BIOLOGY

TEXTBOOK FOR CLASS XII

राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्
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FOREWORD

The National Curriculum Framework (NCF) 2005, recommends that children's life at school must be linked to their life outside the school. This principle marks a departure from the legacy of bookish learning which continues to shape our system and causes a gap between the school, home and community. The syllabi and textbooks developed on the basis of NCF signify an attempt to implement this basic idea. They also attempt to discourage rote learning and the maintenance of sharp boundaries between different subject areas. We hope these measures will take us significantly further in the direction of a child-centred system of education outlined in the National Policy on Education (1986).

The success of this effort depends on the steps that school principals and teachers will take to encourage children to reflect on their own learning and to pursue imaginative activities and questions. We must recognise that, given space, time and freedom, children generate new knowledge by engaging with the information passed on to them by adults. Treating the prescribed textbook as the sole basis of examination is one of the key reasons why other resources and sites of learning are ignored. Inculcating creativity and initiative is possible if we perceive and treat children as participants in learning, not as receivers of a fixed body of knowledge.

These aims imply considerable change in school routines and mode of functioning. Flexibility in the daily time-table is as necessary as rigour in implementing the annual calendar so that the required number of teaching days are actually devoted to teaching. The methods used for teaching and evaluation will also determine how effective this textbook proves for making children's life at school a happy experience, rather than a source of stress or boredom. Syllabus designers have tried to address the problem of curricular burden by restructuring and reorienting knowledge at different stages with greater consideration for child psychology and the time available for teaching. The textbook attempts to enhance this endeavour by giving higher priority and space to opportunities for contemplation and wondering, discussion in small groups, and activities requiring hands-on experience.

The National Council of Educational Research and Training (NCERT) appreciates the hard work done by the textbook development committee responsible for this book. We wish to thank the Chairperson of the advisory group in science and mathematics, Professor J.V. Narlikar and the Chief Advisor for this book, Professor K. Muralidhar, Department of Zoology, University of Delhi, Delhi for guiding the work of this committee. Several teachers contributed to the development of this textbook. We are grateful to their principals for making this possible. We are indebted to the institutions and organisations which have generously permitted us to draw upon their resources, material and personnel. We are especially grateful to the members of the National Monitoring Committee, appointed

by the Department of Secondary and Higher Education, Ministry of Human Resource Development under the Chairmanship of Professor Mrinal Miri and Professor G.P. Deshpande, for their valuable time and contribution.

As an organisation committed to systemic reform and continuous improvement in the quality of its products, NCERT welcomes comments and suggestions which will enable us to undertake further revision and refinement.

Director
National Council of Educational
Research and Training

New Delhi
20 November 2006

RATIONALISATION OF CONTENT IN THE TEXTBOOK

In view of the COVID-19 pandemic, it is imperative to reduce content load on students. The National Education Policy 2020, also emphasises reducing the content load and providing opportunities for experiential learning with creative mindset. In this background, the NCERT has undertaken the exercise to rationalise the textbooks across all classes. Learning Outcomes already developed by the NCERT across classes have been taken into consideration in this exercise.

Contents of the textbooks have been rationalised in view of the following:

- Overlapping with similar content included in other subject areas in the same class
- Similar content included in the lower or higher class in the same subject
- Difficulty level
- Content, which is easily accessible to students without much interventions from teachers and can be learned by children through self-learning or peer-learning
- Content, which is irrelevant in the present context

This present edition, is a reformatted version after carrying out the changes given above.

PREFACE

Biology is the study of life in its entirety. The growth of biology as a natural science during the last 1000 years is interesting from many points of view. One feature of this growth is changing emphasis. Initially it was description of life forms. Identification, nomenclature, classification of all recorded living forms enjoyed the attention of scientists for a long time. Description of their habitats and (in the case of animals) their behaviour was included in this study. In later years, the focus was physiology and internal morphology or anatomy. Darwinian ideas of evolution by natural selection changed the perception completely. Classical descriptive and clueless biology found a theoretical framework in the evolutionary theory of Darwin.

In the nineteenth and twentieth centuries, Physics and Chemistry were applied to Biology and the new science of Biochemistry soon became the dominant face of biology. On one hand Biochemistry was integrating with Physiology, becoming almost synonymous with it. On the other hand it gave rise to Structural Biology (structure of biomacromolecules), originally called Molecular Biology. The work of Bernal, Pauling, Watson and Crick, Hodgkins, Perutz and Kendrew, Delbruck, Luria, Monod, Beadle and Tatum, Lederberg, Brenner, Benzer, Nirenberg, Khorana, McIntock, Sanger, Cohen, Boyer, Kornbergs (father and son), Leder, Chambon and scores of others brought in and established a modern version of Molecular Biology dealing with life processes at molecular level.

Physics and Chemistry dominated public perception of science for a long time. Daytoday life of man was influenced by developments in Physics, Chemistry and their respective manufacturing industries. Slowly and steadily, Biology, not to be left behind, demonstrated its utility for human welfare. Medical practice, especially diagnostics, green revolution and the newly emerging biotechnology and its success stories made the presence of biology felt by the common man. Patent laws brought biology into political domain and commercial value of biology became obvious.

For more than a century, classical and so-called reductionist biology fought artifical battles. The fact is both are important. Ecology brought in synthesis of both approaches and emphasised integrated understanding of biology. Form and process are both equally important. Systems biology, using mathematical tools, is bringing about a modern synthesis of both the aspects of Biology.

The Class XI and XII textbooks in biology essentially were to reflect these threads of biological thought. While the Class XI book dealt with morphology, taxonomy, molecular and cellular aspects of physiology, the Class XII book deals with the physiological process of reproduction in flowering plants and humans, the principles of inheritance, the nature of genetic material and its function, the contributions of biology to human welfare, basic principles of biotechnological processes and their applications and achievements. The Class XII book also relates genes to evolution on one hand and presents ecological interactions, behaviour of populations and ecosystems on the other. Most important, the guidelines under NCF-2005 have been followed in letter and spirit. The total learning load has been reduced

considerably and themes like environmental issues, adolescent problems and reproductive health have been dealt with in some detail. Studied together, the class XI and class XII textbooks in Biology would enable the student to —

(i) become familiar with the diversity of biological material.
(ii) appreciate and believe in the Darwinian evolutionary process exhibited by the living world.
(iii) understand the dynamic state of constituents of living bodies, i.e., metabolic basis of all physiological processes in plants, animals and microbes.
(iv) realise the structure and function of genetic material in directing the inherited phenotype pattern as well as a mediator of evolutionary process.
(v) appreciate the profound contributions of biology to human welfare.
(vi) reflect on the physico-chemical basis of living processes and at the same time realise the limitation of reductionism in understanding behaviour of organisms.
(vii) experience the humbling effect of this realisation that all living organisms are related to each other by virtue of shared genetic material.
(viii) realise that biology is the story of the struggle of living organisms for existence and survival.

One may notice a perceptible change in the writing style. Most of the chapters are written in an easy dialogue style engaging the student constantly while some chapters are in the form of critical comments on the subject matter. A number of questions have been provided at the end of each chapter though answers to some may not be found in the text. Students have to read supplementary material, upon advise from the teacher, to answer such questions.

I am thankful to Professor Krishna Kumar, Director NCERT; Professor G. Ravindra, Joint Director, NCERT and Professor Hukum Singh, Head, DESM, NCERT for constant support. I must place on record my deep appreciation for Dr B.K. Tripathi, *Reader*, DESM, NCERT for his relentless efforts as coordinator in bringing out the Biology textbook for both the Class XI and XII. All the members of the development team, the experts and reviewers, and the school teachers have contributed enormously in the preparation of this book. I thank them all. I am indeed highly thankful to the members of monitoring committee constituted by Ministry of Human Resource Development for their valuable observation that helped in the improvement of the book at the final stage. The book is prepared keeping in mind the guidelines of the NCF-2005 especially the emphasis on reducing the learning load. We hope that the book would meet the expectations of all the stakeholders. All suggestions for further improvement are always welcome.

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CONTENTS

UNIT X

UNIT VI
REPRODUCTION

Biology in essence is the story of life on earth. While individual organisms die without fail, species continue to live through millions of years unless threatened by natural or anthropogenic extinction. Reproduction becomes a vital process without which species cannot survive for long. Each individual leaves its progeny by asexual or sexual means. Sexual mode of reproduction enables creation of new variants, so that survival advantage is enhanced. This unit explains the details of reproductive processes in flowering plants and humans as easy to relate representative examples. A related perspective on human reproductive health and how reproductive ill health can be avoided is also presented to complete our understanding of biology of reproduction.

PANCHANAN MAHESHWARI
(1904-1966)

Born in November 1904 in Jaipur (Rajasthan) Panchanan Maheshwari rose to become one of the most distinguished botanists not only of India but of the entire world. He moved to Allahabad for higher education where he obtained his D.Sc. During his college days, he was inspired by Dr W. Dudgeon, an American missionary teacher, to develop interest in Botany and especially morphology. His teacher once expressed that if his student progresses ahead of him, it will give him a great satisfaction. These words encouraged Panchanan to enquire what he could do for his teacher in return.

He worked on embryological aspects and popularised the use of embryological characters in taxonomy. He established the Department of Botany, University of Delhi as an important centre of research in embryology and tissue culture. He also emphasised the need for initiation of work on artificial culture of immature embryos. These days, tissue culture has become a landmark in science. His work on test tube fertilisation and intra-ovarian pollination won worldwide acclaim.

He was honoured with fellowship of Royal Society of London (FRS), Indian National Science Academy and several other institutions of excellence. He encouraged general education and made a significant contribution to school education by his leadership in bringing out the very first textbooks of Biology for Higher Secondary Schools published by NCERT in 1964.

CHAPTER 1

SEXUAL REPRODUCTION IN FLOWERING PLANTS

Are we not lucky that plants reproduce sexually? The myriads of flowers that we enjoy gazing at, the scents and the perfumes that we swoon over, the rich colours that attract us, are all there as an aid to sexual reproduction. Flowers do not exist only for us to be used for our own selfishness. All flowering plants show sexual reproduction. A look at the diversity of structures of the inflorescences, flowers and floral parts, shows an amazing range of adaptations to ensure formation of the end products of sexual reproduction, the fruits and seeds. In this chapter, let us understand the morphology, structure and the processes of sexual reproduction in flowering plants (angiosperms).

1.1 Flower – A Fascinating Organ of Angiosperms

Human beings have had an intimate relationship with flowers since time immemorial. Flowers are objects of aesthetic, ornamental, social, religious and cultural value – they have always been used as symbols for conveying important human feelings such as love, affection, happiness, grief, mourning, etc. *List at least five flowers of ornamental value that are commonly cultivated at*

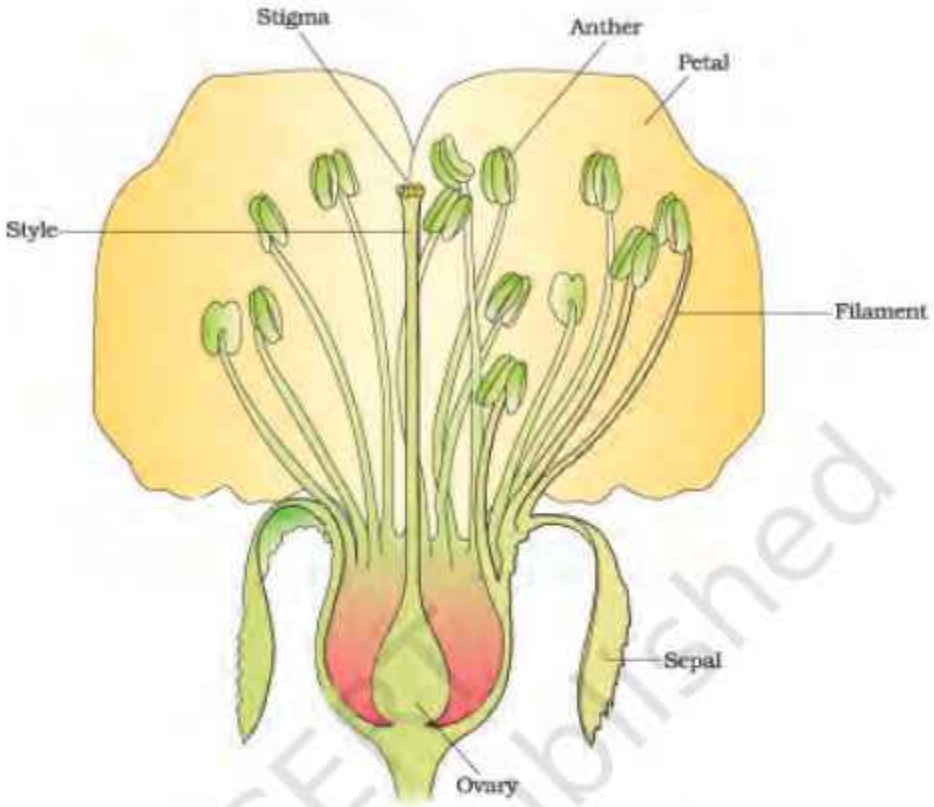


Figure 1.1 A diagrammatic representation of L.S. of a flower

homes and in gardens. Find out the names of five more flowers that are used in social and cultural celebrations in your family. Have you heard of floriculture – what does it refer to?

To a biologist, flowers are morphological and embryological marvels and the sites of sexual reproduction. In earlier classes, you have read the various parts of a flower. Figure 1.1 will help you recall the parts of a typical flower. Can you name the two parts in a flower in which the two most important units of sexual reproduction develop?

1.2 Pre-fertilisation: Structures and Events

Much before the actual flower is seen on a plant, the decision that the plant is going to flower has taken place. Several hormonal and structural changes are initiated which lead to the differentiation and further development of the floral primordium. Inflorescences are formed which bear the floral buds and then the flowers. In the flower the male and female reproductive structures, the androecium and the gynoecium differentiate and develop. You would recollect that the androecium consists of a whorl of stamens representing the male reproductive organ and the gynoecium represents the female reproductive organ.

1.2.1 Stamen, Microsporangium and Pollen Grain

Figure 1.2a shows the two parts of a typical **stamen** – the long and slender stalk called the **filament,** and the terminal generally bilobed structure called the **anther.** The proximal end of the filament is attached to the thalamus or the petal of the flower. The number and length of stamens are variable in flowers of different species. If you were to collect a stamen each from ten flowers (each from different species) and arrange them on a slide, you would be able to appreciate the large variation in size seen in nature. Careful observation of each stamen under a dissecting microscope and making neat diagrams would elucidate the range in shape and attachment of anthers in different flowers.

A typical angiosperm anther is **bilobed** with each lobe having two theca, i.e., they are **dithecous** (Figure 1.2b). Often a longitudinal groove runs lengthwise separating the theca. Let us understand the various types of tissues and their organisation in the transverse section of an anther (Figure 1.3a). The bilobed nature of an anther is very distinct in the transverse section of the anther. The anther is a four-sided (tetragonal) structure consisting of four **microsporangia** located at the corners, two in each lobe.

The microsporangia develop further and become **pollen sacs.** They extend longitudinally all through the length of an anther and are packed with pollen grains.

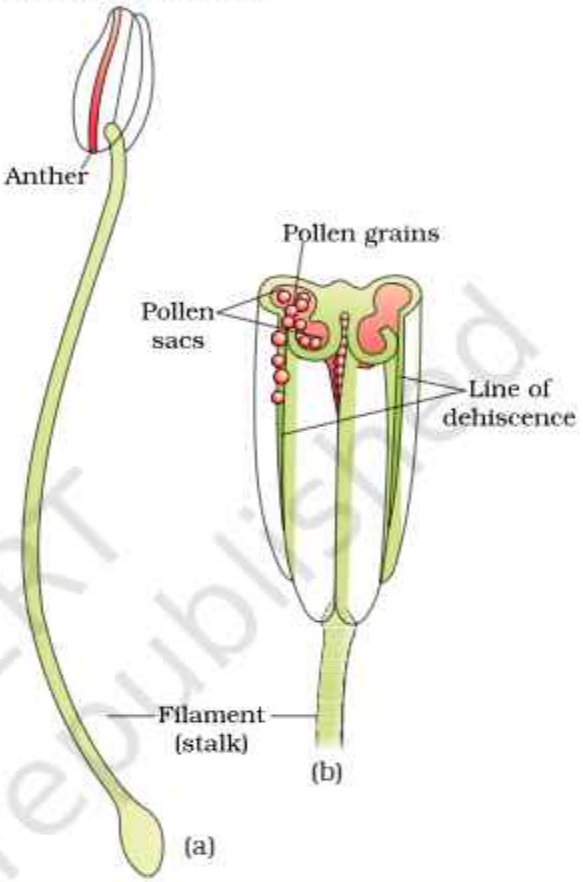


Figure 1.2 (a) A typical stamen; (b) three–dimensional cut section of an anther

Structure of microsporangium: In a transverse section, a typical microsporangium appears near circular in outline. It is generally surrounded by four wall layers (Figure 1.3b)– the epidermis, endothecium, middle layers and the tapetum. The outer three wall layers perform the function of protection and help in dehiscence of anther to release the pollen. The innermost wall layer is the **tapetum.** It nourishes the developing pollen grains. Cells of the tapetum possess dense cytoplasm and generally have more than one nucleus. *Can you think of how tapetal cells could become bi-nucleate?*

When the anther is young, a group of compactly arranged homogenous cells called the **sporogenous tissue** occupies the centre of each microsporangium.

Microsporogenesis : As the anther develops, the cells of the sporogenous tissue undergo meiotic divisions to form microspore tetrads. *What would be the ploidy of the cells of the tetrad?*

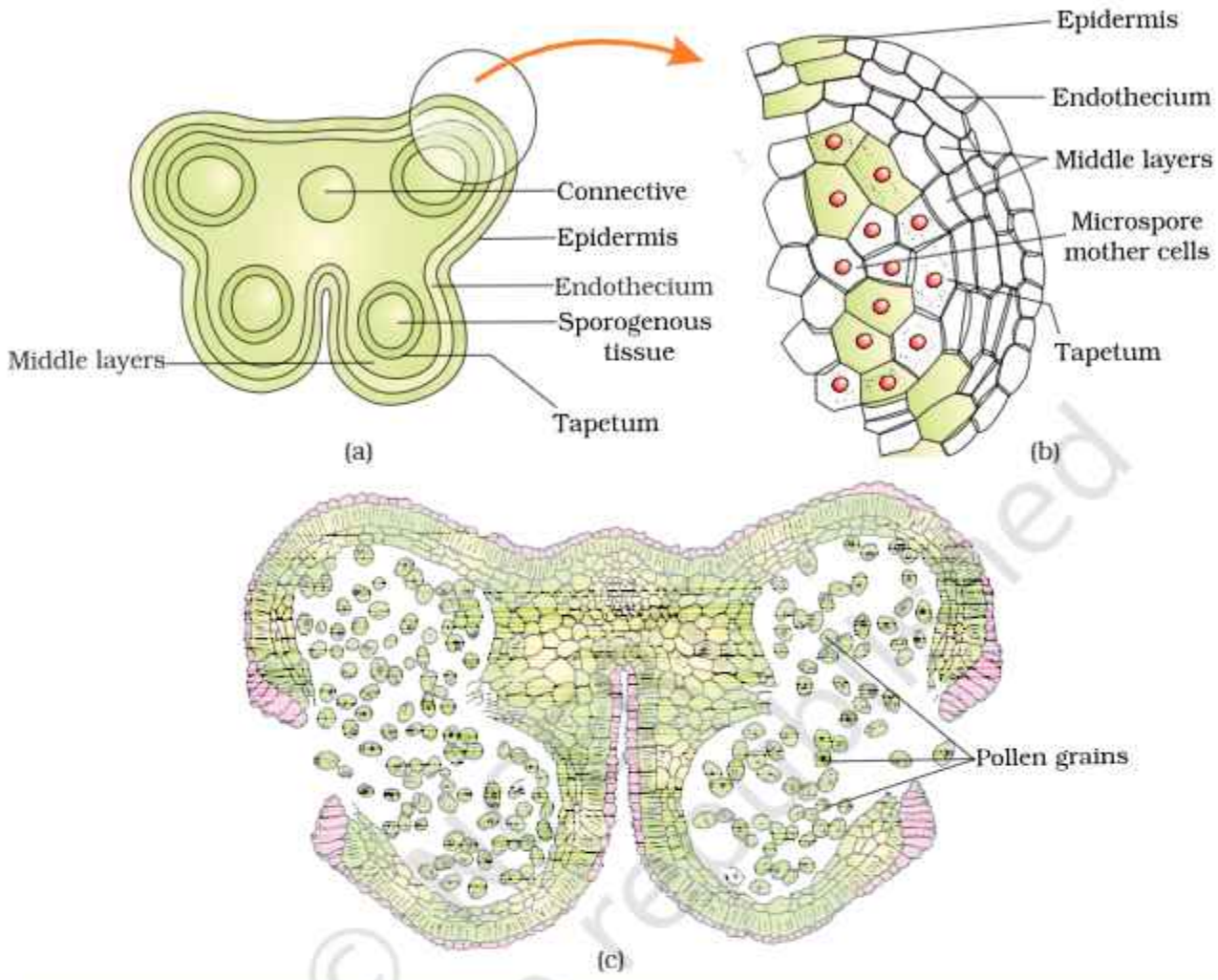


Figure 1.3 (a) Transverse section of a young anther; (b) Enlarged view of one microsporangium showing wall layers; (c) A mature dehisced anther

As each cell of the sporogenous tissue is capable of giving rise to a microspore tetrad. Each one is a potential pollen or microspore mother cell. The process of formation of microspores from a pollen mother cell (PMC) through meiosis is called **microsporogenesis.** The microspores, as they are formed, are arranged in a cluster of four cells–the **microspore tetrad** (Figure 1.3a). As the anthers mature and dehydrate, the microspores dissociate from each other and develop into **pollen grains** (Figure 1.3 b). Inside each microsporangium several thousands of microspores or pollen grains are formed that are released with the dehiscence of anther (Figure 1.3c).

Pollen grain: The pollen grains represent the male gametophytes. If you touch the opened anthers of *Hibiscus* or any other flower you would find deposition of yellowish powdery pollen grains on your fingers. Sprinkle these grains on a drop of water taken on a glass slide and observe under

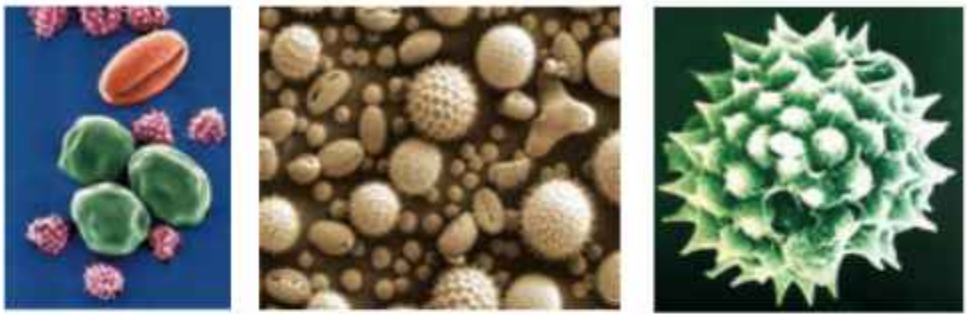


Figure 1.4 Scanning electron micrographs of a few pollen grains

a microscope. You will really be amazed at the variety of architecture – sizes, shapes, colours, designs – seen on the pollen grains from different species (Figure 1.4).

Pollen grains are generally spherical measuring about 25-50 micrometers in diameter. It has a prominent two-layered wall. The hard outer layer called the **exine** is made up of sporopollenin which is one of the most resistant organic material known. It can withstand high temperatures and strong acids and alkali. No enzyme that degrades sporopollenin is so far known. Pollen grain exine has prominent apertures called **germ pores** where sporopollenin is absent. Pollen grains are well-preserved as fossils because of the presence of sporopollenin. The exine exhibits a fascinating array of patterns and designs. *Why do you think the exine should be hard? What is the function of germ pore?* The inner wall of the pollen grain is called the **intine.** It is a thin and continuous layer made up of cellulose and pectin. The cytoplasm of pollen grain is surrounded by a plasma membrane. When the pollen grain is mature it contains two cells, the **vegetative cell** and **generative cell** (Figure 1.5b). The vegetative cell is bigger, has abundant food reserve and a large irregularly shaped nucleus. The **generative cell** is small and floats in the cytoplasm of the vegetative cell. It is spindle shaped with dense cytoplasm and a nucleus. In over 60 per cent of angiosperms, pollen grains are shed at this 2-celled stage. In the remaining species, the generative cell divides mitotically to give rise to the two male gametes before pollen grains are shed (3-celled stage).

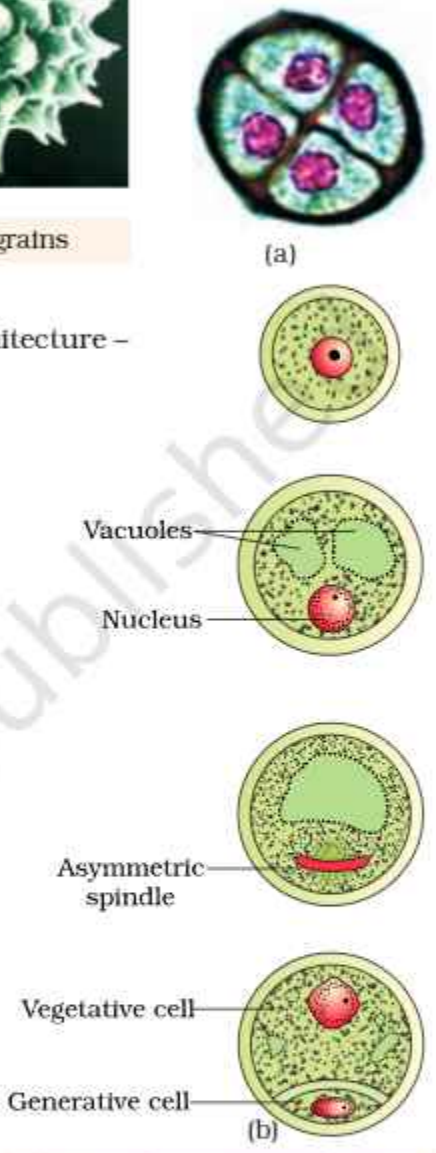


Figure 1.5 (a) Enlarged view of a pollen grain tetrad; (b) stages of a microspore maturing into a pollen grain

Pollen grains of many species cause severe allergies and bronchial afflictions in some people often leading to chronic respiratory disorders– asthma, bronchitis, etc. It may be mentioned that *Parthenium* or carrot grass that came into India as a contaminant with imported wheat, has become ubiquitous in occurrence and causes pollen allergy.

Pollen grains are rich in nutrients. It has become a fashion in recent years to use pollen tablets as food supplements. In western countries, a large number of pollen products in the form of tablets and syrups are available in the market. Pollen consumption has been claimed to increase the performance of athletes and race horses (Figure 1.6).

Figure 1.6 Pollen products

When once they are shed, pollen grains have to land on the stigma before they lose viability if they have to bring about fertilisation. How long do you think the pollen grains retain viability? The period for which pollen grains remain viable is highly variable and to some extent depends on the prevailing temperature and humidity. In some cereals such as rice and wheat, pollen grains lose viability within 30 minutes of their release, and in some members of Rosaceae, Leguminoseae and Solanaceae, they maintain viability for months. You may have heard of storing semen/ sperms of many animals including humans for artificial insemination. It is possible to store pollen grains of a large number of species for years in liquid nitrogen (-196^{0}C). Such stored pollen can be used as pollen banks, similar to seed banks, in crop breeding programmes.

1.2.2 The Pistil, Megasporangium (ovule) and Embryo sac

The gynoecium represents the female reproductive part of the flower. The gynoecium may consist of a single pistil (**monocarpellary**) or may have more than one pistil (**multicarpellary**). When there are more than one, the pistils may be fused together (**syncarpous**) (Figure 1.7b) or may be free (**apocarpous**) (Figure 1.7c). Each pistil has three parts (Figure 1.7a), **the stigma, style and ovary**. The **stigma** serves as a landing platform for pollen grains. The style is the elongated slender part beneath the stigma. The basal bulged part of the pistil is the **ovary.** Inside the ovary is the **ovarian cavity (locule)**. **The placenta** is located inside the ovarian cavity. Recall the definition and types of placentation that you studied in

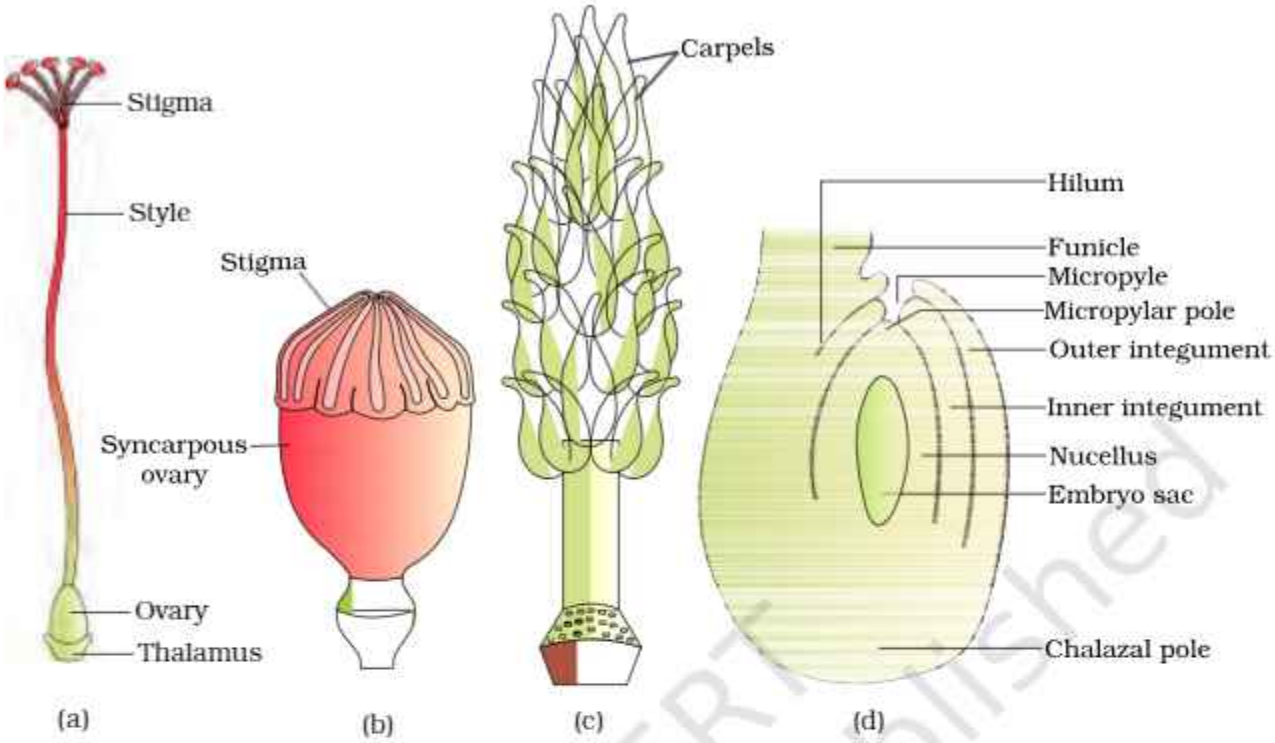


Figure 1.7 (a) A dissected flower of *Hibiscus* showing pistil (other floral parts have been removed); (b) Multicarpellary, syncarpous pistil of *Papaver*; (c) A multicarpellary, apocarpous gynoecium of *Michelia*; (d) A diagrammatic view of a typical anatropous ovule

Class XI. Arising from the placenta are the **megasporangia**, commonly called **ovules.** The number of ovules in an ovary may be one (wheat, paddy, mango) to many (papaya, water melon, orchids).

The Megasporangium (Ovule) : Let us familiarise ourselves with the structure of a typical angiosperm ovule (Figure 1.7d). The ovule is a small structure attached to the placenta by means of a stalk called **funicle**. The body of the ovule fuses with funicle in the region called **hilum.** Thus, hilum represents the junction between ovule and funicle. Each ovule has one or two protective envelopes called **integuments.** Integuments encircle the nucellus except at the tip where a small opening called the **micropyle** is organised. Opposite the micropylar end, is the **chalaza**, representing the basal part of the ovule.

Enclosed within the integuments is a mass of cells called the **nucellus**. Cells of the nucellus have abundant reserve food materials. Located in the nucellus is the **embryo sac** or **female gametophyte**. An ovule generally has a single embryo sac formed from a megaspore.

Megasporogenesis : The process of formation of megaspores from the **megaspore mother cell** is called **megasporogenesis**. Ovules generally differentiate a single megaspore mother cell (MMC) in the micropylar region

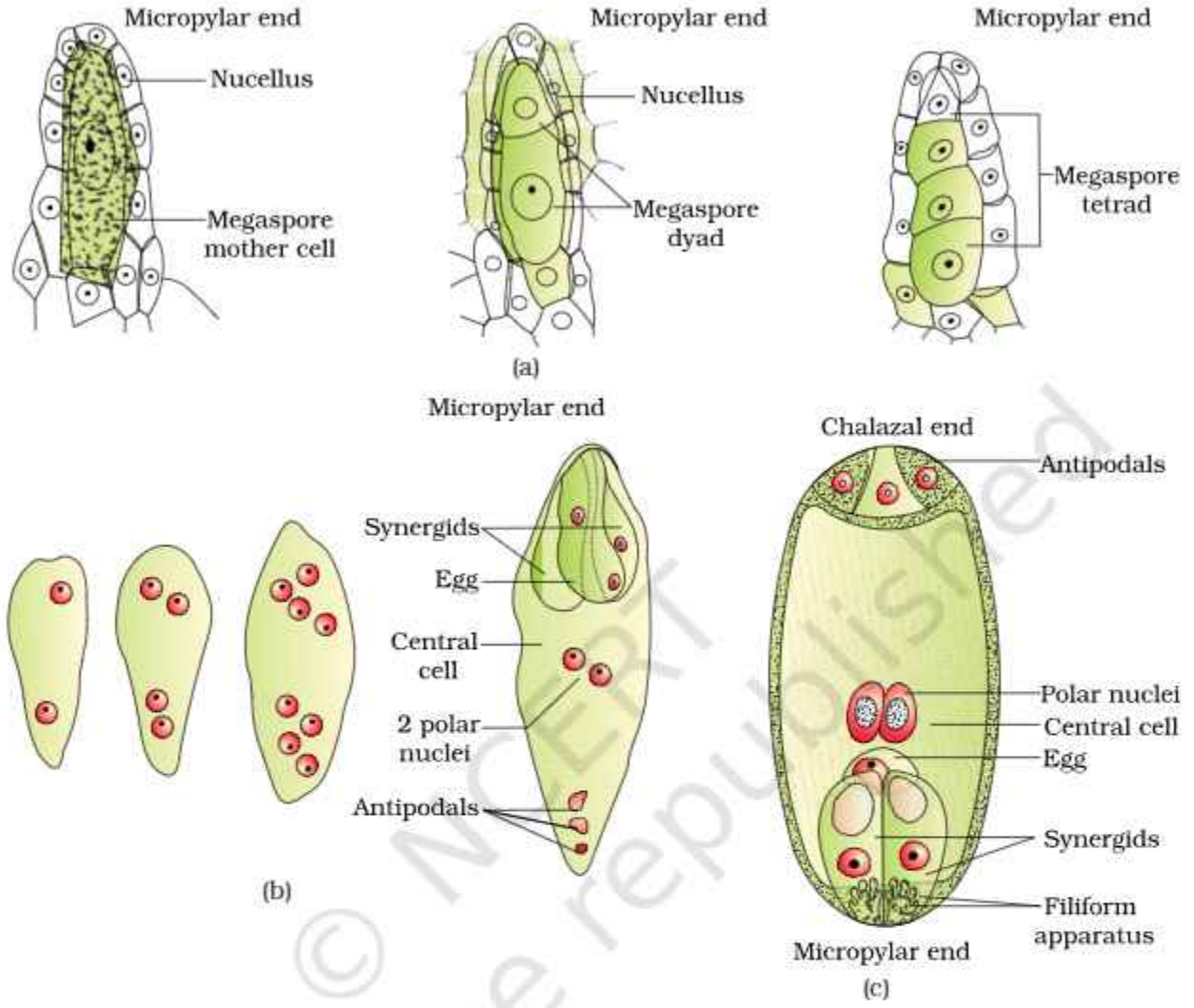


Figure 1.8 (a) Parts of the ovule showing a large megaspore mother cell, a dyad and a tetrad of megaspores; (b) 2, 4, and 8-nucleate stages of embryo sac and a mature embryo sac; (c) A diagrammatic representation of the mature embryo sac.

of the nucellus. It is a large cell containing dense cytoplasm and a prominent nucleus. The MMC undergoes meiotic division. *What is the importance of the MMC undergoing meiosis?* Meiosis results in the production of four **megaspores** (Figure 1.8a).

Female gametophyte : In a majority of flowering plants, one of the megaspores is **functional** while the other three degenerate. Only the **functional megaspore** develops into the **female gametophyte (embryo sac).** This method of embryo sac formation from a single megaspore is termed **monosporic** development. *What will be the ploidy of the cells of the nucellus, MMC, the functional megaspore and female gametophyte?*

Let us study about the formation of the embryo sac in detail. (Figure 1.8b). The nucleus of the functional megaspore divides mitotically to form two nuclei which move to the opposite poles, forming the **2-nucleate** embryo sac. Two more sequential mitotic nuclear divisions result in the formation of the **4-nucleate** and later the **8-nucleate** stages of the embryo sac. It is of interest to note that these mitotic divisions are strictly free nuclear, that is, nuclear divisions are not followed immediately by cell wall formation. After the 8-nucleate stage, cell walls are laid down leading to the organisation of the typical **female gametophyte** or **embryo sac**. Observe the distribution of cells inside the embryo sac (Figure 1.8b, c). Six of the eight nuclei are surrounded by cell walls and organised into cells; the remaining two nuclei, called polar nuclei are situated below the egg apparatus in the large **central cell.**

There is a characteristic distribution of the cells within the embryo sac. Three cells are grouped together at the micropylar end and constitute the **egg apparatus**. The egg apparatus, in turn, consists of two **synergids** and one **egg cell**. The synergids have special cellular thickenings at the micropylar tip called filiform apparatus, which play an important role in guiding the pollen tubes into the synergid. Three cells are at the chalazal end and are called the **antipodals**. The large central cell, as mentioned earlier, has two polar nuclei. Thus, a typical angiosperm embryo sac, at maturity, though **8-nucleate** is **7-celled**.

1.2.3 Pollination

In the preceding sections you have learnt that the male and female gametes in flowering plants are produced in the pollen grain and embryo sac, respectively. As both types of gametes are non-motile, they have to be brought together for fertilisation to occur. How is this achieved?

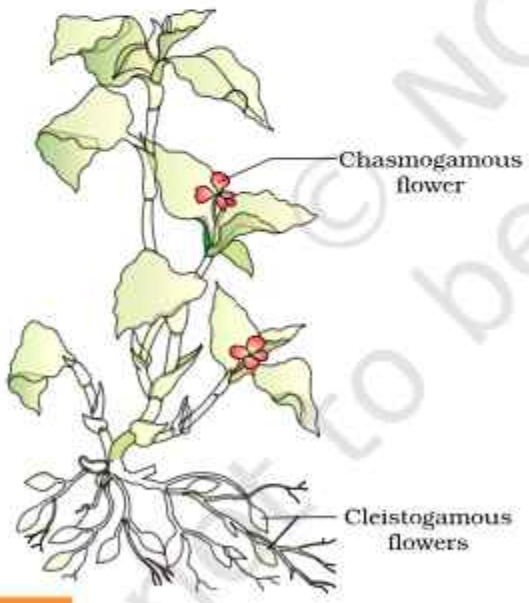
Pollination is the mechanism to achieve this objective. Transfer of pollen grains (shed from the anther) to the stigma of a pistil is termed **pollination**. Flowering plants have evolved an amazing array of adaptations to achieve pollination. They make use of external agents to achieve pollination. *Can you list the possible external agents?*

Kinds of Pollination : Depending on the source of pollen, pollination can be divided into three types.

(i) ***Autogamy*** **:** In this type, pollination is achieved within the same flower. Transfer of pollen grains from the anther to the stigma of the same flower (Figure 1.9a). In a normal flower which opens and exposes the anthers and the stigma, complete autogamy is rather rare. Autogamy in such flowers requires synchrony in pollen release and stigma receptivity and also, the anthers and the stigma should

(a)

(b)



(c)

Figure 1.9 (a) Self-pollinated flowers; (b) Cross pollinated flowers; (c) Cleistogamous flowers

lie close to each other so that self-pollination can occur. Some plants such as *Viola* (common pansy), *Oxalis*, and *Commelina* produce two types of flowers – **chasmogamous** flowers which are similar to flowers of other species with exposed anthers and stigma, and **cleistogamous** flowers which do not open at all (Figure 1.9c). In such flowers, the anthers and stigma lie close to each other. When anthers dehisce in the flower buds, pollen grains come in contact with the stigma to effect pollination. Thus, cleistogamous flowers are invariably autogamous as there is no chance of cross-pollen landing on the stigma. Cleistogamous flowers produce assured seed-set even in the absence of pollinators. Do you think that cleistogamy is advantageous or disadvantageous to the plant? Why?

(ii) ***Geitonogamy*** – Transfer of pollen grains from the anther to the stigma of another flower of the same plant. Although geitonogamy is functionally cross-pollination involving a pollinating agent, genetically it is similar to autogamy since the pollen grains come from the same plant.

(iii) ***Xenogamy*** – Transfer of pollen grains from anther to the stigma of a different plant (Figure 1.9b). This is the only type of pollination which during pollination brings genetically different types of pollen grains to the stigma.

Agents of Pollination : Plants use two abiotic (wind and water) and one biotic (animals) agents to achieve pollination. Majority of plants use biotic agents for pollination. Only a small proportion of plants use abiotic agents. Pollen grains coming in contact with the stigma is a chance factor in both wind and water pollination. To compensate for this uncertainties and associated loss of pollen grains, the flowers produce enormous amount of pollen when compared to the number of ovules available for pollination.

Pollination by wind is more common amongst abiotic pollinations. Wind pollination also requires that the pollen grains are light and non-sticky so that they can be transported in wind currents. They often possess well-exposed stamens (so that the pollens are easily dispersed into wind currents, Figure 1.10) and large often-feathery stigma to easily trap air-borne pollen grains. Wind-pollinated flowers often have a single ovule in each ovary and numerous flowers packed into an inflorescence; a familiar example is the corn cob – the tassels you see are nothing but the stigma and style which wave in the wind to trap pollen grains. Wind-pollination is quite common in grasses.

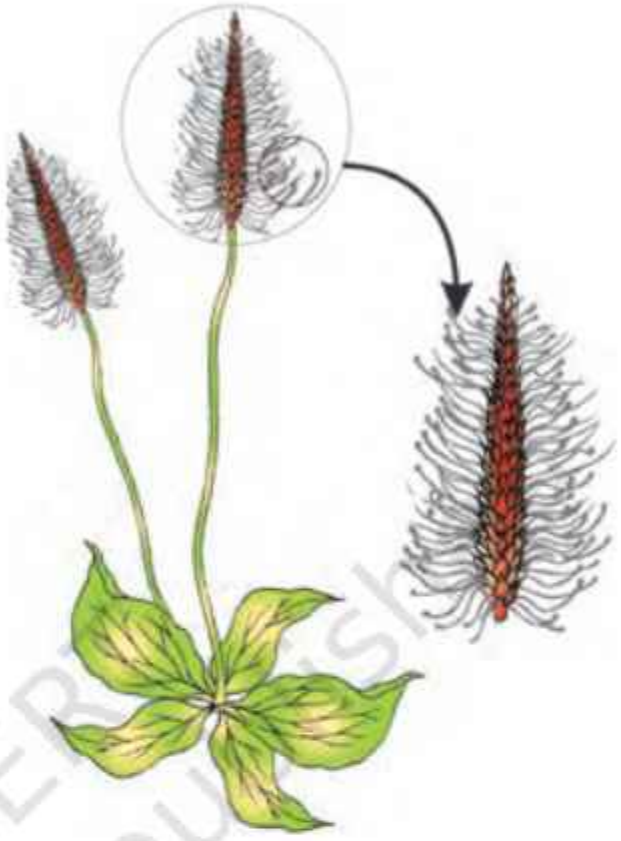
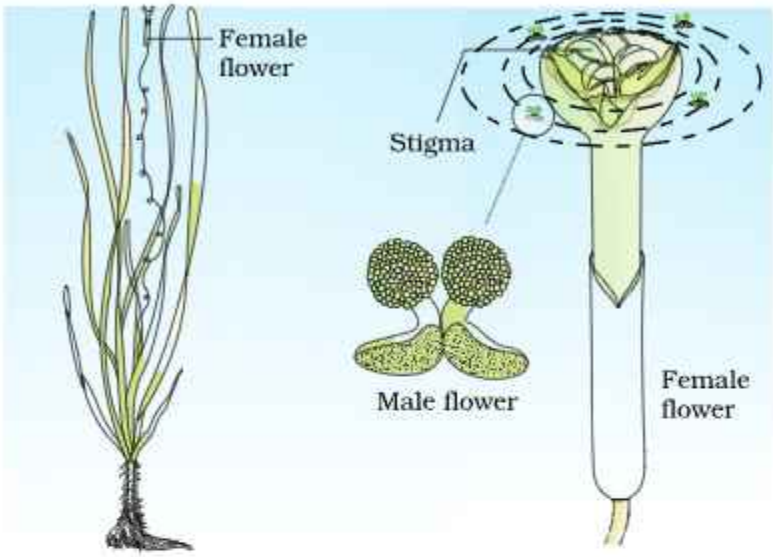


Figure 1.10 A wind-pollinated plant showing compact inflorecence and well-exposed stamens

Pollination by water is quite rare in flowering plants and is limited to about 30 genera, mostly monocotyledons. As against this, you would recall that water is a regular mode of transport for the male gametes among the lower plant groups such as algae, bryophytes and pteridophytes. It is believed, particularly for some bryophytes and pteridophytes, that their distribution is limited because of the need for water for the transport of male gametes and fertilisation. Some examples of water pollinated plants are *Vallisneria* and *Hydrilla* which grow in fresh water and several marine sea-grasses such as *Zostera*. Not all aquatic plants use water for pollination. In a majority of aquatic plants such as water hyacinth and water lily, the flowers emerge above the level of water and are pollinated by insects or wind as in most of the land plants. In *Vallisneria*, the female flower reach the surface of water by the long stalk and the male flowers or pollen grains are released on to the surface of water. They are carried passively by water currents (Figure 1.11a); some of them eventually reach the female flowers and the stigma. In another group of water pollinated plants such as seagrasses, female flowers remain submerged in water and the pollen grains are released inside the water. Pollen grains in many such species are long, ribbon like and they are carried passively inside the water; some of them reach the stigma and achieve pollination. In most of the water-pollinated species, pollen grains are protected from wetting by a mucilaginous covering.

Both wind and water pollinated flowers are not very colourful and do not produce nectar. *What would be the reason for this?*



(a)

(b)

Figure 1.11 (a) Pollination by water in *Vallisneria*; (b) Insect pollination

Majority of flowering plants use a range of animals as pollinating agents. Bees, butterflies, flies, beetles, wasps, ants, moths, birds (sunbirds and humming birds) and bats are the common pollinating agents. (Figure 1.11b). Among the animals, insects, particularly bees are the dominant biotic pollinating agents. Even larger animals such as some primates (lemurs), arboreal (tree-dwelling) rodents, or even reptiles (gecko lizard and garden lizard) have also been reported as pollinators in some species.

Often flowers of animal-pollinated plants are specifically adapted for a particular species of animal.

Majority of insect-pollinated flowers are large, colourful, fragrant and rich in nectar. When the flowers are small, a number of flowers are clustered into an inflorescence to make them conspicuous. Animals are attracted to flowers by colour and/or fragrance. The flowers pollinated by flies and beetles secrete foul odours to attract these animals. To sustain animal visits, the flowers have to provide rewards to the animals. Nectar and pollen grains are the usual floral rewards. For harvesting the reward(s) from the flower the animal visitor comes in contact with the anthers and the stigma. The body of the animal gets a coating of pollen grains, which are generally sticky in animal pollinated flowers. When the animal carrying pollen on its body comes in contact with the stigma, it brings about pollination.

In some species floral rewards are in providing safe places to lay eggs; an example is that of the tallest flower of *Amorphophallus* (the flower itself is about 6 feet in height). A similar relationship exists between a species of moth and the plant *Yucca* where both species – moth and the

plant – cannot complete their life cycles without each other. The moth deposits its eggs in the locule of the ovary and the flower, in turn, gets pollinated by the moth. The larvae of the moth come out of the eggs as the seeds start developing.

Why don't you observe some flowers of the following plants (or any others available to you): Cucumber, Mango, Peepal, Coriander, Papaya, Onion, Lobia, Cotton, Tobacco, Rose, Lemon, Eucalyptus, Banana? Try to find out which animals visit them and whether they could be pollinators. You'll have to patiently observe the flowers over a few days and at different times of the day. You could also try to see whether there is any correlation in the characteristics of a flower to the animal that visits it. Carefully observe if any of the visitors come in contact with the anthers and the stigma as only such visitors can bring about pollination. Many insects may consume pollen or the nectar without bringing about pollination. Such floral visitors are referred to as pollen/nectar robbers. You may or may not be able to identify the pollinators, but you will surely enjoy your efforts!

Outbreeding Devices : Majority of flowering plants produce hermaphrodite flowers and pollen grains are likely to come in contact with the stigma of the same flower. Continued self-pollination result in inbreeding depression. Flowering plants have developed many devices to discourage self-pollination and to encourage cross-pollination. In some species, pollen release and stigma receptivity are not synchronised. Either the pollen is released before the stigma becomes receptive or stigma becomes receptive much before the release of pollen. In some other species, the anther and stigma are placed at different positions so that the pollen cannot come in contact with the stigma of the same flower. Both these devices prevent autogamy. The third device to prevent inbreeding is self-incompatibility. This is a genetic mechanism and prevents self-pollen (from the same flower or other flowers of the same plant) from fertilising the ovules by inhibiting pollen germination or pollen tube growth in the pistil. Another device to prevent self-pollination is the production of unisexual flowers. If both male and female flowers are present on the same plant such as castor and maize (monoecious), it prevents autogamy but not geitonogamy. In several species such as papaya, male and female flowers are present on different plants, that is each plant is either male or female (dioecy). This condition prevents both autogamy and geitonogamy.

Pollen-pistil Interaction : Pollination does not guarantee the transfer of the right type of pollen (compatible pollen of the same species as the stigma). Often, pollen of the wrong type, either from other species or from the same plant (if it is self-incompatible), also land on the stigma. The pistil has the ability to recognise the pollen, whether it is of the right type (compatible) or of the wrong type (incompatible). If it is of the right type, the pistil accepts the pollen and promotes post-pollination events that

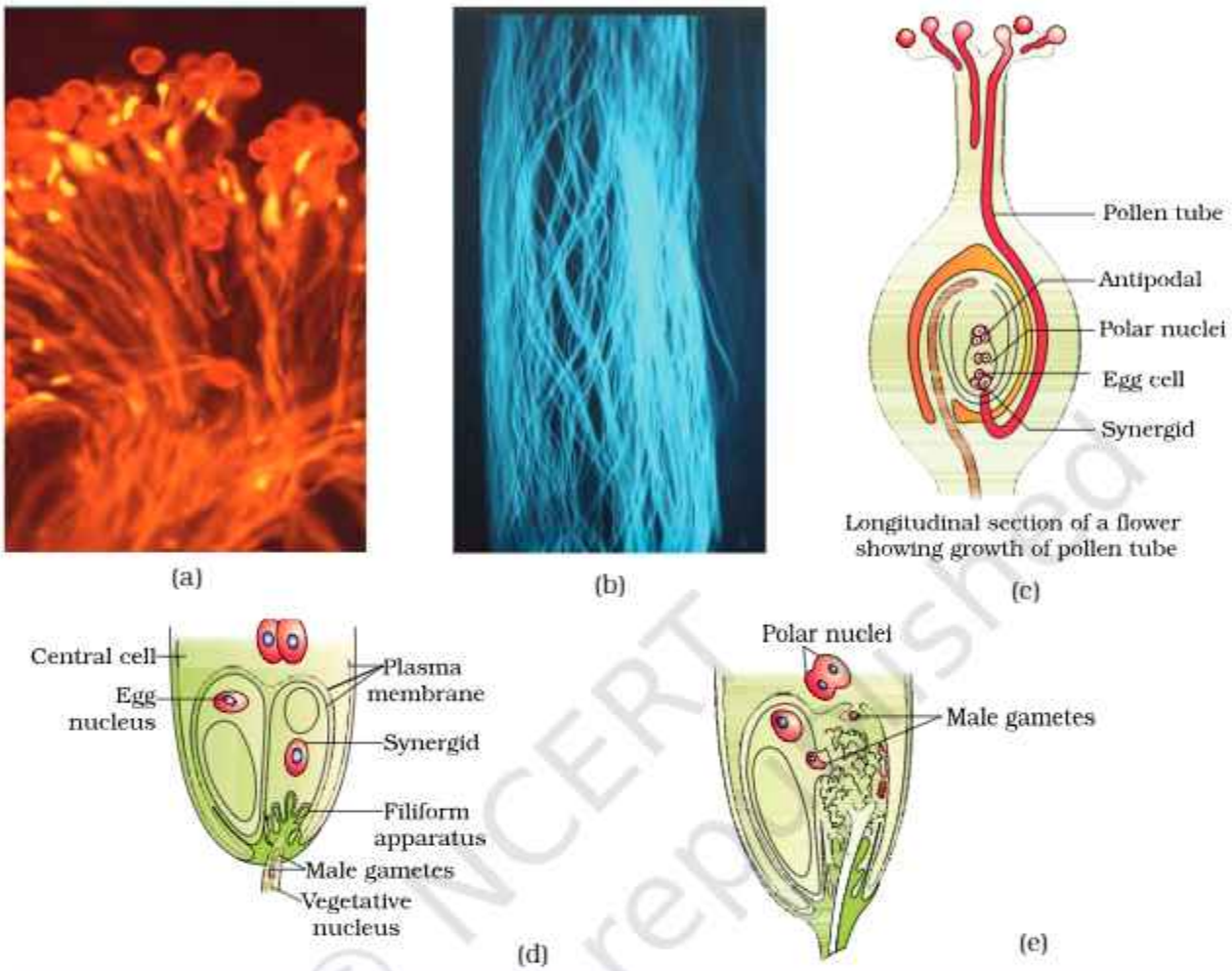


Figure 1.12 (a) Pollen grains germinating on the stigma; (b) Pollen tubes growing through the style; (c) L.S. of pistil showing path of pollen tube growth; (d) enlarged view of an egg apparatus showing entry of pollen tube into a synergid; (e) Discharge of male gametes into a synergid and the movements of the sperms, one into the egg and the other into the central cell

leads to fertilisation. If the pollen is of the wrong type, the pistil rejects the pollen by preventing pollen germination on the stigma or the pollen tube growth in the style. The ability of the pistil to recognise the pollen followed by its acceptance or rejection is the result of a continuous dialogue between pollen grain and the pistil. This dialogue is mediated by chemical components of the pollen interacting with those of the pistil. It is only in recent years that botanists have been able to identify some of the pollen and pistil components and the interactions leading to the recognition, followed by acceptance or rejection.

As mentioned earlier, following compatible pollination, the pollen grain germinates on the stigma to produce a pollen tube through one of the germ pores (Figure 1.12a). The contents of the pollen grain move into the

pollen tube. Pollen tube grows through the tissues of the stigma and style and reaches the ovary (Figure 1.12b, c). You would recall that in some plants, pollen grains are shed at two-celled condition (a vegetative cell and a generative cell). In such plants, the generative cell divides and forms the two male gametes during the growth of pollen tube in the stigma. In plants which shed pollen in the three-celled condition, pollen tubes carry the two male gametes from the beginning. Pollen tube, after reaching the ovary, enters the ovule through the micropyle and then enters one of the synergids through the filiform apparatus (Figure 1.12d, e). Many recent studies have shown that filiform apparatus present at the micropylar part of the synergids guides the entry of pollen tube. All these events–from pollen deposition on the stigma until pollen tubes enter the ovule–are together referred to as pollen-pistil interaction. As pointed out earlier, pollen-pistil interaction is a dynamic process involving pollen recognition followed by promotion or inhibition of the pollen. The knowledge gained in this area would help the plant breeder in manipulating pollen-pistil interaction, even in incompatible pollinations, to get desired hybrids.

You can easily study pollen germination by dusting some pollen from flowers such as pea, chickpea, *Crotalaria*, balsam and *Vinca* on a glass slide containing a drop of sugar solution (about 10 per cent). After about 15–30 minutes, observe the slide under the low power lens of the microscope. You are likely to see pollen tubes coming out of the pollen grains.

A breeder is interested in crossing different species and often genera to combine desirable characters to produce commercially 'superior' varieties. **Artificial hybridisation** is one of the major approaches of crop improvement programme. In such crossing experiments it is important to make sure that only the desired pollen grains are used for pollination and the stigma is protected from contamination (from unwanted pollen). This is achieved by emasculation and bagging techniques.

If the female parent bears bisexual flowers, removal of anthers from the flower bud before the anther dehisces using a pair of forceps is necessary. This step is referred to as **emasculation**. Emasculated flowers have to be covered with a bag of suitable size, generally made up of butter paper, to prevent contamination of its stigma with unwanted pollen. This process is called **bagging**. When the stigma of bagged flower attains receptivity, mature pollen grains collected from anthers of the male parent are dusted on the stigma, and the flowers are rebagged, and the fruits allowed to develop.

If the female parent produces unisexual flowers, there is no need for emasculation. The female flower buds are bagged before the flowers open. When the stigma becomes receptive, pollination is carried out using the desired pollen and the flower rebagged.

1.3 Double Fertilisation

After entering one of the synergids, the pollen tube releases the two male gametes into the cytoplasm of the synergid. One of the male gametes moves towards the egg cell and fuses with its nucleus thus completing the **syngamy**. This results in the formation of a diploid cell, the **zygote.** The other male gamete moves towards the two polar nuclei located in the central cell and fuses with them to produce a triploid **primary endosperm nucleus** (PEN) (Figure 1.13a). As this involves the fusion of three haploid nuclei it is termed **triple fusion.** Since two types of fusions, syngamy and triple fusion take place in an embryo sac the phenomenon is termed **double fertilisation**, an event unique to flowering plants. The central cell after triple fusion becomes the **primary endosperm cell** (PEC) and develops into the **endosperm** while the zygote develops into an **embryo.**

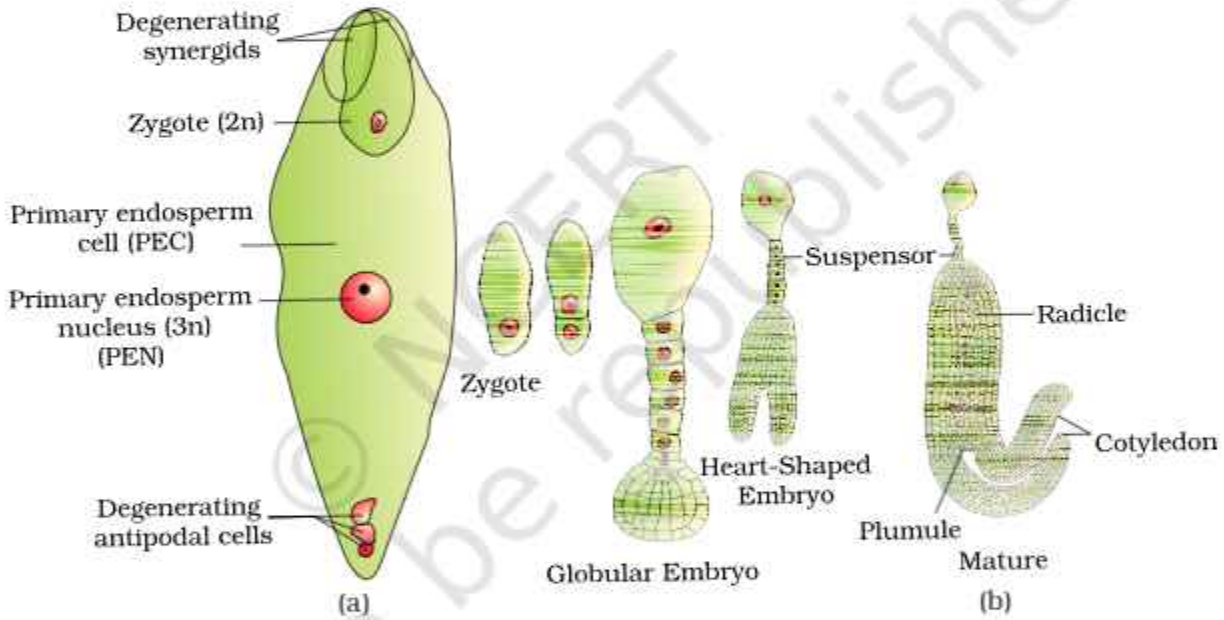


Figure 1.13 (a) Fertilised embryo sac showing zygote and Primary Endosperm Nucleus (PEN); (b) Stages in embryo development in a dicot [shown in reduced size as compared to (a)]

1.4 Post-fertilisation : Structures and Events

Following double fertilisation, events of endosperm and embryo development, maturation of ovule(s) into seed(s) and ovary into fruit, are collectively termed **post-fertilisation events.**

1.4.1 Endosperm

Endosperm development precedes embryo development. *Why?* The primary endosperm cell divides repeatedly and forms a triploid

endosperm tissue. The cells of this tissue are filled with reserve food materials and are used for the nutrition of the developing embryo. In the most common type of endosperm development, the PEN undergoes successive nuclear divisions to give rise to free nuclei. This stage of endosperm development is called free-nuclear endosperm. Subsequently cell wall formation occurs and the endosperm becomes cellular. The number of free nuclei formed before cellularisation varies greatly. The coconut water from tender coconut that you are familiar with, is nothing but free-nuclear endosperm (made up of thousands of nuclei) and the surrounding white kernel is the cellular endosperm.

Endosperm may either be completely consumed by the developing embryo (e.g., pea, groundnut, beans) before seed maturation or it may persist in the mature seed (e.g. castor and coconut) and be used up during seed germination. *Split open some seeds of castor, peas, beans, groundnut, fruit of coconut and look for the endosperm in each case. Find out whether the endosperm is persistent in cereals – wheat, rice and maize.*

1.4.2 Embryo

Embryo develops at the micropylar end of the embryo sac where the zygote is situated. Most zygotes divide only after certain amount of endosperm is formed. This is an adaptation to provide assured nutrition to the developing embryo. Though the seeds differ greatly, the early stages of embryo development **(embryogeny)** are similar in both monocotyledons and dicotyledons. Figure 1.13 depicts the stages of embryogeny in a dicotyledonous embryo. The zygote gives rise to the **proembryo** and subsequently to the **globular, heart-shaped** and **mature embryo**.

A typical dicotyledonous embryo (Figure 1.14a), consists of an **embryonal axis** and two **cotyledons.** The portion of embryonal axis above the level of cotyledons is the **epicotyl,** which terminates with the **plumule** or stem tip. The cylindrical portion below the level of cotyledons is **hypocotyl** that terminates at its lower end in the **radicle** or **root tip.** The root tip is covered with a **root cap.**

Embryos of monocotyledons (Figure 1.14 b) possess only one cotyledon. In the grass family the cotyledon is called **scutellum** that is situated towards one side (lateral) of the embryonal axis. At its lower end, the embryonal axis has the

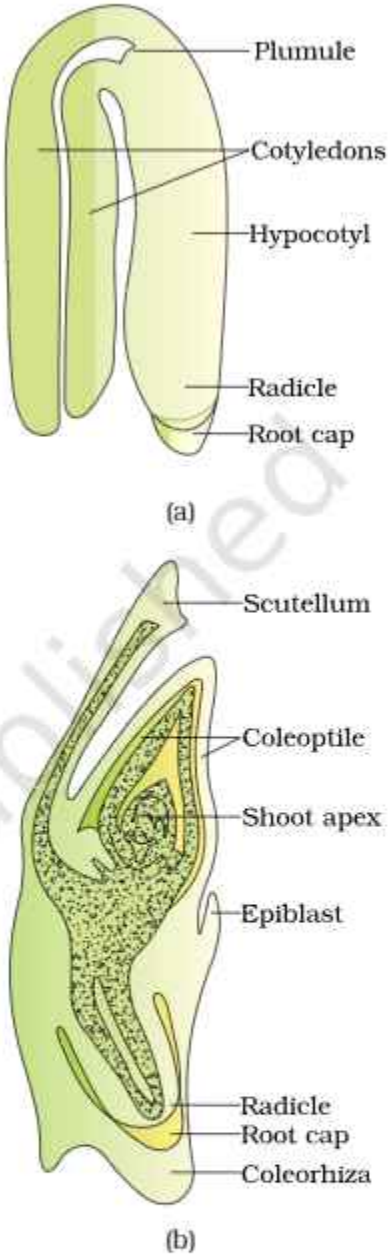


Figure 1.14 (a) A typical dicot embryo; (b) L.S. of an embryo of grass

radical and root cap enclosed in an undifferentiated sheath called **coleorrhiza.** The portion of the embryonal axis above the level of attachment of scutellum is the epicotyl. Epicotyl has a shoot apex and a few leaf primordia enclosed in a hollow foliar structure, the **coleoptile.**

Soak a few seeds in water (say of wheat, maize, peas, chickpeas, ground nut) overnight. Then split the seeds and observe the various parts of the embryo and the seed.

1.4.3 Seed

In angiosperms, the seed is the final product of sexual reproduction. It is often described as a fertilised ovule. Seeds are formed inside fruits. A seed typically consists of seed coat(s), cotyledon(s) and an embryo axis. The cotyledons (Figure 1.15a) of the embryo are simple structures, generally thick and swollen due to storage of food reserves (as in legumes). Mature seeds may be **non-albuminous** or **ex-albuminous**. Non-albuminous seeds have no residual endosperm as it is completely consumed during embryo development (e.g., pea, groundnut). Albuminous seeds retain a part of endosperm as it is not completely used up during embryo development (e.g., wheat, maize, barley, castor). Occasionally, in some seeds such as black pepper and beet, remnants of nucellus are also persistent. This residual, persistent nucellus is the **perisperm.**

Integuments of ovules harden as tough protective seed coats (Figure 1.15a). The micropyle remains as a small pore in the seed coat. This facilitates entry of oxygen and water into the seed during germination. As the seed matures, its water content is reduced and seeds become relatively dry (10-15 per cent moisture by mass). The general metabolic activity of the embryo slows down. The embryo may enter a state of inactivity called **dormancy**, or if favourable conditions are available (adequate moisture, oxygen and suitable temperature), they germinate.

As ovules mature into seeds, the ovary develops into a fruit, i.e., the transformation of ovules into seeds and ovary into fruit proceeds simultaneously. The wall of the ovary develops into the wall of fruit called **pericarp**. The fruits may be fleshy as in guava, orange, mango, etc., or may be dry, as in groundnut, and mustard, etc. Many fruits have evolved mechanisms for dispersal of seeds. Recall the classification of fruits and their dispersal mechanisms that you have studied in an earlier class. *Is there any relationship between number of ovules in an ovary and the number of seeds present in a fruit?*

In most plants, by the time the fruit develops from the ovary, other floral parts degenerate and fall off. However, in a few species such as apple, strawberry, cashew, etc., the thalamus also contributes to fruit formation. Such fruits are called **false fruits** (Figure 1.15b). Most fruits however develop only from the ovary and are called **true fruits**. Although in most of the species, fruits are the results of fertilisation, there are a few species

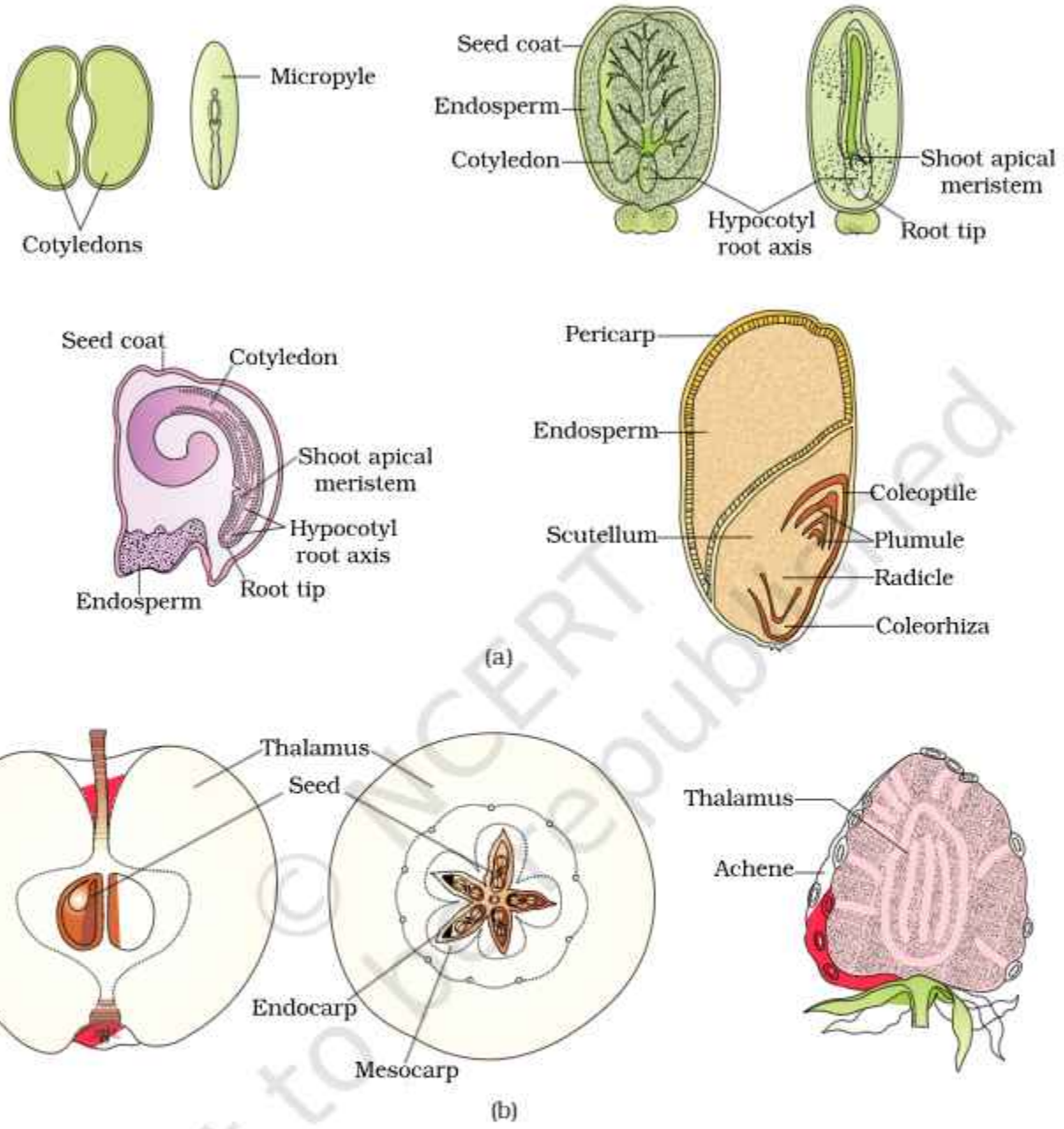


Figure 1.15 (a) Structure of some seeds. (b) False fruits of apple and strawberry

in which fruits develop without fertilisation. Such fruits are called **parthenocarpic fruits.** Banana is one such example. Parthenocarpy can be induced through the application of growth hormones and such fruits are seedless.

Seeds offer several advantages to angiosperms. Firstly, since reproductive processes such as pollination and fertilisation are independent of water, seed formation is more dependable. Also seeds have better adaptive strategies for dispersal to new habitats and help the species

to colonise in other areas. As they have sufficient food reserves, young seedlings are nourished until they are capable of photosynthesis on their own. The hard seed coat provides protection to the young embryo. Being products of sexual reproduction, they generate new genetic combinations leading to variations.

Seed is the basis of our agriculture. Dehydration and dormancy of mature seeds are crucial for storage of seeds which can be used as food throughout the year and also to raise crop in the next season. Can you imagine agriculture in the absence of seeds, or in the presence of seeds which germinate straight away soon after formation and cannot be stored?

How long do the seeds remain alive after they are dispersed? This period again varies greatly. In a few species the seeds lose viability within a few months. Seeds of a large number of species live for several years. Some seeds can remain alive for hundreds of years. There are several records of very old yet viable seeds. The oldest is that of a lupine, *Luptnus arcticus* excavated from Arctic Tundra. The seed germinated and flowered after an estimated record of 10,000 years of dormancy. A recent record of 2000 years old viable seed is of the date palm, *Phoenix dactylifera* discovered during the archeological excavation at King Herod's palace near the Dead Sea.

After completing a brief account of sexual reproduction of flowering plants it would be worth attempting to comprehend the enormous reproductive capacity of some flowering plants by asking the following questions: How many eggs are present in an embryo sac? How many embryo sacs are present in an ovule? How many ovules are present in an ovary? How many ovaries are present in a typical flower? How many flowers are present on a tree? And so on...

Can you think of some plants in which fruits contain very large number of seeds. Orchid fruits are one such category and each fruit contain thousands of tiny seeds. Similar is the case in fruits of some parasitic species such as Orobanche and Striga. Have you seen a tiny seed of Ficus? How large is the tree of Ficus developed from that tiny seed. How many billions of seeds does each Ficus tree produce? Can you imagine any other example in which such a tiny structure can produce such a large biomass over the years?

1.5 Apomixis and Polyembryony

Although seeds, in general are the products of fertilisation, a few flowering plants such as some species of *Asteraceae* and grasses, have evolved a special mechanism, to produce seeds without fertilisation, called **apomixis.** *What is fruit production without fertiltsation called?* Thus, apomixis is a form of asexual reproduction that mimics sexual reproduction. There are several ways of development of apomictic seeds. In some species, the diploid egg cell is formed without reduction division and develops into the embryo without fertilisation. More often, as in many *Citrus* and *Mango*

varieties some of the nucellar cells surrounding the embryo sac start dividing, protrude into the embryo sac and develop into the embryos. In such species each ovule contains many embryos. Occurrence of more than one embryo in a seed is referred to as **polyembryony**. *Take out some seeds of orange and squeeze them. Observe the many embryos of different sizes and shapes from each seed. Count the number of embryos in each seed. What would be the genetic nature of apomictic embryos? Can they be called clones?*

Hybrid varieties of several of our food and vegetable crops are being extensively cultivated. Cultivation of hybrids has tremendously increased productivity. One of the problems of hybrids is that hybrid seeds have to be produced every year. If the seeds collected from hybrids are sown, the plants in the progeny will segregate and do not maintain hybrid characters. Production of hybrid seeds is costly and hence the cost of hybrid seeds become too expensive for the farmers. If these hybrids are made into apomicts, there is no segregation of characters in the hybrid progeny. Then the farmers can keep on using the hybrid seeds to raise new crop year after year and he does not have to buy hybrid seeds every year. Because of the importance of apomixis in hybrid seed industry, active research is going on in many laboratories around the world to understand the genetics of apomixis and to transfer apomictic genes into hybrid varieties.

SUMMARY

Flowers are the seat of sexual reproduction in angiosperms. In the flower, androecium consisting of stamens represents the male reproductive organs and gynoecium consisting of pistils represents the female reproductive organs.

A typical anther is bilobed, dithecous and tetrasporangiate. Pollen grains develop inside the microsporangia. Four wall layers, the epidermis, endothecium, middle layers and the tapetum surround the microsporangium. Cells of the sporogenous tissue lying in the centre of the microsporangium, undergo meiosis (microsporogenesis) to form tetrads of microspores. Individual microspores mature into pollen grains.

Pollen grains represents the male gametophytic generation. The pollen grains have a two-layered wall, the outer exine and inner intine. The exine is made up of sporopollenin and has germ pores. Pollen grains may have two cells (a vegetative cell and generative cell) or three cells (a vegetative cell and two male gametes) at the time of shedding.

The pistil has three parts – the stigma, style and the ovary. Ovules are present in the ovary. The ovules have a stalk called funicle, protective integument(s), and an opening called micropyle. The central tissue is the nucellus in which the archesporium differentiates. A cell of the archesporium, the megaspore mother cell divides meiotically and one of the megaspores forms the embryo sac (the female gametophyte). The mature embryo sac is 7-celled and 8-nucleate. At the micropylar end is

the egg apparatus consisting of two synergids and an egg cell. At the chalazal end are three antipodals. At the centre is a large central cell with two polar nuclei.

Pollination is the mechanism to transfer pollen grains from the anther to the stigma. Pollinating agents are either abiotic (wind and water) or biotic (animals).

Pollen-pistil interaction involves all events from the landing of pollen grains on the stigma until the pollen tube enters the embryo sac (when the pollen is compatible) or pollen inhibition (when the pollen is incompatible). Following compatible pollination, pollen grain germinates on the stigma and the resulting pollen tube grow through the style, enter the ovules and finally discharges two male gametes in one of the synergids. Angiosperms exhibit double fertilisation because two fusion events occur in each embryo sac, namely syngamy and triple fusion. The products of these fusions are the diploid zygote and the triploid primary endosperm nucleus (in the primary endosperm cell). Zygote develops into the embryo and the primary endosperm cell forms the endosperm tissue. Formation of endosperm always precedes development of the embryo.

The developing embryo passes through different stages such as the proembryo, globular and heart-shaped stages before maturation. Mature dicotyledonous embryo has two cotyledons and an embryonal axis with epicotyl and hypocotyl. Embryos of monocotyledons have a single cotyledon. After fertilisation, ovary develops into fruit and ovules develop into seeds.

A phenomenon called apomixis is found in some angiosperms, particularly in grasses. It results in the formation of seeds without fertilisation. Apomicts have several advantages in horticulture and agriculture.

Some angiosperms produce more than one embryo in their seed. This phenomenon is called polyembryony.

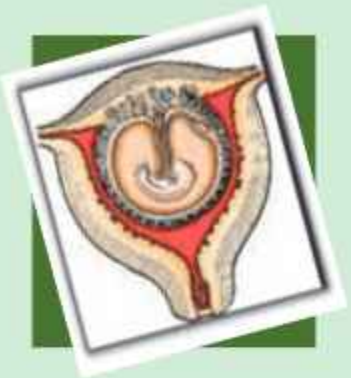
EXERCISES

1. Name the parts of an angiosperm flower in which development of male and female gametophyte take place.
2. Differentiate between microsporogenesis and megasporogenesis. Which type of cell division occurs during these events? Name the structures formed at the end of these two events.
3. Arrange the following terms in the correct developmental sequence:

   Pollen grain, sporogenous tissue, microspore tetrad, pollen mother cell, male gametes.
4. With a neat, labelled diagram, describe the parts of a typical angiosperm ovule.
5. What is meant by monosporic development of female gametophyte?
6. With a neat diagram explain the 7-celled, 8-nucleate nature of the female gametophyte.

7. What are chasmogamous flowers? Can cross-pollination occur in cleistogamous flowers? Give reasons for your answer.
8. Mention two strategies evolved to prevent self-pollination in flowers.
9. What is self-incompatibility? Why does self-pollination not lead to seed formation in self-incompatible species?
10. What is bagging technique? How is it useful in a plant breeding programme?
11. What is triple fusion? Where and how does it take place? Name the nuclei involved in triple fusion.
12. Why do you think the zygote is dormant for sometime in a fertilised ovule?
13. Differentiate between:
    (a) hypocotyl and epicotyl;
    (b) coleoptile and coleorrhiza;
    (c) integument and testa;
    (d) perisperm and pericarp.
14. Why is apple called a false fruit? Which part(s) of the flower forms the fruit?
15. What is meant by emasculation? When and why does a plant breeder employ this technique?
16. If one can induce parthenocarpy through the application of growth substances, which fruits would you select to induce parthenocarpy and why?
17. Explain the role of tapetum in the formation of pollen-grain wall.
18. What is apomixis and what is its importance?

CHAPTER 2



HUMAN REPRODUCTION

As you are aware, humans are sexually reproducing and viviparous. The reproductive events in humans include formation of gametes (gametogenesis), i.e., sperms in males and ovum in females, transfer of sperms into the female genital tract (insemination) and fusion of male and female gametes (fertilisation) leading to formation of zygote. This is followed by formation and development of blastocyst and its attachment to the uterine wall (implantation), embryonic development (gestation) and delivery of the baby (parturition). You have learnt that these reproductive events occur after puberty. There are remarkable differences between the reproductive events in the male and in the female, for example, sperm formation continues even in old men, but formation of ovum ceases in women around the age of fifty years. Let us examine the male and female reproductive systems in human.

2.1 The Male Reproductive System

The male reproductive system is located in the pelvis region (Figure 2.1a). It includes a pair of **testes** alongwith **accessory ducts, glands** and the **external genitalia**.

The testes are situated outside the abdominal cavity within a pouch called **scrotum**. The scrotum helps in maintaining the low temperature of the testes (2–2.5° C lower than the normal internal body temperature) necessary for spermatogenesis. In adults, each testis is oval in shape, with a length of about 4 to 5 cm and a width of about 2 to 3 cm. The testis is covered by a dense covering. Each testis has about 250 compartments called **testicular lobules** (Figure 2.1b).

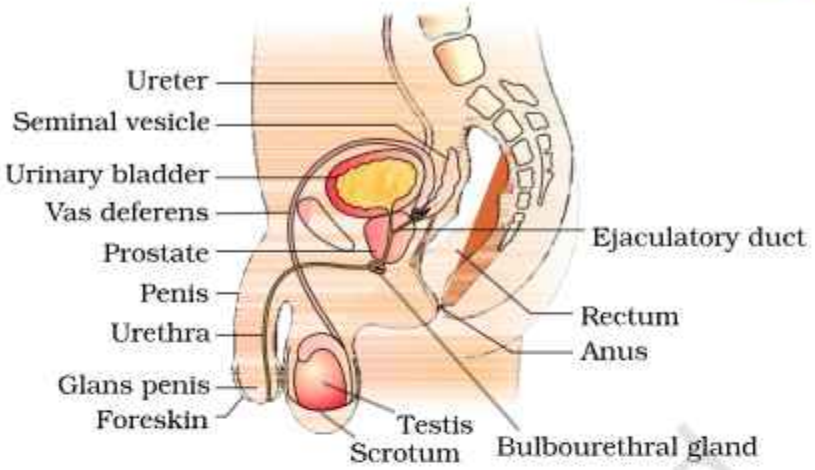


Figure 2.1(a) Diagrammatic sectional view of male pelvis showing reproductive system

Each lobule contains one to three highly coiled **seminiferous tubules** in which sperms are produced. Each seminiferous tubule is lined on its inside by two types of cells called **male germ cells** (*spermatogonia*) and **Sertoli cells** (Figure 2.2). The male germ cells undergo meiotic divisions finally leading to sperm formation, while Sertoli cells provide nutrition to the germ cells. The regions outside the seminiferous tubules called interstitial spaces, contain small blood vessels and **interstitial cells** or **Leydig cells** (Figure 2.2). Leydig cells synthesise and secrete testicular hormones called androgens. Other immunologically competent cells are also present.

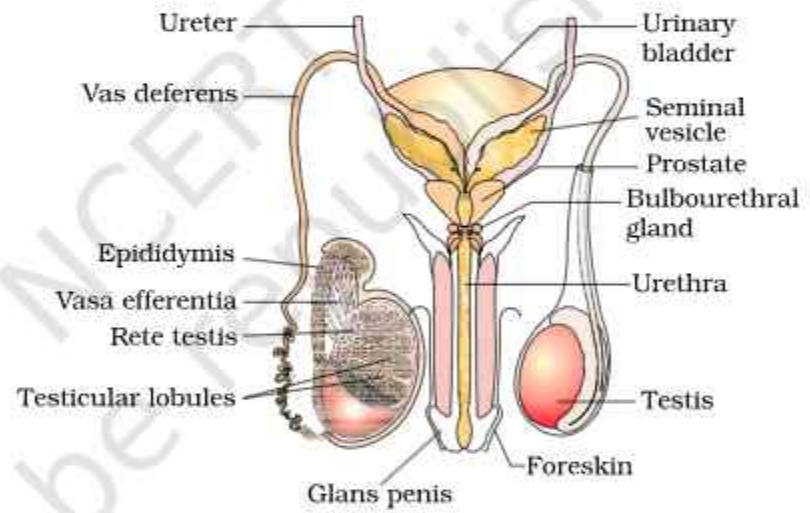


Figure 2.1(b) Diagrammatic view of male reproductive system (part of testis is open to show inner details)

The male sex accessory ducts include **rete testis, vasa efferentia**, **epididymis** and **vas deferens** (Figure 2.1b). The seminiferous tubules of the testis open into the vasa efferentia through rete testis. The vasa efferentia leave the testis and open into epididymis located along the posterior surface of each testis. The epididymis leads to vas deferens that ascends to the abdomen and loops over the urinary bladder. It receives a duct from seminal vesicle and opens into urethra as the ejaculatory duct (Figure 2.1a). These ducts store and transport the sperms from the testis to the outside through urethra. The urethra originates from the urinary bladder and extends through the penis to its external opening called **urethral meatus**.

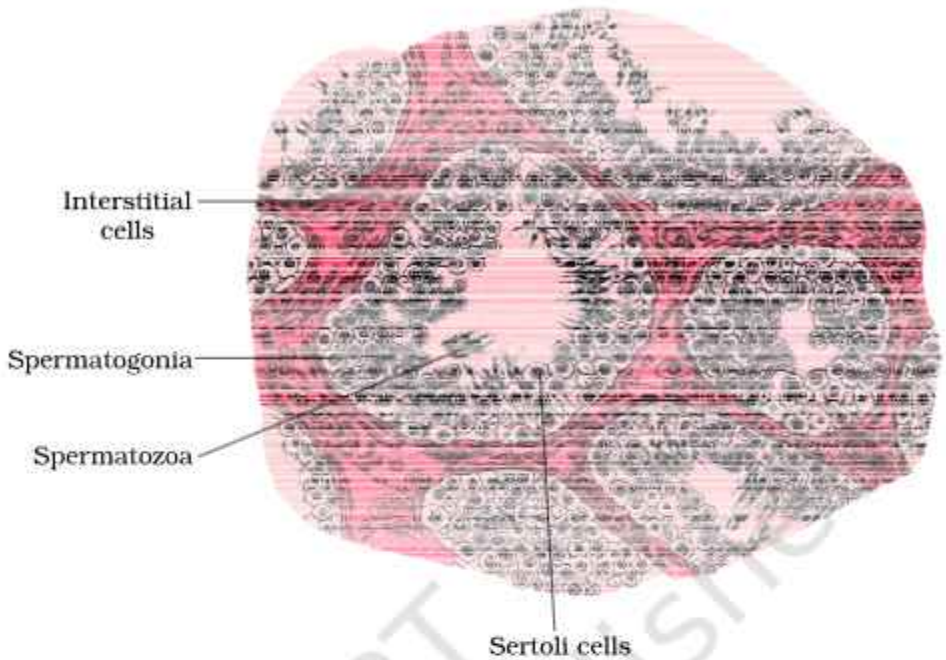


Figure 2.2 Diagrammatic sectional view of seminiferous tubule

The penis is the male external genitalia (Figure 2.1a, b). It is made up of special tissue that helps in erection of the penis to facilitate insemination. The enlarged end of penis called the glans penis is covered by a loose fold of skin called **foreskin**.

The male accessory glands (Figure 2.1a, b) include paired **seminal vesicles**, a **prostate** and paired **bulbourethral** glands. Secretions of these glands constitute the seminal plasma which is rich in fructose, calcium and certain enzymes. The secretions of bulbourethral glands also helps in the lubrication of the penis.

2.2 The Female Reproductive System

The female reproductive system consists of a pair of **ovaries** alongwith a pair of **oviducts**, **uterus**, **cervix**, **vagina** and the **external genitalia** located in pelvic region (Figure 2.3a). These parts of the system alongwith a pair of the **mammary glands** are integrated structurally and functionally to support the processes of ovulation, fertilisation, pregnancy, birth and child care.

Ovaries are the primary female sex organs that produce the female gamete (ovum) and several steroid hormones (ovarian hormones). The ovaries are located one on each side of the lower abdomen (Figure 2.3b). Each ovary is about 2 to 4 cm in length and is connected to the pelvic wall and uterus by ligaments. Each ovary is covered by a thin epithelium which encloses the ovarian stroma. The stroma is divided into two zones – a peripheral cortex and an inner medulla.

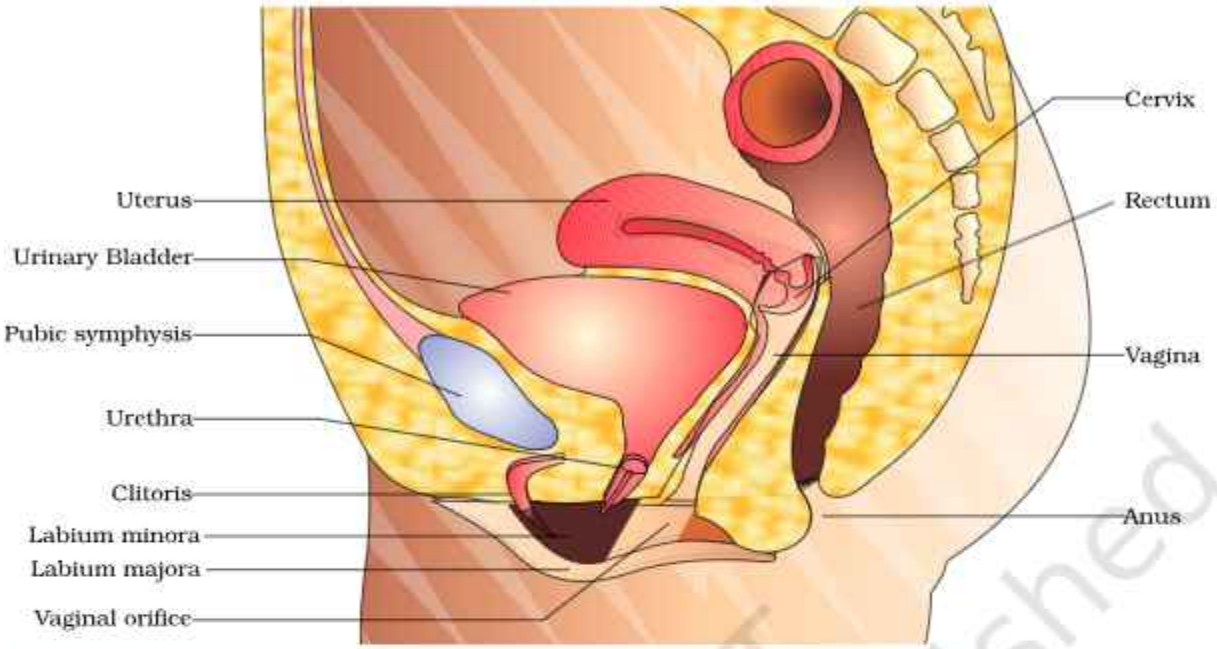


Figure 2.3 (a) Diagrammatic sectional view of female pelvis showing reproductive system

The oviducts (fallopian tubes), uterus and vagina constitute the female accessory ducts. Each fallopian tube is about 10-12 cm long and extends from the periphery of each ovary to the uterus (Figure 2.3b), the part closer to the ovary is the funnel-shaped **infundibulum**. The edges of the infundibulum possess finger-like projections called **fimbriae**, which help in collection of the ovum after ovulation. The infundibulum leads to a wider

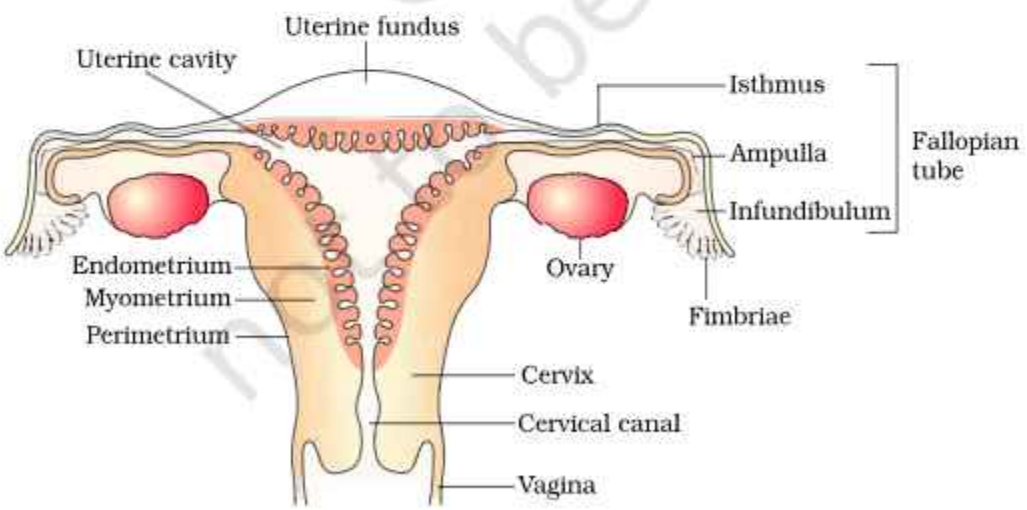


Figure 2.3 (b) Diagrammatic sectional view of the female reproductive system

part of the oviduct called **ampulla**. The last part of the oviduct, **isthmus** has a narrow lumen and it joins the uterus.

The uterus is single and it is also called **womb**. The shape of the uterus is like an inverted pear. It is supported by ligaments attached to the pelvic wall. The uterus opens into vagina through a narrow cervix. The cavity of the cervix is called **cervical canal** (Figure 2.3b) which alongwith vagina forms the birth canal. The wall of the uterus has three layers of tissue. The external thin membranous **perimetrium**, middle thick layer of smooth muscle, **myometrium** and inner glandular layer called **endometrium** that lines the uterine cavity. The endometrium undergoes cyclical changes during menstrual cycle while the myometrium exhibits strong contraction during delivery of the baby.

The female external genitalia include mons pubis, labia majora, labia minora, hymen and clitoris (Figure 2.3a). **Mons pubis** is a cushion of fatty tissue covered by skin and pubic hair. The **labia majora** are fleshy folds of tissue, which extend down from the mons pubis and surround the vaginal opening. The **labia minora** are paired folds of tissue under the labia majora. The opening of the vagina is often covered partially by a membrane called **hymen**. The **clitoris** is a tiny finger-like structure which lies at the upper junction of the two labia minora above the urethral opening. The hymen is often torn during the first coitus (intercourse). *However, it can also be broken by a sudden fall or jolt, insertion of a vaginal tampon, active participation in some sports like horseback riding, cycling, etc. In some women the hymen persists even after coitus. In fact, the presence or absence of hymen is not a reliable indicator of virginity or sexual experience.*

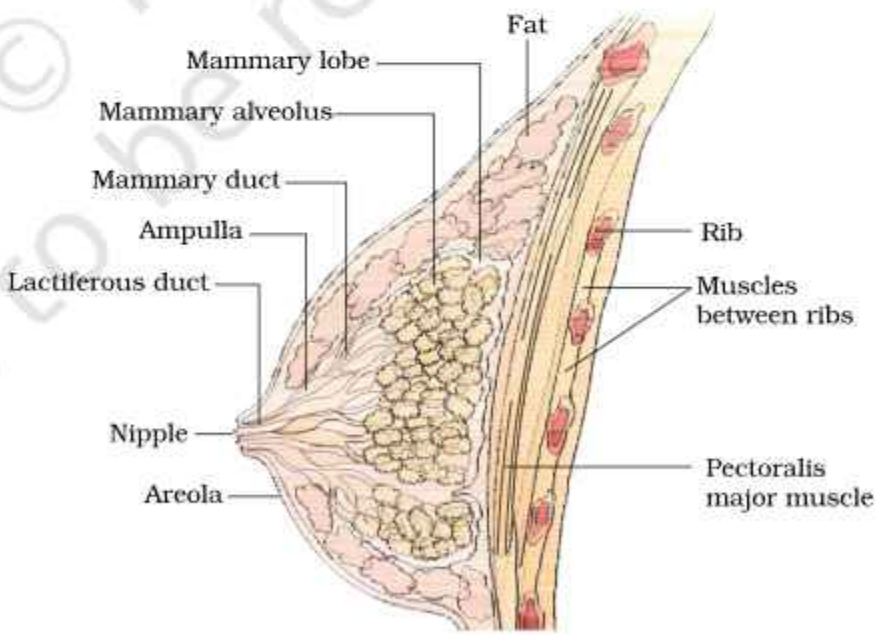


Figure 2.4 A diagrammatic sectional view of Mammary gland

A functional mammary gland is characteristic of all female mammals. The mammary glands are paired structures (breasts) that contain glandular tissue and variable amount of fat. The glandular tissue of each breast is divided into 15-20 **mammary lobes** containing clusters of cells called alveoli (Figure 2.4). The cells of alveoli secrete milk, which is stored in the cavities (lumens) of alveoli. The alveoli open into mammary tubules. The tubules of each lobe join to form a **mammary duct**. Several mammary ducts join to form a wider mammary ampulla which is connected to **lactiferous duct** through which milk is sucked out.

2.3 GAMETOGENESIS

The primary sex organs – the testis in the males and the ovaries in the females – produce gametes, i.e, sperms and ovum, respectively, by the process called gametogenesis. In testis, the immature male germ cells (spermatogonia) produce sperms by **spermatogenesis** that begins at puberty. The **spermatogonia** (sing. spermatogonium) present on the inside wall of seminiferous tubules multiply by mitotic division and increase in numbers. Each spermatogonium is diploid and contains 46 chromosomes. Some of the spermatogonia called **primary spermatocytes** periodically undergo meiosis. A primary spermatocyte completes the first meiotic division (reduction division) leading to formation of two equal, haploid cells called **secondary spermatocytes**, which have only 23 chromosomes each. The secondary spermatocytes undergo the second meiotic division to produce four equal, haploid **spermatids** (Figure 2.5). *What would be the number of chromosome in the spermatids?* The spermatids are transformed into **spermatozoa** (**sperms**) by the process called **spermiogenesis**. After spermiogenesis, sperm heads become embedded in the **Sertoli cells**, and are finally released from the seminiferous tubules by the process called **spermiation**.

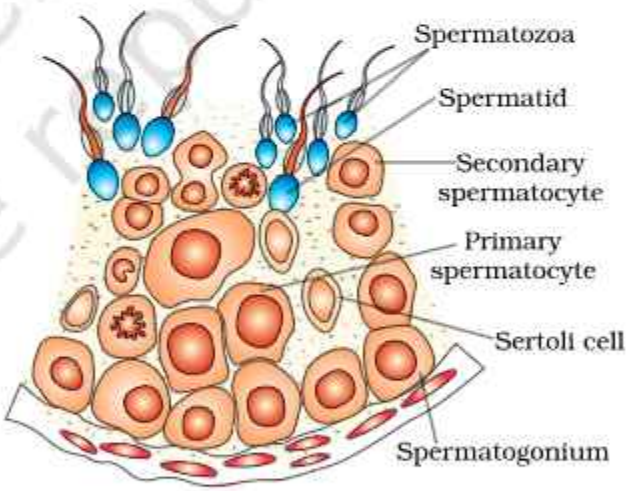


Figure 2.5 Diagrammatic sectional view of a seminiferous tubule (enlarged)

Spermatogenesis starts at the age of puberty due to significant increase in the secretion of gonadotropin releasing hormone (GnRH). This, if you recall, is a hypothalamic hormone. The increased levels of GnRH then acts at the anterior pituitary gland and stimulates secretion of two gonadotropins – luteinising hormone (LH) and follicle stimulating hormone (FSH). LH acts at the Leydig cells and stimulates synthesis and secretion of androgens. Androgens, in turn, stimulate the process of spermatogenesis. FSH acts on the Sertoli cells and stimulates

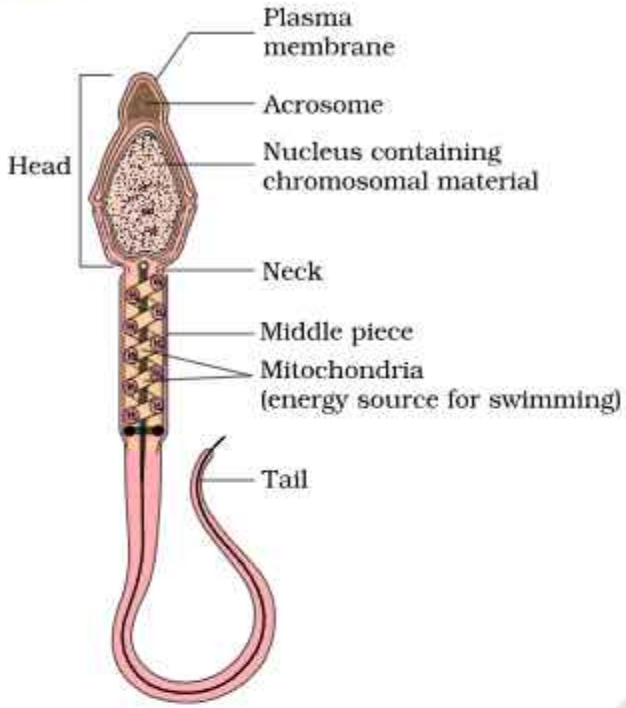


Figure 2.6 Structure of a sperm

secretion of some factors which help in the process of spermiogenesis.

Let us examine the structure of a sperm. It is a microscopic structure composed of a **head**, **neck**, a **middle piece** and a **tail** (Figure 2.6). A plasma membrane envelops the whole body of sperm. The sperm head contains an elongated haploid nucleus, the anterior portion of which is covered by a cap-like structure, **acrosome**. The acrosome is filled with enzymes that help fertilisation of the ovum. The middle piece possesses numerous mitochondria, which produce energy for the movement of tail that facilitate sperm motility essential for fertilisation. The human male ejaculates about 200 to 300 million sperms during a coitus of which, for normal fertility, at least 60 per cent sperms must have normal shape and size and at least 40 per cent of them must show vigorous motility.

Sperms released from the seminiferous tubules, are transported by the accessory ducts. Secretions of epididymis, vas deferens, seminal vesicle and prostate are essential for maturation and motility of sperms. The seminal plasma along with the sperms constitute the **semen**. The functions of male sex accessory ducts and glands are maintained by the testicular hormones (androgens).

The process of formation of a mature female gamete is called **oogenesis** which is markedly different from spermatogenesis. Oogenesis is initiated during the embryonic development stage when a couple of million gamete mother cells (**oogonia**) are formed within each fetal ovary; no more oogonia are formed and added after birth. These cells start division and enter into prophase-I of the meiotic division and get temporarily arrested at that stage, called **primary oocytes**. Each primary oocyte then gets surrounded by a layer of granulosa cells and is called the **primary follicle** (Figure 2.7). A large number of these follicles degenerate during the phase from birth to puberty. Therefore, at puberty only 60,000-80,000 primary follicles are left in each ovary. The primary follicles get surrounded by more layers of granulosa cells and a new theca and are called **secondary follicles**.

The secondary follicle soon transforms into a tertiary follicle which is characterised by a fluid filled cavity called **antrum**. The theca layer is organised into an inner theca interna and an outer theca externa. It is important to draw your attention that it is at this stage that the primary oocyte within the tertiary follicle grows in size and completes its first meiotic division. It is an unequal division resulting in the formation of a large haploid **secondary oocyte** and a tiny first polar body (Figure 2.8b). The

secondary oocyte retains bulk of the nutrient rich cytoplasm of the primary oocyte. *Can you think of any advantage for this?* Does the first polar body born out of first meiotic division divide further or degenerate? At present we are not very certain about this. The tertiary follicle further changes into the mature follicle or **Graafian follicle** (Figure 2.7). The secondary oocyte forms a new membrane called **zona pellucida** surrounding it. The Graafian follicle now ruptures to release the secondary oocyte (ovum) from the ovary by the process called **ovulation**. *Can you identify major differences between spermatogenesis and oogenesis?* A diagrammatic representation of spermatogenesis and oogenesis is given below (Figure 2.8).

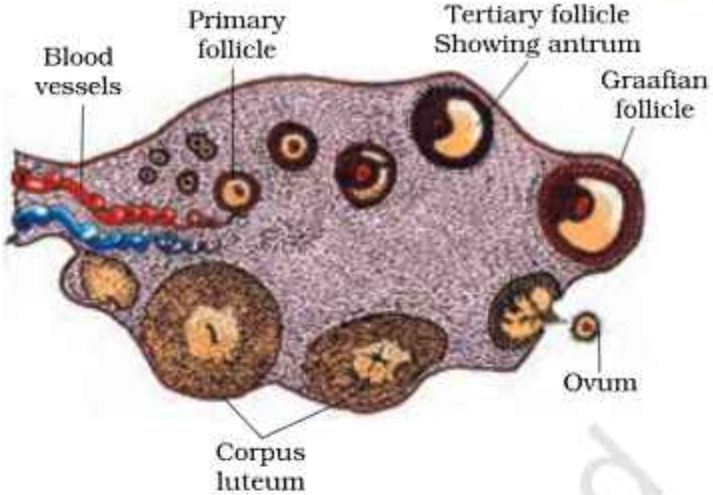


Figure 2.7 Diagrammatic Section view of ovary

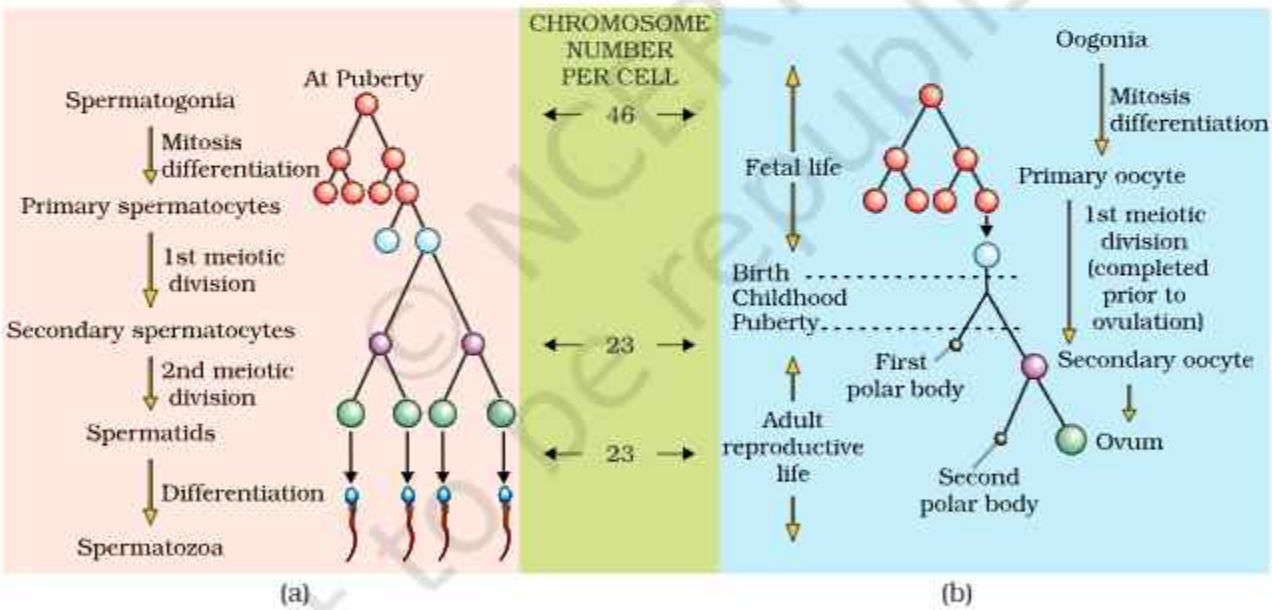


Figure 2.8 Schematic representation of (a) Spermatogenesis; (b) Oogenesis

2.4 Menstrual Cycle

The reproductive cycle in the female primates (e.g. monkeys, apes and human beings) is called menstrual cycle. The first menstruation begins at puberty and is called **menarche**. In human females, menstruation is repeated at an average interval of about 28/29 days, and the cycle of events starting from one menstruation till the next one is called the **menstrual cycle**. One ovum is released (ovulation) during the middle

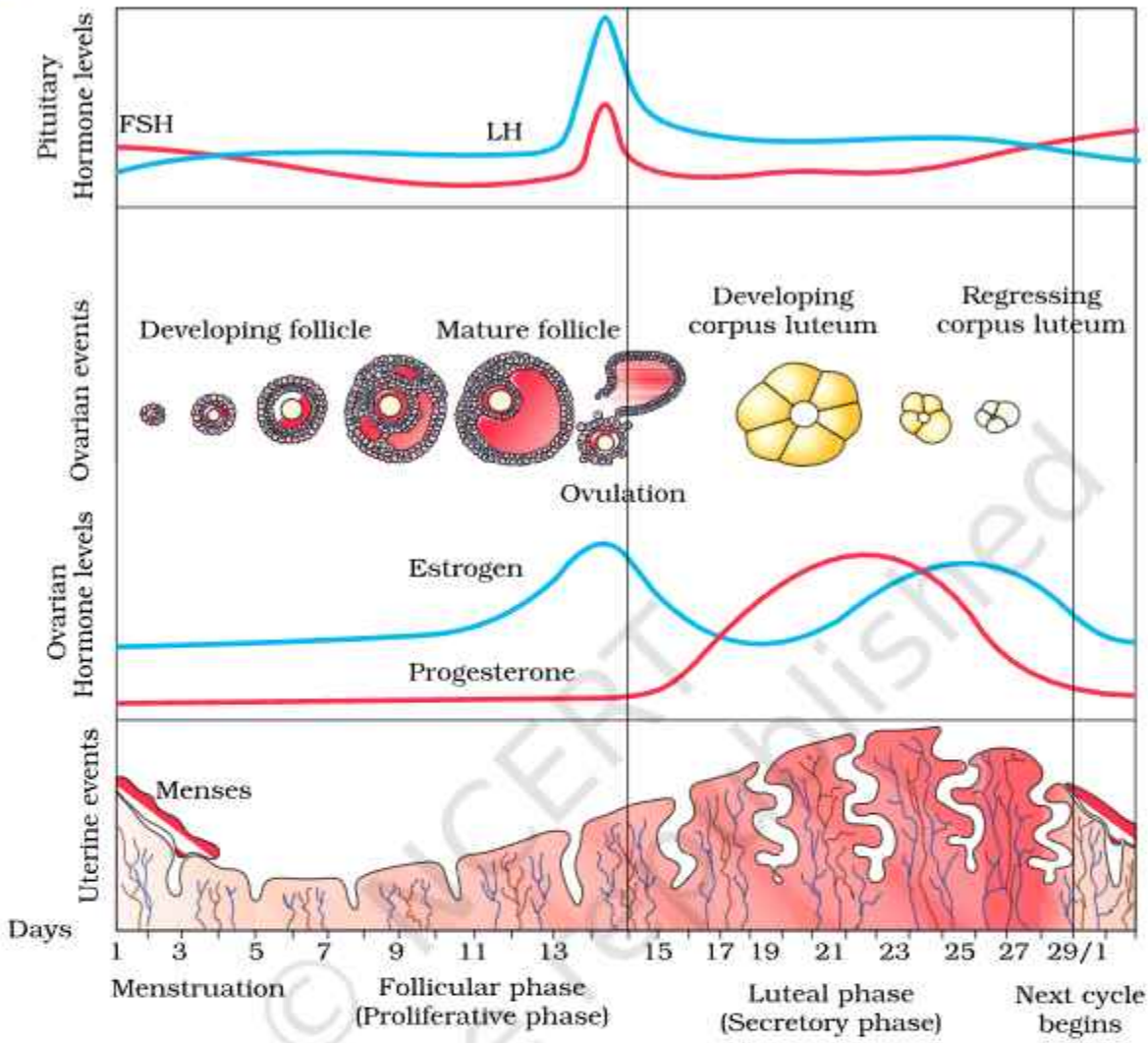


Figure 2.9 Diagrammatic presentation of various events during a menstrual cycle

of each menstrual cycle. The major events of the menstrual cycle are shown in Figure 2.9. The cycle starts with the menstrual phase, when menstrual flow occurs and it lasts for 3-5 days. The menstrual flow results due to breakdown of endometrial lining of the uterus and its blood vessels which forms liquid that comes out through vagina. Menstruation only occurs if the released ovum is not fertilised. Lack of menstruation may be indicative of pregnancy. However, it may also be caused due to some other underlying causes like stress, poor health etc. The menstrual phase is followed by the follicular phase. During this phase, the primary follicles in the ovary grow to become a fully mature Graafian follicle and simultaneously the endometrium of uterus regenerates through proliferation. These changes in the ovary and the uterus are induced by changes in the levels of pituitary and ovarian hormones (Figure 2.9). The secretion of

gonadotropins (LH and FSH) increases gradually during the follicular phase, and stimulates follicular development as well as secretion of estrogens by the growing follicles. Both LH and FSH attain a peak level in the middle of cycle (about 14th day). Rapid secretion of LH leading to its maximum level during the mid-cycle called LH surge induces rupture of Graafian follicle and thereby the release of ovum (**ovulation**). The ovulation (ovulatory phase) is followed by the luteal phase during which the remaining parts of the Graafian follicle transform as the **corpus luteum** (Figure 2.9). The corpus luteum secretes large amounts of progesterone which is essential for maintenance of the endometrium. Such an endometrium is necessary for implantation of the fertilised ovum and other events of pregnancy. During pregnancy all events of the menstrual cycle stop and there is no menstruation. In the absence of fertilisation, the corpus luteum degenerates. This causes disintegration of the endometrium leading to menstruation, marking a new cycle. In human beings, menstrual cycles ceases around 50 years of age; that is termed as **menopause**. Cyclic menstruation is an indicator of normal reproductive phase and extends between menarche and menopause.

Menstrual Hygiene

Maintenance of hygiene and sanitation during menstruation is very important. Take bath and clean yourself regulary. Use sanitary napkins or clean homemade pads. Change sanitary napkins or homemade pads after every 4–5 hrs as per the requirement. Dispose of the used sanitary napkins properly wrapping it with a used paper. Do not throw the used napkins in the drainpipe of toilets or in the open area. After handling the napkin wash hands with soap.

2.5 Fertilisation and Implantation

During copulation (coitus) semen is released by the penis into the vagina (insemination). The motile sperms swim rapidly, pass through the cervix, enter into the uterus and finally reach the ampullary region of the fallopian tube (Figure 2.11b). The ovum released by the ovary is also transported to the ampullary region where fertilisation takes place. Fertilisation can only occur if the ovum and sperms are transported simultaneously to the ampullary region. This is the reason why not all copulations lead to fertilisation and pregnancy.

The process of fusion of a sperm with an ovum is called **fertilisation**. During fertilisation, a sperm comes in contact with the *zona pellucida* layer of the ovum (Figure 2.10) and induces changes in the membrane that block the entry of additional sperms. Thus, it ensures that only one sperm can fertilise an ovum. The secretions of the acrosome help the sperm enter into the cytoplasm of the ovum through the zona pellucida and the plasma

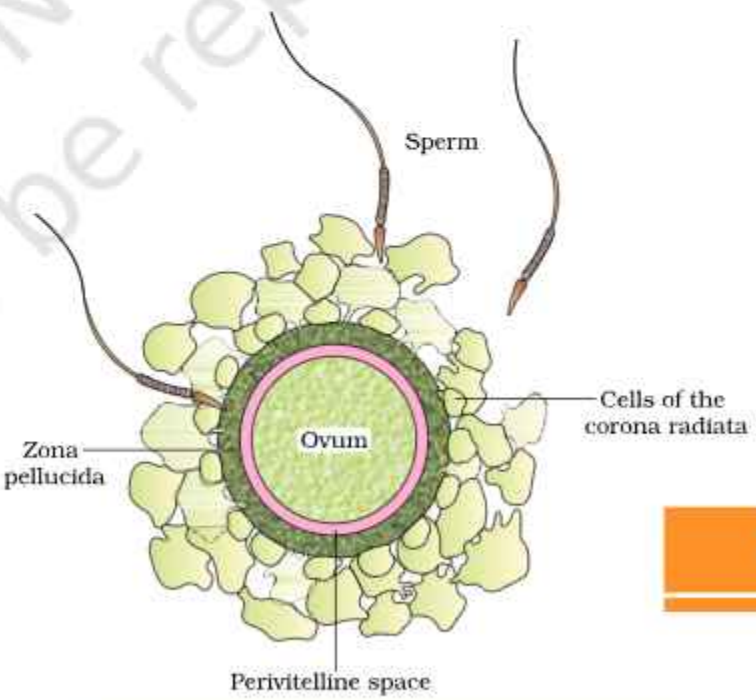


Figure 2.10 Ovum surrounded by few sperms

membrane. This induces the completion of the meiotic division of the secondary oocyte. The second meiotic division is also unequal and results in the formation of a **second polar body** and a haploid ovum (ootid). Soon the haploid nucleus of the sperms and that of the ovum fuse together to form a diploid **zygote**. *How many chromosomes will be there in the zygote?*

One has to remember that the sex of the baby has been decided at this stage itself. Let us see how? As you know the chromosome pattern in the human female is XX and that in the male is XY. Therefore, all the haploid gametes (ova) produced by the female have the sex chromosome X whereas in the male gametes (sperms) the sex chromosome could be either X or Y, hence, 50 per cent of sperms carry the X chromosome while the other 50 per cent carry the Y. After fusion of the male and female gametes the zygote would carry either XX or XY depending on whether the sperm carrying X or Y fertilised the ovum. The zygote carrying XX would develop into a female baby and XY would form a male (you will learn more about the chromosomal patterns in Chapter 5). *That is why, scientifically it is correct to say that the sex of the baby is determined by the father and not by the mother!*

The mitotic division starts as the zygote moves through the isthmus of the oviduct called **cleavage** towards the uterus (Figure 2.11) and forms 2, 4, 8, 16 daughter cells called **blastomeres**. The embryo with 8 to 16

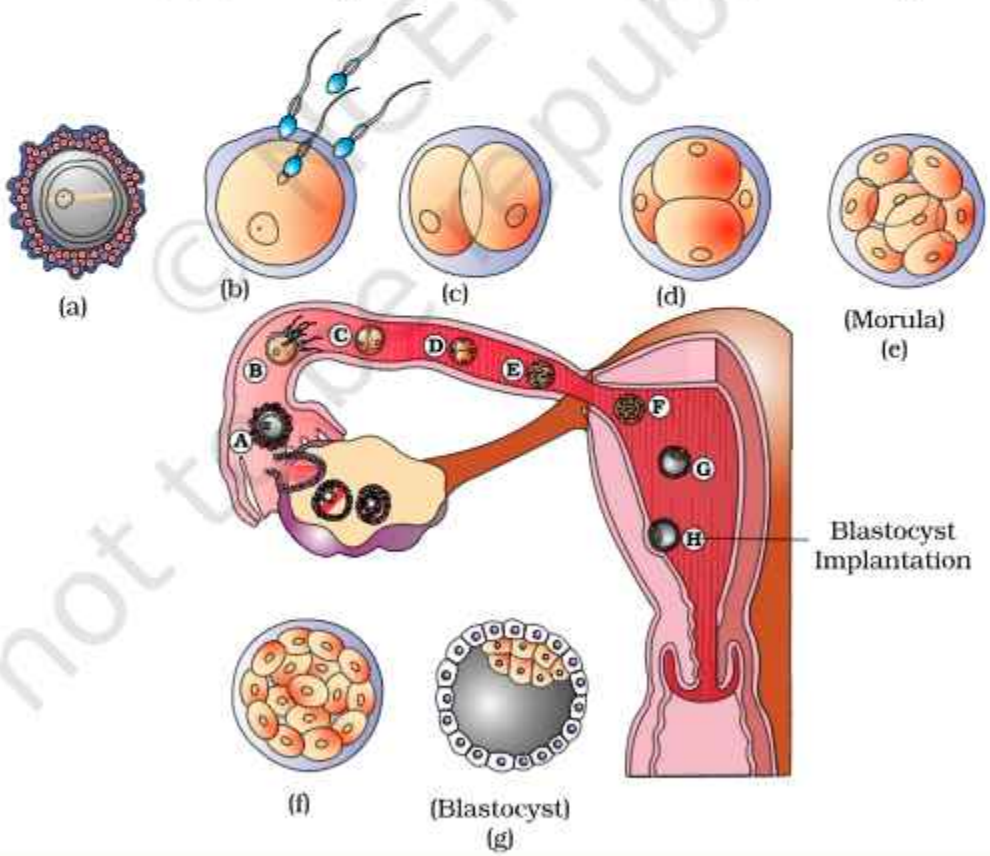


Figure 2.11 Transport of ovum, fertilisation and passage of growing embryo through fallopian tube

blastomeres is called a morula (Figure 2.11e). The morula continues to divide and transforms into blastocyst (Figure 2.11g) as it moves further into the uterus. The blastomeres in the blastocyst are arranged into an outer layer called **trophoblast** and an inner group of cells attached to trophoblast called the **inner cell** mass. The trophoblast layer then gets attached to the endometrium and the inner cell mass gets differentiated as the embryo. After attachment, the uterine cells divide rapidly and covers the blastocyst. As a result, the blastocyst becomes embedded in the endometrium of the uterus (Figure 2.11 step H). This is called **implantation** and it leads to pregnancy.

2.6 Pregnancy and Embryonic Development

After implantation, finger-like projections appear on the trophoblast called **chorionic villi** which are surrounded by the uterine tissue and maternal blood. The chorionic villi and uterine tissue become interdigitated with each other and jointly form a structural and functional unit between developing embryo (foetus) and maternal body called **placenta** (Figure 2.12).

The placenta facilitate the supply of oxygen and nutrients to the embryo and also removal of carbon dioxide and excretory/waste materials produced by the embryo. The placenta is connected to the embryo through an umbilical cord which helps in the transport of substances to and from the embryo. Placenta also acts as an endocrine tissue and produces several hormones like **human chorionic gonadotropin** (hCG), **human placental lactogen** (hPL), **estrogens, progestogens,** etc. In the later phase of pregnancy, a hormone called **relaxin** is also secreted by the ovary. Let us remember that hCG, hPL and relaxin are produced in women only during pregnancy. In addition, during pregnancy the levels of other hormones like estrogens, progestogens, cortisol, prolactin, thyroxine, etc., are increased several-folds in the maternal blood. Increased production of these hormones is essential for supporting the fetal growth, metabolic changes in the mother and maintenance of pregnancy.

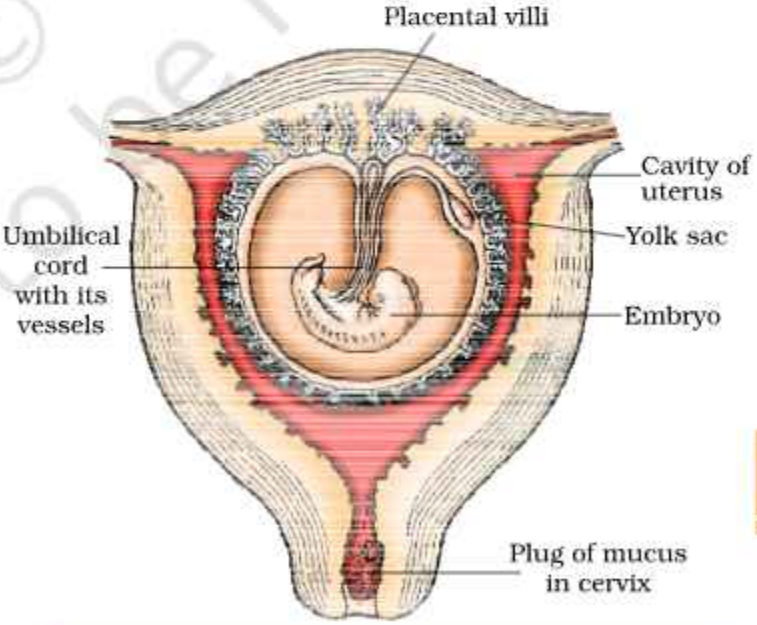


Figure 2.12 The human foetus within the uterus

Immediately after implantation, the inner cell mass (embryo) differentiates

into an outer layer called **ectoderm** and an inner layer called **endoderm**. A **mesoderm** soon appears between the ectoderm and the endoderm. These three layers give rise to all tissues (organs) in adults. It needs to be mentioned here that the inner cell mass contains certain cells called **stem** cells which have the potency to give rise to all the tissues and organs.

What are the major features of embryonic development at various months of pregnancy? The human pregnancy lasts 9 months. *Do you know for how many months pregnancy last in dogs, elephants, cats?* Find out. In human beings, after one month of pregnancy, the embryo's heart is formed. The first sign of growing foetus may be noticed by listening to the heart sound carefully through the stethoscope. By the end of the second month of pregnancy, the foetus develops limbs and digits. By the end of 12 weeks (first trimester), most of the major organ systems are formed, for example, the limbs and external genital organs are well-developed. The first movements of the foetus and appearance of hair on the head are usually observed during the fifth month. By the end of about 24 weeks (end of second trimester), the body is covered with fine hair, eye-lids separate, and eyelashes are formed. By the end of nine months of pregnancy, the foetus is fully developed and is ready for delivery.

2.7 Parturition and Lactation

The average duration of human pregnancy is about 9 months which is called the gestation period. Vigorous contraction of the uterus at the end of pregnancy causes expulsion/delivery of the foetus. This process of delivery of the foetus (childbirth) is called **parturition**. Parturition is induced by a complex neuroendocrine mechanism. The signals for parturition originate from the fully developed foetus and the placenta which induce mild uterine contractions called **foetal ejection reflex.** This triggers release of oxytocin from the maternal pituitary. Oxytocin acts on the uterine muscle and causes stronger uterine contractions, which in turn stimulates further secretion of oxytocin. The stimulatory reflex between the uterine contraction and oxytocin secretion continues resulting in stronger and stronger contractions. This leads to expulsion of the baby out of the uterus through the birth canal – parturition. Soon after the infant is delivered, the placenta is also expelled out of the uterus. *What do you think the doctors inject to induce delivery?*

The mammary glands of the female undergo differentiation during pregnancy and starts producing milk towards the end of pregnancy by the process called **lactation**. This helps the mother in feeding the new-born. The milk produced during the initial few days of lactation is called **colostrum** which contains several antibodies absolutely essential to develop resistance for the new-born babies. Breast-feeding during the initial period of infant growth is recommended by doctors for bringing up a healthy baby.

SUMMARY

Humans are sexually reproducing and viviparous. The male reproductive system is composed of a pair of testes, the male sex accessory ducts and the accessory glands and external genitalia. Each testis has about 250 compartments called testicular lobules, and each lobule contains one to three highly coiled seminiferous tubules. Each seminiferous tubule is lined inside by spermatogonia and Sertoli cells. The spermatogonia undergo meiotic divisions leading to sperm formation, while Sertoli cells provide nutrition to the dividing germ cells. The Leydig cells outside the seminiferous tubules, synthesise and secrete testicular hormones called androgens. The male external genitalia is called penis.

The female reproductive system consists of a pair of ovaries, a pair of oviducts, a uterus, a vagina, external genitalia, and a pair of mammary glands. The ovaries produce the female gamete (ovum) and some steroid hormones (ovarian hormones). Ovarian follicles in different stages of development are embedded in the stroma. The oviducts, uterus and vagina are female accessory ducts. The uterus has three layers namely perimetrium, myometrium and endometrium. The female external genitalia includes mons pubis, labia majora, labia minora, hymen and clitoris. The mammary glands are one of the female secondary sexual characteristics.

Spermatogenesis results in the formation of sperms that are transported by the male sex accessory ducts. A normal human sperm is composed of a head, neck, a middle piece and tail. The process of formation of mature female gametes is called oogenesis. The reproductive cycle of female primates is called menstrual cycle. Menstrual cycle starts only after attaining sexual maturation (puberty). During ovulation only one ovum is released per menstrual cycle. The cyclical changes in the ovary and the uterus during menstrual cycle are induced by changes in the levels of pituitary and ovarian hormones. After coitus, sperms are transported to the ampulla, where the sperm fertilises the ovum leading to formation of a diploid zygote. The presence of X or Y chromosome in the sperm determines the sex of the embryo. The zygote undergoes repeated mitotic division to form a blastocyst, which is implanted in the uterus resulting in pregnancy. After nine months of pregnancy, the fully developed foetus is ready for delivery. The process of childbirth is called parturition which is induced by a complex neuroendocrine mechanism involving cortisol, estrogens and oxytocin. Mammary glands differentiate during pregnancy and secrete milk after child-birth. The new-born baby is fed milk by the mother (lactation) during the initial few months of growth.

EXERCISES

1. Fill in the blanks:
   (a) Humans reproduce _____ (asexually/sexually)
   (b) Humans are _____ (oviparous, viviparous, ovoviviparous)
   (c) Fertilisation is _____ in humans (external/internal)
   (d) Male and female gametes are _____ (diploid/haploid)
   (e) Zygote is _____ (diploid/haploid)

(f) The process of release of ovum from a mature follicle is called _____

(g) Ovulation is induced by a hormone called _____

(h) The fusion of male and female gametes is called _____

(i) Fertilisation takes place in _____

(j) Zygote divides to form _____which is implanted in uterus.

(k) The structure which provides vascular connection between foetus and uterus is called _____

2. Draw a labelled diagram of male reproductive system.
3. Draw a labelled diagram of female reproductive system.
4. Write two major functions each of testis and ovary.
5. Describe the structure of a seminiferous tubule.
6. What is spermatogenesis? Briefly describe the process of spermatogenesis.
7. Name the hormones involved in regulation of spermatogenesis.
8. Define spermiogenesis and spermiation.
9. Draw a labelled diagram of sperm.
10. What are the major components of seminal plasma?
11. What are the major functions of male accessory ducts and glands?
12. What is oogenesis? Give a brief account of oogenesis.
13. Draw a labelled diagram of a section through ovary.
14. Draw a labelled diagram of a Graafian follicle?
15. Name the functions of the following:

(a) Corpus luteum (b) Endometrium

(c) Acrosome (d) Sperm tail

(e) Fimbriae

16. Identify True/False statements. Correct each false statement to make it true.

(a) Androgens are produced by Sertoli cells. (True/False)

(b) Spermatozoa get nutrition from Sertoli cells. (True/False)

(c) Leydig cells are found in ovary. (True/False)

(d) Leydig cells synthesise androgens. (True/False)

(e) Oogenesis takes place in corpus luteum. (True/False)

(f) Menstrual cycle ceases during pregnancy. (True/False)

(g) Presence or absence of hymen is not a reliable indicator of virginity or sexual experience. (True/False)

17. What is menstrual cycle? Which hormones regulate menstrual cycle?
18. What is parturition? Which hormones are involved in induction of parturition?
19. In our society the women are often blamed for giving birth to daughters. Can you explain why this is not correct?
20. How many eggs are released by a human ovary in a month? How many eggs do you think would have been released if the mother gave birth to identical twins? Would your answer change if the twins born were fraternal?
21. How many eggs do you think were released by the ovary of a female dog which gave birth to 6 puppies?

CHAPTER 3

REPRODUCTIVE HEALTH

You have learnt about human reproductive system and its functions in Chapter 2. Now, let's discuss a closely related topic – reproductive health. *What do we understand by this term?* The term simply refers to healthy reproductive organs with normal functions. However, it has a broader perspective and includes the emotional and social aspects of reproduction also. According to the World Health Organisation (WHO), reproductive health means a total well-being in all aspects of reproduction, i.e., physical, emotional, behavioural and social. Therefore, a society with people having physically and functionally normal reproductive organs and normal emotional and behavioural interactions among them in all sex-related aspects might be called reproductively healthy. Why is it significant to maintain reproductive health and what are the methods taken up to achieve it? Let us examine them.

3.1 Reproductive Health – Problems and Strategies

India was amongst the first countries in the world to initiate action plans and programmes at a national level to attain total reproductive health as a social goal. These programmes called 'family planning' were initiated in 1951 and were periodically assessed over the past decades. Improved programmes covering wider

reproduction-related areas are currently in operation under the popular name 'Reproductive and Child Health Care (RCH) programmes'. Creating awareness among people about various reproduction related aspects and providing facilities and support for building up a reproductively healthy society are the major tasks under these programmes.

With the help of audio-visual and the print-media governmental and non-governmental agencies have taken various steps to create awareness among the people about reproduction-related aspects. Parents, other close relatives, teachers and friends, also have a major role in the dissemination of the above information. Introduction of sex education in schools should also be encouraged to provide right information to the young so as to discourage children from believing in myths and having misconceptions about sex-related aspects. Proper information about reproductive organs, adolescence and related changes, safe and hygienic sexual practices, sexually transmitted diseases (STD), AIDS, etc., would help people, especially those in the adolescent age group to lead a reproductively healthy life. Educating people, especially fertile couples and those in marriageable age group, about available birth control options, care of pregnant mothers, post-natal care of the mother and child, importance of breast feeding, equal opportunities for the male and the female child, etc., would address the importance of bringing up socially conscious healthy families of desired size. Awareness of problems due to uncontrolled population growth, social evils like sex-abuse and sex-related crimes, etc., need to be created to enable people to think and take up necessary steps to prevent them and thereby build up a socially responsible and healthy society.

Successful implementation of various action plans to attain reproductive health requires strong infrastructural facilities, professional expertise and material support. These are essential to provide medical assistance and care to people in reproduction-related problems like pregnancy, delivery, STDs, abortions, contraception, menstrual problems, infertility, etc. Implementation of better techniques and new strategies from time to time are also required to provide more efficient care and assistance to people. Statutory ban on **amniocentesis** for sex-determination to legally check increasing menace of female foeticides, massive child immunisation, etc., are some programmes that merit mention in this connection. In aminocentesis some of the amniotic fluid of the developing foetus is taken to analyse the fetal cells and dissolved substances. This procedure is used to test for the presence of certain genetic disorders such as, down syndrome, haemoplilia, sickle-cell anemia, etc., determine the survivability of the foetus.

Research on various reproduction-related areas are encouraged and supported by governmental and non-governmental agencies to find out new methods and/or to improve upon the existing ones. *Do you know that 'Saheli'–a new oral contraceptive for the females–was developed*

by scientists at Central Drug Research Institute (CDRI) in Lucknow, India?
Better awareness about sex related matters, increased number of medically assisted deliveries and better post-natal care leading to decreased maternal and infant mortality rates, increased number of couples with small families, better detection and cure of STDs and overall increased medical facilities for all sex-related problems, etc. all indicate improved reproductive health of the society.

3.2 Population Stabilisation and Birth Control

In the last century an all-round development in various fields significantly improved the quality of life of the people. However, increased health facilities along with better living conditions had an explosive impact on the growth of population. The world population which was around 2 billion (2000 million) in 1900 rocketed to about 6 billion by 2000 and 7.2 billion in 2011. A similar trend was observed in India too. Our population which was approximately 350 million at the time of our independence reached close to the billion mark by 2000 and crossed 1.2 billion in May 2011. A rapid decline in death rate, **maternal mortality rate** (MMR) and **infant mortality rate** (IMR) as well as an increase in number of people in reproducible age are probable reasons for this. Through our Reproductive Child Health (RCH) programme, though we could bring down the population growth rate, it was only marginal. According to the 2011 census report, the population growth rate was less than 2 per cent, i.e., 20/1000/year, a rate at which our population could increase rapidly. Such an alarming growth rate could lead to an absolute scarcity of even the basic requirements, i.e., food, shelter and clothing, in spite of significant progress made in those areas. Therefore, the government was forced to take up serious measures to check this population growth rate.

The most important step to overcome this problem is to motivate smaller families by using various contraceptive methods. You might have seen advertisements in the media as well as posters/bills, etc., showing a happy couple with two children with a slogan *Hum Do Hamare Do* (we two, our two). Many couples, mostly the young, urban, working ones have even adopted an 'one child norm'. Statutory raising of marriageable age of the female to 18 years and that of males to 21 years, and incentives given to couples with small families are two of the other measures taken to tackle this problem. Let us describe some of the commonly used contraceptive methods, which help prevent unwanted pregnancies.

An ideal contraceptive should be user-friendly, easily available, effective and reversible with no or least side-effects. It also should in no way interfere with the sexual drive, desire and/or the sexual act of the user. A wide range of contraceptive methods are presently available which could be broadly grouped into the following categories, namely Natural/Traditional, Barrier, IUDs, Oral contraceptives, Injectables, Implants and Surgical methods.

Natural methods work on the principle of avoiding chances of ovum and sperms meeting. **Periodic abstinence** is one such method in which the couples avoid or abstain from coitus from day 10 to 17 of the menstrual cycle when ovulation could be expected. As chances of fertilisation are very high during this period, it is called the fertile period. Therefore, by abstaining from coitus during this period, conception could be prevented. **Withdrawal** or **coitus interruptus** is another method in which the male partner withdraws his penis from the vagina just before ejaculation so as to avoid insemination. **Lactational amenorrhea** (absence of menstruation) method is based on the fact that ovulation and therefore the cycle do not occur during the period of intense lactation following parturition. Therefore, as long as the mother breast-feeds the child fully, chances of conception are almost nil. However, this method has been reported to be effective only upto a maximum period of six months following parturition. As no medicines or devices are used in these methods, side effects are almost nil. Chances of failure, though, of this method are also high.

Figure 3.1(a) Condom for male

Figure 3.1(b) Condom for female

In **barrier** methods, ovum and sperms are prevented from physically meeting with the help of barriers. Such methods are available for both males and females. **Condoms** (Figure 3.1 a, b) are barriers made of thin rubber/latex sheath that are used to cover the penis in the male or vagina and cervix in the female, just before coitus so that the ejaculated semen would not enter into the female reproductive tract. This can prevent conception. 'Nirodh' is a popular brand of condom for the male. Use of condoms has increased in recent years due to its additional benefit of protecting the user from contracting STIs and AIDS. Both the male and the female condoms are disposable, can be self-inserted and thereby gives privacy to the user. **Diaphragms, cervical caps** and **vaults** are also barriers made of rubber that are inserted into the female reproductive tract to cover the cervix during coitus. They prevent conception by blocking the entry of sperms through the cervix. They are reusable. Spermicidal creams, jellies and foams are usually used alongwith these barriers to increase their contraceptive efficiency.

Figure 3.2. Copper T (CuT)

Another effective and popular method is the use of **Intra Uterine Devices (IUDs)**. These devices are inserted by doctors or expert nurses in the uterus through vagina. These Intra Uterine Devices are presently available as the non-medicated IUDs (e.g., Lippes loop), copper releasing IUDs (CuT, Cu7, Multiload 375) and the hormone releasing IUDs (Progestasert, LNG-20) (Figure 3.2). IUDs increase phagocytosis of sperms within the uterus and the Cu ions released suppress sperm motility and the fertilising capacity of sperms. The hormone releasing IUDs, in addition,

make the uterus unsuitable for implantation and the cervix hostile to the sperms. IUDs are ideal contraceptives for the females who want to delay pregnancy and/or space children. It is one of most widely accepted methods of contraception in India.

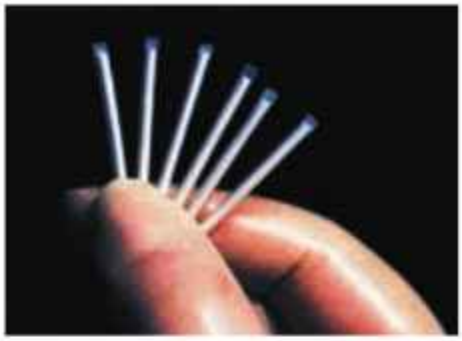


Figure 3.3 Implants

Oral administration of small doses of either progestogens or progestogen–estrogen combinations is another contraceptive method used by the females. They are used in the form of tablets and hence are popularly called the **pills**. Pills have to be taken daily for a period of 21 days starting preferably within the first five days of menstrual cycle. After a gap of 7 days (during which menstruation occurs) it has to be repeated in the same pattern till the female desires to prevent conception. They inhibit ovulation and implantation as well as alter the quality of cervical mucus to prevent/retard entry of sperms. Pills are very effective with lesser side effects and are well accepted by the females. *Saheli*–the new oral contraceptive for the females contains a non-steroidal preparation. It is a 'once a week' pill with very few side effects and high contraceptive value.

Progestogens alone or in combination with estrogen can also be used by females as injections or implants under the skin (Figure 3.3). Their mode of action is similar to that of pills and their effective periods are much longer. Administration of progestogens or progestogen-estrogen combinations or IUDs within 72 hours of coitus have been found to be very effective as emergency contraceptives as they could be used to avoid possible pregnancy due to rape or casual unprotected intercourse.

Surgical methods, also called **sterilisation**, are generally advised for the male/female partner as a terminal method to prevent any more

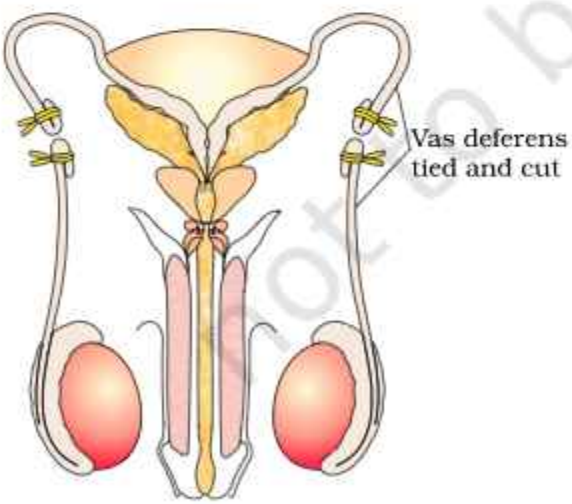


Figure 3.4 (a) Vasectomy

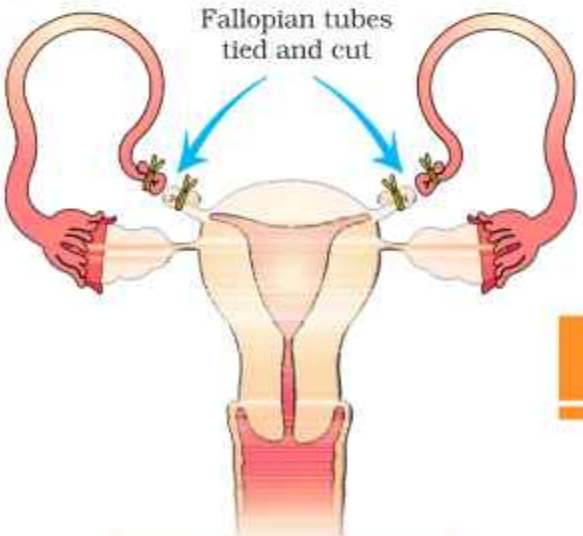


Figure 3.4 (b) Tubectomy

pregnancies. Surgical intervention blocks gamete transport and thereby prevent conception. Sterilisation procedure in the male is called 'vasectomy' and that in the female, 'tubectomy'. In vasectomy, a small part of the vas deferens is removed or tied up through a small incision on the scrotum (Figure 3.4a) whereas in tubectomy, a small part of the fallopian tube is removed (Figure 3.4b) or tied up through a small incision in the abdomen or through vagina. These techniques are highly effective but their reversibility is very poor.

It needs to be emphasised that the selection of a suitable contraceptive method and its use should always be undertaken in consultation with qualified medical professionals. One must also remember that contraceptives are not regular requirements for the maintenance of reproductive health. In fact, they are practiced against a natural reproductive event, i.e., conception/pregnancy. One is forced to use these methods either to prevent pregnancy or to delay or space pregnancy due to personal reasons. No doubt, the widespread use of these methods have a significant role in checking uncontrolled growth of population. However, their possible ill-effects like nausea, abdominal pain, breakthrough bleeding, irregular menstrual bleeding or even breast cancer, though not very significant, should not be totally ignored.

3.3 Medical Termination of Pregnancy (MTP)

Intentional or voluntary termination of pregnancy before full term is called **medical termination of pregnancy** (MTP) or induced abortion. Nearly 45 to 50 million MTPs are performed in a year all over the world which accounts to 1/5th of the total number of conceived pregnancies in a year. Whether to accept / legalise MTP or not is being debated upon in many countries due to emotional, ethical, religious and social issues involved in it. Government of India legalised MTP in 1971 with some strict conditions to avoid its misuse. Such restrictions are all the more important to check indiscriminate and illegal female foeticides which are reported to be high in India.

Why MTP? Obviously the answer is–to get rid of unwanted pregnancies either due to casual unprotected intercourse or failure of the contraceptive used during coitus or rapes. MTPs are also essential in certain cases where continuation of the pregnancy could be harmful or even fatal either to the mother or to the foetus or both.

MTPs are considered relatively safe during the first trimester, i.e., upto 12 weeks of pregnancy. Second trimester abortions are much more riskier. One disturbing trend observed is that a majority of the MTPs are performed illegally by unqualified quacks which are not only unsafe but could be fatal too. Another dangerous trend is the misuse of amniocentesis to determine the sex of the unborn child. Frequently, if the foetus is found to be female, it is followed by MTP- this is totally against what is legal.

The Medical Termination of Pregnancy (Amendment) Act, 2017 was enacted by the government of India with the intension of reducing the incidence of illegal abortion and consequent maternal mortality and morbidity. According to this Act, a pregnancy may be terminated on certain considered grounds within the first 12 weeks of pregnancy on the opinion of one registered medical practitioner. If the pregnancy has lasted more than 12 weeks, but fewer than 24 weeks, two registered medical practitioners must be of the opinion, formed in good faith, that the required ground exist. The grounds for such termination of pregnancies are:

(i) The continuation of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury physical or mental health; or

(ii There is a substantial risk that of the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Such practices should be avoided because these are dangerous both for the young mother and the foetus. Effective counselling on the need to avoid unprotected coitus and the risk factors involved in illegal abortions as well as providing more health care facilities could reverse the mentioned unhealthy trend.

3.4 Sexually Transmitted Infections (STIs)

Infections or diseases which are transmitted through sexual intercourse are collectively called sexually transmitted infections (STI) or venereal diseases (VD) or reproductive tract infections (RTI). Gonorrhoea, syphilis, genital herpes, chlamydiasis, genital warts, trichomoniasis, hepatitis-B and of course, the most discussed infection in the recent years, HIV leading to AIDS are some of the common STIs. Among these, HIV infection is most dangerous and is discussed in detail in Chapter 7.

Some of these infections like hepatitis–B and HIV can also be transmitted by sharing of injection needles, surgical instruments, etc., with infected persons, transfusion of blood, or from an infected mother to the foetus too. Except for hepatitis-B, genital herpes and HIV infections, other diseases are completely curable if detected early and treated properly. Early symptoms of most of these are minor and include itching, fluid discharge, slight pain, swellings, etc., in the genital region. Infected females may often be asymptomatic and hence, may remain undetected for long. Absence or less significant symptoms in the early stages of infection and the social stigma attached to the STIs, deter the infected persons from going for timely detection and proper treatment. This could lead to complications later, which include pelvic inflammatory diseases (PID), abortions, still births, ectopic pregnancies, infertility or even cancer of the reproductive tract. STIs are a major threat to a healthy society. Therefore, prevention or early detection and cure of these diseases are given prime consideration under the reproductive health-care programmes. Though all persons are vulnerable to these infections, their incidences are reported to be very high among persons in the age group of 15-24 years – the age group to which you also belong. There is no reason to panic because prevention is possible. One could be free of these infections by following the simple principles given below:

(i) Avoid sex with unknown partners/multiple partners.

(ii) Always try to use condoms during coitus.

(iii) In case of doubt, one should go to a qualified doctor for early detection and get complete treatment if diagnosed with infection.

3.5 Infertility

A discussion on reproductive health is incomplete without a mention of infertility. A large number of couples all over the world including India are infertile, i.e., they are unable to produce children inspite of unprotected

sexual co-habitation. The reasons for this could be many–physical, congenital, diseases, drugs, immunological or even psychological. In India, often the female is blamed for the couple being childless, but more often than not, the problem lies in the male partner. Specialised health care units (infertility clinics, etc.) could help in diagnosis and corrective treatment of some of these disorders and enable these couples to have children. However, where such corrections are not possible, the couples could be assisted to have children through certain special techniques commonly known as **assisted reproductive technologies** (ART).

***In vitro* fertilisation** (IVF–fertilisation outside the body in almost similar conditions as that in the body) followed by **embryo transfer** (ET) is one of such methods. In this method, popularly known as **test tube baby** programme, ova from the wife/donor (female) and sperms from the husband/donor (male) are collected and are induced to form zygote under simulated conditions in the laboratory. The zygote or early embryos (with upto 8 blastomeres) could then be transferred into the fallopian tube (ZIFT–**zygote intra fallopian transfer**) and embryos with more than 8 blastomeres, into the uterus (IUT – **intra uterine transfer**), to complete its further development. Embryos formed by **in-vivo fertilisation** (fusion of gametes within the female) also could be used for such transfer to assist those females who cannot conceive.

Transfer of an ovum collected from a donor into the fallopian tube (GIFT – **gamete intra fallopian transfer**) of another female who cannot produce one, but can provide suitable environment for fertilisation and further development is another method attempted. **Intra cytoplasmic sperm injection** (ICSI) is another specialised procedure to form an embryo in the laboratory in which a sperm is directly injected into the ovum. Infertility cases either due to inability of the male partner to inseminate the female or due to very low sperm counts in the ejaculates, could be corrected by **artificial insemination** (AI) technique. In this technique, the semen collected either from the husband or a healthy donor is artificially introduced either into the vagina or into the uterus (IUI – **intra-uterine insemination**) of the female.

Though options are many, all these techniques require extremely high precision handling by specialised professionals and expensive instrumentation. Therefore, these facilities are presently available only in very few centres in the country. Obviously their benefits is affordable to only a limited number of people. Emotional, religious and social factors are also deterrents in the adoption of these methods. Since the ultimate aim of all these procedures is to have children, in India we have so many orphaned and destitute children, who would probably not survive till maturity, unless taken care of. Our laws permit legal adoption and it is as yet, one of the best methods for couples looking for parenthood.

SUMMARY

Reproductive health refers to a total well-being in all aspects of reproduction, i.e., physical, emotional, behavioural and social. Our nation was the first nation in the world to initiate various action plans at national level towards attaining a reproductively healthy society.

Counselling and creating awareness among people about reproductive organs, adolescence and associated changes, safe and hygienic sexual practices, sexually transmitted infections (STIs) including AIDS, etc., is the primary step towards reproductive health. Providing medical facilities and care to the problems like menstrual irregularities, pregnancy related aspects, delivery, medical termination of pregnancy, STIs, birth control, infertility, post natal child and maternal management is another important aspect of the Reproductive and Child Health Care programmes.

An overall improvement in reproductive health has taken place in our country as indicated by reduced maternal and infant mortality rates, early detection and cure of STIs, assistance to infertile couples, etc. Improved health facilities and better living conditions promoted an explosive growth of population. Such a growth necessitated intense propagation of contraceptive methods. Various contraceptive options are available now such as natural, traditional, barrier, IUDs, pills, injectables, implants and surgical methods. Though contraceptives are not regular requirements for reproductive health, one is forced to use them to avoid pregnancy or to delay or space pregnancy.

Medical termination of pregnancy is legalised in our country. MTP is generally performed to get rid of unwanted pregnancy due to rapes, casual relationship, etc., as also in cases when the continuation of pregnancy could be harmful or even fatal to either the mother, or the foetus or both.

Infections or diseases transmitted through sexual intercourse are called Sexually Transmitted Diseases (STIs). Pelvic Inflammatory Diseases (PIDs), still birth, infertility are some of the complications of them. Early detection facilitate better cure of these diseases. Avoiding sexual intercourse with unknown/multiple partners, use of condoms during coitus are some of the simple precautions to avoid contracting STIs.

Inability to conceive or produce children even after 2 years of unprotected sexual cohabitation is called infertility. Various methods are now available to help such couples. *In Vitro* fertilisation followed by transfer of embryo into the female genital tract is one such method and is commonly known as the 'Test Tube Baby' Programme.

EXERCISES

1. What do you think is the significance of reproductive health in a society?
2. Suggest the aspects of reproductive health which need to be given special attention in the present scenario.
3. Is sex education necessary in schools? Why?
4. Do you think that reproductive health in our country has improved in the past 50 years? If yes, mention some such areas of improvement.
5. What are the suggested reasons for population explosion?
6. Is the use of contraceptives justified? Give reasons.
7. Removal of gonads cannot be considered as a contraceptive option. Why?
8. Amniocentesis for sex determination is banned in our country. Is this ban necessary? Comment.
9. Suggest some methods to assist infertile couples to have children.
10. What are the measures one has to take to prevent from contracting STDs?
11. State True/False with explanation
    (a) Abortions could happen spontaneously too. (True/False)
    (b) Infertility is defined as the inability to produce a viable offspring and is always due to abnormalities/defects in the female partner. (True/False)
    (c) Complete lactation could help as a natural method of contraception. (True/False)
    (d) Creating awareness about sex related aspects is an effective method to improve reproductive health of the people. (True/False)
12. Correct the following statements :
    (a) Surgical methods of contraception prevent gamete formation.
    (b) All sexually transmitted diseases are completely curable.
    (c) Oral pills are very popular contraceptives among the rural women.
    (d) In E. T. techniques, embryos are always transferred into the uterus.