

# **SATHI**

**Safe Adolescent Transition and Health Initiative**

## **Baseline Survey Report**

**A Five District Multi-site Project for Improving the  
Reproductive Health of Married Adolescent Girls**

**Study Conducted by the  
Institute of Health Management, Pachod**

## Table of Contents

	Page
<b>Chapter 1. Introduction, Research Objectives, Study Design &amp; Methodology</b>	<b>5</b>
<b>Chapter 2. Sample of Married Adolescent Girls in the 5 NGO Sites</b>	<b>11</b>
<b>Section 1 - Background Characteristics</b>	<b>13</b>
1.1 Respondent's age	
1.2: Educational status	
1.3 Occupation of the respondent	
1.4 BMI of married adolescent girls	
1.5 Hemoglobin level of married adolescent girls	
1.6 Husband's characteristics	
1.7 Household characteristics	
1.8 Religion	
1.9 Exposure to mass media	
<b>Section 2 - Reproductive History of Married Adolescent Girls</b>	<b>25</b>
2.1 Age at menarche	
2.2 Age at marriage	
<b>Section 3 - Pregnancy History of Married Adolescent Girls</b>	<b>28</b>
3.1 Number of pregnancies	
3.2 Interval between marriage and first conception in months	
3.3 Age at first conception	
3.4 Outcome of pregnancy	
3.5 Planning for current pregnancy	
<b>Section 4 - Maternal Health – Antenatal Care</b>	<b>32</b>
4.1 Antenatal care for current pregnancy	
4.2 ANC service providers for currently pregnant married adolescent girls	
4.3 Pregnancy outcome for all pregnancies	
4.4 Antenatal Care	
4.5 Antenatal Examination	
4.6 Components of antenatal examination	
4.7 Complications during pregnancy	
4.8 Treatment for complications during pregnancy	
4.9 Diet in third trimester of pregnancy	
<b>Section 5 - Maternal Health: Intra-natal Services (INC)</b>	<b>48</b>
5.1 Place of delivery	
5.2 Place of delivery by NGO site	
5.3 Birth attendant for home deliveries	
5.4 Gestational period at the time of delivery	
5.5 Intra-natal Complications	

5.6	Type of complications at the time of delivery by NGO site	
5.7	Treatment for intra-natal complications	
<b>Section 6 – Maternal Health: Post-natal Care</b>		<b>55</b>
6.1	Post-natal services from Government ANM	
6.2	Post-natal services received from Government ANM by NGO site	
6.3	Number of times examined by ANM	
6.4	Place of post-natal visit	
6.5	Post-natal complications	
<b>Section 7 - Birth Weight</b>		<b>60</b>
7.1	Mother’s perception of birth weight of her child	
7.2	The day on which child was first weighed	
7.3	Birth weight of children born to married adolescent girls	
7.4	Birth weight of children born to married adolescent girls by NGO site	
<b>Section 8 - Neo-natal care</b>		<b>63</b>
8.1	Complication at the time of birth.	
8.2	Any one neo-natal complication within the first 28 days after birth	
8.3	Feeding practices	
<b>Section 9 - Abortion and Post-abortion Complications</b>		<b>67</b>
9.1	Married adolescent girls who ever experienced an abortion	
9.2	Type of abortion experienced by married adolescent girls	
9.3	Married adolescent girls who reported post-abortion complications	
9.4	Treatment utilization for post-abortion complications	
<b>Section 10 - Menstrual Problems</b>		<b>70</b>
10.1	Prevalence of menstrual problems	
10.2	Married adolescent girls who reported various menstrual problems	
10.3	Treatment utilization for menstrual problems	
<b>Section 11 -Urinary Tract Infections</b>		<b>73</b>
11.1	Prevalence of self-reported symptoms of UTI	
11.2	Prevalence of self-reported symptoms of UTI by NGO site	
11.3	Treatment for urinary tract infections	
<b>Section 12 - Reproductive Tract Infections</b>		<b>76</b>
12.1	Prevalence of any one self-reported symptom of RTI	
12.2	Prevalence of self-reported symptoms of RTI	
12.3	Self-reported symptoms of RTI by NGO site	
12.4	Treatment for reproductive tract infections	
<b>Section 13 - Sexually Transmitted Infections</b>		<b>79</b>
13.1	Prevalence of any one self-reported symptom of STI	
13.2	Prevalence of any one self-reported symptom of STI by NGO site	

13.3	Prevalence of self-reported symptoms of STI	
<b>Section 14 - Family planning</b>		<b>82</b>
14.1	Married adolescent girls who ever used a contraceptive	
14.2	Married adolescent girls who ever used a contraceptives by NGO site	
14.3	Current contraceptive use by non-pregnant married adolescent girls	
14.4	Current contraceptive use among non-pregnant married adolescent girls by NGO site	
14.5	Married adolescent girls using contraceptives by type of contraceptive	
<b>Section 15 - Knowledge Levels about Reproductive Health</b>		<b>86</b>
15.1	Knowledge of reproductive health issues	
15.2	Reproductive health knowledge among married adolescent girls (composite RH knowledge index)	
15.3	Reproductive health knowledge among married adolescent girls by NGO site (composite RH knowledge index)	
<b>Section 16 - Exposure to Behaviour Change Communication (BCC)</b>		<b>89</b>
16.1	Reported home visits by service providers	
16.2	Exposure of married adolescent girls to group BCC	
16.3	Exposure to information on reproductive health and HIV/AIDS	
<b>Section 17 - Reported Non-Consensual Sex</b>		<b>93</b>
17.1	Proportion of married adolescent girls who reported non-consensual sex	
17.2	Reported non-consensual sex by NGO site	
<b>Section 18 - Reported Domestic Violence</b>		<b>95</b>
18.1	Reported physical violence by married adolescent girls	
18.2	Reported physical violence in the last 12 months by NGO site	
18.3	Frequency of reported physical violence in the last 12 months	
<b>Section 19 - HIV and AIDS</b>		<b>98</b>
19.1	Knowledge about HIV and AIDS	
19.2	Knowledge of transmission of HIV/AIDS	
19.3	Misconceptions related to transmission of HIV/AIDS	
19.4	Knowledge about prevention of HIV/AIDS	
19.5	Knowledge of treatment of HIV/AIDS	
19.6	Knowledge about the death of a PLHA	
19.7	Knowledge of HIV testing	
19.8	Utilization of testing services for HIV	

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Introduction, Research Objectives, Study Design  
and Methodology**

## **Introduction, Research Objectives, Study Design and Methodology**

Married adolescent girls represent one of the most vulnerable groups both in terms of their health as also in terms of the social risks they encounter. They are burdened with the negative consequences of early childbearing, limited educational opportunities, and compromised social status. This vulnerability is particularly evident in the eleven most backward districts of Maharashtra. Yet, very few interventions are planned for this population subset.

Specific interventions, that improve the reproductive health status of married adolescent girls, need to be put in place in Maharashtra, especially since this State is one of those selected for implementing the ARSH programme. These interventions will provide government and other stakeholders with policy options and programmatic strategies, which can be adopted nationally.

### **Situational Analysis/ Rationale and Justification of the Project**

Adolescents constitute approximately 22 percent of the total population of Maharashtra, 11.9 percent boys and 10.5 percent girls (Census of India 2001). In rural Maharashtra, 49 percent of girls get married before the age of 18, which is the legal age of marriage. (NFHS 3, 2006)

The median age at marriage among adolescent girls is 15, and the median age at first birth 17. (NFHS 3, 2006). A study conducted by IHMP in the Marathwada region of Maharashtra found the median age at marriage at 15 years and the median age at first conception at 15.8 years. (IHMP 2003)

More than 200,000 married young girls become mothers each year in Maharashtra. (Ram and Roy). A study conducted by IHMP in the Marathwada region in 1999, found that 90 percent of currently married women aged less than 19 years were mothers.

Merely 4.6 percent married adolescent girls had received minimal antenatal care and 42 percent reported home deliveries. (NFHS 3, 2006)

A high proportion of married adolescent girls reported maternal complications. 35 percent girls, who had delivered, reported any one complication during the antenatal period and 12 percent reported any one post-natal complication. (NFHS 3, 2006)

A study conducted in Marathwada, by IHMP in 2003, showed that merely 9.3 percent reported having received post-natal care. (IHMP 2003)

A high proportion of married adolescent girls (38.6 percent) gave birth to low birth weight babies. 7.8 percent married adolescent girls reported non-live births. (NFHS 3, 2006) In a similar study conducted in Marathwada, 35.8 percent married adolescent girls reported having given birth to low birth weight babies. (IHMP 2003)

Only 9.8 percent of married adolescent girls in Maharashtra practice pregnancy regulation with the use of contraceptives. (NFHS 3, 2006) In rural Aurangabad the use of contraceptives in this age group was 10.9 percent. (IHMP 2003)

In a study conducted in 2003 in Aurangabad district, 36.5 percent married adolescent girls reported symptoms indicative of a reproductive tract infection. (IHMP 2003). In the NFHS 3, 2006 survey, 4.6 percent married adolescent girls reported symptoms of a sexually transmitted illness. (NFHS 3, 2006)

Whereas 68.6 percent girls had some knowledge about HIV AIDS, only 29.4 percent had knowledge about any testing centre, 0.7 knew about the ICTC, and a mere 1.3 percent had been tested for HIV. (NFHS 3, 2006)

***Broad Objective of the SATHI project:***

To demonstrate specific interventions to improve the reproductive health status of married adolescent girls, within the framework of an action research project, through a network of NGOs working in the backward districts of Maharashtra, and to raise the capacity of these NGOs for programme management.

***Specific Objectives of the SATHI project:***

*To achieve the following outcomes within 3 years*

1. Delay median age at first conception by one year
2. Increase contraceptive use by 10 percentage points
3. Reduce prevalence of anemia by 20 percentage points.
4. Increase treatment utilization behaviour for RTI, post-abortion complications and post-natal complications by 20 percent from baseline
5. Increase proportion of pregnant married adolescent girls receiving minimum ANC by 20 percent from baseline
6. Increase proportion of institutional deliveries by 20 percent from the baseline
7. Increase utilization of ICTC by 5 percent from baseline

***Key Programme Interventions:***

1. Surveillance, Needs Assessment and Micro-planning: Community-based workers will assess the reproductive health needs of married adolescent girls on a monthly basis. Monthly micro planning will be undertaken, which will form the basis for the provision of primary level care services.
2. Primary-level Care for the Sexual and Reproductive Health of Married Adolescent Girls: Health services will include a general medical examination, nutrition education, detection and treatment of anemia, antenatal care and advice regarding child birth, RTI / STI detection and treatment, and HIV/AIDS awareness and counseling.
3. Behaviour Change Communication (BCC): This will be directed at married couples for creating a demand for services and generating behavioural change and gender sensitization through a social norms approach.

4. Assessment of needs and the monitoring of service provisions will be done by Village Health Committees

### ***Study Setting and Target Population***

The proposed action research project is being implemented in 4 vulnerable districts and one district with an average rank, through 5 NGOs - one NGO in each district. Based upon the availability of a reputable NGO, four districts were selected from a list of 11 districts in the State of Maharashtra. This selection was also based on the districts with the lowest RCH index and the lowest median age at marriage. One district was selected from the list of medium ranked districts. Each NGO covers a rural population of 20,000.

The implementing partners and district in which the project is implemented are:

- Sanskruti Samvardhan Mandal, Sangroli, Nanded
- Gram Vikas Mandal, Beed
- Apeksha Homoeo Society, Gurukunj, Mozari, Amravati
- Youth Welfare Association of India, Buldana
- Late Shriram Ahirrao Memorial Trust, Betawad, Shindkheda, Dhule

### **Research Objectives**

The purpose of the research study is to determine the socio-demographic profile of married adolescent girls, their reproductive history, maternal and reproductive health status, and HIV/AIDS related knowledge and behaviour, prior to initiating the SATHI intervention.

### **Study Design**

The research design includes a pre-post test survey of married adolescent girls from the five selected NGO sites in Maharashtra. The report describes the baseline data.

### **Selection of Districts**

The study was conducted in five districts of Maharashtra. The districts were selected on the basis of two criteria:

- Districts with a high proportion of girls married before the age of 18, and
- Districts with a low RCH-2 composite index. This was based on the district's ranking. (Srinivasan, Thiagarajan, Shastri, 2005). Maharashtra's 35 districts were divided into three categories: good (1-12), medium (13-24) and poor (25-35). Four districts from the poor category and one district from the medium category were selected (Table 1).

The focus of the study is to assess the impact of an intervention with married adolescents in four districts where RCH indicators are low and where the proportion of girls marrying under 18 years of age is high. However, one medium performing district was selected to provide an understanding of the factors associated with early conception and determine



the impact of the intervention in a district where RCH indicators are somewhat better than the poor performing districts.

**Table 1: Maharashtra Level District Rank by RCH Composite Index**

	Name	Rank (out of 35 districts)	Category (Performance based on RCH composite index)
1.	Amravati	14	Medium
2.	Buldhana	26	Poor
3.	Dhule	29	Poor
4.	Beed	31	Poor
5.	Nanded	32	Poor

Source: Srinivasan, Thiagarajan, Shastri, 2005

The villages were divided into three categories on the basis of their population - small (below 1000), medium (1000-2000), and large (above 2000).

Villages in the 5 NGO sites were mapped, and a complete census was conducted in each. All the married adolescent girls in each village were listed, and their house location was mapped for future reference. The lists of married adolescent girls were categorized by small, medium and large villages. A random sample of married adolescents was selected proportional to the total population in each of the village types (small, medium, large). Based on the required number per village group, a sampling fraction was calculated that was then used to select girls from each village, using a systematic random sampling technique.

### **Sampling Frame**

The sampling frame was a currently married adolescent girl in the age group 13 to 19.

### **Sample Size**

Based on the pilot intervention experience of the Institute of Health Management, Pachod (IHMP), it was assumed that a baseline self-reported contraceptive utilization rate of 5 percent amongst married adolescent girls  $\leq 19$  years, would increase to at least 15 percent after the intervention was introduced. In order to detect a change in self-reported current contraceptive utilization from 5 percent to 15 percent over three years, assuming an alpha of 0.05 and using a two-sided test to achieve 80 percent power, it was determined that a sample size of 160 would be needed at each NGO site. This would enable analysis of inter-site variation. (Fleiss et al, 2003). A sample size of 800 was finalized for all the five sites.

### **Method of Data Collection - Interview Schedule:**

A uniform pre-coded interview schedule was designed for data collection. The interview schedule was translated into Marathi, and pre-tested by the IHMP staff through 10

interviews completed in three villages near Pachod. Based on the pre-test, appropriate modifications were made in the interview schedule, which was then used to collect information from married adolescent girls aged 13 to 19. It included questions on socio-demographic profile, reproductive history, maternal health, reproductive health, and HIV/AIDS.

### **Data Collection and Processing**

The data collection team included eleven female investigators, three female supervisors and two data quality assurance coordinators. The team was recruited by IHMP exclusively for the purpose of data collection for this study. This team was trained for 5 days. After the initial orientation, for purposes of skill development, each investigator was asked to collect data from at least 9 married adolescent girls. The data collected were checked for inconsistencies. Field training continued till data collection was accurate and consistent.

A three-tier approach was initiated for checking data collection in the field. At the first level, investigators were instructed to check each completed interview schedule before handing it over to their supervisor. The supervisor then checked each interview schedule soon after its completion, while the investigators were still in the village where data collection was in progress. Supervisors observed investigators while they were collecting data and, as soon as an interview was over, they checked the interview schedule for completeness and consistency. If there were missing values or inconsistencies, the supervisor asked the investigator to go back to the respondent and re-validate the information.

At the end of each day, investigators sat with their supervisor and checked the interview schedules a second time. Once the checking had been completed in the field, the supervisor had to sign each interview schedule.

At the third level, a data quality assurance coordinator checked each interview schedule for completeness and consistency of data. If any inconsistency was detected, the investigator was sent back to the respondent the next day.

A software programme was prepared in 'Epi data' for data entry. A data entry clerk entered data from each questionnaire, and a second data entry clerk checked the entries. Data were transferred to 'STATA' for data analysis.

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Sample of Married Adolescent Girls in the 5 NGO  
Sites**

## Random Sample of Married Adolescent Girls in the 5 NGO Sites

The five NGO sites where the baseline survey was conducted were Beed, Nanded, Amravati, Buldhana, and Dhule. A total of 818 married adolescent girls were interviewed from all the 5 sites. The distribution of the respondents is given in the table below.

On an average 20 percent of the total sample size was obtained from each NGO site.

### Distribution of married adolescent girls by NGO sites

NGO Site	Married adolescent girls	Percent
Beed	164	20.1
Nanded	170	20.8
Amravati	146	17.8
Buldhana	171	20.9
Dhule	167	20.4
<b>Total</b>	<b>818</b>	<b>100.00</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 1**

**Background Characteristics**

## SECTION 1

### Background Characteristics

#### 1. Respondent Characteristics

##### 1.1 Current age of respondents

The mean current age of the sampled married adolescent girls was 17.87 years (SD 1.26), while the median current age was 18 years.

**Table 1.1.1: Distribution of married adolescent girls by current age**

Variable	Category	Percent married adolescent girls (n=818)
Current age of married adolescent girls in completed years	13 years	00.4
	14 years	00.7
	15 years	05.0
	16 years	08.9
	17 years	17.5
	18 years	24.6
	19 years	42.9

##### 1.1.2 Married adolescent girls by current age and NGO site

The current age of married adolescent girls by NGO sites indicated that the mean current age was 17.87 years. In the NGO site at Nanded it was 17.2 years.

**Table 1.1.2: Mean age of married adolescent girls**

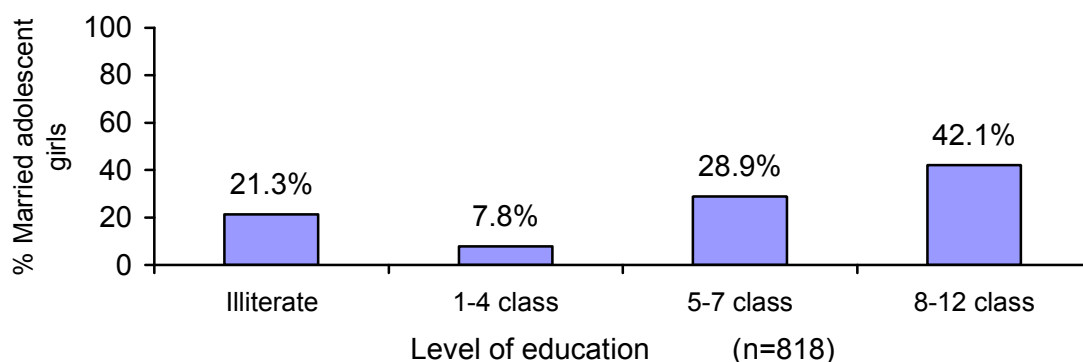
NGO Site	Mean	Married adolescent girls
Beed	17.54	164
Nanded	17.25	170
Amravati	18.30	146
Buldhana	18.22	171
Dhule	18.10	167
<b>All sites</b>	<b>17.87</b>	<b>818</b>

## 1.2: Educational Status

### 1.2.1 Married adolescent girls by level of education

The mean level of education was 6.078 years with a standard deviation of 3.72, while the median was 7 years. Fig.1.2.1 indicates that almost 21 percent married adolescent girls are illiterate, while 42 percent girls had completed 8 to 12 years of formal education.

Fig 1.2.1: Distribution of married adolescent girls by level of education



### 1.2.2 Married adolescent girls by level of education and NGO site

The educational level of married adolescent girls by NGO site as presented in Table 1.2.2 indicates that the highest number of illiterate girls (37 percent) was from Dhule followed by Nanded (30 percent). In Beed, the highest proportion of girls (57 percent) had completed 8 to 12 years of formal education, followed by 52 percent girls in Amravati.

Table 1.2.2: Distribution of married adolescent girls by level of education and NGO site

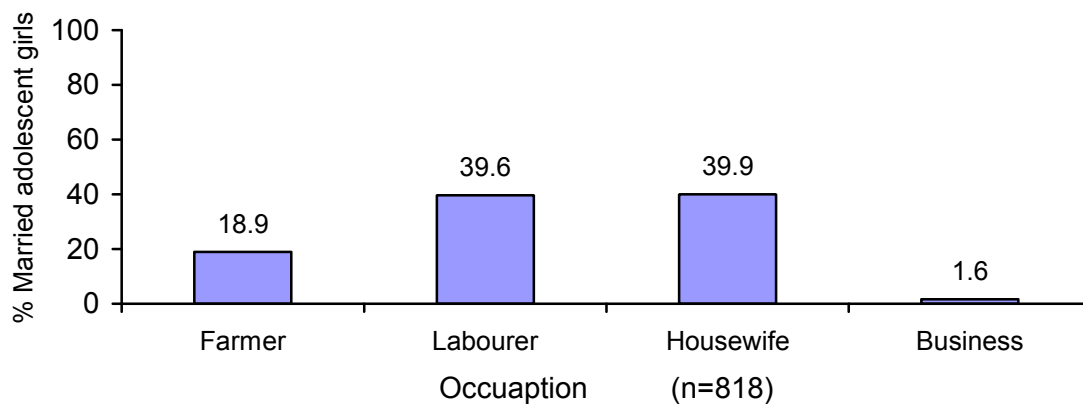
NGO Site	Levels of education (percent)				Married adolescent girls
	Illiterate	1-4	5-7	8-12	
Beed	07.3	2.4	32.9	57.3	164
Nanded	30.0	15.3	32.9	21.8	170
Amaravati	10.9	8.9	28.1	52.1	146
Buldhana	19.9	8.2	28.6	43.3	171
Dhule	36.5	4.2	21.6	37.7	167
<b>All sites</b>	<b>21.3</b>	<b>07.8</b>	<b>28.9</b>	<b>42.1</b>	<b>818</b>

### 1.3 Occupation of the Respondent

#### 1.3.1 Married adolescent girls by occupation

Figure 1.3.1 indicates that about 19 percent were working on their own farms, 40 percent were working as agricultural labourers, almost 40 percent were housewives, and 2 percent were working in village level retail businesses like vegetable or fruit vendors, etc.

Fig. 1.3.1: Distribution of married Adolescent Girls by occupation



#### 1.3.2 Married adolescent Girls by occupation and NGO site

It was observed that the highest proportion of housewives (about 60 percent) was in Amravati. The highest proportion of girls working as agricultural labourers was in Dhule and Nanded (about 48 percent in each).

**Table 1.3.2: Distribution of married adolescent girls by occupation and NGO site**

NGO site	Occupation of the MAG (Percent)				Married adolescent girls
	Farmer	Labourer	Housewife	Business	
Beed	25.0	28.1	43.9	03.1	164
Nanded	26.5	48.2	22.4	02.9	170
Amaravati	07.5	32.2	59.6	00.7	146
Buldhana	21.6	39.8	37.4	01.2	171
Dhule	12.6	48.5	38.9	00.0	167
<b>All sites</b>	<b>18.9</b>	<b>39.6</b>	<b>39.8</b>	<b>01.6</b>	<b>818</b>



### 1.3.3 Married adolescent girls working outside the house by NGO site

Table 1.3.3 indicates that, on an average, 60 percent of the married adolescent girls worked outside the house whereas an average of 40 percent were housewives. The largest number of housewives (60 percent) was in Amravati, while the highest proportion working outside the house (78 percent) was in Nanded.

**Table 1.3.3: Married adolescent girls working outside the house by NGO site**

NGO Sites	Work outside the house		Married adolescent girls
	Yes	No	
Beed	56.1	43.9	164
Nanded	77.7	22.4	170
Amaravati	40.4	59.6	146
Buldhana	62.6	37.4	171
Dhule	61.1	38.9	167
<b>All sites</b>	<b>60.2</b>	<b>39.8</b>	<b>818</b>

### 1.4 BMI of Married Adolescent Girls

When BMI of married adolescent girls was measured it was found that around 48 percent girls were below 18.5, which is the lower limit of normal BMI. The mean BMI was 18.86 while the median BMI was 18.64, which are both close to the lower limit.

**Table 1.4: BMI of married adolescent girls by NGO site**

NGO Sites	Body Mass Index		Married adolescent girls
	<18.5	>= 18.5	
Beed	43.8	56.2	160
Nanded	57.4	42.6	162
Amaravati	50.0	50.0	146
Buldhana	45.4	54.6	163
Dhule	42.5	57.5	167
<b>All sites</b>	<b>47.7</b>	<b>52.3</b>	<b>798</b>

There was variation in the BMI status of the respondents by NGO site. 57 percent had BMI less than 18.5 at the Nanded site compared to 42.5 percent at the Dhule site.

## 1.5 Hemoglobin Level of Respondents

Respondents having more than 12 gm/dl were categorized as normal. Hemoglobin between 10-11.9gm/dl was considered mild anemia. Hemoglobin from 8.0 to 9.9 was categorized as moderate anemia, while hemoglobin levels less than 8 gms/dl were categorized as severe anemia.

67 percent respondents had mild to severe anemia. The mean hemoglobin level was 11.10 gm/dl and the median was 11.30. Both levels are in the mild anemia range.

When data for hemoglobin (Hb) level were analyzed by NGO site, it was observed that the highest proportion of married adolescent girls with normal Hb level was at the Beed site (45 percent), while the lowest proportion was at the Dhule site (15 percent). The highest proportion of respondents with moderate to severe anemia was from Dhule (31.7% and 8.9%)

**Table 1.5: Hemoglobin level of married adolescent girls by NGO site**

NGO Sites	Levels of anemia (Percent)				Married adolescent girls
	Sever	Moderate	Mild	Normal	
Beed	1.3	10.6	43.1	45.0	160
Nanded	4.4	11.2	45.3	39.1	161
Amaravati	6.7	16.1	44.1	32.9	143
Buldhana	4.9	14.3	48.5	32.3	161
Dhule	8.9	31.7	44.3	14.9	167
<b>All sites</b>	<b>05.3</b>	<b>16.9</b>	<b>45.1</b>	<b>32.7</b>	<b>792</b>

## 1.6 Husband's Characteristics

### 1.6.1 Current age of husbands

It was observed that the mean current age of husbands was 24.45 years, while the median age was 24 years. When the data were collected, almost 56 percent husbands were less than or equal to 24 years of age.

Table 1.6.1 indicates that the highest proportion (66 percent) of husbands less than 24 years of age was at the Nanded site in comparison to only 35 percent at the Amravati site.

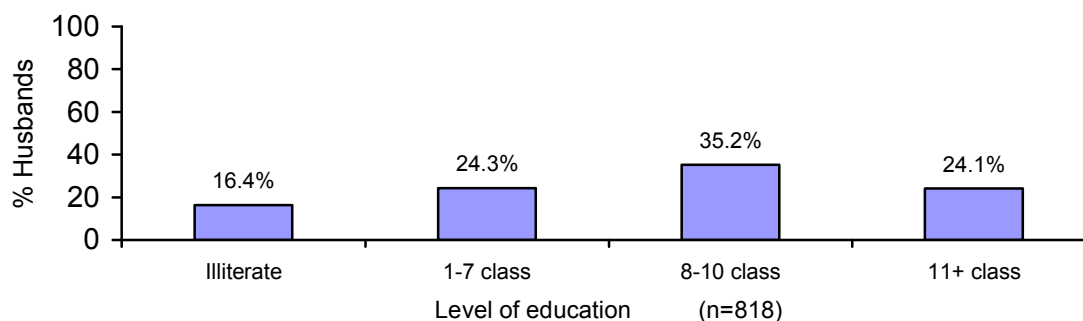
**Table 1.6.1: Current Age of husbands by NGO site**

NGO site	Husband's age (Percent)		Married adolescent girls
	<=24 years	25+ Years	
Beed	63.4	36.6	164
Nanded	66.5	33.5	170
Amaravati	34.9	65.1	146
Buldhana	52.1	47.9	171
Dhule	59.3	40.7	167
<b>All sites</b>	<b>55.7</b>	<b>44.3</b>	<b>818</b>

### 1.6.2 Education of husband

16 percent husbands were uneducated and 24 percent had completed an educational level of standard 11 or more. (Fig.1.6.2)

Fig 1.6.2: Distribution of husband by level of education



### 1.6.3 Occupation of husband

Table 1.6.3 indicates that almost 27 percent husbands were working on their own farms, while 45 percent were working as agricultural labourers. Only 5 percent husbands had jobs and only 8 percent were involved in village level businesses.

**Table 1.6.3: Occupation of husband**

Variable	Category	Percent (n=818)
Occupation of the husband	Farmer	26.4
	Agricultural Labourer	44.7
	Labourer	09.9
	Service	05.1
	Business	07.8
	Driver	04.9
	Student /Unemployed	01.1

## 1.7 Household Characteristics

### 1.7.1 Total household members

Around 44 percent respondents reported a family size of more than 6 members, while 56 percent reported less than 5 members.

53 percent respondents at the Dhule site reported more than 6 family members compared to 19 percent respondents at the Amravati site. (Table 1.7.1)

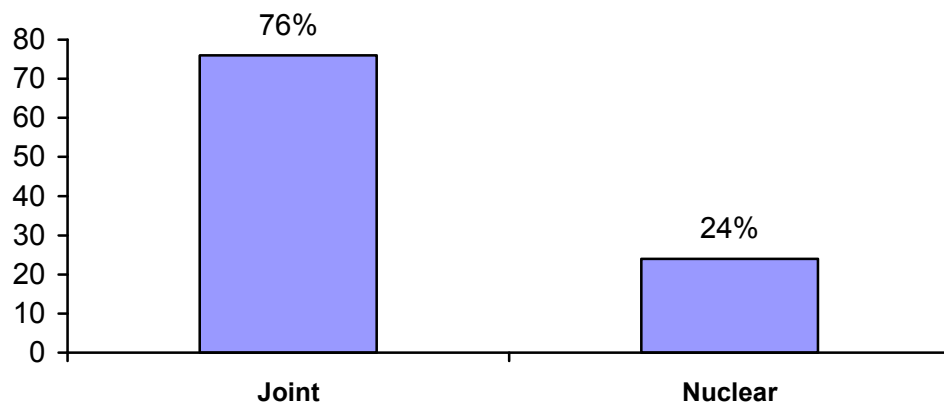
**Table 1.7.1: Total household members by NGO site**

NGO site	Number of members in the household		Married adolescent girls
	<=5	6+	
Beed	53.1	46.9	164
Nanded	47.1	52.9	170
Amaravati	80.8	19.2	146
Buldhana	56.1	43.9	171
Dhule	46.7	53.3	167
<b>All sites</b>	<b>56.1</b>	<b>43.9</b>	<b>818</b>

### 1.7.2 Family type

Seventy six percent married adolescent girls were living in a joint family arrangement.

**Fig. 1.7.2: Family Type**



### 1.7.3 Family type of married adolescent girls by NGO site

There was not much variation seen in the distribution across the NGO sites. The percentage of nuclear families was highest at the Amravati site (44 percent). The proportion living in joint families was the highest at the Nanded site (84.1 percent)

**Table 1.7.3: Family type of married adolescent girls by NGO site**

NGO site	Family type (Percent)		Married adolescent girls
	Nuclear	Joint	
Beed	17.7	82.3	164
Nanded	15.9	84.1	170
Amaravati	43.8	56.2	146
Buldhana	26.3	73.7	171
Dhule	26.3	73.7	171
<b>All sites</b>	<b>24.0</b>	<b>76.0</b>	<b>818</b>

### 1.7.4 Presence of mother-in-law

Almost 72 percent married adolescent girls were living with their mothers-in-law. The highest percentage (80 percent) of respondents was at the Beed site and the lowest (49 percent) at the Amravati site (Table 1.7.4).

**Table 1.7.4: Presence of mother-in-law by NGO site**

NGO site	Mother-in-law at home (Percent)		Married adolescent girls
	Yes	No	
Beed	80.5	19.5	164
Nanded	77.7	22.3	170
Amaravati	48.6	51.4	146
Buldhana	70.8	29.2	171
Dhule	77.8	22.2	167
<b>All sites</b>	<b>71.6</b>	<b>28.4</b>	<b>818</b>

### 1.7.5 Number of rooms in the household

67 percent respondents reported that there were two or less rooms in their house. Number of rooms in the house was used as an indicator of the economic status of the family. On an average, 2.97 persons were living in one room.

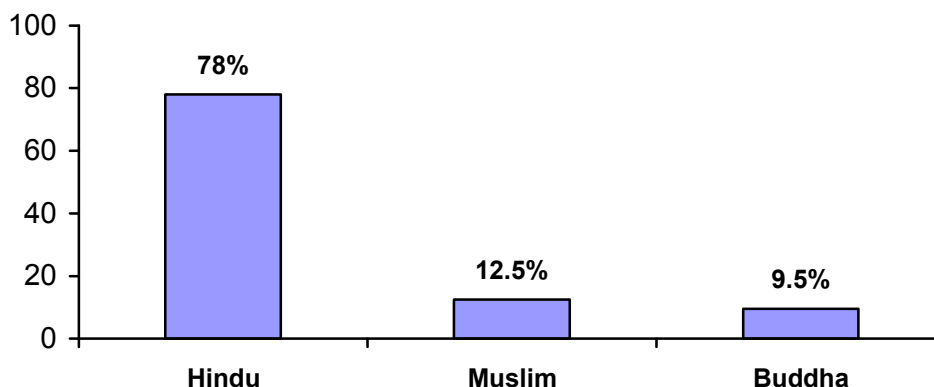
**Table 1.7.5: Number of rooms in the household**

Variable	Frequency	Percent (n=818)
Number of rooms in the house	<=2	67.2
	3+	32.8

### 1.8 Religion of Respondents

The majority of the respondents (78 percent) were Hindu, 12.4 percent were Muslim and 9.4 percent belonged to the Budh religion. The highest proportion (about 20 percent) of Muslim respondents was at the Buldhana site and the highest percentage of Budh (13 percent) were at the Amravati site

**Fig. 1.8: Religion of respondents**



**Table 1.8.1: Religion of respondents by NGO site**

NGO site	Religion of the respondent (Percent)			Married adolescent girls
	Hindu	Muslim	Buddhist	
Beed	84.8	7.9	7.3	164
Nanded	78.8	10.6	10.6	170
Amaravati	74.7	12.3	13.0	146
Buldhana	67.8	19.9	12.3	171
Dhule	84.4	11.4	04.2	167
<b>All sites</b>	<b>78.1</b>	<b>12.5</b>	<b>09.4</b>	<b>818</b>

### 1.9 Exposure to Mass Media

The exposure of the respondents to radio, television and newspaper was studied since mass media is an important medium for BCC exposure.

### 1.9.1 Listened to radio in the last one month

Only 11 percent respondents listened to the radio daily, while 78 percent never listened.

**Table 1.9.1: Listened to radio in the last one month**

<b>Variable</b>	<b>Category</b>	<b>Percent</b>
Listen Radio in last month	Daily	11.0
	Once a week	06.1
	= > Twice a week	05.0
	Never	77.9
	<b>n</b>	<b>818</b>

### 1.9.2 Watched television in the last one month

Almost 30 percent watched television everyday, while 50 percent reported that they had never watched television.

**Table 1.9.2: Watched TV in the last one month**

<b>Variable</b>	<b>Category</b>	<b>Percent</b>
Watch TV in last month	Daily	29.8
	Once a week	10.8
	= > Twice a week	09.2
	Never	50.2
	<b>n</b>	<b>818</b>

### 1.9.3 Read newspaper in last one month

21 percent were illiterate. Of the remaining, only 3 percent read a newspaper everyday. Almost 62 percent reported that they never read a newspaper.

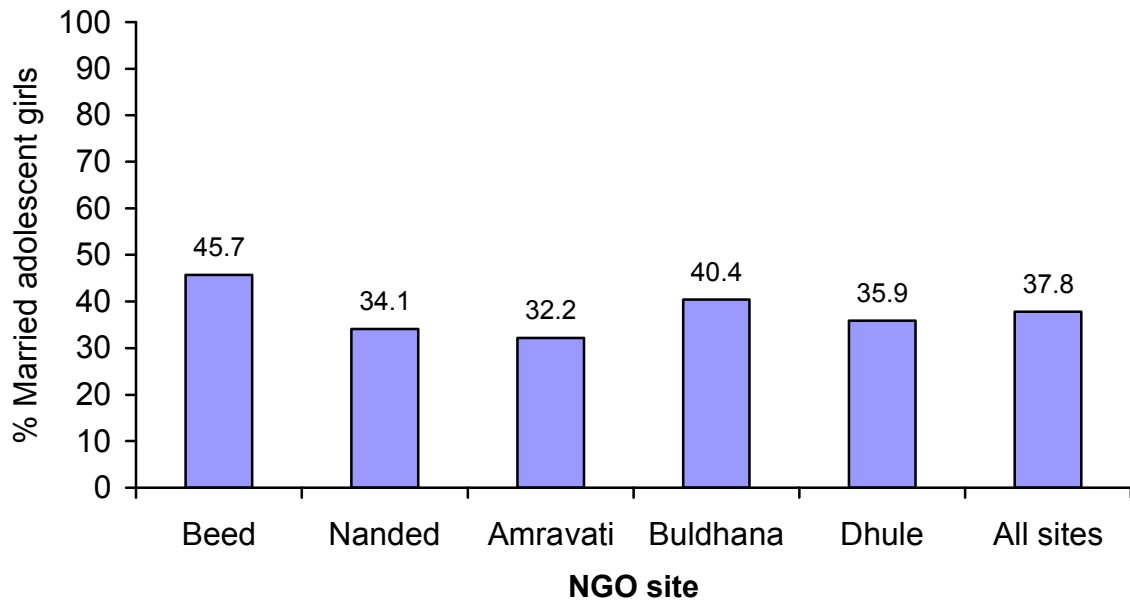
**Table 1.9.3: Read newspaper in last one month**

<b>Variable</b>	<b>Category</b>	<b>Percent</b>
Read news paper in last month	Daily	02.6
	Once a week	08.7
	= > Twice a week	05.5
	Never	61.9
	Not applicable	21.3
	<b>n</b>	<b>818</b>

### 1.9.4 Daily exposure to mass media

When daily exposure to radio, television and newspaper was analyzed, it was found that almost 38 percent are exposed to radio, television or newspaper, the highest proportion (about 45 percent) from the Beed site and the lowest (32 percent) from the Amravati site.

Fig.1.9.4 - Daily exposure to mass media



(Daily exposure: either listen to radio, watch TV or read newspaper daily)



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 2**

**Reproductive History of Married Adolescent Girls**

## SECTION 2

### Reproductive History of Married Adolescent Girls

#### 2.1 Age at Menarche

The mean age at menarche was 13.18 years (SD - 0.99), while the median age was 13 years. More than 3 percent respondents attained menarche after getting married.

**Table 2.1: Distribution by age at menarche**

Variable	Category	Percent married adolescent girls (n=818)
Age at menarche (in completed years)	10 years	00.1
	11 years	01.2
	12 years	22.9
	13 years	43.0
	14 years	23.2
	15 years	07.5
	16 years	01.9
17 years	00.1	

#### 2.2 Age at Marriage

The mean age at marriage was 15.45 years (SD 1.64) while the median age was 15 years. The lowest age at marriage was 10 years while the highest was 19 years.

##### 2.2.1 Distribution of married adolescent girls by age at marriage

About 51 percent respondents got married before or at 15 years of age and 49 percent got married between 16 to 19 years.

**Table 2.2.1: Distribution of married adolescent girls by age at marriage**

Variable	Category	Percent married adolescent girls (n=818)
Age at the time of marriage (in completed years)	10 years	00.1
	11 years	00.4
	12 years	03.6
	13 years	07.8
	14 years	16.0
	15 years	23.2
	16 years	21.5
	17 years	15.3
	18 years	10.3
19 years	01.8	

### 2.2.2 Proportion of girls married before 15 years of age by NGO site

Variation by NGO site is presented in Table 2.2.2. It was observed that the highest proportion of respondents (67 percent) who got married before 15 years of age was from the Nanded site, and the lowest proportion of girls married before 15 years was from the Buldhana site (39 percent).

**Table 2.2.2: Proportion of girls married before 15 years of age by NGO site**

NGO site	Age at marriage –categories (Percent)		Married adolescent girls
	<=15 years	16-19 years	
Beed	53.7	46.3	164
Nanded	66.5	33.5	170
Amravati	39.7	60.3	146
Buldhana	39.2	60.8	171
Dhule	55.1	44.9	167
<b>All Sites</b>	<b>51.1</b>	<b>48.9</b>	<b>818</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 3**

**Pregnancy History of Married Adolescent Girls**

## SECTION 3

### Pregnancy History of Married Adolescent Girls

#### 3.1 Number of Pregnancies

Out of 818 married adolescent girls, 628 had experienced at least one conception, and 190 had not conceived. Hence, the analysis for pregnancy history was done for 628 respondents. About 43 percent had conceived once, 27 percent twice, and 7 percent had experienced 3 or more conceptions.

**Table 3.1: Distribution of married adolescent girls by number of pregnancies**

Variable	Category	Percent married adolescent girls (n=818)
Number of pregnancies	0	23.2
	1	42.8
	2	27.0
	3	05.6
	4	01.2
	5	00.1

#### 3.2. Interval Between Marriage and First Conception in Months

The average interval between marriage and first conception was 10.17 months with a standard deviation of 9.67, while the median was 7 months. The highest mean interval of 13.10 months was at the Dhule site. The lowest mean interval of 7.11 months was reported at the Amravati site.

##### 3.2.1 Interval between marriage & first conception by NGO site

Three categories were made to determine the variation in the interval between marriage and first conception by NGO sites. The first category was less than or equal to 11 months, the second was 12 to 23 months while the third was more than 24 months. Almost 83 percent respondents from Amravati conceived within 11 months after marriage compared to 58 percent at the Dhule site.

**Table 3.2.1: Interval between marriage & first conception by NGO site**

NGO site	Interval between marriage & first conception - in months (percent)			Married adolescent girls
	<=11	12-23	24+	
Beed	62.6	28.2	9.2	131
Nanded	61.1	25.9	12.9	108
Amravati	82.5	14.3	03.2	126
Buldhana	74.1	20.0	05.9	135
Dhule	57.8	27.3	14.8	128
<b>All sites</b>	<b>67.8</b>	<b>23.1</b>	<b>09.1</b>	<b>628</b>

### 3.3 Age at First Conception

The median age at first conception was 16.17 years. The lowest age at first conception was 12.08 years while the highest was 19.41 years.

#### 3.3.1 Married adolescent girls by age at first conception

Two categories were made for comparison, less than or equal to 16 years, and 17 to 19 years. About 67 percent of the respondents had their first conception before or at age 16.

**Table 3.3.1: Distribution of married adolescent girls by age at first Conception**

Variable	Category	Percent married adolescent girls (n=818)
Age at first conception (in completed years)	<= 16 years	67.4
	17-19 years	32.6

#### 3.3.2 Age at first conception by NGO site

The highest proportion (76 percent) of married adolescent girls who had conceived before 16 years of age was from the Nanded site, while the lowest proportion (56 percent) was reported at the Buldhana site.

**Table 3.3.2: Distribution of married adolescent girls by age at first conception and NGO site**

NGO site	Age at first conception –categories (Percent)		Married adolescent girls
	<=16 years	17-19 years	
Beed	70.9	29.0	131
Nanded	75.9	24.1	108
Amravati	61.9	38.1	126
Buldhana	56.3	43.7	135
Dhule	73.4	26.6	128
<b>All sites</b>	<b>67.4</b>	<b>32.6</b>	<b>628</b>

### 3.4 Outcome of Pregnancy

In all, 763 pregnancies were reported at the time of the survey of which 663 were live births, 87 abortions and 16 still births. Three married adolescent girls reported twins.

### 3.5 Planning for Current Pregnancy

Out of 818 respondents, 212 married adolescent girls were pregnant at the time of the survey. 201 said that they wanted this pregnancy, while 11 said that they did not want this pregnancy. Only one out of these 11 respondents tried to delay pregnancy while the remaining 10 did nothing to prevent pregnancy.

**Table 3.5: Married adolescent girls pregnant at the time of Survey**

Variable	Category	Percent married adolescent girls (n=818)
Currently Pregnant	Yes	25.9
	No	74.1
Wanted this pregnancy?	Yes	94.8
	No	05.2
	n	<b>212</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 4**

**Maternal Health: Antenatal Care (ANC)**



## SECTION 4

### Maternal Health – Antenatal Care

#### 4.1 Antenatal Care for Current Pregnancy

##### 4.1.1 Antenatal registration of currently pregnant married adolescent girls

Out of 202 currently pregnant married adolescent girls, 16 percent did not get registered for antenatal care, while 59 percent were registered in the first trimester. Out of currently pregnant, unregistered girls, 55.9 percent were in the first trimester, 35.3 percent in the second trimester, and 8.8 percent in the third trimester (Table 4.1.1).

**Table 4.1.1: Antenatal registration of currently pregnant married adolescent girls**

Variable	Category	Percent
Ante natal registration (n=212)	Not Registered	16.0
	Between 1-3 month	58.5
	Between 4-7 month	25.5
Month of gestation for unregistered girls (n=34)	1-3 Month	55.9
	4-6 Month	35.3
	7-9 Month	08.8

##### 4.1.2 Month of antenatal registration by NGO site

About 67 percent pregnant married adolescent girls from Nanded and Amravati had registered for antenatal care in the first trimester, whereas the proportion was lowest in Beed and Buldhana (52 percent). The highest proportion of girls (29 percent) from the Dhule site did not register for ANC.

**Table 4.1.2: Month of antenatal registration by NGO site**

NGO site	AN registration (percent)			Married adolescent girls
	Not Registered	1-3 months	4-7 months	
Beed	14.6	52.1	33.3	48
Nanded	10.3	66.7	23.1	39
Amravati	14.3	66.7	19.0	42
Buldhana	14.6	52.1	33.3	48
Dhule	28.6	57.1	14.3	35
<b>All sites</b>	<b>16.0</b>	<b>58.5</b>	<b>25.5</b>	<b>212</b>

## 4.2 ANC Service Providers for Currently Pregnant Married Adolescent Girls

The majority of married adolescent girls utilized the private sector for antenatal care. 54 percent were receiving ANC from private doctors. 76 percent respondents from the Dhule site were receiving antenatal care from private health care providers. The highest proportion of adolescent pregnant girls receiving antenatal services from public, i.e. government health providers, was in Amravati district.

**Table 4.2: Antenatal service providers by NGO site**

NGO site	ANC service provider (Percent)				Married adolescent girls
	Govt. ANM	Govt. Doctor	Others	Private Doctors	
Beed	21.9	29.3	2.4	46.3	41
Nanded	25.7	14.3	00.0	60.0	35
Amravati	41.7	25.0	00.0	33.3	36
Buldhana	21.9	14.6	02.4	60.9	41
Dhule	08.0	16.0	00.0	76.0	25
<b>Total</b>	<b>24.7</b>	<b>20.2</b>	<b>01.1</b>	<b>53.9</b>	<b>178</b>

## 4.3 Pregnancy Outcome for all Pregnancies

Out of 818 married adolescent girls, 512 girls reported a pregnancy outcome in their lifetime.

### 4.3.1: Outcome of the last pregnancy in married adolescent girls

512 married adolescent girls were asked to report the outcome of their last pregnancy. 461 reported a live birth, 7 reported a stillbirth and 44 reported an abortion. Data on maternal and neonatal health were collected for 461 married adolescent girls.

**Table 4.3.1: Distribution of married adolescent girls by outcome of last pregnancy**

Variable	Category	Percentage married adolescent girls (n=512)
Outcome of last pregnancy	Live birth	90.0
	Still birth	01.4
	Abortion	08.6

### 4.3.2 Married adolescent girls who currently had a live child

Of the 461 married adolescent girls who reported a live birth, 444 reported that the baby was alive at the time of the survey. (Table 4.3.2)

**Table 4.3.2: Distribution of married girls who currently had a live child**

Variable	Category	Percentage married adolescent girls (n=461)
Is the baby currently alive?	Yes	96.3
	No	03.7

### 4.4 Provision of Antenatal Care

#### 4.4.1 Antenatal registration of married adolescent girls that reported a live birth

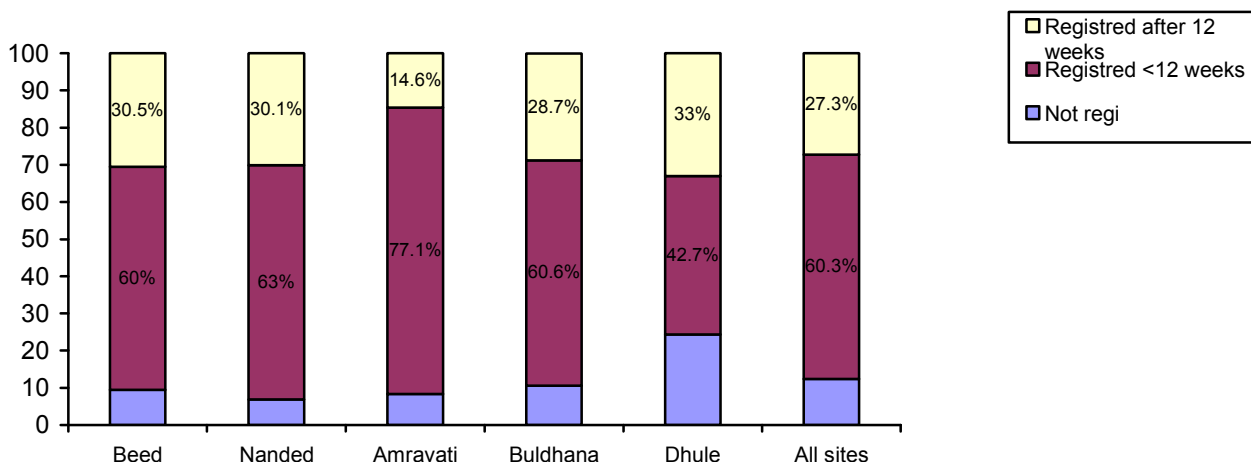
Of the 461 married adolescent girls who reported live births, 278 (60.30 percent) had registered for antenatal care between 1-3 months of gestation, 126 (27.3 percent) had not registered for antenatal care until after the fourth month of gestation, and 57 (12.4 percent) did not get registered at all.

**Table 4.4.1: Early antenatal registration of married girls who reported a live birth**

Variable	Category	Percentage married adolescent girls (n=461)
Ante Natal Registration	No	12.4
	1-3 months	60.3
	4+ months	27.3

#### 4.4.2 ANC registration of married girls who reported a live birth by NGO site

At the Amravati, site the highest proportion (77 percent) of married adolescent girls had registered for antenatal services in their first trimester. The highest proportions of married adolescent girls (33 percent) who got registered after the 4<sup>th</sup> month of gestation or were not registered for antenatal care at all were from the Dhule site (24 percent).



## 4.5 Antenatal Examination

### 4.5.1 Number of antenatal examinations

The proportion of married adolescent girls who received fewer than two antenatal examinations was 49.5 percent as compared to 50.5 percent who were examined three or more times.

**Table 4.5.1: Number of Antenatal Examinations**

Variable	Category	Percent married adolescent girls (n=461)
Number of check ups during pregnancy	<=2	49.5
	3+	50.5

### 4.5.2 Frequency of antenatal examinations by NGO site

The proportion of married adolescent girls who were examined less than two times was highest (63 percent) at the Dhule site, while those who were examined three or more times was highest (66 percent) at the Amravati site.

**Table 4.5.2: Frequency of Antenatal Examination**

NGO site	Antenatal Examinations (Percent)		Married adolescent girls
	<=2	3 +	
Beed	41.1	58.9	95
Nanded	43.8	56.2	73
Amravati	34.4	65.6	96
Buldhana	62.8	37.2	94
Dhule	63.1	36.9	103
<b>All sites</b>	<b>49.5</b>	<b>50.5</b>	<b>461</b>

## 4.6 Components of Antenatal Examination

According to the standard for minimum antenatal care adopted by the Government of Maharashtra, a pregnant women should be examined five times, during which she should be weighed, have an abdominal examination, have her blood pressure measured, and must receive 2 TT injections and 100 IFA tablets.

Of 461 girls whose last pregnancy outcome was a live birth, 404 girls were registered for antenatal services. Analysis for antenatal coverage was done by taking 404 registered married adolescent girls as a denominator.

### 4.6.1 Number of times weighed during pregnancy

About 51 percent of the married adolescent girls were weighed 1 to 2 times during the antenatal period and 34 percent were weighed more than 3 times. On the other hand, 14 percent were not weighed at all during antenatal examinations.

**Table 4.6.1: Frequency of measuring weight during pregnancy**

Variable	Category	Percent Married adolescent girls (n=404)
No. of times weighed during pregnancy	Not weighed	14.6
	1-2 times	51.5
	3+ times	33.9

### 4.6.2 Number of times weighed during pregnancy by NGO site

The highest proportion (43 percent) of married adolescent girls weighed more than three times during the antenatal period was at the Amravati site. Conversely, 24 percent girls were not weighed at all at the Dhule site during antenatal care.

**Table 4.6.2: Number of times weighed during pregnancy by NGO site**

NGO site	No. of times weighed during pregnancy (Percent)			Registered married adolescent girls
	Not weighed	1-2 times	3+ times	
Beed	05.8	53.5	40.7	86
Nanded	11.8	58.8	29.4	68
Amravati	09.1	47.7	43.2	88
Buldhana	22.6	54.8	22.6	84
Dhule	24.4	43.6	32.1	78
<b>All sites</b>	<b>14.6</b>	<b>51.5</b>	<b>33.9</b>	<b>404</b>

#### 4.6.3 Number of times abdominal check up done during pregnancy

Abdominal examinations were done at least 1 to 2 times for 51 percent married adolescent girls, and 36 percent had 3-9 abdominal examinations. Conversely, 12 percent girls never had an abdominal examination during antenatal care. Among those who were registered for antenatal services but never had an abdominal examination, 53 percent received antenatal services from a government ANM, 26 percent from a govt. doctor and 20 percent from private hospitals.

**Table 4.6.3: Frequency of abdominal check ups**

Variable	Category	Percent married adolescent girls (n=404)
Number of times abdominal examination done in pregnancy	Not examined	12.1
	1-2 times	51.5
	3-9 times	36.4

#### 4.6.4 Frequency of abdominal examinations during pregnancy by NGO site

The highest proportion (53 percent) of girls who received more than three abdominal examinations was from the Amravati site. Of these 44 percent received services from a government ANM, 31.7 percent from a government doctor, and 23 percent from the private sector.

At the Dhule site, the highest proportion (27 percent) married adolescent girls reported that they had never received an abdominal examination during antenatal care.

**Table 4.6.4: Frequency of abdominal examination by NGO site**

NGO site	No. of times abdominal checkup done during pregnancy (Percent)			Registered married adolescent girls
	No Exam.	1-2	3-9	
Beed	11.6	54.7	33.7	86
Nanded	04.4	64.7	30.9	68
Amravati	01.1	45.5	53.4	88
Buldhana	16.7	55.9	27.4	84
Dhule	26.9	38.5	34.6	78
<b>All sites</b>	<b>12.1</b>	<b>51.5</b>	<b>36.4</b>	<b>404</b>

#### 4.6.5 Number of times BP was taken during pregnancy

About 56 percent of the married adolescent girls had their blood pressure checked at least once during the antenatal period. The blood pressure of 24 percent was never checked.

**Table 4.6.5: Blood pressure check-up during pregnancy**

Variable	Category	Percent married adolescent girls (n=404)
Blood Pressure taken during pregnancy	Not checked	24.0
	1-2 times	56.7
	3-9 times	19.3

#### 4.6.6 Number of times blood pressure taken during pregnancy by NGO site

The best performance was at the Amravati site where blood pressure examinations were done more than three times for 26 percent of the married adolescent girls during the course of their antenatal examinations. The worst performance was at the Dhule site where 39 percent of the girls did not have a blood pressure examination even once during the time of their antenatal care.

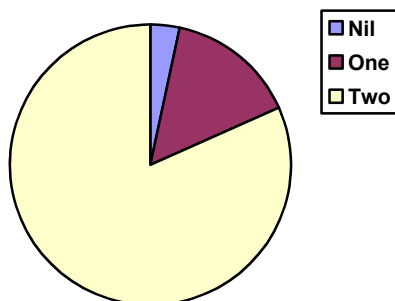
**Table 4.6.6: Number of times BP taken during pregnancy by NGO site**

NGO site	Taken blood pressure during pregnancy (percent)			Registered married adolescent girls
	No BP exam	1-2 times	3-9 times	
Beed	16.3	68.6	15.1	86
Nanded	17.7	60.3	22.1	68
Amravati	15.9	57.9	26.1	88
Buldhana	30.9	54.8	14.3	84
Dhule	39.7	41.0	19.2	78
<b>All sites</b>	<b>24.0</b>	<b>56.7</b>	<b>19.3</b>	<b>404</b>

#### 4.6.7 Number of TT received during pregnancy

Two doses of tetanus toxoid vaccine, given one month apart during early pregnancy, are effective in preventing tetanus in both newborn and mother. Table 4.6.7 indicates that, among registered mothers, 15 percent received only one dose and 3 percent were not immunized at all.

**Fig. 4.6.7: Frequency of TT injections**



#### 4.6.8 Number of Tetanus Toxoid received during pregnancy by NGO site

The best performance was at the Buldhana site where 88 percent married adolescent girls received two doses of Tetanus Toxoid during antenatal care. The worst performance was at the Beed site where 4.6 percent girls were not immunized against Tetanus during the antenatal period.

**Table 4.6.8: Proportion of adolescent girls who received Tetanus Toxoid immunization by NGO site**

NGO site	TT injections taken during pregnancy (Percent)			Registered married adolescent girls
	Nil	One	Two	
Beed	04.6	25.6	69.8	86
Nanded	02.9	13.2	83.8	68
Amravati	02.3	14.8	82.9	88
Buldhana	02.4	09.5	88.1	84
Dhule	03.8	11.5	84.6	78
<b>All sites</b>	<b>03.2</b>	<b>15.1</b>	<b>81.7</b>	<b>404</b>

#### 4.6.9 Consumption of IFA during pregnancy

All pregnant women are advised to have a tablet of iron and folic acid (IFA) daily, for at least three months during the antenatal period. Of 404 married adolescent girls registered for antenatal services, the majority (82 percent) consumed less than 90 IFA tablets. Only 17 percent married adolescent girls reported that they consumed more than 90 IFA tablets.



**Table 4.6.9: Consumption of IFA tablets**

Variable	Category	Percent married adolescent girls (n=416)
Consumption of IFA during pregnancy	Less than 90	82.9
	90+	17.1

**4.6.10 Consumption of IFA during pregnancy by NGO site**

The highest proportion of married adolescent girls (89.5 percent) who consumed less than 90 tablets of Iron and folic acid was at the Beed site.

**Table 4.6.10: Consumption of IFA during pregnancy by NGO site**

NGO site	Consumption of IFA during pregnancy (Percent)		Registered married adolescent girls
	<90	90+	
Beed	89.5	10.5	86
Nanded	79.4	20.6	68
Amravati	79.6	20.4	88
Buldhana	84.5	15.5	84
Dhule	80.8	19.2	78
<b>All sites</b>	<b>82.9</b>	<b>17.1</b>	<b>404</b>

**4.6.11 ANC service provider**

The majority of married adolescent girls (38 percent) received antenatal care services from private doctors, 33 percent from government ANMs and 28 percent from government doctors.

**Table 4.6.11: ANC service provider**

Variable	Category	Percent married adolescent girls (n=404)
AN service provider	Government ANM	33.6
	Government Doctor	28.5
	Private Doctor	37.9

## 4.7 Complications During Pregnancy

### 4.7.1 Self reported complications during pregnancy

Out of 461 married adolescent girls, 254 (55.10 percent) reported to have experienced at least one complication during the antenatal period.

**Table 4.7.1: Reported complications during the antenatal period**

Variable	Category	Percent Married adolescent girls (n=461)
Any one AN complications	Yes	55.1
	No	44.9

### 4.7.2 Reported complications during antenatal period by NGO site

Of 254 married adolescent girls who reported to have had a complication during pregnancy, the highest prevalence was at the Beed site (60 percent) followed by Buldhana with 57 percent and Dhule with 54 percent.

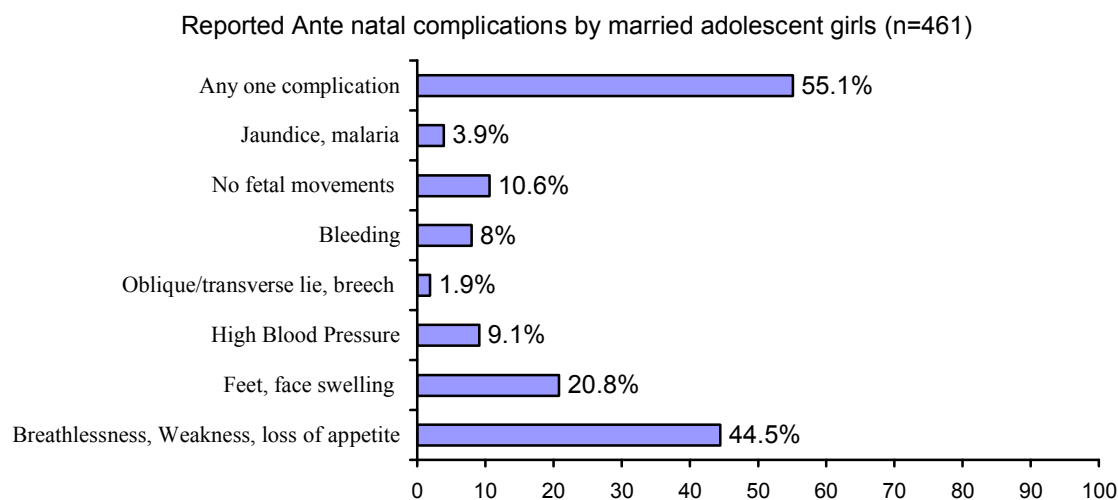
**Table 4.7.2: Self reported complications during antenatal period by NGO site**

NGO site	Reported any Complication during pregnancy (Percent)		Married adolescent girls
	No	Yes	
Beed	40.0	60.0	95
Nanded	50.7	49.3	73
Amravati	46.9	53.1	96
Buldhana	42.6	57.4	94
Dhule	45.6	54.4	103
<b>All sites</b>	<b>44.9</b>	<b>55.1</b>	<b>461</b>

### 4.7.3 Type of complications during pregnancy

Self reported complications during the antenatal period by NGO site are presented in the figure below. 52 percent of the married adolescent girls in Beed reported breathlessness, weakness and loss of appetite. At the Buldhana site, 26 percent girls reported swelling of the feet and face, and 15 percent reported experiencing high blood pressure.

**Fig. 4.7.3: Type of complications during pregnancy**



#### 4.8 Treatment for Complications During Pregnancy

During the survey, married adolescent girls who reported any one complication during pregnancy were asked if they had taken any treatment for the same.

##### 4.8.1 Reported treatment for complications during pregnancy

Of the 254 girls who reported any one complication during pregnancy, 75 percent had sought treatment, indicating that the complication was serious enough for them to have sought medical care.

**Table 4.8.1: Proportion of married adolescent girls reporting treatment for complications during pregnancy**

Variable	Category	Percent married adolescent girls (n=254)
Treatment for ante natal complications	Taken treatment	75.2
	Not taken	24.8

##### 4.8.2 Treatment for complications during pregnancy by NGO site

Of the girls who reported any one complication during pregnancy, 77 percent girls from each of the Beed and Dhule sites had sought treatment for antenatal complications.

**Table 4.8.2: Treatment for complications during pregnancy by NGO site**

NGO site	Treatment for Complications during pregnancy (Percent)		Married adolescent girls
	Taken	Not Taken	
Beed	77.2	22.8	57
Nanded	72.2	27.8	36
Amravati	74.5	25.5	51
Buldhana	74.1	25.9	54
Dhule	76.8	23.2	56
<b>All sites</b>	<b>75.2</b>	<b>24.8</b>	<b>254</b>

#### **4.9 Diet in Third Trimester of Pregnancy**

Married adolescent girls were asked about the frequency of intake of meals during their third trimester.

##### **4.9.1 Frequency of meals in the third trimester**

Of the 461 married adolescent girls, 56 percent reported that the frequency of intake of meals was 3-4 times a day in the third trimester; however, 44 percent reported taking only 1 to 2 meals a day.

**Table 4.9.1: Frequency of meals in third trimester**

Variable	Category	Percent married adolescent girls (n=461)
Frequency of Meals in last trimester of pregnancy	Two or less	44.0
	Three & more	56.0

##### **4.9.2 Frequency of meals in third trimester by NGO site**

At the Beed site, 75 percent married adolescent girls reported intake of 3-4 meals a day in the last trimester of pregnancy. Conversely, 55 percent girls at the Buldhana site and 51 percent girls at the Dhule site reported intake of only 1-2 meals a day in the last trimester.

**Table 4.9.2: Frequency of meals in third trimester by NGO site**

NGO site	Frequency of Meals in last trimester of pregnancy (Percent)		Married adolescent girls
	Two or less	Three +	
Beed	25.3	74.7	95
Nanded	35.6	64.4	73
Amravati	50.0	50.0	56
Buldhana	55.3	44.7	94
Dhule	51.5	48.5	103
<b>All sites</b>	<b>44.0</b>	<b>56.0</b>	<b>461</b>

#### 4.9.3 Received nutrition supplements from ICDS – AWC during pregnancy

All pregnant women are entitled to receiving nutritional supplements from the anganwadi in their village. Of 461 married adolescent girls, only 59 percent reported having received nutritional supplements from the ICDS centre (AWC).

**Table 4.9.3: Received nutrition supplement from ICDS - AWC**

Variable	Category	Percent married adolescent girls (n=461)
Nutrition supplements from AWC	Received	58.8
	Not received	41.2

#### 4.9.4 Received nutrition supplements from AWC during pregnancy by NGO site

The highest proportion (81 percent) of married adolescent girls who received nutrition supplements from the AWC was at the Beed site. The lowest proportion of those who received ICDS nutritional supplementation was at the Dhule site.

**Table 4.9.4: Received nutrition supplement from AWC by NGO site**

NGO site	Nutrition supplements from AWW (Percent)		Married adolescent girls
	Received	Not received	
Beed	81.1	18.9	95
Nanded	42.5	57.5	73
Amravati	76.0	23.9	56
Buldhana	53.2	46.8	94
Dhule	44.7	55.3	103
<b>All sites</b>	<b>58.8</b>	<b>41.2</b>	<b>461</b>

**4.9.5 Consumption of nutrition supplements from AWC**

Of 271 married adolescent girls who received nutrition supplements, only 31 percent girls consumed it completely, the remaining either shared it with family members or did not consume it at all.

**Table 4.9.5: Consumption of nutritional supplements from AWC**

Variable	Category	Percent married adolescent girls (n=271)
Consumption of nutritional supplements	Ate completely	31.4
	Shared	56.4
	Did not eat	12.2

**4.9.6 Consumption of nutritional supplement from AWC by NGO site**

Among those who ate the nutritional supplements completely, the highest proportion of married adolescent girls (48 percent) was at the Dhule site and the lowest proportion was at the Nanded site (13 percent). Highest proportion of girls that did not eat the nutrition supplement at all was at the Nanded site (25.8 percent)

**Table 4.9.6: Consumption of nutritional supplement from AWC by NGO site**

NGO site	Take/share nutritional supplements (Percent)			Married adolescent girls
	Ate completely	Shared	Did not eat	
Beed	29.9	62.3	07.8	77
Nanded	12.9	61.3)	25.8	31
Amravati	34.2	54.8	10.1	73
Buldhana	25.0	61.4	13.6	44
Dhule	47.8	41.3	10.9	46
<b>All sites</b>	<b>31.4</b>	<b>56.4</b>	<b>12.2</b>	<b>271</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 5**

**Maternal Health: Intra-natal Services (INC)**

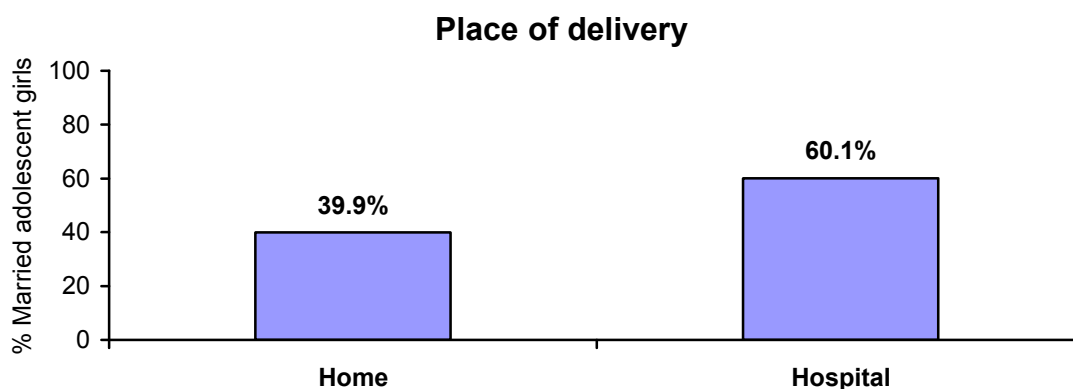


## SECTION 5

### Maternal Health: Intra-natal Services (INC)

#### 5.1 Place of delivery

Of the 461 married adolescent girls who reported deliveries, 60 percent delivered at a nearest hospital whereas 40 percent delivered at home.



#### 5.2 Place of delivery by NGO site

The highest proportion of married adolescent girls who reported an institutional delivery (80 percent) was from the Beed site. On the other hand, the highest proportion of home deliveries (59 percent) were reported at the Nanded site.

**Table 5.2: Place of delivery by NGO site**

NGO site	Place of delivery (Percent)		Married adolescent girls
	Home	Hospital	
Beed	20.0	80.0	95
Nanded	58.9	41.1	73
Amravati	28.1	71.9	96
Buldhana	38.3	61.7	94
Dhule	57.3	42.7	103
<b>All sites</b>	<b>39.9</b>	<b>60.1</b>	<b>461</b>

### 5.3 Personnel Conducting Home Deliveries

#### 5.3.1 Person who conducted home deliveries

Out of a total of 184 deliveries conducted at home, 69 percent were conducted by a traditional birth attendant (Dai) and only 8 percent and 3 percent deliveries were conducted under the supervision of a doctor or a government. ANM respectively.

**Table 5.3.1: Person who conducted home deliveries**

Variable	Category	Percent married adolescent girls (n=184)
Who conducted delivery at home	Dai	69.0
	Doctor	08.2
	Govt. ANM	03.3
	Relatives	19.5

#### 5.3.2 Person who conducted home deliveries by NGO site

The highest proportion of home deliveries conducted by a traditional birth attendant (Dai) (79 percent) was at the Nanded site. The highest proportion of home deliveries conducted by relatives (42 percent) was at the Beed site.

**Table 5.3.2: Person who conducted home deliveries by NGO site**

NGO site	Who conducted delivery at home? (Percent)				Married adolescent girls
	Dai	Doctor	Govt. ANM	Relatives	
Beed	42.1	15.8	00.0	42.1	19
Nanded	79.1	04.6	04.6	11.6	43
Amravati	59.3	03.7	03.7	33.3	27
Buldhana	75.0	11.1	00.0	13.9	36
Dhule	71.2	08.5	05.1	15.3	59
<b>All sites</b>	<b>69.0</b>	<b>08.2</b>	<b>03.3</b>	<b>19.5</b>	<b>184</b>

### 5.4 Gestational Period at the Time of Delivery

#### 5.4.1 Type of delivery by gestational period

Of the 461 married adolescent girls who reported live births, 93 percent reported full term babies, whereas 7 percent girls reported pre-term deliveries.

**Table 5.4.1: Type of delivery by gestational period**

Variable	Category	Percent Married adolescent girls (n=461)
Gestational term of delivery	Full term	92.6
	Pre term	07.4

**5.4.2 Type of delivery by gestational period and NGO site**

The highest proportion of married adolescent girls (95 percent) reporting full term deliveries was at the Dhule site. The highest proportion of girls reporting pre-term deliveries (12 percent) was at the Nanded site.

**Table 5.4.2: Type of delivery by gestational period and NGO site**

NGO site	Gestational term of delivery		Married adolescent girls
	Full term	Pre term	
Beed	92.6	07.4	95
Nanded	87.7	12.3	73
Amravati	91.7	08.3	96
Buldhana	94.7	05.3	94
Dhule	95.2	04.8	103
<b>Total</b>	<b>92.6</b>	<b>07.4</b>	<b>461</b>

**5.5 Intra-natal Complications****5.5.1 Married adolescent girls reporting any one intra-natal complication**

Out of 461 married adolescent girls who reported live births as the result of a pregnancy outcome, 286 (62 percent) reported at least one intra-natal complication.

**Table 5.5.1 Percentage of married adolescent girls who reported any one intra-natal complication**

Variable	Category	Percent married adolescent girls (n=461)
Any one intra natal complication	Yes	62.0
	No	38.0

### 5.5.2 Married adolescent girls who reported any one intra-natal complication by NGO site

A total of 286 married adolescent girls reported at least one intra-natal complication. A large proportion was from the Beed site (78 percent).

**Table 5.5.2: Percentage of married adolescent girls who reported any one intra-natal complication by NGO site**

NGO site	Any one Intra natal complication (Percent)		Married adolescent girls
	No	Yes	
Beed	22.1	77.9	95
Nanded	46.6	53.4	73
Amravati	32.3	67.7	96
Buldhana	36.2	63.8	94
Dhule	53.4	46.6	103
<b>All sites</b>	<b>38.0</b>	<b>62.0</b>	<b>461</b>

## 5.6 Type of complications at the time of delivery by NGO site

During the survey, the married adolescent girls were asked if they had had any complications at the time of delivery. Questions were asked to obtain information about poor contractions, premature rupture of membranes, excessive bleeding, obstructed labour, cord prolapse, hydramnios, retained placenta, large perineal tear, convulsions, shock, and severe breathlessness. The highest prevalence of self-reported complications at the time of delivery was reported by girls at the Beed site, followed by the Buldhana site.

**Table 5.6: Type of complications at the time of delivery by NGO site**

NGO Site	Poor contractions	Premature rupture of membranes	Excess bleeding	Obstructed / prolonged labor	Hand cord prolapse	Hydram-nios	Retained placenta	Large peri-neal tear	Convul-sions	Uncon-scious /shock	Severe breath-lessness
Beed	37.8	36.8	36.8	21.	02.1	23.2	15.8	46.	5.3	15.8	25.3
Nanded	28.8	27.4	27.4	15.1	2.7	12.3	13.7	13.7	02.7	09.6	04.1
Amravati	28.1	29.2	23.9	16.7	00.0	11.5	12.5	25.0	10.4	11.5	15.6
Buldhana	25.5	40.4	32.9	26.6	04.3	18.1	11.7	20.2	11.7	18.1	22.3
Dhule	24.3	29.1	17.5	11.6	01.9	09.7	06.8	18.5	04.8	09.7	8.7
<b>Total</b>	<b>28.9</b>	<b>32.8</b>	<b>27.5</b>	<b>18.2</b>	<b>02.2</b>	<b>14.9</b>	<b>11.9</b>	<b>25.2</b>	<b>07.2</b>	<b>13.0</b>	<b>15.62</b>

## 5.7 Treatment for Intra-natal Complications

### 5.7.1 Treatment utilization for intra-natal complications

Of the 286 married adolescent girls who reported intra-natal complications, 44 percent received treatment at government hospitals and 36 percent at private hospitals. 20 percent did not seek any treatment.

Among those who delivered at home, 90 percent experienced any one intra-natal complication. Of those who experienced a complication, 32 percent went to private hospitals, 10 percent to government hospitals and 58 percent did not seek treatment at all.

**Table 5.7.1: Reported treatment utilization for intra-natal complications**

Variable	Category	Percent married adolescent girls (n=286)
Treatment for Intra-natal complications	Govt. hospital	44.4
	Private hospital	35.7
	Did not go	19.9

### 5.7.2 Treatment for intra-natal complications by NGO site

The highest proportion of married adolescent girls (66 percent) who used Government health facilities was at the Beed site. The highest proportion (63 percent) that used facilities in the private sector was at the Buldhana site. The highest proportion of girls (31 percent) who did not seek treatment was at the Dhule site.

**Table 5.7.2: Reported treatment utilization for intra-natal complications by NGO site**

NGO site	Treatment for Intra-natal complications (Percent)			Married adolescent girls
	Govt. hospital	Private hospital	Did not go	
Beed	66.2	17.6	16.2	74
Nanded	23.1	46.2	30.8	39
Amravati	55.4	27.7	16.9	65
Buldhana	25.0	63.3	11.7	60
Dhule	37.5	31.3	31.3	48
<b>All sites</b>	<b>44.4</b>	<b>35.7</b>	<b>19.9</b>	<b>286</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 6**

**Maternal Health: Post-natal Care**

## SECTION 6

### Maternal Health: Post-natal Care

Post-natal services are essential for the mother and new born since most of the maternal and neonatal mortality and morbidity takes place during this period. At least three post-natal visits are recommended within the first 28 days after birth.

#### 6.1 Post-natal Services from Government ANM

During the survey married adolescent girls were asked if they received post-natal services from the government ANM in their village. Only 18 percent reported having received post-natal services from the government. ANM.

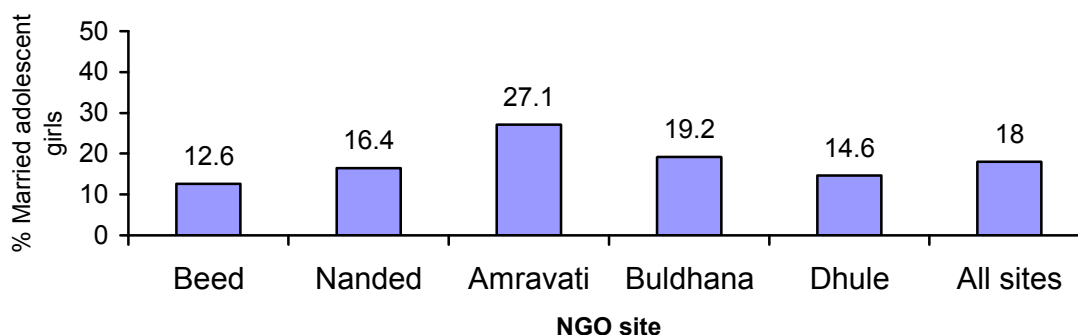
**Table 6.1: Post-natal services received from Government ANM**

Variable	Category	Percent married adolescent girls (n=461)
Did ANM examine you post-delivery	Yes	18.0
	No	82.0

#### 6.2 Post-natal Services Received from Government ANM by NGO Site

The highest proportion of married adolescent girls (87 percent) who said that they had not received post-natal services from the government ANM was at the Beed site, followed by 85 percent from the Dhule site.

Fig. 6.2: Post-natal services received from Government ANM by NGO site





### 6.3 Number of Times Examined by ANM

Out of the 83 married adolescent girls who had received post-natal care from the government ANM, merely 13 percent said that they were visited 3 times or more.

**Table 6.3: Proportion of married adolescent girls by frequency of post-natal visits by ANM**

Variable	Category	Percent married adolescent girls (n=83)
How many times did ANM examine?	0	02.4
	1	55.4
	2	28.9
	3	08.4
	4	02.4
	5	02.4

### 6.4 Place of Postnatal Visit

Among those who received postnatal care after delivery, 53 percent received post-natal care at home and 45 percent at the anganwadi or sub centre.

**Table 6.4: Place of Post-natal visit**

Variable	Category	Percent married adolescent girls (n=83)
Where did ANM examine?	At home	53.0
	AWW / Sub-center	44.6
	Did not examine	02.4

### 6.5 Post-natal Complications

#### 6.5.1 Prevalence of self reported post-natal complications

Forty-five percent of the married adolescent girls reported at least one post-natal complication.

**Table 6.5.1: Prevalence of self reported post-natal complications**

Variable	Category	Percent married adolescent girls (n=461)
Any one post-natal complication	Yes	45.3
	No	54.7

### 6.5.2 Any one Self reported post-natal complication by NGO site

The highest prevalence of self-reported post-natal complications (55 percent) was at the Beed site followed by 51 percent at the Buldhana site.

**Table 6.5.2: Any one self-reported post-natal complication by NGO site**

NGO site	Any one post-natal complication by NGO (Percent)		Married adolescent girls
	No	Yes	
Beed	45.3	54.7	95
Nanded	60.3	39.7	73
Amravati	59.4	40.6	96
Buldhana	48.9	51.1	94
Dhule	60.2	39.8	103
<b>All sites</b>	<b>54.7</b>	<b>45.3</b>	<b>461</b>

### 6.5.3 Treatment utilization behaviour for post-natal complications

Of the married adolescent girls who reported post-natal complications, 41 percent went for treatment within 6 days of delivery, 15 percent went after the 7<sup>th</sup> day of delivery and 44 percent did not seek any treatment.

**Table 6.5.3: When treatment for post-natal complications was utilized**

Variable	Category	Percent married adolescent girls (n=209)
Treatment for post-natal complication	Within six days	40.7
	After six days	15.3
	Did not go	44.0

### 6.5.4 Treatment for post-natal complication by NGO site

The highest proportion of married adolescent girls (56 percent) who did not seek any treatment for their post-natal complication was from the Amravati site whereas the highest proportion that utilized treatment within 6 days of delivery (48 percent) was from the Buldhana site.

**Table 6.5.4: Treatment for post-natal complication by NGO site**

NGO site	Treatment for post-natal complication (Percent)			Married adolescent girls
	Within six days	After six days	Did not go	
Beed	46.2	05.8	48.1	52
Nanded	34.5	17.2	48.3	29
Amravati	28.2	15.4	56.4	39
Buldhana	47.9	20.8	31.3	48
Dhule	41.5	19.5	39.0	41
<b>All sites</b>	<b>40.7</b>	<b>15.3</b>	<b>44.0</b>	<b>209</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 7  
Birth Weight**

## SECTION 7

### Birth Weight

#### 7.1 Mother's Perception of Birth Weight of Her Child

Each adolescent mother was asked if the size of her child was normal or small at the time of birth. About 82 percent felt that their child's size was normal.

**Table 7.1: Mother's perception of size of her child at the time of birth**

Variable	Category	Percent (n=461)
Was baby small or normal at birth	Small	17.6
	Normal	82.4

#### 7.2 The day on which child was first weighed after birth

Sixty two percent of the newborns were weighed on the day of delivery, while almost 20 percent were not weighed. The highest proportion of children (82 percent) weighed on the day of delivery was at the Beed site whereas at the Nanded site, only 45 percent were weighed on the day of delivery.

**Table 7.2: The day on which child was first weighed after birth**

Variable	Category	Percent (n=461)
When was baby first weighed?	Same day	62.3
	2 days after delivery	17.6
	Not weighed	19.9
	Don't remember	00.2

#### 7.3 Birth Weights of Children Born to Married Adolescent Girls

It was observed that 35 percent children were born with low birth weight at the time of delivery. Among the LBW babies, 14 percent were born prematurely.

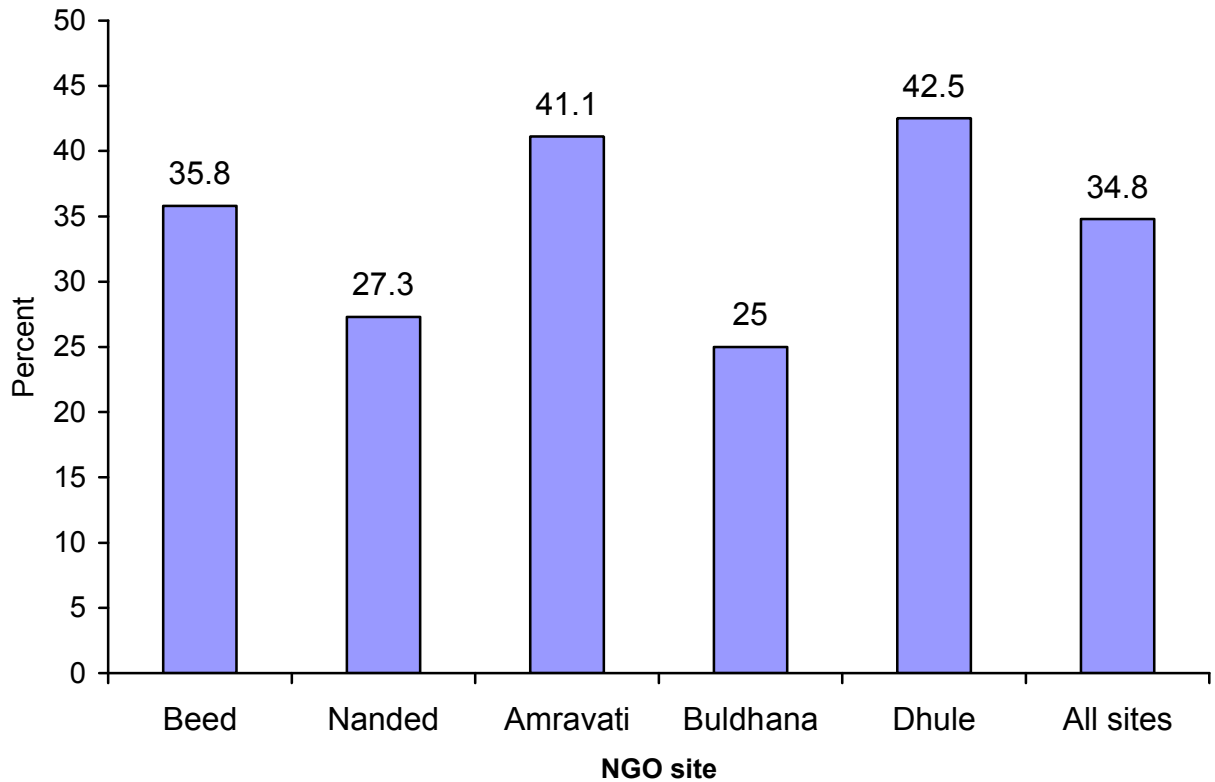
**Table 7.3 Birth weights of children born to married adolescent girls**

Variable	Category	Percent (n=287)
Weight at the time of birth	Normal Birth Weight	65.2
	Low Birth Weight (<2.5 kg.)	34.8

#### 7.4 Birth Weight of Children Born to Married Adolescent Girls by NGO Site

Prevalence of low birth weight was highest in the Dhule site (42.5 percent) and Amravati site (41.1 percent). The proportion of children born with low birth weight was lowest at the Buldhana site (25 percent).

**Fig. 7.4: Prevalence of Low Birth Weight babies by NGO site**



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 8  
Neo-natal Care**

## SECTION 8

### Neo-natal Care

#### 8.1 Complications at the Time of Birth.

Married adolescent mothers were asked if their baby cried immediately at the time of birth. About six percent mothers reported that the baby was not able to cry immediately at the time of birth and had to be treated.

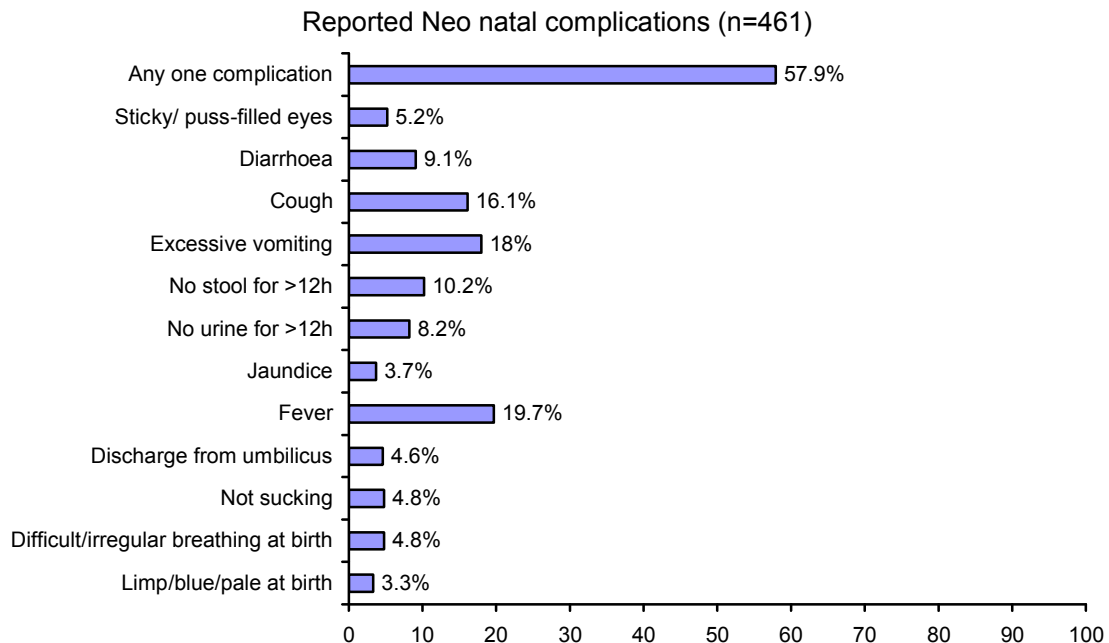
**Table 8.1: Complications at the time of birth**

Variable	Category	Percent married adolescent girls (n=461)
Complication at the time of birth – not able to cry	Yes	06.1
	No	93.9

#### 8.2 Complications Experienced by Infant within 28 days After Birth

The reported prevalence of various neo-natal complications is presented in Figure 8.2.1. Of the 461 married adolescent mothers, about 20 percent reported that the new-born developed fever during the first 28 days. Eighteen percent reported that their child had excessive vomiting during the neo-natal period, and 16 percent reported symptoms of respiratory infection such as a cough.

**Figure 8.2.1: Type of complications experienced by child within 28 days after birth**





Of the 461 married adolescent mothers, about 58 percent reported any one neo-natal complication. The highest proportion of young mothers who reported the occurrence of a neonatal complication (54 percent) was at the Buldhana site.

### 8.2.2 Treatment utilization for neo-natal complications

A total of 194 respondents reported at least one neo-natal complication. Out of these, 62 percent took the neonate for treatment within 6 days whereas about 20 percent did not seek any treatment. The highest proportion of young mothers – about 23 percent from the Nanded and Amaravati sites - did not seek any treatment for neo-natal complications.

**Table 8.2.2: Treatment seeking behaviour for neonatal complications**

Variable	Category	Percentage (n=194)
Treatment for neonatal complications	Within six days	62.4
	After seven days	18.0
	Did not take	19.6

### 8.2.3 Place of treatment for neo-natal complications

About 71 percent married adolescents who reported neo-natal complications took the newborn to a private hospital for treatment, while 28 percent went to a government hospital. Utilization of government health services for neo-natal complications was highest (41 percent) at the Beed site and lowest (20 percent) at the Buldhana site.

**Table 8.2.3: Place of treatment for neo-natal complications**

Variable	Category	Percentage
Place of treatment	Govt. Hospital	28.2
	Pvt. Hospital	71.2
	Traditional	00.6
	<b>n</b>	<b>156</b>

## 8.3 Feeding Practices

### 8.3.1 Breast-feeding after birth

About 97 percent of the married adolescent girls reported that they breast-fed the infant.

**Table 8.3.1: Breast-feeding after birth**

Variable	Category	Percentage (n=461)
Breast-fed baby or not?	Yes	97.4
	No	02.6

### 8.3.2 Initiation of breast-feeding after birth

About 66 percent of married adolescent girls initiated breast-feeding within half an hour after birth and only 14 percent initiated breast-feeding within 24 hours of birth. The highest proportion of married adolescent girls who reported having initiated breast-feeding within half an hour after birth was at the Amravati site.

**Table 8.3.2 Initiation of breast-feeding after birth**

<b>Variable</b>	<b>Category</b>	<b>Percent married adolescent girls (n=461)</b>
When Breast-feed was started?	Within half an hour after birth	65.5
	Half hour to withn 24 hours after birth	13.7
	24 hours after birth	20.8

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 9**

**Abortion and Post Abortion Complications**

## SECTION 9

### Abortion and Post-abortion Complications

#### 9.1 Proportion of Married Adolescent Girls who had Ever Experienced an Abortion

Of 512 girls who had conceived, 12.5 percent had experienced one abortion and 2 percent had experienced two or more abortions.

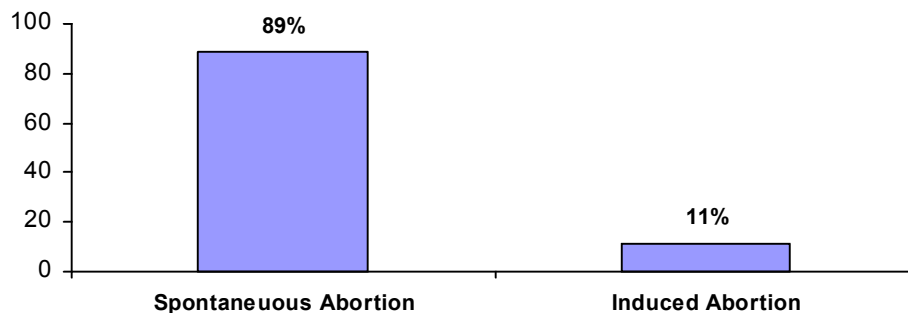
**Table 9.1: Proportion of married adolescent girls who had ever experienced an abortion**

Variable	Category	Percent married adolescent girls (n=512)
Total abortions	0	85.6
	1	12.5
	2	01.6
	3	00.2
	4	00.2

#### 9.2 Type of Abortion Experienced by Married Adolescent Girls

Out of a total of 74 abortions reported by married adolescent girls, the large majority (89 percent) were spontaneous abortions and 11 percent reported induced abortions. Most (60 percent) respondents who reported a spontaneous abortion said that it took place in the first trimester of gestation. Similarly, among those who had undergone an induced abortion, 63 percent reported that the abortion was done in the third month of gestation. 83 percent reported that they had sought treatment after the abortion. 80 percent of the respondents had sought treatment within 24 hours.

**Fig. 9.2: Type of abortion experienced by married adolescent girls**

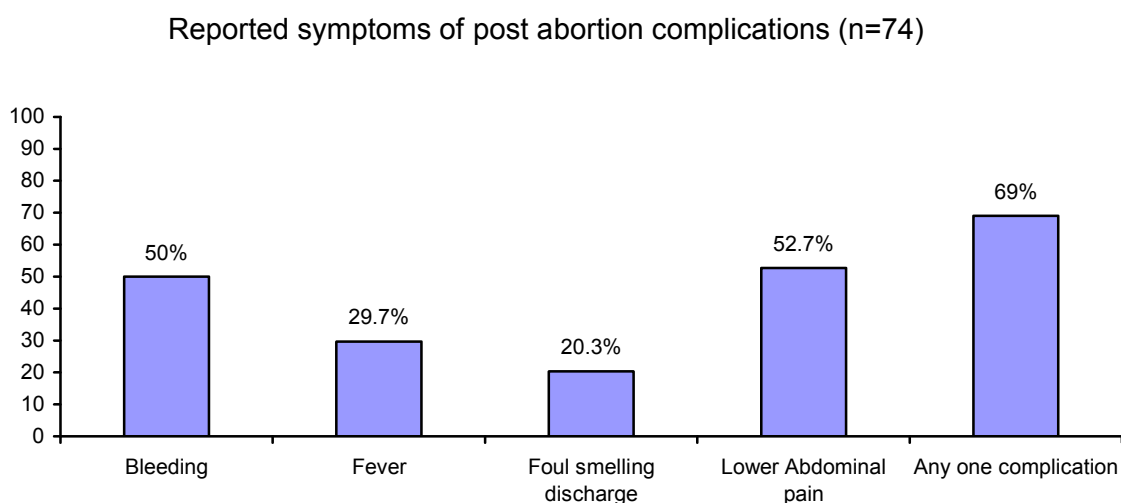


(N = 74)

### 9.3 Proportion of Married Adolescent Girls Who Experienced Post-abortion Complications

Of the 74 married adolescent girls who reported having experienced an abortion, 69 percent reported at least one post abortion complication - 50 percent reported bleeding, 30 percent reported fever, 21 percent reported foul smelling discharge, and 53 percent reported lower abdominal pain.

**Fig 9.3: Proportion of married adolescent girls who experienced post abortion complications**



### 9.4 Treatment Utilization for Post-abortion Complications

When married adolescent girls were asked if they had had sought treatment for post-abortion complications, 82 percent reported that they had.

**Table 9.4: Medical care seeking behavior for post-abortion complications**

Variable	Category	Percent married adolescent girls (n=51)
Treatment for abortion complication	Taken treatment	82.4
	Not taken	17.6

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 10**

**Menstrual problems**

## SECTION 10

### Menstrual Problems

#### 10.1 Prevalence of Menstrual Problems

Of the 818 married adolescent girls who were interviewed, 642 (78 percent) reported that they had experienced a menstrual problem.

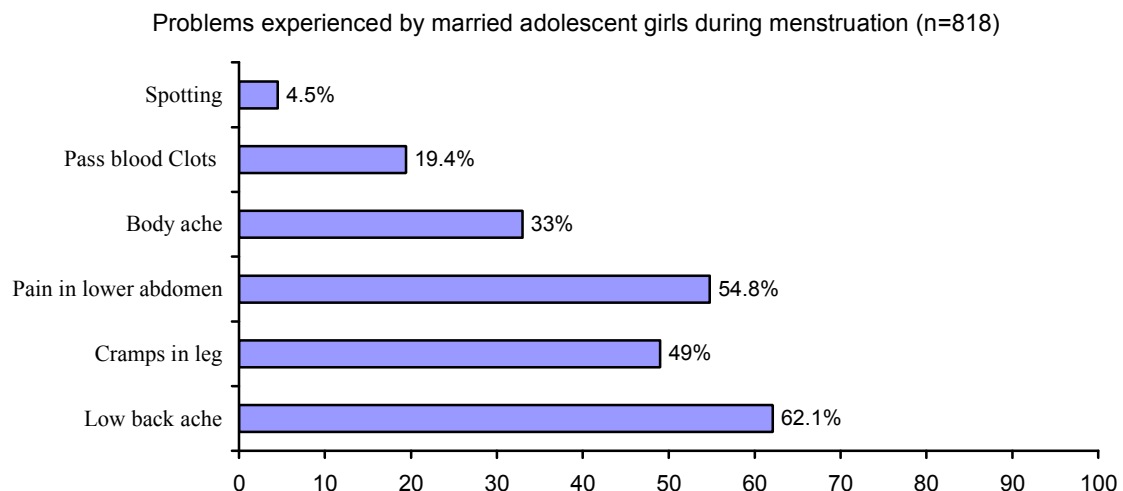
**Table 10.1: Prevalence of menstrual problems**

Variable	Category	Percent married adolescent girls (n=818)
Married adolescent girls experiencing menstrual problems	Yes	78.5
	No	21.5

#### 10.2 Married Adolescent Girls who Reported Various types of Menstrual Problems

When respondents were asked if they suffered from menstrual problems, multiple responses were received such as - 62 percent lower backache, 49 percent cramps in the legs, 55 percent pain in the lower abdomen, 33 percent body ache, 19 percent passing blood clots, and 5 percent reported spotting between cycles.

**Fig. 10.2 Married adolescent girls reporting various types of menstrual problems**



### 10.3 Treatment Utilization for Menstrual Problems

Of those who reported having experienced a menstrual problem, only 28 percent sought medical treatment.

**Table 10.3: Treatment utilization for menstrual problems**

<b>Variable</b>	<b>Category</b>	<b>Percent married adolescent girls (n=642)</b>
Treatment for menstrual problem	Taken treatment	28.2
	Not taken treatment	71.8



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 11  
Urinary Tract Infections**

## SECTION 11

### Urinary Tract Infections

#### 11.1 Prevalence of Self-reported Symptoms of Urinary Tract Infections

19 percent reported having had burning sensation or pain during urination and 15 percent reported frequent micturation. Of the total married adolescent girls interviewed, 24 percent reported having had at least one symptom of UTI.

**Table 11.1: Prevalence of self-reported symptoms of urinary tract infections**

Variable	Symptom	Percent married adolescent girls (n=818)
Symptoms of UTI	Burning sensation/pain during urination	19.2
	Frequent micturation	15.0

#### 11.2 Prevalence of Self-reported Symptoms of Urinary Tract Infections by NGO Site

Amravati site had the highest proportion of married adolescent girls (30 percent) who reported experiencing at least one symptom of UTI.

**Table 11.2: Prevalence of self reported symptoms of UTI by NGO site**

NGO site	Any one symptom of UTI		Married adolescent girls
	No	Yes	
Beed	72.6	27.4	164
Nanded	83.5	16.5	170
Amravati	69.7	30.1	146
Buldhana	74.9	25.1	171
Dhule	77.3	22.7	167
<b>All sites</b>	<b>75.8</b>	<b>24.2</b>	<b>818</b>

### 11.3 Treatment for Self-reported Symptoms of Urinary Tract Infection

Out of the married adolescent girls who reported any one symptom of urinary tract infection, a large majority (73 percent) did not go for any treatment. The highest proportion of married adolescent girls who did not seek treatment for urinary tract infections was from the Buldhana site (79 percent), whereas the highest proportion who utilized treatment (31 percent) was from the Dhule site.

**Table 12.4: Treatment for self-reported symptoms of reproductive tract infection by NGO site**

NGO site	Treatment for symptom of UTI (Percent)		Married adolescent girls
	Taken	Not Taken	
Beed	26.7	73.3	45
Nanded	25.0	75.0	28
Amravati	27.3	72.7	44
Buldhana	20.9	79.1	43
Dhule	31.6	68.4	38
<b>All sites</b>	<b>26.3</b>	<b>73.7</b>	<b>198</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 12  
Reproductive Tract Infections**

## SECTION 12

### Reproductive Tract Infections

#### 12.1 Prevalence of Any One Self-reported Symptom of Reproductive Tract Infection

Respondents were asked if they were suffering from symptoms of reproductive tract infection like white discharge, itching in genitalia, pain in lower abdomen, pain during intercourse, excessive pain / bleeding during menstruation, and lower back pain. Of the 818 married adolescent girls, 35 percent reported having had any one symptom of reproductive tract infection (RTI).

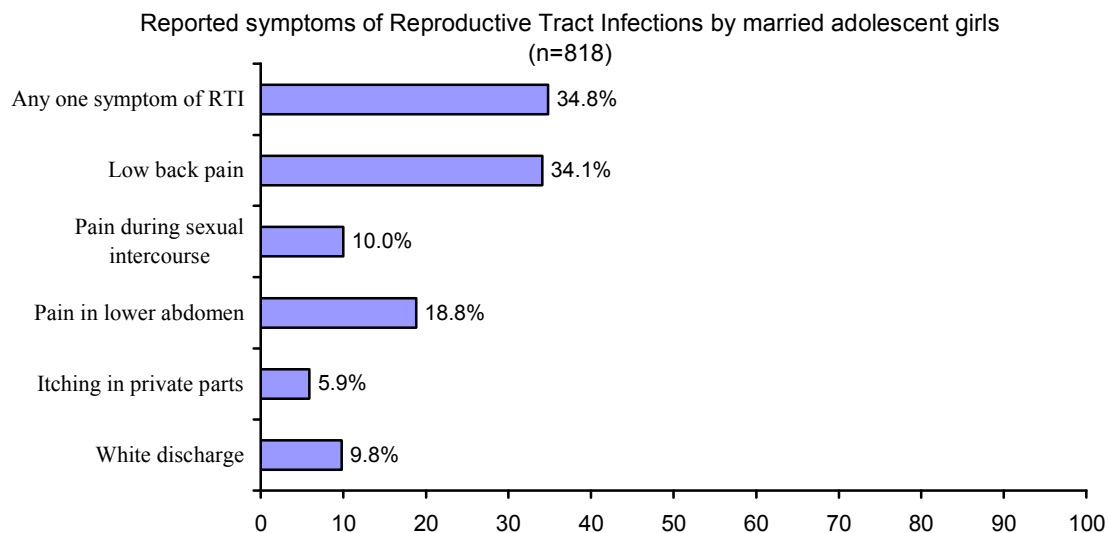
**Table 12.1: Any one self-reported symptom of reproductive tract infection**

Variable	Category	Percent married adolescent girls (n=8148)
Any one symptoms of RTI	Yes	34.8
	No	65.2

#### 12.2: Prevalence of Self-reported Symptoms of Reproductive Tract Infection

About 10 percent married adolescent girls reported white discharge, 6 percent itching in genitalia, 19 percent pain in lower abdomen, 10 percent pain during intercourse, 11 percent excessive pain / bleeding during menstruation and 34 percent lower back pain.

**Fig. 12.2: Self reported symptoms of Reproductive Tract Infection**



### 12.3 Self-reported Symptoms of Reproductive Tract Infection by NGO site

The highest proportion of married adolescent girls who self-reported symptoms of a RTI (44 percent) was at the Dhule site.

**Table 12.3: Self reported symptoms of reproductive tract infection by NGO site**

NGO site	Any one symptom of RTI (Percent)		Married adolescent girls
	No	Yes	
Beed	62.8	37.2	164
Nanded	70.6	29.4	170
Amravati	65.1	34.9	146
Buldhana	70.8	29.2	171
Dhule	56.3	43.7	167
<b>All sites</b>	<b>65.2</b>	<b>34.8</b>	<b>818</b>

### 12.4 Treatment for Self-reported Symptoms of Reproductive Tract Infection

Out of the married adolescent girls who reported any one symptom of reproductive tract infection, the majority (72 percent) did not go for treatment, 28 percent said that they got treated. The highest proportion of married adolescent girls who did not seek treatment was from the Amravati site (78 percent) whereas the highest proportion that sought treatment (33 percent) was from the Beed site.

**Table 12.4: Treatment for self-reported symptoms of reproductive tract infection by NGO site**

NGO site	Treatment for symptom of RTI (Percent)		Married adolescent girls
	Taken	Not Taken	
Beed	32.8	67.2	61
Nanded	26.0	74.0	50
Amravati	21.6	78.4	51
Buldhana	30.0	70.0	50
Dhule	28.8	71.2	73
<b>All sites</b>	<b>28.1</b>	<b>71.9</b>	<b>285</b>

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 13  
Sexually Transmitted Infections**

## SECTION 13

### Sexually Transmitted Infections

#### 13.1 Prevalence of Any One Self-reported Symptom of Sexually Transmitted Infection

Of the 818 married adolescent girls who were asked about STI, 4 percent reported having had any one symptom of STI.

**Table 13.1: Proportion of married adolescent girls who reported any one symptom of sexually transmitted infection**

Variable	Category	Percent married adolescent girls (n=818)
Any one symptoms of STI	Yes	04.0
	No	96.0

#### 13.2 Prevalence of Any One Self-reported Symptom of Sexually Transmitted Infection by NGO Site

The highest proportion of married adolescent girls who reported any one symptom of STI (7 percent) was at the Dhule site.

**Table 13.2: Prevalence of any one self-reported symptom of sexually transmitted infection by NGO site**

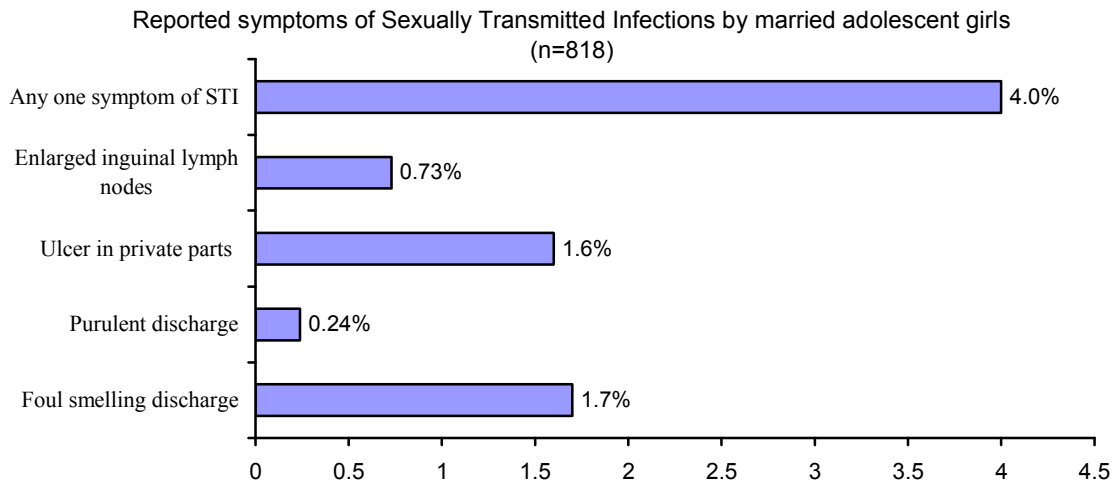
NGO site	Any one symptom of STI (Percent)		Married adolescent girls
	No	Yes	
Beed	95.1	04.9	164
Nanded	98.8	01.2	170
Amravati	95.9	04.1	146
Buldhana	97.1	02.9	171
Dhule	92.8	07.2	167
<b>All sites</b>	<b>96.0</b>	<b>04.0</b>	<b>818</b>



### 13.3 Prevalence of Self-reported Symptoms of Sexually Transmitted Infections

Respondents were asked whether they were suffering from foul smelling discharge, purulent discharge, or pain / swelling in the inguinal area. Of the 818 married adolescent girls who were asked about symptoms of STI, 4.0 percent said they had one or more symptom of STI - 1.7 percent reported foul smelling discharge, 0.24 percent reported purulent discharge, 1.6 percent reported a vaginal ulcer, and 0.73 percent reported painful swelling in the inguinal region. (See Fig. 13.3)

**Fig. 13.3: Prevalence of self reported symptoms of sexually transmitted infections**



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 14  
Family Planning**

## SECTION 14

### Family planning

#### 14.1 Ever used a contraceptive - among all married adolescent girls

All 818 married adolescent girls were asked if they had ever used a contraceptive method. Only 9 percent reported having ever used a contraceptive method.

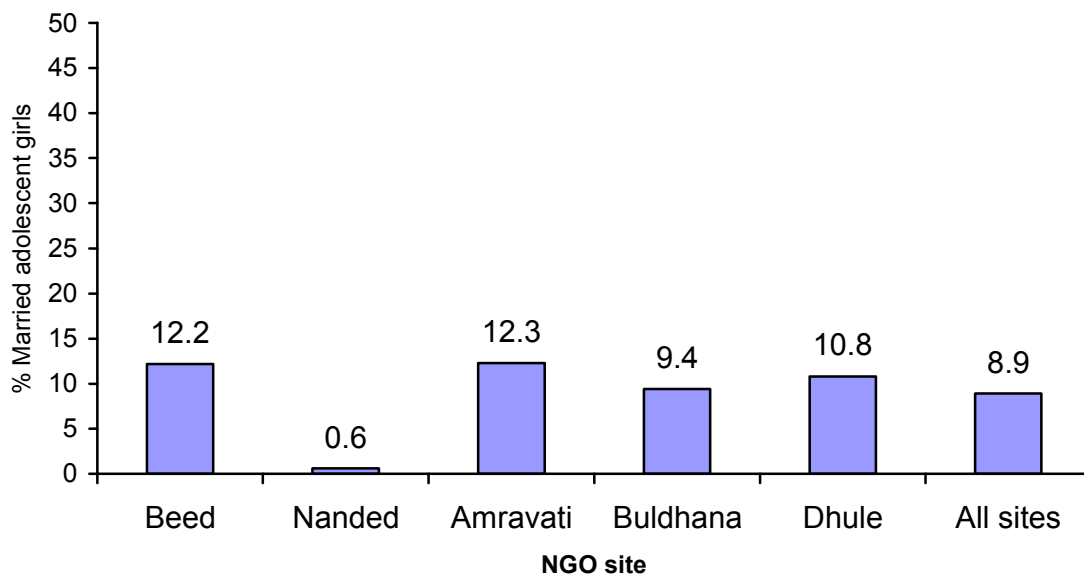
**Table 14.1: Ever used a contraceptive - among all married adolescent girls**

Variable	Category	Percent married adolescent girls (n=818)
Ever used a contraceptive - among all married adolescent girls	Yes	08.9
	No	91.1

#### 14.2 Ever used a contraceptive - among all married adolescent girls by NGO site

The highest proportion of girls who had never used a contraceptive (99 percent) was at the Nanded site. The highest proportion of married adolescent girls who reported ever having used a contraceptive (over 12 percent) was at the Beed and Amravati sites.

**Fig. 14.2: Ever use of contraceptives by NGO site**



### 14.3 Current Use of Contraceptives by Currently Non-pregnant Married Adolescent Girls

Of the 818 married adolescent girls who were interviewed, 606 were not pregnant at the time of the survey. Questions regarding current use of contraceptive were asked only of them. Only 9 percent of the 606 non-pregnant married adolescent girls reported that they were currently using contraceptives.

**Table 14.3: Current use of contraceptives by currently non-pregnant married adolescent girls**

Variable	Category	Percent married adolescent girls (n=606)
Current use of contraceptive - among non-pregnant married adolescent girls	Yes	08.9
	No	91.1

### 14.4 Current Use of Contraceptives by Currently Non-pregnant Married Adolescent Girls by NGO Site

The highest proportion of non-pregnant, married adolescent girls who reported current use of contraceptives (about 13 percent) was at the Beed and Amravati sites. The lowest proportion, merely 0.8 percent, was at the Nanded site.

**Table 14.4: Current use of contraceptives by currently non-pregnant married adolescent girls by NGO site**

NGO site	Current use of contraceptive - among currently non-pregnant married adolescent girls (Percent)		Married adolescent girls
	No	Yes	
Beed	87.1	12.9	116
Nanded	99.2	00.8	131
Amravati	87.5	12.5	104
Buldhana	90.2	09.8	123
Dhule	90.2	09.8	132
<b>All sites</b>	<b>91.1</b>	<b>08.9</b>	<b>606</b>

### 14.5 Proportion of Married Adolescent Girls Using Contraceptives by Type of Contraceptive

Among those non pregnant, married adolescent girls who were currently using family planning methods, 2.49 percent were using contraceptive pills, 5.46 percent condoms, 0.5 percent an intrauterine device, and 0.83 percent preferred abstinence.

**Table 14.5: Proportion of married adolescent girls using contraceptives by type of contraceptive**

Which Family planning currently using?	Percent married adolescent girls (n=606)
Contraceptive pills	1.7
Contraceptive pills and Condom	0.4
Contraceptive pills and Condom and abstinence	0.4
Condom	5.1
Condom and copper T	0.2
Condom and Abstinence	0.2
Copper T	0.3
Abstinence	0.6
Sterilization operation	0.8
No	90.3
Total	100.00

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 15**

**Knowledge about Reproductive Health**

## SECTION 15

### Knowledge Levels about Reproductive Health

#### 15.1 Knowledge of Reproductive Health Issues

Knowledge of reproductive health issues is a known determinant of reproductive health behaviours, particularly health seeking behaviours. Ten key questions were asked of the 818 married adolescent girls to assess their knowledge about various reproductive health issues. Responses were categorized as correct or incorrect. Merely 5 percent girls had knowledge about causes of anaemia. Less than a third had correct knowledge about danger signs during pregnancy and potential complications during delivery. Only half the girls were aware of neo-natal danger signs and complications. A little over one half of the girls had knowledge about the normal weight of a new born.

**Table 15.1: Knowledge of reproductive health**

Sr.	Question	Response Category	Percent married adolescent girls (n=818)
1.	What is the main cause of anemia?	Incorrect	94.3
		Correct	05.7
2.	When should a woman go for first check-up if she misses her periods?	Incorrect	23.2
		Correct	76.8
3.	What are the complications a woman can suffer during the antenatal period?	Incorrect	65.6
		Correct	34.4
4.	What are the warning signs or complications following childbirth that indicate that a woman should seek a health care provider?	Incorrect	71.5
		Correct	28.5
5.	What are the warning signs immediately following childbirth that mean a newborn should be taken to the doctor?	Incorrect	48.2
		Correct	51.8
6.	What should be the minimum birth weight of the newborn baby?	Incorrect	43.2
		Correct	56.8
7.	When should a mother start breast-feeding a baby after birth?	Incorrect	34.5
		Correct	65.5
8.	Why do some women/girls have white foul smelling vaginal discharge?	Incorrect	98.5
		Correct	01.5
9.	What are the consequences to the mother if she has a baby before age 18 years?	Incorrect	75.5
		Correct	24.5
10.	Name at least two family planning methods that can be used immediately after marriage?	Incorrect	69.1
		Correct	30.9

The lowest knowledge levels were about reproductive tract infections. Less than a fourth of the girls knew about the risks involved in early conception, and only one third had correct knowledge about contraceptives.

## 15.2 Reproductive Health Knowledge Among Married Adolescent Girls

A composite index for reproductive health knowledge was prepared based on the responses of married adolescent girls and they were categorized as having low or high reproductive health knowledge. Of the 818 married adolescent girls who were assessed, only 30 percent were found to have high knowledge about reproductive health issues. The remaining 70 percent were found to have poor knowledge.

**Table 15.2: Level of reproductive health knowledge among married adolescent girls (composite RH knowledge index)**

Reproductive Health Knowledge	Percent married adolescent girls (n=818)
Low level of Knowledge	70.5
High Level of Knowledge	29.5
Total	100.00

## 15.3 Level of Reproductive Health Knowledge Among Married Adolescent Girls by NGO site (composite RH knowledge index)

Married adolescent girls at the Nanded site constituted the highest proportion (85 percent) with poor knowledge about reproductive health. The highest proportion (51 percent) of girls with high knowledge about reproductive health was at the Beed site.

**Table 15.3: Level of reproductive health knowledge among married adolescent girls by NGO site (composite RH knowledge index)**

NGO site	Knowledge of RH		Married adolescent girls
	Low (percent)	High (percent)	
Beed	48.8	51.2	164
Nanded	84.7	15.3	170
Amravati	71.9	28.1	146
Buldhana	73.7	26.3	171
Dhule	70.7	29.3	167
All sites	70.1	29.9	818



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 16**

**Exposure to Behaviour Change Communication  
(BCC)**

## SECTION 16

### Exposure to Behaviour Change Communication (BCC)

#### 16.1 Reported Home Visits by Service Providers

Married adolescent girls were asked if they had been visited at home in the last one month by a government ANM, Anganwadi worker or ASHA.

About 14 percent respondents reported that the government ANM had visited them at home in the last one month prior to the survey, 20 percent said that the Anganwadi worker had visited their home in the one last month, and only 6 percent reported that ASHA had visited them in the last one month.

**Table 16.1 Proportion of married adolescent girls who reported home visits by service providers**

Sr.	Question	Category	Percent Married adolescent girls (n=818)
1.	In the last one month did the ANM visit you at home?	Yes	14.2
		No	85.8
2.	If yes, why did govt. ANM visit you? (n=116)	Need Assessment	17.2
		Information	22.4
		Service	54.3
		Referral/follow up	06.0
3.	In the last one month did the AWW visit you at home?	Yes	20.1
		No	79.9
4.	If yes, why did AWW visit you? (n=164)	Need Assessment	07.9
		Information	39.6
		Service	48.8
		Referral/follow up	03.7
5.	In the last one month did ASHA visit you at home?	Yes	05.9
		No	94.1
6.	If yes, why did ASHA visit you? (n=49)	Need Assessment	10.2
		Information	65.3
		Service	20.4
		Referral/follow up	4.1

Out of the 116 girls who reported home visits by the ANM, merely 22 percent said that they had been provided with some information. Of the 164 girls who reported home visit by an anganwadi worker, about 40 percent said that they had been provided with some information, and out of the 6 percent who reported a visit by ASHA, 65 percent said that they had been provided with information.

It can be inferred that community-based workers disseminate information more than ANMs, but they do not visit all the houses. Exposure to behaviour change communication (BCC) at the time of the survey was limited.

## 16.2 Exposure of Married Adolescent Girls to Group BCC

All the married adolescent girls were asked if they had attended any group meetings at the village level in the last six months. A very low proportion (01.3 percent) said that they had attended a group meeting in their village in the last six months. A majority (98.7 percent) did not attend any group meeting at the village level.

Only 0.8 percent of the married adolescent girls reported that they had attended a meeting on any health topic with their husband. Only 0.6 percent reported that they had received a pamphlet or some printed material on any health issue. Merely 0.5 percent married adolescent girls were aware of any camp for treatment of gynecological problems. About 2 percent reported that they had ever used a recipe book for cooking. About 4 percent had had any kind of discussion with their husband related to health services. A majority (75 percent) had not consumed IFA tablets in the last six month.

**Table 16.2: Proportion of married adolescent girls who reported exposure to group BCC**

Sr. No.	Question	Category	Percent married adolescent girls (n=818)
1.	In the last six months how many health related meetings have you attended in your village?	Yes	01.3
		No	98.7
2.	Have you ever attended a meeting/workshop on health with your husband?	Yes	00.8
		No	99.2
3.	Have you received any pamphlets on health?	Yes	00.6
		No	99.4
4.	In the last six months has there been any camp for treatment of gynae. problems among women?	Yes	00.5
		No	99.5
5.	Have you ever used a recipe book for cooking?	Yes	02.3
		No	97.7
6.	Have you ever had a discussion on health services with your husband	Yes	04.2
		No	95.8
7.	How many IFA tablets have you consumed in the last six months?	Nil	75.3
		<=30	14.6
		31-90	08.9
		91+ tabs.	01.2

### 16.3 Exposure to Information on Reproductive Health and HIV/AIDS

All married adolescent girls were asked if they had received information on topics related to reproductive health, diet, advantages of delaying first conception, contraceptive methods, HIV/AIDS, etc.

The majority of the married adolescent girls (69 percent) reported ever having received information about HIV/AIDS and menstruation. Around 31 percent reported receiving information on care during pregnancy, delivery, and the post-natal period. Around 32 percent had information about HIV testing centres. This could be due to the fact that two of the NGO sites have been working on HIV / AIDS issues for several years. Around 29 percent of the girls reported having received information on contraceptives.

Only a small proportion of married adolescent girls (6 percent) reported exposure to information on body structure, a mere 2 percent reported exposure to information on diet and anemia, 10 percent had received information on abortion, and merely 2 percent had received information on reproductive tract infections. Around 12 percent of the girls reported having received information on advantages of delaying first conception.

**Table 16.3: Proportion of married adolescent girls who reported exposure to information on various reproductive health topics**

Sr.	Have you received information on the following mentioned topics?	Percent married adolescent girls (n=818)
1.	Body structure	06.1
2.	Diet and Anemia	02.2
3.	Ante-natal, delivery and post-natal care	31.5
4.	Abortion	10.2
5.	Care of low birth weight baby	21.2
6.	Reproductive tract infections	01.9
7.	Care during menstruation	68.7
8.	Advantages of delaying first conception	12.6
9.	Contraceptive methods	28.9
10.	HIV/AIDS	68.9
11.	HIV testing centers	32.4

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 17**

**Reported Non-consensual Sex**

## SECTION 17

### Reported Non-Consensual Sex

#### 17.1 Proportion of Married Adolescent Girls Who Reported Non-consensual Sex

In this study, the operational definition of non-consensual sex used was married adolescent girls who reported incidents of having been forced to have sex without their consent. Non-consensual sex was defined using three parameters - respondent had to have sex against her wish, respondent was forced to have sex or, respondent had an occasion where she refused to have forced sex.

About 20 percent of the married adolescent girls reported that they had experienced non-consensual sex.

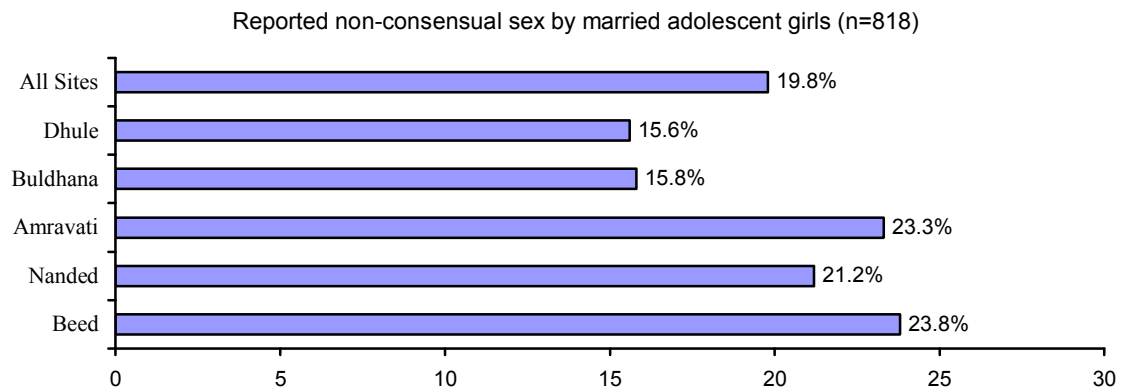
**Table 17.1: Proportion of married adolescent girls who reported non-consensual sex**

Variable	Category	Percent married adolescent girls (n=818)
Non-consensual sex	Yes	19.8
	No	80.2

#### 17.2 Reported Non-consensual Sex by NGO Site

The proportion of married adolescent girls who reported non-consensual sex was highest at the Beed site (24 percent) and Amravati site (23 percent).

**Fig. 17.2: Proportion of married adolescent girls reported non-consensual sex by NGO site**



**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 18  
Reported Domestic Violence**

## SECTION 18

### Reported Domestic Violence

#### 18.1 Reported Physical Violence by Married Adolescent Girls

When asked whether her husband had hit her in the past twelve months, about 18 percent married adolescent girls reported in the affirmative.

**Table 18.1: Proportion of married adolescent girls who reported physical violence in the last 12 months**

Variable	Category	Percent married adolescent girls (n=818)
Physical violence in last year	Yes	18.1
	No	81.9

#### 18.2 Reported Physical Violence in the Last 12 months by NGO Site

The highest proportion of married adolescent girls who reported physical violence (26 percent) was at the Nanded site. The lowest proportion (13 percent) was at the Dhule site.

**Table 18.2: Proportion of married adolescent girls who reported physical violence in the last 12 months by NGO site**

District	Physical violence in last year - percent		Married adolescent girls
	No	Yes	
Beed	83.5	16.5	164
Nanded	74.1	25.9	170
Amravati	80.1	19.9	146
Buldhana	85.4	14.6	171
Dhule	86.2	13.8	167
All sites	81.9	18.1	818



### 18.3 Frequency of Reported Physical Violence in the last 12 Months

When married adolescent girls were asked how many times they had been beaten by their husbands in the past one year, 44 percent reported that they had been beaten once, 28 percent reported that they had been beaten twice, and 28 percent reported experiencing physical violence on three or more occasions in the past one year. One married adolescent girl reported experiencing daily physical violence.

**Table 18.3: Frequency of physical violence in the last 12 months reported by married adolescent girls**

<b>Variable</b>	<b>Category</b>	<b>Percent married adolescent girls (n=148)</b>
Frequency of physical violence in past one year	1	43.9
	2	28.4
	3	15.5
	4	06.1
	5	03.4
	6 and above times	02.7

**Safe Adolescent Transition and Health Initiative  
(SATHI)  
Baseline Survey Report**

**Section 19  
HIV / AIDS**

## SECTION 19

### HIV and AIDS

#### 19.1 Knowledge about HIV and AIDS

The study included a set of questions on knowledge of AIDS. In particular, information was collected on transmission and prevention, as well as a series of questions probing for knowledge beyond transmission and prevention.

Table 19.1 indicates that 80 percent of married adolescent girls had heard of AIDS and 69 percent had heard of HIV. 44 percent respondents said that it was possible for a healthy looking person to be infected with AIDS. Only 11 percent of the married adolescent girls agreed that there were chances of a person like themselves getting HIV infection.

**Table 19 1: Proportion of married adolescent girls had knowledge about HIV/AIDS**

Sr.	Question	Category	Percent married adolescent girls (n=818)
1.	Ever heard of AIDS	Yes	80.3
		No	19.7
2.	Ever heard of HIV	Yes	69.7
		No	30.3
3.	Is it possible for a healthy looking person to be infected with AIDS?	Yes	44.0
		No	20.5
		Don't know	35.5
4.	Paise in a rupee do you think are the chances that a person like yourself can get HIV infection?	0-33 Paise	26.3
		34-66 Paise	19.8
		67-100 Paise	11.4
		Don't know	42.5

#### 19.2 Knowledge of Transmission of HIV/AIDS

A majority of married adolescent girls were aware that HIV/AIDS could be transmitted through blood transfusion.

Awareness of transmission of HIV/AIDS through sharing of needles was also consistently high (70 percent).

A substantial proportion of married adolescent girls (68 percent) were aware that HIV/AIDS is transmitted through sexual contact. A similarly high proportion of girls (64 percent) were aware of mother to child transmission and 63 percent were aware that HIV/AIDS could be transmitted through breast-feeding.

**Table 19.2: Proportion of married adolescent girls with correct knowledge about transmission of HIV/AIDS**

Sr.	Question	Category	Percent married adolescent girls (n=818)
1.	Can AIDS be transmitted by contaminated syringes/needles?	Yes	70.3
		No	03.2
		Don't know	26.5
2.	Can AIDS be transmitted by blood transfusion from an infected person?	Yes	71.6
		No	02.2
		Don't know	26.2
3.	Can AIDS be transmitted through sexual contact?	Yes	68.1
		No	04.3
		Don't know	27.6
4.	Can AIDS be transmitted by an infected pregnant mother to her unborn child?	Yes	63.5
		No	08.4
		Don't know	28.1
5.	Can AIDS be transmitted through breast-feeding (among infected mothers)?	Yes	62.8
		No	07.7
		Don't know	29.5

### 19.3 Misconceptions Related to the Transmission of HIV/AIDS

A substantial proportion of married adolescent girls harbored incorrect beliefs regarding transmission of HIV/AIDS. About 50 percent believed that HIV can be transmitted through mosquito bites, 15 percent believed that HIV can be transmitted through shaking hands, and about one fourth had the perception that HIV can be transmitted through sharing of clothes, bedding and utensils or by touching the dead body of a person with AIDS.

A substantial number did not have any knowledge, and were unable to communicate any perception about these incorrect modes of transmission of HIV.

**Table 19.3: Proportion of married adolescent girls who reported misconceptions related to the transmission of HIV**

Sr.	Question	Category	Percent married adolescent girls (n=818)
1.	Can HIV/AIDS be transmitted through mosquito bites?	Yes	49.8
		No	18.1
		Don't know	32.1
2.	Can HIV/AIDS be transmitted through hand shaking/touching	Yes	15.2
		No	55.3
		Don't know	29.5
3.	Can HIV/AIDS be transmitted through sharing cloths	Yes	21.4
		No	47.3
		Don't know	31.2
4.	Can HIV/AIDS be transmitted through share beddings	Yes	23.5
		No	45.8
		Don't know	30.7
6.	Can HIV/AIDS be transmitted through sharing eating utensils	Yes	25.7
		No	44.9
		Don't know	29.4
7.	Can AIDS be transmitted by touching the dead body of an infected person?	Yes	21.4
		No	45.8
		Don't know	32.7

#### 19.4 Knowledge About Prevention of HIV/AIDS

Two questions were asked on what actions a person could take to prevent HIV infection. About half the respondents were aware that having one faithful and uninfected partner can prevent transmission of HIV, and 43 percent respondents were aware that using a condom every time they had sex with multiple partners could prevent HIV/AIDS.

**Table 19.4: Proportion of married adolescent girls having knowledge of prevention of HIV**

Sr.	Question	Category	Percent married adolescent girls (n=818)
1.	Can people protect themselves from AIDS by having one faithful sex partner?	Yes	53.7
		No	15.8
		Don't know	30.5
2.	People can protect themselves from HIV by using a condom every time they have sex with multiple partners	Yes	43.3
		No	14.3
		Don't know	42.4

### 19.5 Knowledge of Treatment of HIV/AIDS

About 43 percent of the respondents were aware that AIDS is not curable. About 35 percent were aware that treatment could prolong the life of a person infected with HIV.

### 19.6 Knowledge About the Death of a PLHA

About 22 percent of the married adolescent girls said that they had heard about someone who had died of AIDS in their own or a neighbouring village, and 9 percent reported that they knew someone currently suffering from HIV in the community.

### 19.7 Knowledge of HIV Testing

About 37 percent of the married adolescent girls had knowledge that a test is available for detecting HIV. About one fourth of the girls felt strongly that a person would get stigmatized in the community if they went for a HIV test. About 26.5 percent of the respondents were aware of a centre / place where a person can be tested for HIV. About 29 percent were aware of a center / place where a pregnant woman can get tested for HIV, and about 13 percent were aware of an ICTC centre.

**Table 19.7: Proportion of married adolescent girls having knowledge of HIV testing**

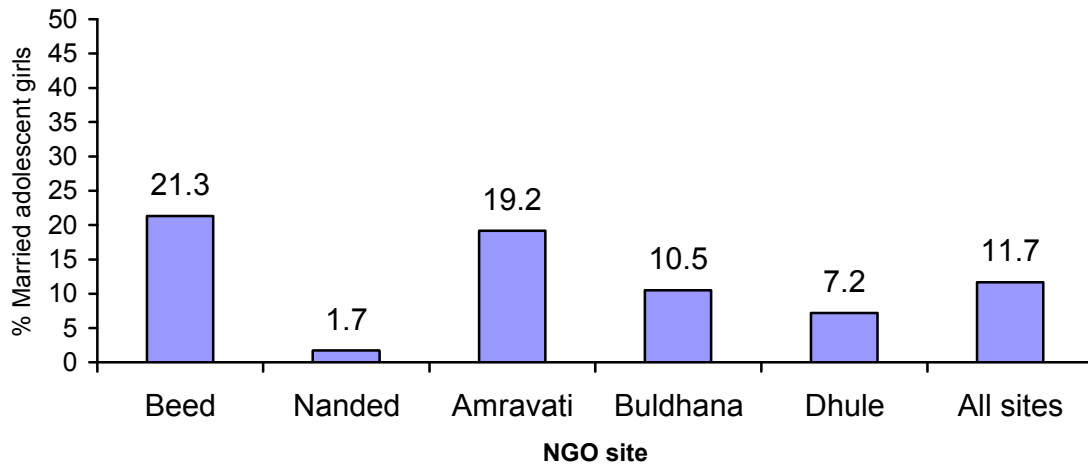
Sr.	Question	Category	Percent married adolescent girls (n=818)
1.	Is there any test available for detecting AIDS?	Yes	36.9
		No	14.1
		Don't know	49.0
2.	Paise in a rupee do you think that if a person goes for testing he/she will get stigmatized by the community	0-33	16.1
		34-66	24.9
		67-100	23.2
		Don't know	35.7
3.	Are you aware of a centre/place where a person can get HIV test done?	Yes	26.5
		No	73.5
4.	Are you aware of a centre/place where a pregnant woman can get her HIV test done?	Yes	29.1
		No	70.9
5.	Have you ever heard of an ICTC centre?	Yes	12.9
		No	87.1

A substantially large proportion of married adolescent girls (48 percent) from the Beed site reported awareness of a test for detecting HIV, but only 15 percent girls from the Nanded site were aware of a HIV test.

### 19.8 Utilization of Testing Services for HIV

All the respondents were asked whether they had ever had a HIV test. About 12 percent of the married adolescent girls said that they had undergone a HIV test. About 21 percent from the Beed site reported that they had undergone a HIV test followed by the Amravati site (19.2 percent) and the Buldhana site (10.5%). Only 1.7 percent from the Nanded site reported having had a HIV test.

Fig. 19.8: Utilization of HIV testing services by NGO



Of the married adolescent girls who reported having undergone a HIV test, about 32 percent reported that they had been tested at a government medical college, and 39 percent at government hospitals at the block level. Of the 96 respondents who reported ever having undergone a HIV test, 34 percent reported that their spouses had got tested for HIV.

The reasons for undergoing a HIV test were referral by a doctor, referral for HIV test during pregnancy, and mandatory testing during pregnancy (92 percent).

**Table 19.9: Proportion of married adolescent girls who reported utilization of HIV testing services**

Sr.	Question	Category	Percent married adolescent girls
1.	Sites for HIV testing (N=96)	Govt. Medical college	32.3
		Govt. district hospital	17.7
		Private hospitals at district	07.3
		Govt. hospitals at block level	39.6
		Private hospitals at block level	03.1
2.	Did you go back to collect your results of the most recent test? (N=96)	Yes	80.2
		No	19.8
3.	Did your spouse ever have an AIDS test? (N=96)	Yes	34.4
		No	65.4



## References

International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005–06: India: Volume I*. Mumbai: IIPS

Srinivasan, K., Thiagarajan, B. P., Shastri, V. D. “Situational Analysis of Maharashtra”. Presented at State Level Conference on Health, Development and Population Stabilisation Issues in Maharashtra. YASHADA, Pune. Oct, 2001