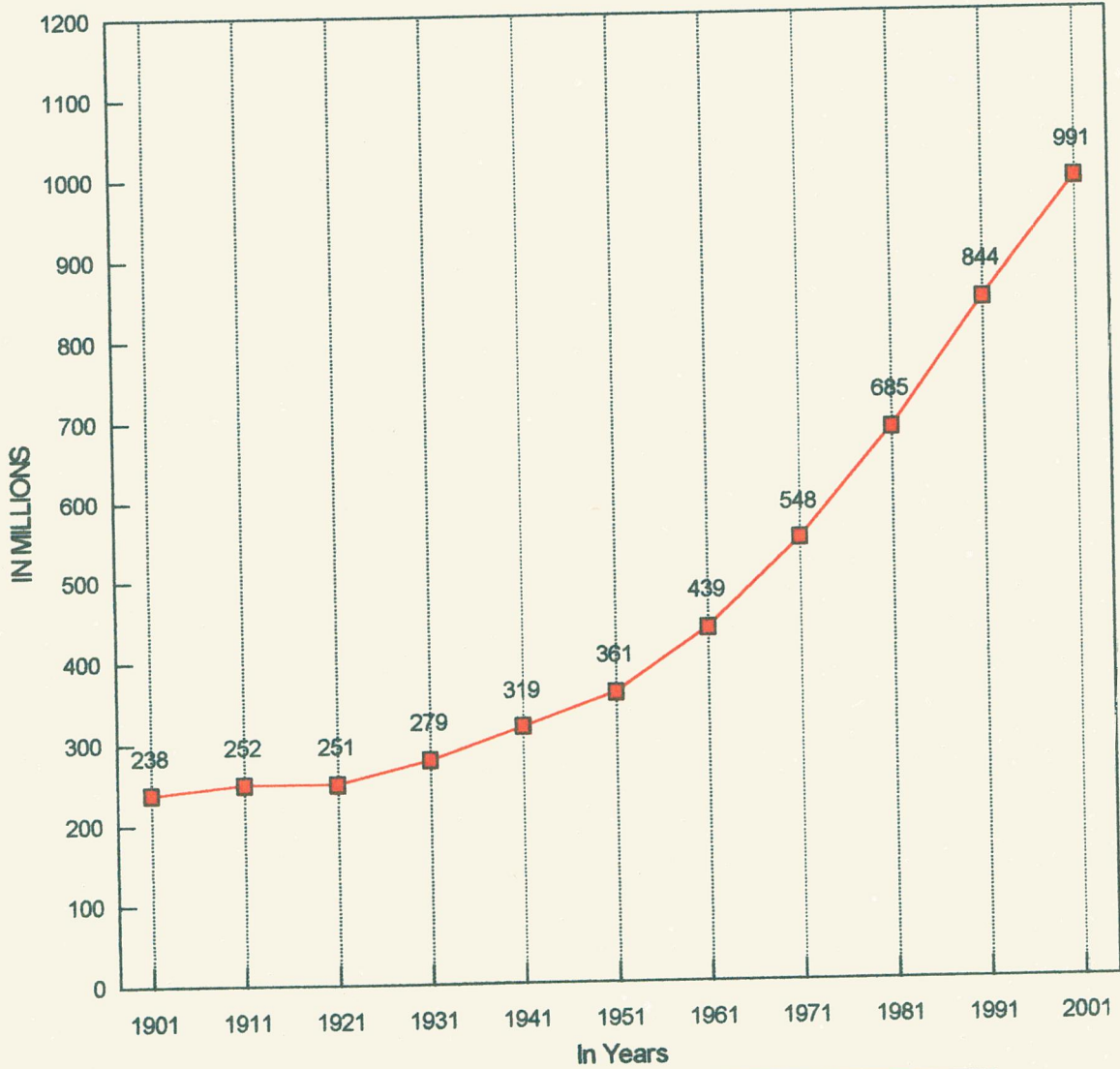
Year	Population in millions	Percent of change (decennial growth)
1901 *	284.4	-
1911	252.1	+5.7
1921	251.3	-0.3
1931	279.0	+11.0
1941	318.7	+14.2
1951	316.1	+13.3
1961	439.2	+21.6
1971	548.2	+24.8
1981	683.3	+24.7
1991 **	843.93	+23.8

Source : Tata Services limited

** Government of India, 1991

Graphical representation of India's population from 1901 - 1991 is shown in figure 1

**GRAPHICAL REPRESENTATION OF INDIA'S
POPULATION FROM 1901 - 1991**



1901-1991 CENSUS & 1991-2001 MEDIUM PROJECTION
POPULATION PROJECTIONS OF INDIA, NEW DELHI

FIGURE 1

According to Balasubramanian and Muray (1993), India's population will exceed one billion by 2001 A.D. and is expected to be more than double reaching 1.7 billion around 2010 A.D. and stabilise, making India, the most populous country surpassing China around 2010 A.D.

THE WIDENING GAP BETWEEN BIRTH RATE AND DEATH RATE IS SHOWN IN TABLE - II BELOW

BIRTH RATE AND DEATH RATE FROM 1921 TO 1991

YEAR	BIRTH RATE/1000	DEATH RATE/1000
1921-1931	46.4	36.2
1931-1941	45.2	31.2
1941-1951	39.9	27.4
1951-1961	41.7	22.8
1961-1971	41.2	19.0
1971-1981	37.2	14.8
1981-1991	31.5	10.2

In India, the population of an area keeps growing if there are more births than deaths during a given period of time. The birth rate has decreased from 46.4/1000 in 1921-1931 to 31.5/1000 in 1981-1991. However the death rate in 1921-1931 was 36.2/1000 which got reduced to 10.2/1000 in 1981-1991. Thus, the birth rate has shown a marginal

decline and the death rate has gone down sharply, the widening gap increasing population rapidly (NIPCCD, 1991).

The growth of the population has created a series of problems which have lead to scarcity of essential commodities, rearing prices, depletion of natural resources, problems of education, unemployment, housing, urbanisation and lowering of moral and ethnic standards affecting the life of the entire humanity (NIPPCD, 1991). The staggering density of population also poses serious problems such as massive crowding, sprawling slums, pollution, transport problems, inadequate basis services, environmental degradation, rising crime and exploitation of unpriviledged leading to various strains in the country (Dutta, 1990).

Quite a few strategies have been evolved on population control. Delaying marriage even if the process is gradual, will produce a considerable impact on population growth because late-born children are late to grow, late to marry and late to reproduce and this late process will continue endlessly generation after generation which inturn will control population as opined by Rajaretnam (1990).

However, India is confronted with a massive number of illiterates in all age groups. The association of fertility with the educational level shows that there is a marked reduction in fertility rate when there is rise in

educational status. Kerala ranks first in literacy rate and enjoys the lowest birth rate (23.3%) while Rajasthan with appallingly lowest literacy rate is accompanied by the highest birthrate (39.7%). As Greek philosopher Plato stated that the aims of education has present and future happiness in the family. Hence spread of education is an active agent for creating the right attitudes for population control (Mishra, 1990).

Thus the growth of population has direct effect on the living standards of the people. The appalling overcrowding situation in India has brought about a virtual breakdown in all areas. Thus it is the duty of the literates to teach the illiterates about the growing population in India and help every citizen participate in controlling the growing population.

B.Small Family Norm - Scope and Adoption

Each individual should realise that a small family is valuable personally and to the nation. They should know and feel that having small family size is normal, desirable behaviour for every member (Varadarajan, 1967).

The expenditure pattern of large families indicate that the income is not sufficient and hence families can achieve happiness if they restrict the number of children and improve the quality of life. They can make adequate

provisions for their children based on the available resources (NalinaDevi and David, 1993).

Monga (1995) conducted a study in Solan, Himachel Pradesh where 450 teacher trainees were involved to know their reference of family size. The trainees favoured small family with two sons or one son and a daughter. Teachers contended that mass media plays a very important role in propagating the ideas to all the people.

Gupta (1994) reports a recent research study that indicates Indian women from low-income households are now opting for small families. The study also looked at the influence of education on family size, where both husband, wife were illiterate, the mean parity was 3.38 as compared to 2.94 among literate couples.

Another study conducted by Naidu (1992) in Visakhapatnam among 100 slum women in the age range of 25-35 years belonging to low socio-economic group revealed that 85% of the mothers preferred small family norm, the reasons being that it would promote the health of the mother and help in providing better education and better care for children.

Varadarajan (1967) contends that small family norm can be best achieved by working with local leaders. Through leaders, information about the desirability of a small

family can reach a great number of people and is more likely to be understood and accepted by them.

Preference for sons is still predominant in most Indian communities. Perhaps, the major advocacy area has to inform and educate communities and families of the various avenues open for educating and training girls and the overriding advantages of small family size (NIPCCD, 1991).

A group of scholars has observed that there has been a decrease in the average family size by one or two children, when the female age at marriage is above 21 years. Hence small family size is associated with higher age at marriage (Dutt, 1995).

While women with no education have large families of 6-7 children, the better educated women have family size of 2-3 children. It is said that the desired family size is surprisingly homogenous throughout the educational spectrum. Better educated women have broader knowledge and less fatalistic attitudes towards reproduction and family size than do less educated women (Juarez, 1995).

Sidramshettar (1993) conducted a study in Dharwad, Karnataka where 100 couples both husband and wife were employed in white collar jobs. The findings suggest that the compulsion of urban life coupled with modernisation may have brought about a change regarding family size. They no

longer believe that "children are the gift of God" and all favoured fewer number of children and opted for small families.

NalinaDevi and Sudha (1992) opined that package of incentives and disincentives must be formulated in India specially for younger couples in reproductive range for promoting small family norm. Any couple undertaking to have not more than one child must be given preferences in services, government housing, school admission, telephone allotment, gas connection and other similar facilities.

It is interesting to know that in Ankara, Turkey that newly married couples will be entitled to 10 percent off their gas and waterbills as long as they have two children or less (Wadia, 1993).

Along with incentives, systematic education can promote the idea of small family norm among people. In a study conducted in Lucknow, Uttar Pradesh by Katiyar (1983), 150 acceptors of small family norm were selected. The couples suggested that a long term programme of systematic education both in and outside educational institutions may lead to development of small families emerging as a way of life.

As literacy and fertility have direct relationship, women who are literate have fewer children

than women who are illiterate, having the rate of child birth inversely proportional to the educational status of the mother. Educating people in India especially women in reproductive age might have a positive effect on the size of the family.

C. Family Planning Measures

The responsible planning of births is one of the most effective and least expensive ways of improving the quality of life both now and in the future (Insel and Roth, 1991). India has proclaimed its commitment to the goal "Health for all by 2000 A.D.". Success in the family planning field is an essential requisite for the attainment of this goal (Gopalan, 1990).

According to Ahuja (1992) Khanna and Verghese's survey revealed that the lower the social strata, the most ignorant a woman is about family planning methods. From over 75% usage of contraceptives in the higher socio-economic strata, the percentage came down to 56% in the middle and dropped to 19.5% in the lower socio-economic group in their survey.

Bharadwaj (1990) conducted a study in rural areas of western Madhya Pradesh where 212 eligible couples were adjudged on the knowledge of family planning. It was seen that 208 women were not practising any family planning

method. The finding of the study shows that national family planning programme has failed miserably in villages which may be due to low female literacy rate.

Tripathi (1989) conducted a study among 300 kol families in 20 villages in Banda district, Uttar Pradesh. The findings showed that the knowledge of contraceptive methods was found to be very poor among women in villages.

Khan and Singh (1981) reported the same in their study conducted in Rampur, Uttar Pradesh. Among 390 couples selected for the study, only 80 couples had adopted either temporary or permanent family planning methods, while the remaining couples did not accept any family planning method.

Bhargava and khajuria (1990) conducted a study with 90 urban female respondents in the age group of 25-35 years having atleast one child and belonging to middle class families. They were selected from five localities of Agra city and were classified into three groups namely
a) respondents undergone tubectomy b) respondents using contraceptives and c) respondents not using any contraceptive. It was found that women using contraceptives enjoyed better physically, emotionally and in health matters also rather than those who had either undergone tubectomy or non-adapters of any contraceptive.

According to a survey conducted among the muslims by the operations research group in 1978, a majority of both male and female respondents were aware of modern family planning methods but they were against using them on religious grounds.

Sinha's (1991) recent study with 50 Hindu and 50 Muslim undergraduate college students of Champaran district, Bihar. The findings proved that religious undercurrents are quite potent in shaping decisions on family planning.

According to Dutt (1995) Bardhan has revealed that there is general underutilization of the family planning services in villages and still many prefer to go to traditional healers even for birth control.

In India, an improvement in the standard of living and quality of life of the poor in low socio-economic group is required to break the vicious cycle of poverty. The government must consider linking family planning acceptance with various governmental benefit schemes (Watanabe, 1990).

To promote family planning, the Honourable Chief Minister of Tamil Nadu Ms. Jayalalitha has announced a deposit amount under the special incentive schemes. Mothers, who undergo sterilisation after one or two daughters, would be offered Rs.5000/- for each girl child (Gupta, 1993).

Raju (1987) conducted a study with 300 women respondents each from Rayalaseema and Coastal Andhra Pradesh in the age group of 15-45 years on the topic husband-wife communication on family planning, frequency of discussion and decision making. In conclusion, the author has said that all eligible couples should be well educated to have joint discussions on family planning matters.

Sundar (1990) conducted a study with 578 married women of Delhi belonging to low socio-economic group. It was seen that these women who were domestic servants had the motivation through a) greater exposure to the benefits of small family and b) greater effectiveness in achieving an ideal family size. The results depict that compulsory education up to primary level decreases fertility.

Since it is women who are most directly affected by any population or family planning policy, they must be centralised to any future development. They must be provided with good quality family planning services that include access to information and counselling, the ability to make an informed choice and access to a wide range of safe and effective contraceptives. Improvement in the health, social and educational status of all women must be accelerated.

D. Education Towards Small Family Norm In Schools

The awareness of the consequences arising out of unchecked growth of population has given rise to educate masses on formal and informal methods of planning families, advantages of small family and give importance to social, economic and educational point of view to encourage everyone to crave for it and thus improve the standard of living (Bhatia, 1995).

Hauser (1962) has said "It is the time for 20th century school curricula to incorporate 20th century implications", so it is worthwhile that the teachers equip every student with factual knowledge about sex and birth control which will ultimately lead to small family norm.

Studies conducted in various parts of India shows that sex education has some impact on small family norm (Duggal, 1995). Sex education have often been cited as one of the most significant factors influencing fertility reduction.

To Chandra (1987) sex education is the key to the development of self awareness and that since girls are tomorrow's mothers and members of the society, equal access to sex education is imperative. Sex education plays a decisive part in making women aware of their aspirations, potentials and rights in the society.

Education about sex is an effective and enhancing weapon in efforts to decrease unwanted adolescent pregnancy. There is a basic logic that young people being provided with information and services will directly lead to small family norm and improve their quality of life (Senanayake, 1992).

Sathe (1989) conducted a survey in FPAI Pune branch with 500 boys, 1000 girls, 1000 parents and 500 teachers to project the need for sex education. The findings indicated that majority of the boys and girls who had attended these education classes had developed healthy attitudes towards masturbation, nightdreams, menstruation, etc. Interestingly it also indicated that 76 percent of parents and 78 percent of teachers were ready to impart sex education.

Rao et. al (1983) conducted a survey among 100 higher secondary school teachers in which 50 males and 50 females of 20 to 45 years of age were randomly selected in rural and urban practice fields of Goa. The teachers were interviewed to explore their willingness and capabilities for imparting sex education to school children. All the teachers agreed to impart sex education as they felt that school is the ideal place for the transmission of sex education so that young adults acquire information necessary for developing responsible attitudes regarding marriage and family planning.

Thus sex education should be imparted to all the adolescents as it would prevent disastrous consequences such as unwanted pregnancy and Sexually Transmitted Diseases. Therefore, sex education is essential to promote healthy and happy living and to act as an effective means leading to small family norm (Devadas and Jaya, 1996).

Methodology

III. METHODOLOGY

This chapter presents information about the methodology adopted for the study. The steps adopted in conducting the study are outlined as under :

- A. Selection of the area
- B. Selection of the sample
- C. Selection of the tool
- D. Conduct of the educational intervention
 - i) Planning
 - ii) Implementation
 - iii) Evaluation
- E. Analysis of data

A. Selection of the Area

As the investigator had to do a study on rural adolescents girls, Higher Secondary School namely Rangasamy Naidu Girls Higher Secondary School located in Periyanaickenpalayam, Coimbatore district was selected for the study. The criteria for selecting the above mentioned school was as follows:

- a) Availability of the sample needed to carry out the study and
- b) Permission granted by the Principal of the school to conduct the study.

B. Selection of the Sample

The investigator met the higher authorities of the school and described the study undertaken, its objectives and reasons for choosing the area and sought the school authorities help to carry out the study. Following purposive sampling technique, the investigator had chosen 100 students from XI standard of different sections of Rangasamy Naidu Girls Higher Secondary School, Periyanaickenpalayam, Coimbatore district.

C. Selection of the tool

Questionnaire method was chosen to secure answers from the adolescents as it facilitates data collection. The questionnaire consisted of the following titles under which specific questions were framed on issues namely

- * Population
- * Reproductive system
- * Sex related issues
- * Family planning measures.
- * Concept of small family

Each title above in the questionnaire consisted of 20 statements, making a total of 100 statements. One score was attributed for each correct answer and no score was given for a wrong answer.

D. Conduct of the educational intervention

The educational intervention programme consists of the following steps.

- Planning
- Implementation
- Evaluation

i) Planning

The intervention programme was conducted for 15 days for 100 adolescent girls for about 75 minutes each day. The content of the educational intervention is as follows -

In unit I, India's demographic growth details, birth and death rate, life expectancy, sex ratio, literacy rate and impact of population in relation to nutrition, health, environment, housing, education, employment were dealt.

In unit II, the importance of small family the advantages and motivating factors and consequences of large sized families on the community was reviewed and discussed.

In unit III, sex related issues on its need, objectives and methods of imparting sex related issues to age different age groups, parental responsibility, dangerous consequences of venereal diseases, AIDS and its prevention was examined.

Unit IV dealt with reproductive system, the anatomy and physiology of male and female sex organs.

In unit V, discussion about the introduction of family planning programme in India, Marriage act and different methods and types of contraceptives to prevent conception was made.

Special attention was given to group discussion (plate 1) debates, role play (plate 2) and brainstorming to make the programme interesting.

i)Implementation

The school authorities were approached to find out convenient time for the educational programme and accordingly the classes were scheduled. It was possible to secure a spacious classroom to accommodate all the 100 students selected. Rapport was established with the students before they were explained the purpose of the study. Each student was given a questionnaire and they were asked to read each question carefully and answer them cautiously.

Lessons were handled unit wise to help students have clarity. (plate 3). All the girls were given equal opportunity to clarify doubts at the end of each session daily.

GROUP DISCUSSION



PLATE 1

ROLE PLAY



PLATE 2

EDUCATION CLASS HANDLED BY THE INVESTIGATOR



PLATE 3

CHARTS ON REPRODUCTIVE SYSTEM

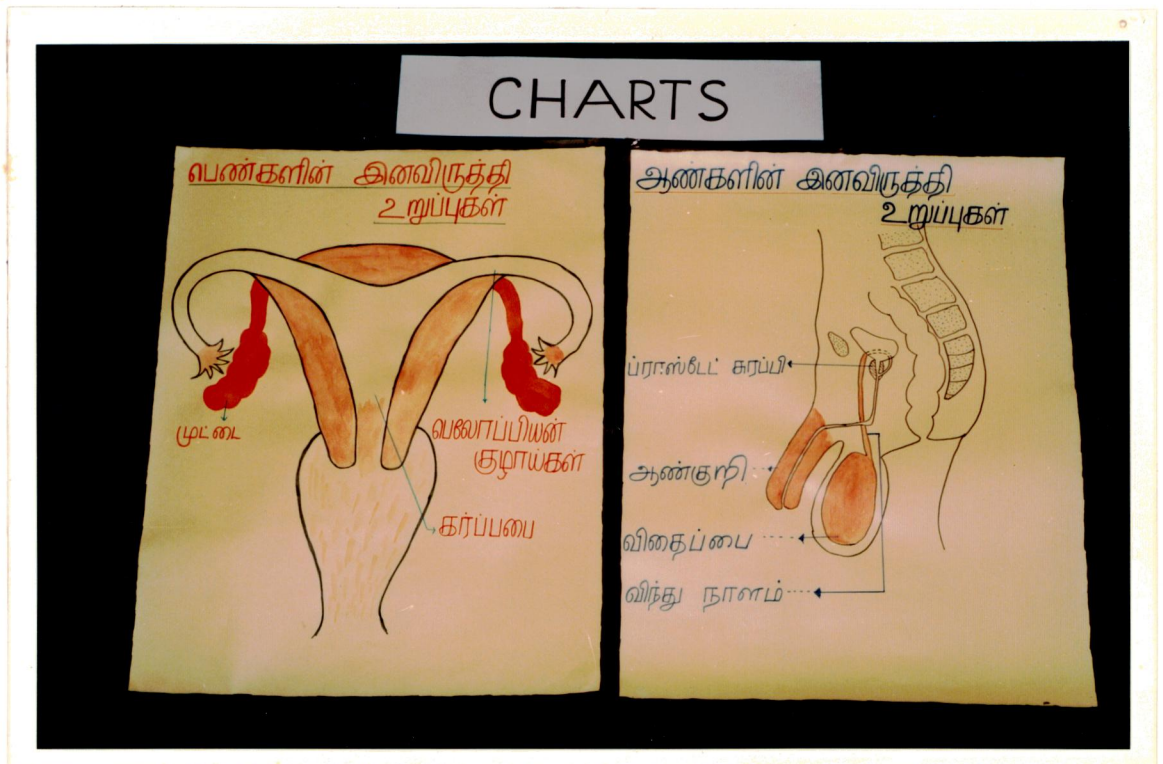


PLATE 4

In order to create interesting learning atmosphere different audio-visual aids were used. Audio-visual aids add variety to teaching and vitalise instruction. The following aids were produced and used for the intervention programme.

CHARTS

- 1) Reproductive system (plate 4)
- 2) Female sterilisation - tubectomy
- 3) Male sterilisation - Vasectomy
- 4) A month's 28 days cycle
- 5) Prevention of AIDS
- 6) Gonorrhoea - Virus Causing STD
- 7) Syphilis - Virus Causing STD

POSTER

Overcrowded population situation in India

FLASH CARDS

A story contradicting small and large family
(plate 5)

PUPPETS

Family planing in villages (plate 6)

FLANNELOGRAPH

Basic needs before marriage. (plate 7)

FLASH CARDS - CHARACTERISTICS
OF SMALL AND LARGE FAMILIES



PLATE 5

STORY PUPPETS

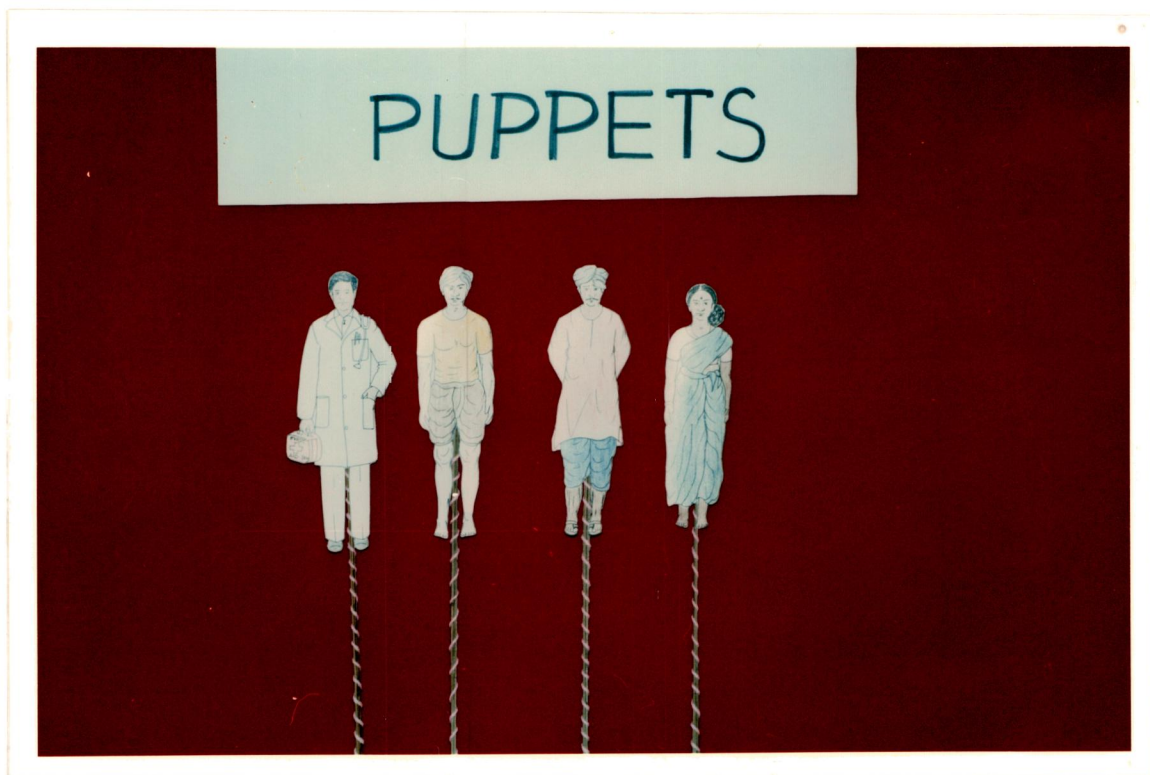


PLATE 6

FLANNELOGRAPH — PICTURES USED



PLATE 7

LEAFLET

Awareness on AIDS

MAGAZINES

An article about an AIDS patient

DISPLAY

Tablets - Mala D

Condoms - Nirodh

At the end of each session, time was given for all the participants to express their views, have free and frank interesting discussions.

iii) Evaluation

Questionnaire was administered again to assess the post level of awareness among the rural adolescent girls of after their participation in the educational programme. Thus the pre and post level of awareness of adolescents were evaluated.

E. Analysis of data

The collected data was consolidated, tabulated and analysed statistically using 't' test, and percentage analysis.

Results and Discussion

IV. RESULTS AND DISCUSSION

The findings of the study entitled "Creating awareness among rural adolescent girls towards small family norm" are discussed under the following headings -

- a) Profile of the Selected Respondents
- b) Effect of awareness programme in terms of knowledge gain regarding
 1. Population
 2. Reproductive system
 3. Sex related issues
 4. Family planning measures and
 5. Small family norm.

A. PROFILE OF THE SELECTED RESPONDENTS

The information on age, type of family, size of family, total income and educational status of the adolescents family are in table III.

TABLE III
PROFILE OF THE SELECTED RESPONDENTS

S.No.	Variables	Details	Percent
1.	Age in years	15 - 16 years	71
		17 - 18 years	29
2.	Type of family	Nuclear	84
		Joint	16
3.	Size of the family	Small family (1-2 children)	34
		Large family (3-4 children)	66
4.	Total income	Rs.1501 - 2100	50
		Rs.2101 - 2650	24
		Rs.2651 - 4450	20
		Rs.4451 & above	6
5.	Educational Status	Illiterate	47
		Primary	18
		High school	10
		Higher secondary	21
		College	4

Analysis of information obtained through the questionnaire revealed that 71 percent adolescents belonged to the age group of 15 to 16 years, while the remaining 29

percent were in the age group of 17 to 18 years.

Eighty four percent of the selected sample were from nuclear families, while 16 percent belonged to joint families.

With regard to the size of the family, 34 percent of the selected sample belonged to small families and the rest 66 percent belonged to large families.

The mean monthly family income of 50 percent of the selected adolescents was between Rs.1501 - 2100, 24 percent had Rs.2101 - 2650, 20 percent had Rs.2651 - 4450 and the family income of the remaining 6 percent ranged from Rs.4451 and above. Housing and Urban Development Corporation (1994) categorises the income level of the family as low in the case of Rs.1250 - 2650 per month, middle income group from Rs.2651 - 4450 per month and high income group from Rs.4451 and above. Based on this categorisation, it may be said that in this study, 74 percent of the selected adolescents belonged to low income group, 20 percent belonged to middle income group and the remaining six percent belonged to high income group.

With regard to the literacy level of adolescents fathers, 47 percent were illiterates, 18 percent had primary education, 10 percent had high school education, 21 percent had higher secondary education and four percent had

college education.

B.EFFECT OF THE AWARENESS EDUCATION PROGRAMME

The effects of awareness programme were assessed in terms of gains in information base regarding the issues listed below :

1. Population
2. Reproductive system
3. Sex related issues
4. Family planning measures and
5. Small family norm.

1.AWARENESS ON POPULATION :

Awareness programme regarding population included demographic details and impact of population in relation to nutrition, health, environment, housing, education and employment. The scores obtained by the rural adolescents for their awareness on population are in table IV.

Table IV
SCORES ON AWARENESS ON POPULATION

Details	Mean	Standard Deviation	t - value
Pretest	12.06	2.667	19.99*
Posttest	17.39		

* Significant at one percent level.

The adolescents awareness of the population details increased markedly after education as disclosed by a higher mean score of 17.39 from an intital mean of 12.06. A remarkable increase was observed in the scores with 't' value 19.99 being significant at 1 percent level thereby establishing the fact that the respondents had benefitted immensely from the educational programme in acquiring information based on population. It also coincides with the view of NalinaDevi and Sudha (1992) that spreading awareness among rural groups decreases population which is a task that needs special attention.

2. AWARENESS ON REPRODUCTIVE SYSTEM

Awareness on reproductive system such as anatomy and physiology of male and female sex organs were assessed before and after the educational programme and the scores were quantified. The mean scores achieved by the adolescents are in Table V.

TABLE V
SCORES ON AWARENESS ON REPRODUCTIVE SYSTEM

Details	Mean	Standard Deviation	t - value
Pretest	9.73	3.706	18.78*
Posttest	16.69		

* Significant at one percent level.

The mean score for awareness of reproductive system before and after education was 9.73 and 16.69 respectively. The difference between the initial and final scores was significant at one percent level. The table values lead to the inference that the scores after education have been significantly higher than the scores before education establishing the fact that the educational programme has had an effective outcome creating better awareness on reproductive system.

3.AWARENESS ON SEX RELATED ISSUES

The aspect on sex related issues education in the educational programme included parental and individual responsibilities, dangerous consequences of venereal diseases, AIDS and their prevention. Table VI represents the scores of respondents for their awareness of sex related issues.

TABLE VI
SCORES ON AWARENESS ON SEX EDUCATION

Details	Mean	Standard Deviation	t - value
Pretest	11.95	2.765	20.11*
Posttest	17.51		

* Significant at one percent level.

It is encouraging to note from the table that planned education had raised the adolescents level of awareness of sex related aspects of the remarkably. The increase in the mean score was 5.56 after education from an initial mean score 11.95. The 't' statistics (20.11) was significant at one percent level. It is noteworthy that the adolescents awareness on Acquired Immuno Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STD), their causes and prevention had increased remarkably after the educational programme (Figure.2)

Sathe (1989) conducted a study in FPAI Pune branch with students who recieved sex education for a short duration and it was concluded that students developed healthy attitudes towards sex as found in this study too. More such programmes need to be organised for adolescents in various ecological settings.

**AWARENESS OF SEXUALLY TRANSMITTED DISEASES (STD) AND
ACQUIRED IMMUNO DEFICIENCY SYNDROME (AIDS) AMONG ADOLESCENTS**

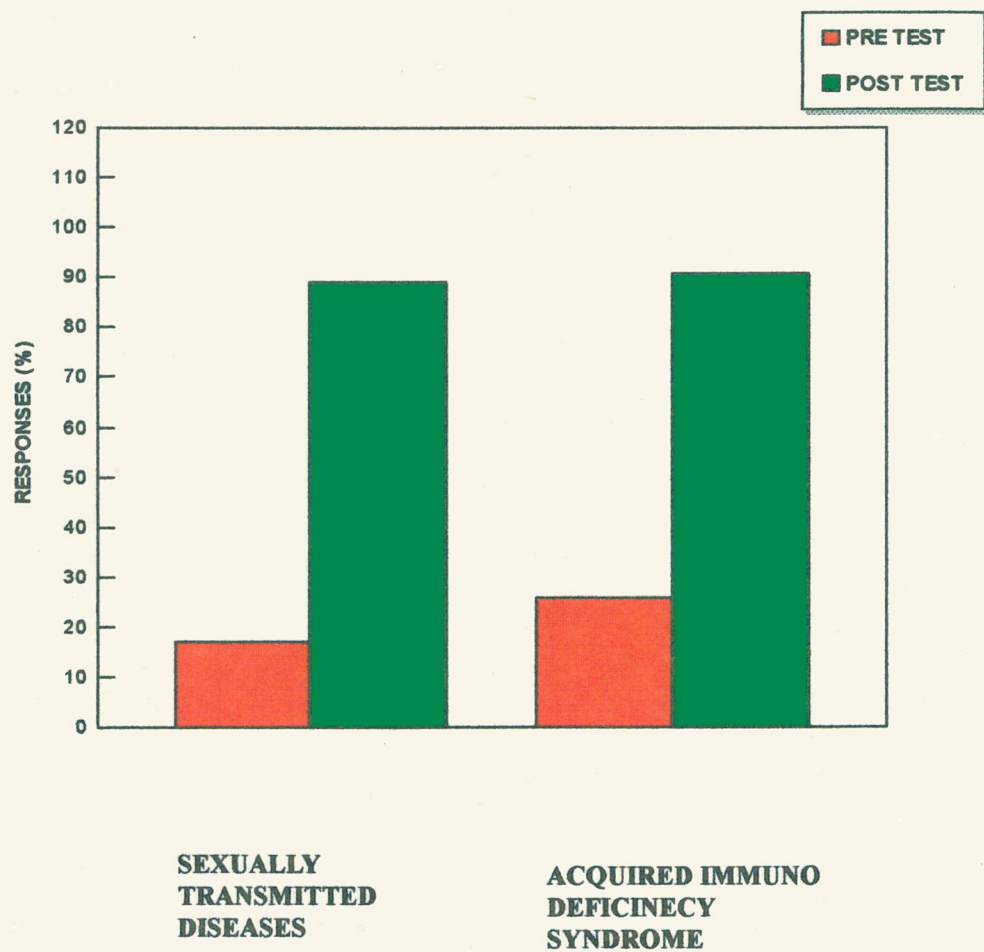


FIGURE 2

4. AWARENESS ON FAMILY PLANNING MEASURES

It is advocated that family planning measures must become a movement of the people, by the people and for the people. The educational programme included different types and methods of contraceptives to prevent conception. The awareness on family planning measures is shown in Table VII.

TABLE VII
SCORES ON AWARENESS ON FAMILY PLANNING MEASURES

Details	Mean	Standard Deviation	t - value
Pretest	10.76	3.622	19.19*
Posttest	17.71		

* Significant at one percent level.

There was a remarkable increase level in the scores after education in that 19.19 was the 't' statistic which was significant at one percent level. The above details reinforce the fact that the adolescents have benefitted immensely from the educational programme.

Senanayake (1990) reported that the youth should be given educational programme on family planning issues, as 20 percent of the world's population is currently between the ages of 15 to 24. Hence policy makers at all levels must incorporate into the educational intervention inputs on

safe and effective contraceptive methods.

Percentage analysis done for qualitative data collected to know the awareness level among rural adolescent girls towards family planning is presented below .

i) OBJECTIVES OF FAMILY PLANNING

The objectives of family planning as stated by the selected adolescents are indicated in table VIII and figure.3.

TABLE VIII
OBJECTIVES OF FAMILY PLANNING

S.No.	Reasons	N - Number in Percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Promote small family norm	16	72
2.	Motivate people to adopt responsible reproductive behaviour	13	65
3.	Ensure quality care of the family members	18	47
4.	Fulfill needs of family members	11	39
5.	Eradicate poverty	15	34
6.	Control the growing population	12	28

It is clear that 72 percent adolescents in post test responded that the objective of family planning promotes small family norm, 65 percent adolescents indicated that it motivates people do adopt responsible reproductive behaviour. Forty one percent aptly opined that family planning ensures quality care of the family members. Other objectives of family planning mentioned were fulfilling the needs of the family members (39%), eradicating poverty (34%) and controlling the growing population (28%).

After attending the educational classes, the adolescents were able to think directly that promoting small family norm is the main objective followed by motivating people to adopt responsible reproductive behaviour.

*OBJECTIVES OF FAMILY PLANNING
AS REPORTED BY THE ADOLESCENTS*

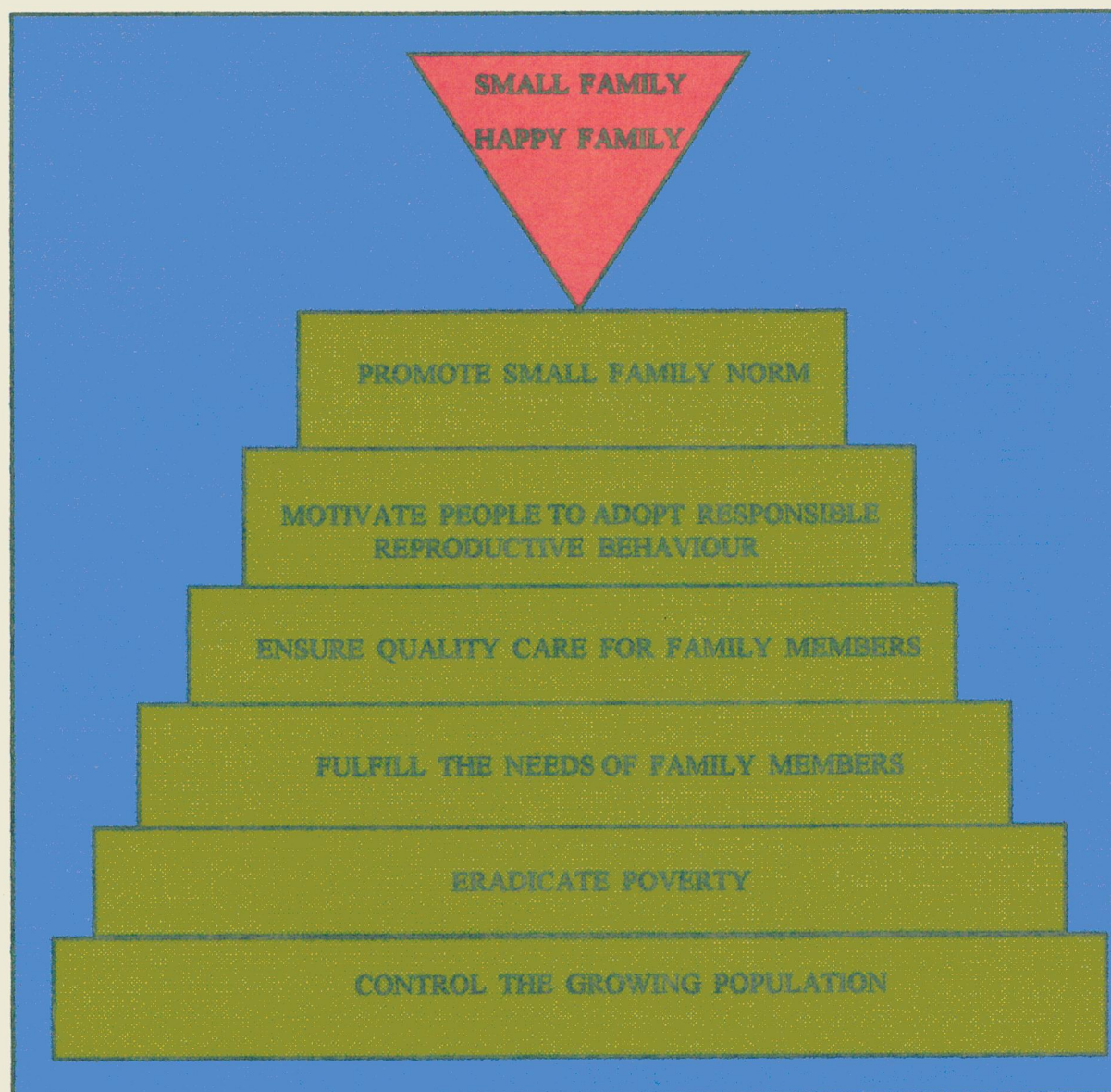


FIGURE - 3

ii) MEANING OF FAMILY PLANNING

Meaning of family planning as reported by the adolescents is shown in Table IX

TABLE IX
MEANING OF FAMILY PLANNING

S.No.	Reasons	N - Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Limiting family size	18	79
2.	Care of mothers health	6	65
3.	Well-being of children	3	54
4.	Arresting population explosion	17	38
5.	Well-being of the country	4	30
6.	Sterilisation after two children	0	21

Adolescents who reported that family planning refers to limited family size numbered 18 percent as against 79 percent in post test. To 65 percent of the respondents family planning meant care of mother's health, 54 percent of the respondents had said that family planning symbolises children's well-being. To some of the adolescents family planning meant sterilisation as revealed in their post test level response, while more in pretest gave expression to such meanings.

iii) METHODS OF FAMILY PLANNING

Information on several methods of family planning as reported by the adolescents is represented in Table X, and figure 4.

TABLE X
METHODS OF FAMILY PLANNING

S.No.	Reasons	N - Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Condoms	20	92
2.	Sterilisation	15	78
3.	Contraceptive pills	10	73
4.	Abstinence	5	75
5.	Intra Uterine Device	5	64
6.	Vaginal Spermicide	10	54

A majority of the respondents (92%) revealed their awareness about condoms in post test against 20 percent in pretest. This study is in tune with Dawn's (1992) and Macnaughton's (1985) contention that condoms are simple to use and on proper education and regular supply of condoms, the acceptance is easily raised.

Those who became aware of sterilisation were 78

percent and 73 percent favoured contraceptive pills. Other methods family planning such as Abstinence, Intrauterine Device, Vaginal Spermicide were also learnt by a good number of adolescents after the educational programme. It is obvious that the educational package had a positive impact in promoting awareness of small family norm through family planning methods among the students.

FAMILY PLANNING METHODS KNOWN TO ADOLESCENTS

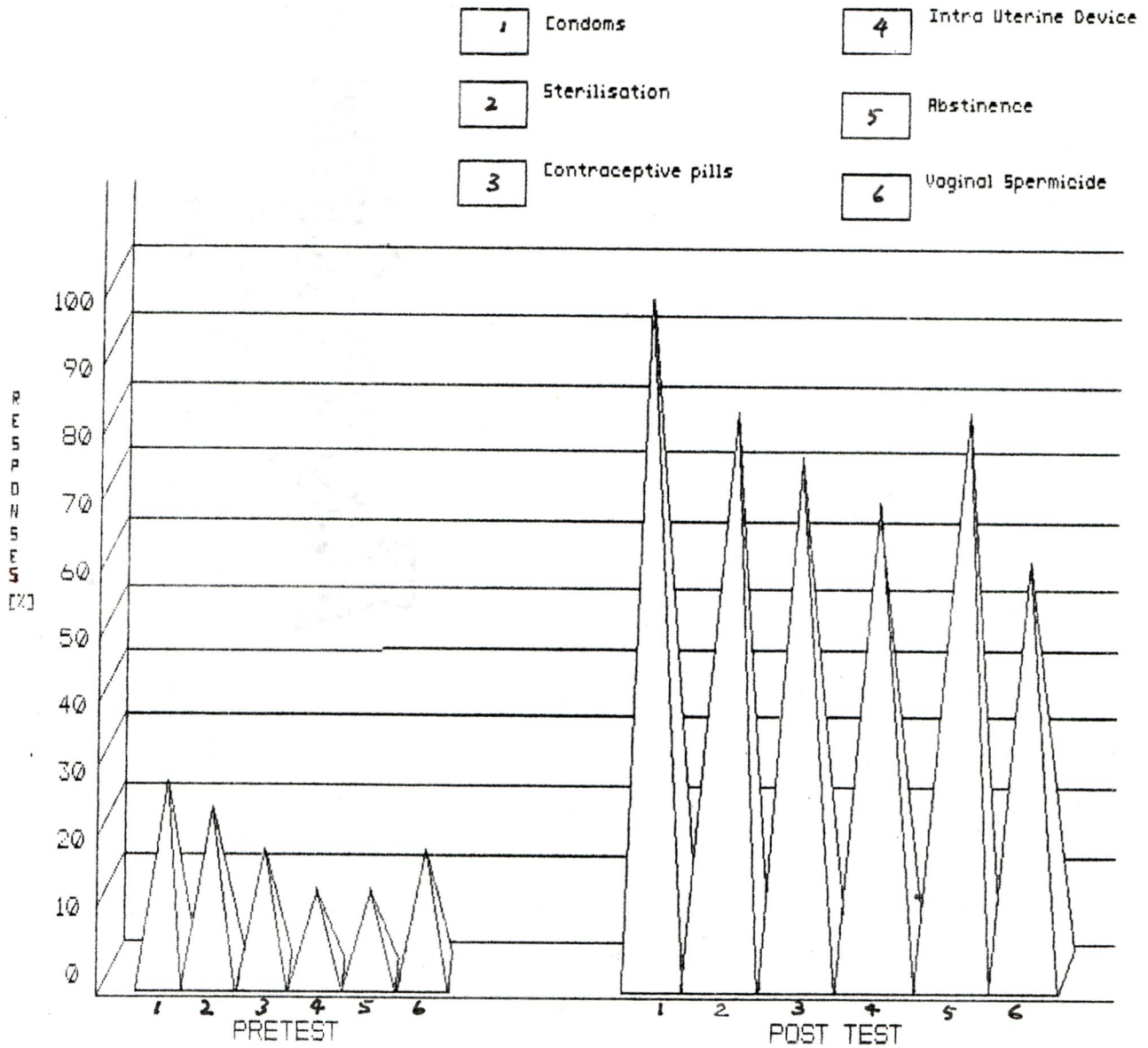


FIGURE 4

IV. NUMBER AND SPACING BETWEEN CHILDREN

Table XI depicts the adolescents attitude towards the number and spacing between children.

TABLE XI
NUMBER AND SPACING BETWEEN CHILDREN

	Number of Children		Spacing between children				Reasons	N-100 Pre test	N-100 Post test
	N-100 Pretest	N-100 Posttest	N-100 Pretest	N-100 Posttest					
One child	14	43	-	-	-	-	Country's Prosperity	8	25
							Care of mother's health	4	23
							Best opportunities for the child	6	10
Two children	26	57	1 year	13	3 years	35	Better child care	13	26
			2 years	6	4 years	22	Adequate rest for the mother	8	16
			3 years	2			Country's well-being	5	13
			4 years	2			Happy life	6	11
			5 years	3					
Three Children	21	-	2 years	15	-	-	Happiness in the family	10	-
			3 years	6	-	-	Companionship	15	-

It is worthnoting that 43 percent of the

adolescents preferred one child against 14 percent prior of education. The reasons stated included the country's prosperity (25%), care of mothers health (23%) and for the best opportunities for children(10%). The fact that none preferred a third child after participating in the educational classes is a welcome feature.

The number of adolescents wanting to have a gap of 3 to 4 years between children increased remarkably after the educational programme. The reasons mentioned were better childcare (26%) and adequate rest for the matter (16%)

As Raju (1987) has rightly pinpointed perhaps all the couples especially women should be well educated to have joint discussions on the number and spacing between children to achieve a happy living.

5. AWARENESS ON SMALL FAMILY NORM

The mean scores obtained by the adolescents on small family norm are in table XII

TABLE XII

SCORES FOR AWARENESS ON SMALL FAMILY NORM

Details	Mean	Standard Deviation	t - Value
Pretest	14.72	3.611	9.30*
Posttest	18.08		

* Significant at one percent level

From the above table, it can be seen that there

was a remarkable increase in the scores (18.08) after education against the initial scores (14.72). The t - value was significant at one percent level and the standard deviation was 3.611. The awareness programme focussed on small family norm seems to have a distinct impact on the adolescents.

This finding coincides with that of Monga (1995) who found that awareness education to people through different education to people through different media definitely increases the knowledge to adopt small family norm.

i) MEANING OF SMALL FAMILY NORM :

The meaning of small family norm as reported by the adolescents is shown in Table XIII.

**TABLE XIII
MEANING OF SMALL FAMILY NORM**

S.No.	Reasons	N=Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Happy and contented life	26	81
2.	Needs are fulfilled	24	69
3.	Good educational facilities for children	13	36
4.	Savings possible	12	34
5.	Lesser financial problems	9	28

Eighty one percent of the adolescents felt that

small family norm leads to happy and contented life and the level of awareness had increased remarkably when compared to the pretest. The number mentioning that in small families needs are fulfilled, there are good educational facilities for children, possibility of savings and lesser financial problems got increased three times after the classes. Apparently the educational programme had a positive impact among the adolescents towards small family norm.

ii) ADVANTAGES OF SMALL FAMILY

The information received on the advantages of small family are tabulated in table XIV

TABLE XIV
ADVANTAGES OF SMALL FAMILY

S.No.	Reasons	N=Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Country's development	9	47
2.	Children's needs are fulfilled	15	41
3.	Increase standard of living	8	38
4.	Savings possible	11	34
5.	Less economic burden	9	29
6.	Population decreases	13	24
7.	Contented life	11	23

Forty seven percent of the respondents opined that

small families facilitate the country's development. The number stating so increased five times when compared to the pretest. Forty one percent respondents felt that the childrens needs are fulfilled in small families. Close to Soundararaj's (1983) finding this study also brought forth responses that children from small families tend to be stronger, brighter and recieve more education and achieve fulfillment in the family.

iii) CHARACTERISTICS OF SMALL FAMILY

The characteristics of small family as reported by the adolescents is shown in Table XV

TABLE XV
CHARACTERISTICS OF SMALL FAMILY

S.No.	Reasons	N=Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Prosperous & peaceful living	11	69
2.	Restriction in family size	12	59
3.	Satisfaction of basic needs	14	54
4.	Less household workload	19	44
5.	More time for rest	21	40
6.	Children better educated & cared	18	36
7.	Individual talents developed	13	27
8.	Decreases population growth	12	28

Sixty nine percent of the adolescents in post test

had said that small family leads to prosperous and peaceful living, while only 11 percent had said the same in pretest and the increase is six times more after the educational programme. With regard to the statement of restricting the family size, the educational programme had increased the number responding five times in post test when compared to pretest. The other characteristics featured were development of individual talents (27%) and children being educated and cared better (36%). This coincides with the study of Naidu (1992) where 85 percent of the respondents preferred small family norm for the reasons that it would promote health of the mother ; better education and better care for children.

iv) SOURCES OF INFORMATION

The sources of information from where concepts on small family were gained by the adolescents are depicted in Table XVI

TABLE XVI
SOURCES OF INFORMATION

S.No.	Reasons	N=Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Roadside posters	49	52
2.	Television	33	47
3.	Stamps	16	44
4.	Vehicles	23	35
5.	Radio	19	31
6.	Newspapers	13	21
7.	Elders	14	21
8.	Friends	12	19
9.	Magazines	7	19
10.	Science book	11	15
11.	Hospitals	11	14
12.	Movies	5	8
13.	Education Classes	0	38

Fifty two percent of the adolescents had recieved information about small family through roadside posters and 47 percent reported that they had gained information through television. One-third of the adolescents had recieved information through stamps (44%), vehicles (35%) and Radio (31%). Less than 21 percent had acquired information through elders (21%), friends (19%), Magazines (19%),

Science book (15%), Hospitals (14%) and movies (8%)

V. ROLE OF CITIZENS IN PROMOTING SMALL FAMILY NORM

The adolescents perception on the role of citizen in promoting small family norm is shown in Table XVII

TABLE XVII
ROLE OF CITIZENS IN PROMOTING SMALL FAMILY

S.No.	Reasons	N=Number in percentage (%)	
		Pretest N = 100	Posttest N = 100
1.	Every citizen should be sensitive about small family norm	0	34
2.	Each family should have only one or two children	12	26
3.	Spreading the news about small family	0	19
4.	Age at marriage should be 24 years for boys & 21 for girls	0	17
5.	Small family norm should be adopted to respect government words	5	12

The role of citizens as attributed by the respondents included adopting small family norm (34%), spreading the news about small family norm (19%) and practising ideal age for marriage (17%). These issues did not find a place in their pretest responses. The post education responses has revealed that such educational package is worth for the adolescents who would be the future couples.

vi) The selected adolescents of this study were asked to write slogans on small family norm. Most of them wrote the popular slogans namely "Small family, happy family" , "We two ours two". Perhaps these slogans are mounted on places such as vehicles and on roadside that they are known to most of the adolescents.

Thus the awareness level related to the five issues selected is depicted in figure 5.

AWARENESS LEVEL RELATED TO THE ISSUES SELECTED

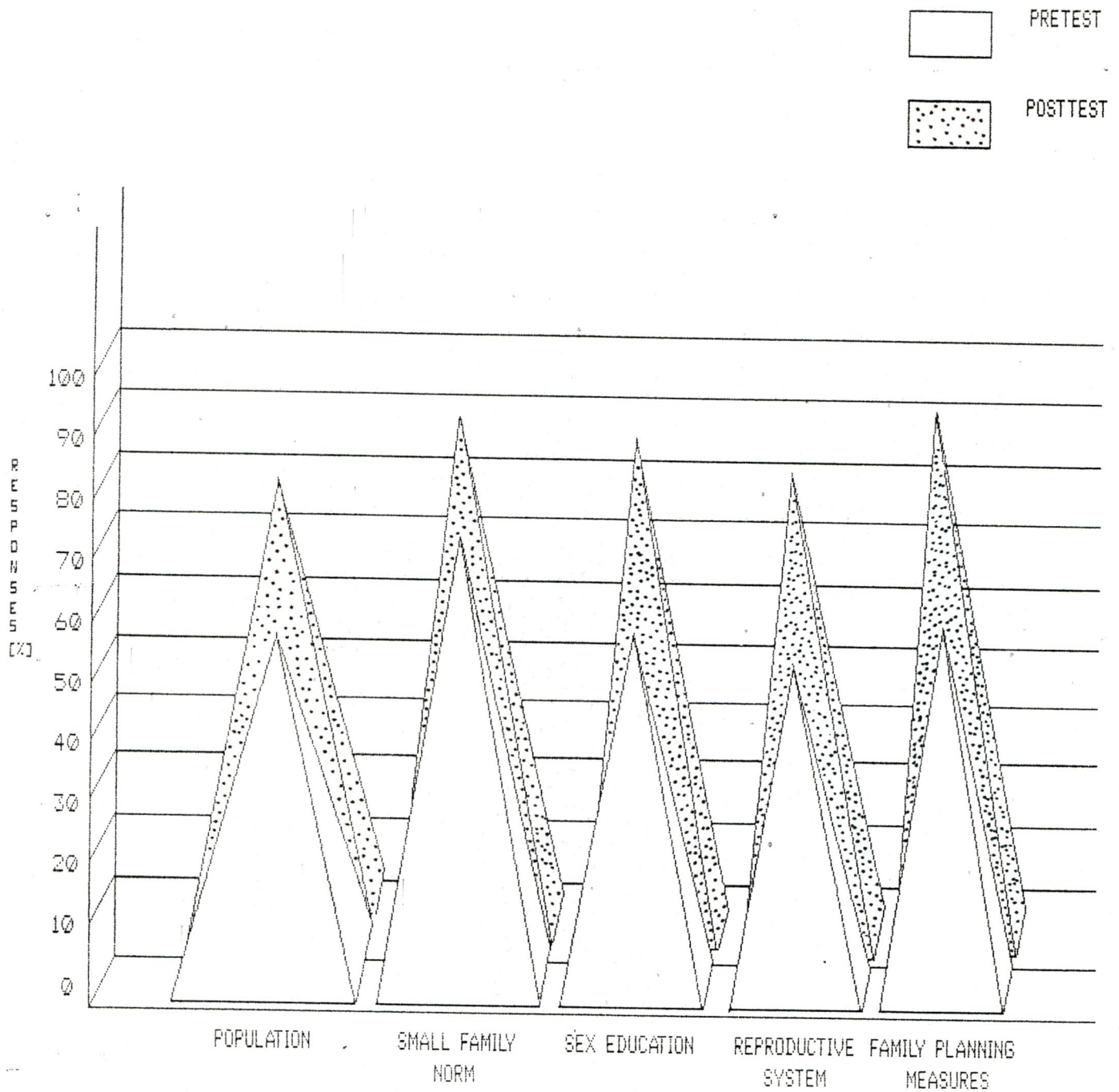


FIGURE 5 .

The overall scores for awareness on the five domains were calculated and the results are in the Table XVIII.

TABLE XVIII
OVERALL AWARENESS

Details	Mean	Standard Deviation	t Value
Pretest	59.22		
		10.82	26.02*
Posttest	87.38		

* Significant at one percent level

From the Table XVIII, it is clear that there is significant increase in the scores in post test (87.38) against (59.22) in pretest. The 't' statistic was significant at one percent level with the standard deviation 10.82. The educational programme had been effective in imparting knowledge regarding population, reproductive system, sex related issues, family planning measures and small family norm.

Summary and Conclusion

V. SUMMARY AND CONCLUSION

The present study on 'Creating awareness among rural adolescent girls towards small family norm' was an endeavour to impart education to the selected adolescents. 100 adolescents were selected by purposive sampling to test their knowledge and awareness on five domains namely population, reproductive system, sex related issues, family planning measures and small family norm. The adolescents were made to attend the educational programme for a duration of 75 minutes over a period of 15 days. Required information was collected from the adolescents before and after imparting education through a questionnaire.

The findings of this study are enumerated below :

1) The background information collected revealed that all the adolescent girls belonged to the age group of 15-18 years; 84 percent of the adolescents belonged to nuclear family and 74 percent hailed from low income group while 47 percent of the adolescents father were illiterates, the remaining 53 percent (18,10,21,4) had primary, high school, higher secondary and college education.

2) The educational programme has been remarkable and effective as proved by NalinaDevi and Karthiyayini (1991) in creating awareness on the demographic details and impact of the population in relation to nutrition, health,

environment, housing and employment.

3) The awareness education had brought significant gains in knowledge about reproductive system among the adolescents with mean scores of 9.73 and 16.69 before and after education respectively. The educational programme has been remarkably effective in creating awareness on facts such as anatomy and physiology of male and female sex organs.

4) Significant improvement in understanding was noticed towards sex related issues among the adolescents especially on AIDS, Venereal diseases, causes and preventive measures after attending the educational classes. The post evaluation mean was 17.51 against an initial mean score of 11.95 and the difference was significant at one percent level.

5) Evaluation before education revealed that a majority of the respondents were unaware of family planning measures. This was remedied during the educational programme as revealed by a creditable increase in the mean score of post evaluation by seven points. The difference was found to be statistically significant at one percent level.

i) Seventy two percent adolescents responded that the major objective of family planning is to promote small family norm while 65 percent mentioned that the objective is

to motivate people to adopt responsible reproductive behaviour.

ii) The meaning of family planning was well perceived by a significantly large number of selected sample after they attended the educational programme.

iii) Right type of information on different methods of contraceptives and their use were stated by a large number of adolescents after the educational programme.

iv) As for the number and spacing between children, the adolescents favoured one or two children with an average spacing of 3 -4 years, as they favoured protection of the health of the mother, child and inturn helping the nation to decrease the population.

6) The adolescents learnt the elements of small family norms such as importance of small family, precautions to be undertaken to lead a small family as shown by a remarkable increase in the scores of the respondents who attended the educational programme.

i) The adolescents awareness on the meaning of small family norm was studied and it was found that 81 percent said that small family leads to a happy and contented life, 69 percent responded that needs are fulfilled, 36 percent felt that good educational facilities

for children can be provided.

ii) The adolescents responses on advantages of small family included country's development (47%) fulfillment for children (41%) and increased standard of living (38%).

iii) The characteristics of small family as reported by the adolescents is that small family leads to a prosperous and peaceful living (69%), restriction in family size (59%), satisfaction of basic needs (54%) and less household workload (44%).

iv) The sources of information were roadside posters, vehicles, different media's, stamps, elders, friends to learn about small family norm.

v) The role of citizens as attributed by the adolescents included adopting small family norm, spreading news about small family norm and practicing ideal age for marriage were attributed as the role of citizens towards small family norm.

vi) When the adolescents were asked to write slogans on small family norm, the adolescents showed deep interest in writing the slogans known to them which is popularly seen in strategic places.

It may be said that awareness education given to the adolescents was of immense help in bringing about additions on information base.

RECOMMENDATIONS

The following are recommendations emerge from this study :

1. Appropriate messages suited to the adolescents are to be designed and suitable channels of communication are to be selected for imparting education.

2. The teachers should give guidance and counselling towards sex related issues so that the adolescents can have right information attitudes that might lead to small family norm.

3. A follow up study can be conducted to assess and compare the awareness level of adolescent boys and girls in urban and rural areas.

4. Health officers, social workers and other personnel are to be encouraged in educating the adolescents towards small family norm as they are going to become future citizens of India.

More such educational programmes and follow up research should be organised and conducted to achieve the goal of "Small families in India" by 2000 A.D.

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Appendices

APPENDIX
STATISTICAL ANALYSIS

The following statistical tests were used in analysing the data collected.

The paired 't' test :

The paired 't' test is used for judging the significance of the mean of the difference between the two related samples (Kothari, 1993). The relevant test statistic, 't' was calculated from the sample data and then compared with its probable value based on t - distribution (from the table for a particular degree of freedom).

The 't' statistic is calculated using the following formula

$$t = \frac{\bar{d}}{S.E (d)}$$

Where t - calculated 't' value

n - 1 - degree of freedom

n - sample size

d - mean of the differences calculated by

the formula

$$\bar{d} = \frac{d}{n}$$

where d - sum of the differences

n - sample size

S.E. (d)- Standard Error of the mean difference
calculated by the formula

$$S.D(\bar{d}) = \frac{\sqrt{S.S(d)}}{n(n-1)}$$

Where, n = sample size

(n-1) = degrees of freedom

S.S(d) = sum of squares of the mean difference
calculated by the formula $d^2 - \frac{(d)^2}{n}$

where d^2 = sum of the squares of the individual differences

d = sum of the differences

n = sample size

**CREATING AWARENESS AMONG RURAL ADOLESCENT GIRLS TOWARDS
SMALL FAMILY NORM**

I. BASIC DATA

1. Name of the Interviewer :
2. Name of the Interviewee :
3. Age in years :
4. Family - Nuclear / Joint :
5. Family size :
6. Religion :
7. Class :
8. Section :
9. School's Name :
10. Family Background:

S.No.	Name	Relation to the Adolescent	Age	Educa- tion	Occupa- tion	Income per Month (Rs.)

II. TESTING AWARENESS

1. What are the objectives of Family Planning?
2. What is meant by Family Planning?
3. Mention the various methods of Family Planning?
4. What do you understand by the term "Small Family Norm" ?
5. Mention four distinct characteristics of small families.
6. Mention the sources of information on small family.
7. Mention the advantages for small families .
8. How many children would you like to have and mention the spacing between each child?

Number of Children	Spacing between Children	Reasons

9. Indicate the role of citizens in promoting small family norm in India.
10. Write any two slogans that you know about small family norm

III POPULATION

YES NO

- a) 1. One hundred and fifty babies are born per minute in the world.
2. India's population is increasing rapidly.
3. India's population ranks second in the world.
4. India's population is increasing mainly due to illiteracy.
5. Kerala was the first State in India to attain complete literacy .
6. In India, the overall literacy rate in 1991 was 52.11 %.
7. According to the 1991 census, the sex ratio is 927 females per 1000 males.
8. By 2025 AD, India will overtake China as the most populous country in the world.
9. Pollution increases as population increases.
10. Population explosion can be reduced to some extent by giving population education.
- b) 1. World Population Day is observed every year on
- a) July 11th
- b) July 16th
- c) July 18th
- d) July 20th
2. Among the total world population, India's population constitutes
- a) 10%
- b) 15%
- c) 20%
- d) 25%
3. According to 1995 census, India's population is
- a) 765.85 million
- b) 843.44 million
- c) 920.05 million
- d) 927.29 million
4. India's population will double in
- a) 1 - 2 years
- b) 3 - 5 years
- c) 6 - 10 years

- d) 10 - 20 years
5. Every year, India's population increases by
- 1.7 Crores
 - 2.5 Crores
 - 5.0 Crores
 - 10.0 Crores
6. Which state in India is most backward in population growth ?
- Bihar
 - Maharashtra
 - West Bengal
 - Andhra Pradesh
7. According to 1991 census, Tamil Nadu's population is
- 558.5 lakhs
 - 608.1 lakhs
 - 655.0 lakhs
 - 721.9 lakhs
8. According to 1991 census, what is the life expectancy of an Indian ?
- 60.1 years
 - 70 years
 - 75.2 years
 - 80.3 years
9. Reasons for population explosion
- high birth rate and high death rate
 - high birth rate and low death rate
 - low birth rate and high death rate
 - low birth rate and low death rate
10. Population explosion can be prevented by
- Reducing the age of marriage
 - Educating about small family
 - Remaining unmarried
 - Giving birth to more children

IV. REPRODUCTIVE SYSTEM

YES NO

- a) 1. Physical maturity occurs earlier in girls than boys.
2. Increase in the size of the breast in girls is an indicator of puberty.
3. Nocturnal emissions in boys and menstruation in girls are the indicators of puberty.
4. Females have three ovaries.
5. Female reproductive system consists

of ovaries, penis, uterus, fallopian tubes.

6. In males, little or no testosterone is secreted before puberty.
 7. The most important reproductive organ in male is the testes.
 8. Male reproductive system consists of scrotum, penis, prostate gland, vasdeferens.
 9. The duration of pregnancy is 280 days.
 10. Sex of the unborn child depends on father's chromosomes.
- b)
1. The flow of blood and tissue is called as
 - a) Ovulation
 - b) Fertilization
 - c) Menstruation
 - d) Implantation

 2. When a girl has reached puberty, an egg is generally released once in every
 - a) 20 days
 - b) 24 days
 - c) 28 days
 - d) 30 days
 3. The production of sperms begins at the time of
 - a) Birth
 - b) Childhood
 - c) Puberty
 - d) Marriage
 4. Which organ serves to discharge the sperms
 - a) Penis
 - b) Scrotum
 - c) Prostate gland
 - d) Vas deferens
 5. An ejaculate of seminal fluid contains about
 - a) 100 million sperms
 - b) 200 million sperms
 - c) 300 million sperms
 - d) 400 million sperms
 6. The union of a sperm and an egg is called as
 - a) Implantation
 - b) Proliferation
 - c) Fertilization

- d) Maturation
- 7. Fertility period in women is
 - a) 15 - 30 years
 - b) 15 - 45 years
 - c) 15 - 60 years
 - d) 15 - 75 years
- 8. Women becomes pregnant when
 - a) God is pleased
 - b) Sexual intercourse occurs
 - c) Blessings of elders
 - d) Gets married
- 9. First sign of pregnancy is
 - a) Absense of menstrual period
 - b) Presence of menstrual period
 - c) Increase in weight
 - d) Decrease in weight
- 10. How many pairs of sex chromosomes does a human being have ?
 - a) One pair
 - b) Two pairs
 - c) Three pairs
 - d) Four pairs

V. SEX RELATED ISSUES

YES NO

- a)
 - 1. The marriageable age stated by the government is 24 years for men.
 - 2. The marriageable age stated by the government is 21 years for women.
 - 3. Sex education can be given only to newly married couples.
 - 4. Sex education inculcates correct moral attitudes towards sex.
 - 5. Sex education may be helpful in preventing teenage/unwanted pregnancies.
 - 6. Unhealthy sex knowledge will lead to erratic forms of social indiscipline.
 - 7. Health examination is needed before marriage for healthy family life.
 - 8. There is a need to prepare for marriage for better adjustment in family life
 - 9. AIDS is not a dreadful disease
 - 10. Most Sexually Transmitted Diseases (except Herpes and AIDS) can be cured by medical treatment
- b)
 - 1. The ideal source for sex education is

- a) Parents
 - b) Teachers
 - c) Friends
 - d) Neighbours
2. At what stage should sex education be started ?
- a) From primary school
 - b) High school
 - c) Higher secondary
 - d) College
3. Sex education aims at
- a) achievement
 - b) Identity
 - c) positive feelings about sex
 - d) psychosocial problems
4. An ideal time for a person to have sex when he / she is
- a) mentally matured
 - b) physically matured
 - c) socially matured
 - d) mentally and physically matured
5. According to the Government, which one of the following is not considered as a crime ?
- a) polygamy
 - b) monogamy
 - c) prostitution
 - c) illegal marriage
6. What proportion of adolescents have venereal diseases in India ?
- a) 10 - 15 %
 - b) 15 - 20 %
 - c) 20 - 25 %
 - d) 25 - 30 %
7. Which one of the following is a Sexually Transmitted Disease ?
- a) Gonorrhoea
 - b) Hepatitis
 - c) Cirrhosis
 - d) Nephritis
8. The transmission of AIDS is through
- a) hugging

- b) kissing
- c) blood transfusion
- d) shaking hands
- 9. Innocent people are affected with AIDS because of
 - a) polygamy
 - b) prostitution
 - c) getting married
 - d) unsterilised needles
- 10. World's AIDS Day is observed every year on
 - a) December 1st
 - b) November 21st
 - c) November 25th
 - d) December 11th

VI FAMILY PLANNING MEASURES

YES NO

- a)
 - 1. Family planning is a means of improving the quality of family life.
 - 2. Contraceptive means "against conception".
 - 3. Intake of contraceptive pills prevents coconception.
 - 4. Condoms were developed in the sixteenth century.
 - 5. Condoms are poor protection against Sexually Transmitted Diseases.
 - 6. Nirodh is a condom used by males.
 - 7. Sterilisation is a reliable method for both female and male.
 - 8. The first vasectomy was performed in 1894.
 - 9. Birth spacing is necessary for protecting the health of the mother and child.
 - 10. Nearly 43.5 % of the couples in India adopt family planning measures.
- b)
 - 1. In India, Family Planning programme was launched in
 - a) 1950
 - b) 1951
 - c) 1952
 - d) 1953
 - 2. Which is the symbol for Family Planning ?
 - a) ▲
 - b) ▼
 - c) ●
 - d) ■

3. Family planning means
 - a) Not having children
 - b) Making men and women impotent
 - c) Controlling family size
 - d) Planning for the future

4. Which are the unsafe day to have sex in a twenty-eight-day cycle ?
 - a) 1st - 9th day
 - b) 10th - 18th day
 - c) 19th - 22nd day
 - d) 23rd - 28th day

5. Family size should be decided by
 - a) Government
 - b) Husband and wife
 - c) Family members
 - d) Elders in the family

6. Family planning methods are for
 - a) married men only
 - b) married women only
 - c) married men and women
 - d) unmarried men and women

7. Oral contraceptives contain synthetic forms of
 - a) Growth hormone
 - b) Luteinizing hormone
 - c) Progesterone and Oestrogen
 - d) Testosterone

8. Surgical sterilisation for males is known as
 - a) Vasectomy
 - b) Tubectomy
 - c) Laparascopy
 - d) Culpotomy

9. Surgical sterilisation for females is known as
 - a) Vasectomy
 - b) Tubectomy
 - c) Laparascopy
 - d) Culpotomy

10. A Premeditated decision not to have sexual

intercourse by a couple for a specific period of time is called as

- a) Abstinence method
- b) Symptothermal method
- c) Ovulation prediction method
- d) Cervical mucus method

VII. CONCEPT OF SMALL FAMILY

YES NO

- a)
 - 1. Small family is a happy family.
 - 2. The small family improves the standard of living.
 - 3. Small family is the key to open the door of prosperity and progress.
 - 4. The higher the female literacy rate, the better the awareness of small family norm.
 - 5. A small family progresses faster than a large family.
 - 6. Family planning programmes are oriented to the future quality of the life of individuals.
 - 7. Only if everyone adopts small family norm efforts to stabilise will fail.
 - 8. Importance to male child leads to larger families.
 - 9. Children of large families do not get proper opportunities to progress educationally.
 - 10. Large family members should be motivated towards the acceptance of small family norm.

- b)
 - 1. How many members constitute a small family ?
 - a) Four
 - b) Five
 - c) Six
 - d) Seven
 - 2. According to the Government, how many years of spacing is required between two children ?
 - a) One year
 - b) Two years
 - c) Three years
 - d) Four years
 - 3. Which one of the following is a significant contributor towards small family size ?
 - a) Education
 - b) Employment
 - c) Income

- d) Urbanization
- 4. Children from small families are
 - a) Strong
 - b) Healthy
 - c) Large
 - d) Energetic
- 5. Small family norm is not followed in
 - a) rural areas
 - b) urban areas
 - c) affluent group
 - d) middle income group
- 6. Knowledge about small family norm should be imparted to
 - a) Children
 - b) Adolescents
 - c) married couples
 - d) middle aged couples
- 7. Awareness about small family norms can be created very effectively by
 - a) Leaflets
 - b) Newspaper
 - c) Radio
 - d) Television
- 8. Most of the families do not adopt small family norms in order to get
 - a) a male child
 - b) a female child
 - c) blessings from God
 - d) blessings from elders
- 9. By adopting small family norm, the country which controlled the birth rate is
 - a) China
 - b) Japan
 - c) Pakistan
 - d) Sweden
- 10. Which one of the following would you prefer to improve the quality of living ?
 - a) Small family
 - b) Large family
 - c) Extended family
 - d) Joint family