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Reproductive Health — CBSE Class 12 Biology Chapter Test

FREE CHAPTER TEST · CLASS XII · BIOLOGY (044) · PATTERN OF THE CBSE SAMPLE QUESTION PAPER 2026-27

TIME ALLOWED	MAXIMUM MARKS	QUESTIONS	NAME / ROLL NO.
1½ hours	37	17 (A 8 · B 3 · C 3 · D 1 · E 2)	

GENERAL INSTRUCTIONS

Read the following instructions very carefully and strictly follow them:

1. This question paper contains 17 questions. All questions are compulsory.
2. This question paper is divided into five sections: A, B, C, D and E.
3. Section A (Q1–8) contains 6 multiple choice questions and 2 assertion-reason based questions of 1 mark each.
4. Section B (Q9–11) contains short answer questions of 2 marks each.
5. Section C (Q12–14) contains short answer questions of 3 marks each.
6. Section D (Q15) contains case-based questions of 4 marks each, with sub-parts of 1, 2 and 1 marks.
7. Section E (Q16–17) contains long answer questions of 5 marks each.
8. There is no overall choice. However, an internal choice has been provided in 2 questions in Section B, 1 question in Section D, 2 questions in Section E. Attempt only one of the alternatives in such questions.
9. Draw neat, labelled diagrams wherever necessary.
10. This chapter test follows the section structure, question types and marks per question of the CBSE Class XII Biology (044) Sample Question Paper 2026-27, at about half the length of the 70-mark board paper: 37 marks in 1½ hours.
11. The answer key and the marking scheme are at the end of this booklet. Attempt the paper in 1½ hours before you look at them.

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Chapter: Reproductive Health · **Topics:** Reproductive health: problems and strategies · Population stabilisation and birth control · Medical termination of pregnancy · Sexually transmitted infections · Infertility and assisted reproductive technologies

SECTION A

This section comprises 8 questions of 1 mark each: 6 multiple choice questions (MCQs) and 2 assertion-reason based questions.

1. Which of the following is a copper-releasing intrauterine device? 1

(A) Lippes loop
(B) LNG-20
(C) Saheli
(D) Multiload 375

2. In ZIFT, what is transferred into the woman's body? 1

(A) An embryo with more than 8 blastomeres into the uterus
(B) A zygote or early embryo (up to 8 blastomeres) into the fallopian tube
(C) An ovum from a donor into the fallopian tube
(D) A sperm injected directly into the ovum

3. 'Saheli', developed at CDRI Lucknow, is 1

(A) a once-a-week non-steroidal oral contraceptive pill
(B) a copper-releasing IUD
(C) a barrier device for females
(D) a hormone injection

4. The incidence of sexually transmitted infections is reported to be very high in the age group of 1

(A) 5–14 years
(B) 35–50 years
(C) 15–24 years
(D) above 60 years

5. Which of the following sexually transmitted infections is not completely curable? 1

(A) Gonorrhoea
(B) HIV infection
(C) Syphilis
(D) Chlamydiasis

6. Emergency contraceptives are effective if used within how many hours of unprotected coitus? 1

(A) 24 hours
(B) 12 hours
(C) 168 hours
(D) 72 hours

7. **Assertion (A):** Copper-releasing IUDs are one of the most widely accepted methods of contraception in India. 1
Reason (R): IUDs are ideal for women who want to delay pregnancy or space their children.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

8. **Assertion (A):** Many sexually transmitted infections show few or no symptoms in their early stages. 1
Reason (R): All sexually transmitted infections are caused by bacteria.

(A) Both A and R are true and R is the correct explanation of A.
(B) Both A and R are true but R is not the correct explanation of A.
(C) A is true but R is false.
(D) A is false but R is true.

SECTION B

This section comprises 3 short answer questions of 2 marks each.

9. Give two reasons for the rapid increase in the population of India. 2

10. (a) How do oral contraceptive pills prevent pregnancy? 2

OR

(b) How does a copper-releasing IUD such as CuT prevent conception?

11. (a) List four properties of an ideal contraceptive. 2

OR

(b) Why is sex education in schools important?

SECTION C

This section comprises 3 short answer questions of 3 marks each.

12. Describe three natural methods of contraception and explain how each prevents conception. 3

13. Name four sexually transmitted infections. State two complications of untreated STIs and two ways of preventing them. 3

14. Briefly explain the following assisted reproductive technologies: (i) IVF-ET, (ii) GIFT and (iii) ICSI. 3

SECTION D

This section comprises 1 case-based question of 4 marks, with sub-parts of 1, 2 and 1 marks.

15. A couple has been unable to have a child for three years despite unprotected cohabitation. Tests show that the husband's sperm count is very low, while the wife's reproductive organs are normal. Later another couple consults the same doctor: the wife cannot produce ova, but her uterus and fallopian tubes are healthy.

(I) When is a couple considered infertile? [1]

(II) Which technique would help the first couple? Describe it. [2]

(III) Why would artificial insemination not help the second couple? [1]

OR

(III) Why is it said that infertility is not always due to the female partner? [1]

SECTION E

This section comprises 2 long answer questions of 5 marks each.

16. (a) Describe the main categories of contraceptive methods, with examples, and explain how each works. 5

OR

(b) (i) What is medical termination of pregnancy (MTP)? Why is it done, and why must it be strictly regulated?

(ii) What is amniocentesis? Why is its use for determining the sex of the foetus banned in India?

17. (a) What is meant by reproductive health? Describe the steps taken in India to improve the reproductive health of the people. 5

OR

(b) (i) Describe vasectomy and tubectomy. Why are they not suitable for couples who may want children later?

(ii) How do hormone-releasing IUDs and contraceptive implants or injections work?

(iii) State one possible side effect of contraceptives.

END OF THE QUESTION PAPER

ANSWER KEY — SECTION A

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
(D)	(B)	(A)	(C)	(B)	(D)	(A)	(C)

MARKING SCHEME AND WORKED SOLUTIONS

Marks for each step are shown in brackets, as in the CBSE marking scheme. Any correct alternative method earns full marks.

Q1. Answer (D). Multiload 375 (like CuT and Cu7) releases copper; Lippes loop is non-medicated, LNG-20 releases a hormone, and Saheli is an oral pill.

Q2. Answer (B). Zygote intra-fallopian transfer: the zygote or early embryo (up to 8 blastomeres) is placed in the fallopian tube.

Q3. Answer (A). Saheli is a non-steroidal pill taken once a week, with very few side effects.

Q4. Answer (C). STIs are most common among persons aged 15–24 years, which is why awareness among young people matters.

Q5. Answer (B). Except hepatitis B, genital herpes and HIV infection, the other STIs are completely curable if detected early and treated properly.

Q6. Answer (D). Progestogens, progestogen-oestrogen combinations or IUDs used within 72 hours.

Q7. Answer (A). An IUD is inserted once by a doctor and works for a long time, so it suits women who want to delay or space births. R explains A. Answer A.

Q8. Answer (C). A is true, which is why STIs often go undetected. R is false: genital herpes, genital warts, hepatitis B and HIV infection are caused by viruses (and trichomoniasis by a protozoan). Answer C.

Q9. (2 marks) Answer: fall in death rate, MMR and IMR; more people of reproducible age.
Any two [2]: a rapid decline in the death rate; a fall in the maternal mortality rate (MMR); a fall in the infant mortality rate (IMR); an increase in the number of people in the reproducible age; better medical facilities and living conditions.

Q10. (2 marks) Answer: (a) inhibit ovulation and implantation, thicken cervical mucus; (b) Cu ions reduce sperm motility and fertilising capacity.
(a) The pills contain small doses of progestogens or progestogen-oestrogen combinations, taken daily for 21 days. [1] They inhibit ovulation and implantation and alter the quality of the cervical mucus to prevent or slow the entry of sperms. [1]
OR (b) Copper-releasing IUDs release Cu ions that suppress the motility of sperms and their fertilising capacity. [1] IUDs also increase phagocytosis of sperms within the uterus. [1]

Q11. (2 marks) Answer: (a) any four properties; (b) correct information, removes myths, protects against STIs.
(a) Any four [2]: user-friendly; easily available; effective; reversible; with no or the least side effects; does not interfere with sexual drive, desire or the sexual act of the user.
OR (b) Sex education gives correct information about the reproductive organs, adolescence, safe and hygienic sexual practices and STIs, and removes myths and misconceptions. [1] It helps young people, especially those in the vulnerable age group, to lead a reproductively healthy life and to protect themselves from STIs and unwanted pregnancies. [1]

Q12. (3 marks) Answer: periodic abstinence, withdrawal, lactational amenorrhoea.
Periodic abstinence: the couple avoids coitus from day 10 to day 17 of the menstrual cycle, when ovulation is expected and the chances of fertilisation are very high. [1]
Coitus interruptus (withdrawal): the male withdraws his penis from the vagina just before ejaculation, so that semen is not deposited in the vagina. [1]
Lactational amenorrhoea: absence of menstruation during intense lactation after parturition; as ovulation does not occur, the chances of conception are almost nil (effective only up to about six months). [1]

Q13. (3 marks) Answer: any four STIs; PID, infertility; condoms, avoid multiple partners.
Any four: gonorrhoea, syphilis, genital herpes, chlamydiasis, genital warts, trichomoniasis, hepatitis B, HIV infection. [1]
Complications (any two): pelvic inflammatory disease, abortions, still births, ectopic pregnancies, infertility, cancer of the reproductive tract. [1]
Prevention (any two): avoid sex with unknown partners or multiple partners; always use condoms during coitus; consult a qualified doctor early in case of doubt and get complete treatment. [1]

Q14. (3 marks) Answer: IVF-ET (ZIFT, IUT); GIFT; ICSI.
(i) In vitro fertilisation and embryo transfer: ova from the wife or a donor and sperms from the husband or a donor are made to fuse in the laboratory (test tube baby); the zygote or early embryo is transferred into the woman (ZIFT into the fallopian tube for up to 8 blastomeres, IUT into the uterus for more). [1]
(ii) Gamete intra-fallopian transfer: an ovum from a donor is transferred into the fallopian tube of a woman who cannot produce ova but can provide a suitable environment for fertilisation and development. [1]
(iii) Intracytoplasmic sperm injection: an embryo is formed in the laboratory by injecting a sperm directly into the ovum. [1]

Q15. (4 marks) Answer: (I) no conception in ~2 years; (II) AI/IUI; (III) she produces no ova, or the cause can lie in either partner.
(I) When they are unable to produce children in spite of unprotected sexual cohabitation for about two years. [1]
(II) Artificial insemination (AI), or intra-uterine insemination (IUI). [1] Semen collected from the husband (or a healthy donor) is artificially introduced into the vagina or into the uterus of the woman. [1]
(III) AI only supplies sperms; she produces no ova, so there is nothing for the sperms to fertilise. She needs a donor ovum (e.g. GIFT). [1]
OR (III) The cause can lie in either partner: in the first couple it was the husband's very low sperm count, while the wife was normal. [1]

Q16. (5 marks) Answer: (a) barrier, IUDs, pills/injectables/implants, surgical; (b) MTP safe in first trimester; amniocentesis misuse.
(a) Barrier methods: condoms (for males and females), diaphragms, cervical caps and vaults prevent the ovum and sperms from meeting; they are often used with spermicidal creams, jellies and foams. [1] IUDs (inserted in the uterus by doctors): non-medicated (Lippes loop), copper-releasing (CuT, Cu7, Multiload 375) and hormone-releasing (Progestasert, LNG-20); they increase phagocytosis of sperms, Cu ions reduce sperm motility, and hormones make the uterus unsuitable for implantation and the cervix hostile to sperms. [1½] Oral pills (progestogens or progestogen-oestrogen) inhibit ovulation and implantation; injections and implants work in the same way, for longer. [1] Surgical methods (sterilisation): vasectomy (a part of the vas deferens removed or tied) and tubectomy (a part of the fallopian tube removed or tied) block gamete transport; they are very effective but poorly reversible. [1½]
OR (b) (i) MTP is the intentional or voluntary termination of pregnancy before full term. [1] It is used to get rid of unwanted pregnancies (e.g. after casual unprotected intercourse or failure of a contraceptive) and when continuing the pregnancy could harm the mother or the foetus. [1] It is relatively safe in the first trimester; it is legal in India only under strict conditions, to prevent its misuse such as female foeticide, and illegal MTPs by unqualified persons are unsafe and can be fatal. [1]
(ii) Amniocentesis tests the amniotic fluid for genetic disorders of the foetus. [1] It has been misused to find the sex of the foetus, leading to female foeticide, so there is a statutory ban on its use for sex determination. [1]

Q17. (5 marks) Answer: (a) well-being in all aspects; RCH programme steps; (b) vasectomy, tubectomy, hormone IUDs, implants; side effects.

(a) Reproductive health means total well-being in all aspects of reproduction: physical, emotional, behavioural and social. [1] India was among the first countries to start national family planning programmes (1951); these are now called the Reproductive and Child Health Care (RCH) programmes, with wider reproduction-related areas. [1] Steps: awareness through audio-visual and print media about reproduction-related aspects; sex education in schools; educating couples about birth control, care of pregnant mothers, post-natal care, breastfeeding and equal opportunities for male and female children. [1½] Building infrastructure and professional expertise; statutory ban on amniocentesis for sex determination; massive child immunisation; research on contraceptives. [1½] (Better awareness and facilities have reduced maternal and infant mortality and the number of STIs.)

OR (b) (i) Vasectomy: a small part of the vas deferens is removed or tied up through a small incision on the scrotum. Tubectomy: a small part of the fallopian tube is removed or tied up through a small incision in the abdomen or through the vagina. [1] They are highly effective but their reversibility is very poor. [1]

(ii) Hormone-releasing IUDs (Progestasert, LNG-20) make the uterus unsuitable for implantation and the cervix hostile to sperms. [1] Injections or implants under the skin of progestogens (alone or with oestrogen) act like pills, but their effective period is much longer. [1]

(iii) Any one: nausea, abdominal pain, breakthrough bleeding, irregular menstrual bleeding, or even breast cancer. [1]

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