

- Roy, T.K. and V. Jayachandran. 1996. Is living condition important for determining fertility and childless experience?: an empirical investigation based on NFHS. Paper presented at the XIX annual conference of IASP. February 26-28. M.S. University, Baroda.
- Savitri, R. 1993. Regional and temporal variation in fertility in India: a comparative study of Maharashtra and Tamil Nadu. Unpublished post-graduate diploma thesis, Jawaharlal Nehru University.
- Savitri, R. 1994. Fertility rate decline in Tamil Nadu: some issues. *Economic and Political Weekly*, 29:1850-1852.
- Srinivasan, K. 1995. Lessons from Goa, Kerala and Tamil Nadu: the three successful fertility transition states in India, *Demography India*, 24(2):163-194.
- Srinivasan, K., P.C. Saxena, T.K. Roy and R.K. Verma. 1991. Effect of family planning programme components on contraceptive acceptance in four Indian states. *International Family Planning Perspectives*, 17(1):14-24.
- Sundari, T.K. 1992. Changes in female work participation in rural Tamil Nadu 1981-1992. Paper presented at the seminar on Changes in agriculture and conditions of rural labour in Tamil Nadu. Organized by Legal Resources for Social Action, February 5-8. Madras.
- Visaria, P. 1995. Demographic transition and policy responses in India. *Demography India*, 24(1):1-12.
- Visaria, P. and L. Visaria. 1994. Demographic transition: accelerating fertility decline in 1980s. *Economic and Political Weekly*, 29:3281-3292.
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A Preliminary Report on the Baseline Survey for Assessing Reproductive and Child Health in Nasik District, 1998

Introduction and Objectives

Studies on reproductive health, although very few in number have come out with varying levels of incidence ranging from 5 percent to 74 percent for varying regions (Government of Maharashtra, 1996; Bang et. Al., 1989 and Streehitakarni, 1994). Irrespective of the variation, one could definitely conclude that the incidence is not negligible and this aspect of health has to be attended more carefully.

In order to study the various factors influencing the prevention/control aspects of RTI/STI, the Government of Maharashtra proposed to undertake a project in the Nasik district.

The immediate objectives of the sub-project:

- i) To increase the awareness of RTI/STI,
- ii) To improve the treatment seeking behaviour of the patients,
- iii) To reduce the incidence of RTI/STI in the community; and
- iv) To improve access to an essential package of services under RTI/STI.

The Long-term objectives of the sub-project:

- i) To sensitise the community to RTI/STI and the grievous consequences of these infections,
- ii) To work out the cost-effective sustainable strategies for prevention, treatment and control of RTI/STI and to implement these strategies through the existing health care delivery system.

For fulfilling these objectives, in the first place, it is necessary to know the levels of prevalence and awareness regarding RTI/STI in the district. This is the main purpose behind the present Baseline Survey. To put it in specific terms, the objectives of the Baseline Survey would be;

- i) To estimate the fertility level,
- ii) To assess the reproductive behaviour through utilisation of ANC services, institutional delivery services and the post natal care facilities,
- iii) To assess behaviour regarding child health through the performance regarding immunisation and awareness and treatment of major diseases such as Diarehoea and Pneumonia,
- iv) To evaluate the family planning acceptance and to assess the 'unmet need' for family planning services,
- v) To assess the opinions of the respondents regarding the curative component of the services and lastly,
- vi) To assess the awareness about RTI, STI and HIV (AIDS) among both men and women in the reproductive age-span and also to evaluate the prevalence of reproductive infections based on some specific symptoms.

Reasons for selecting Nasik district for conducting the Baseline Survey:

- i) SC/ST population constitutes about 42 percent in rural areas
- ii) The female literacy in rural areas is very low (39 percent)
- iii) Elisa reactivity among blood donors indicates a rising trend during last few years and
- iv) It also has significant risk factor of being on the Mumbai-Agra route.

Sample-Design, Questionnaires and Field Operations

The study was proposed to be based on 2000 sample households from 50 Primary Sampling Units (PSU, consisting of 33 villages and 17 urban blocks); each of them having 40 sample households. For selecting villages, wards and enumeration blocks, the method of sampling with probability proportional to size (population, 1991) was used, while for selecting households, systematic sampling was used. Provision was made for non-response of the order of 10 percent.

Three types of questionnaires were used for the survey

- i) Household Questionnaire
- ii) Woman's Questionnaire
- iii) Questionnaire for Men aged 20-54 years.

In addition to above three questionnaires PRC, Pune introduced two more questionnaires: one for young unmarried boys and girls aged 15-24 years and another for the currently pregnant women.

The household questionnaire seeks information on household size, religion, caste, amenities such as safe drinking water and type of house and lastly on births/still births/abortion since January, 1995 and on morbidity due to ailments such as Malaria, Tuberculosis and Leprosy.

The woman's questionnaire is more detailed and has various sections on woman's characteristics, ANC, PNC, Immunisation and Child health, Contraception, Assessment of quality of Government health services and lastly, awareness about RTI, STI and HIV (AIDS).

The questionnaire for adult men (20-54 years) contains questions mainly on awareness about RTI/STI/AIDS and prevalence of reproductive infections and attitudes towards male participation in family planning.

The questionnaires for young boys and girls aged 15-24 years contained information on awareness regarding RTI/STI/AIDS. **The questionnaire for currently pregnant women** seeks information on utilisation of ANC facilities.

Field-work

The field-work for the present survey was carried out by the fourteen interviewers (who were specially recruited for the survey) under the constant supervision of the faculty of PRC. A two weeks' intensive training programme was organised at the PRC, Pune before sending the investigators to the field. In addition to the PRC's faculty members four resource persons from outside were invited. The field-work was completed during August-September, 1998.

Field-work in Malegaon

In view of the majority of Muslim population in the city of Malegaon, the field-work was carried out with the help of one Muslim boy and two Muslim girls. Four days' intensive training was given to them.

Data Processing

After the editing of the questionnaires at the office, data-entry and tabulation was carried out with the help of the software supplied by IIPS, Mumbai. A brief report summarising the findings, particularly those which have policy implications are given in the subsequent paragraphs. Background characteristics, key-indicators and differentials in some of them are given in Table-1 and 2, at the end of the report.

District Profile and Background Characteristics of Respondents

As per 1991 census, the district has 3.85 millions population and about 35 percent of the same lives in urban areas. Ten percent of the percent of the population is of Muslims, who mainly reside in urban areas and 33 percent account for SC/STs. Overall literacy is 62 percent, while that among the women is 50 percent. Forty-three percent of the households live in Pucca houses, while 64 percent of the households get safe drinking water. The characteristics of the sample population indicate that our sample, consisting of 2000 households with 11,216 persons, represent the district quite well and hence the sample findings would reveal the district scenario very closely. The subsequent paragraphs contain some of the important survey findings.

Nuptiality

It is observed that 33 and 43 percent of the boys and girls, who got married after 1st January, 1995 have married below 21 and 18 years respectively. The proportions are significant, once again demonstrating the practice of early marriages all over in Maharashtra.

Fertility

The Crude Birth Rate (CBR) has come out to be 24.1 for the entire district, 25 for rural areas and 22.3 for urban areas. The CBR appears to be fairly accurate. SCD, 1996 estimate for rural areas was 26.1. The mean number of Children Ever Born (CEB) and Children Surviving (CS) indicate the cumulative fertility. They are 2.8 and 2.6 respectively. There is no rural-urban differential. However, the differentials by caste and particularly by religion are worth noting. The Muslim women have CEB as large as 3.6. The distribution of births by order gives, in other way, an idea about the existing norm regarding family size. Forty percent of the births are of order 3 and more. Here again the religious differentials are quite wide. Among Muslims, this percentage is 54, while for non-Muslims it is 38 only.

Morbidity

Responses to the questions regarding morbidity due to Malaria, Tuberculosis and Leprosy have revealed that there were 15 cases of Tuberculosis, 9 cases of Leprosy and there were 322 persons who have suffered on account of Malaria during the reference period of 3 months (rate of 30 per 1000).

Contraception

About 37 percent of the women know all methods of family planning. Naturally, the knowledge about female sterilization is highest (97 percent), while that for methods such as withdrawal and periodic abstinence is lowest (8 and 16 percent). Sixty three percent of the couples are ever-users, while the current use is reported by 59 percent of the couples. Muslim couples are at the lower end with CPR at 43 percent followed by SC/ST couples with the rate at 49 percent. As expected, female sterilization have the main role (47 percent), except the Muslim couples, among whom the spacing methods are adequately used. Thirteen percent of Muslim couples use spacing methods, against 8 percent among other religious communities. The source of supply is mainly Government (85 percent) particularly for terminal methods, while for spacing methods, the private sector is the main source (81 percent).

About 19 percent of the couples have reported some kind of health complaint as a result of female sterilization and 'Body ache', which may not be related to sterilization is the major complaint reported. Surprisingly, the couples using spacing methods as IUD and Pill, which could have side effects, have reported lesser complaints. The data on reasons for not using any method currently reveal that besides the reasons such as 'child young', 'going to get sterilised soon' etc., about 22 percent of the couples have reported 'no knowledge about methods' or opposition from family members and religion as the reason. It should be noted that this proportion is 30 percent for urban areas. Besides, about 10 percent of the couples have reported worries about the side effects.

Out of the 684 non-users, 28 percent of the couples intend to use some method in near future. The differentials by residence and caste are in expected direction, while there is no differential between Muslim and non-Muslim. However, the differentials become wider, when we analyse the information by method of choice. About two-thirds of the women have chosen 'female sterilization'. The urban, advanced caste and Muslim women are more in favour of Pill/IUD.

Unmet Need for Family Planning

Unmet need, giving an idea about the requirement of services is 18 percent for the whole district, with about 10 percent for limiting and 8 percent for spacing methods. The differentials by caste and religion are most significant. For example, 37 percent of the Muslim women as against 15 percent of non-Muslim women have expressed the unmet desires. It is a pleasure to note that Muslim women have started expressing their desire for no child.

Male Participation in Family Planning

The information about men's choice, regarding the method is very disappointing. Nearly 84 percent of the men have opted for female methods and fear of weakness is the main reason reported for not using male sterilization.

Maternal Health:**Ante Natal Care**

It is observed that out of the 617 women (excluding 89 currently pregnant women) who had at least one pregnancy after 1st January, 1995, 37 percent had received complete ANC, i.e. 3 ANC visits, 2 TT injections and IFA tablets, while the proportion of women not getting any kind of ANC was about 12 percent. As far as the full ANC is concerned, the rural-urban and Hindu-Muslim differentials are significant. Only 14 percent of the Muslim women have received full ANC. In case of proportion of women receiving 'No ANC', in addition to religious differentials, the caste differentials are also worth noting. **The passive nature of the urban MCH activities combined with the lack of awareness among Muslims has led the Muslims to the most disadvantaged level.**

Reasons for No ANC

As far as the reasons for 'No ANC' are concerned, 'no necessity felt' was the main reported reason. Although based on small numbers, an observation is worth noting that in addition to the reason of 'no necessity felt', 'lack of knowledge of such services' was prominently found among Muslim women. Once again, the lack of information comes out to be a hurdle for some communities. Only about 22 percent of the women have utilized Government facilities for ANC (excluding those from ANM). About 41 percent of the women reported ANM's visit separately. The caste and religious differentials are notable. Muslims are utilizing the Government services very rarely, while among Hindus, SC/STs use them more.

Pregnancy Complaints

About 67 percent of the women have reported some or the other kind of health complaint during pregnancy and 'Weakness and Tiredness' appears to be prominent among them. About 64 percent of those who have some trouble have sought treatment and about 50 percent of them have utilised Government services. As expected, the urban and educated women have sought treatment from private services.

Natal and Post-Natal Care

It is found that among all the deliveries, 51 percent were institutional, while another 12 percent of them conducted at home were safe deliveries. The rural-urban and caste differences are relatively wider and they are mainly on account of the component of institutional deliveries. Forty-two percent of the deliveries were carried out in Government institutions. In this case all the differentials i.e. by residence, caste and religion are significant. The urban, advanced castes and non-Muslim (mainly Hindus) women are in favour of private sources. Among nearly half deliveries conducted at home, in case of 25 percent of them disposable delivery kit was used. In case of 32 percent of women, some kind of delivery complication was observed. Interestingly there was no differential observed in this case.

Post-delivery Complaints and Treatment

Nearly 52 percent of the women reported post-delivery complaints and 'Lower abdominal pain', which is not supposed to be a severe complaint, was reported by majority of them. Post-delivery complaints were found more among non-Muslims (mainly Hindus). However, although based on small numbers, one may note that the proportion of women with severe complaints such as 'High fever' and 'Excessive bleeding' was more among Muslim women. About 63 percent of the women who had post-delivery complaints sought treatment and the treatment was taken mainly from private doctors.

Child Health

Breast-feeding/Cholostrum Feed

Initiation of breast-feeding, administration of Cholostrum and period of exclusive breast-feeding are important components of child nutrition. Thirty three percent of the women have breast-fed their babies within two hours after the delivery and 10 percent have done it within ½ an hour. The religious differentials are significantly wide, with only 17 percent of the Muslim women breast-feeding their children within 2 hours after the delivery. It was observed that about 35 percent of the women had fed Cholostrum to their children. The rural-urban and Muslim-non-Muslim differentials are in expected direction. Interestingly, SC/ST women are giving Cholostrum feed in larger proportion. Regarding

exclusive breast-feeding for at least 4 months, 91 percent of the women had followed proper feeding practices.

Immunization of children

Seventy-five percent of the children born during 1.1.95 to 30.6.97 have been immunized. It is a fairly high proportion. Interestingly the rural performance is better (85 against 58 for urban areas). Another striking differential is among Muslims and Non-Muslims. Only about 8 percent of the Muslim children are fully immunized. In fact, the urban performance is affected by a very low performance among Muslims, who are mainly urban dwellers. The same trend is reflected in the percentage of children with no immunization, which is 9 percent for the district and 39 percent for Muslims. The source of immunization is mainly Government institutions and major reasons for no immunization (mainly coming from Muslim women) are 'Mother busy' followed by 'Unaware of need of immunization'.

Knowledge of Diarrhoea and ARI

Information was collected on two major child-diseases namely, Diarrhoea and Pneumonia. It is observed that the awareness about Diarrhoea is almost universal (93 percent), while that for Pneumonia is reported only by 31 percent of the women. Prevalence of Diarrhoea during proceeding two months was reported for 26 percent of the children, while for Pneumonia (probably including complaints such as severe cold and cough) the prevalence was 32 percent. In both the cases major source of treatment was the private doctor (68 percent). The differentials are in expected direction with urban and educated women more in favour of private doctor. **It has always been observed that people use the Government services mainly for prevention.**

Home-visits by Health Worker and Utilization of Government Health Facilities

Forty percent of the rural women reported home visits by health workers and 94 percent of them were given by the ANM. On the other hand, only 18 percent of the women have visited Government health facilities and the main reason reported was poor quality of services.

Awareness about RTI/STI/AIDS

Knowledge about RTI and STI was of a low order (14 and 12 percent), while that and about AIDS was of a fairly higher order (35 percent). Naturally, the knowledge was more among urban, advanced caste and non-Muslim women, except AIDS, where there was no differential between Hindus and Muslims. Electronic Media was the major source reported (83 percent). There is a large amount of misconception observed regarding mode of transmission of AIDS (47 percent). Surprisingly, there are no significant differentials in the level of misconception by sex or place of residence.

Prevalence of RTI

About 24 percent of the women have reported at least one symptom of RTI. About 46 percent of these women have sought treatment and among those who have sought treatment, only 15 percent have sought it from the Government services. The differentials in the reported prevalence are the result of differences in level of reporting and genuine differences in the prevalence.

Awareness of RTI/STI/AIDS among Adolescents

PRC, Pune had canvassed a short questionnaire for boys and girls aged 15-24 years. The information reveals that 76.1 percent of boys and 66.1 percent of girls were aware of AIDS.

Health Care for Adolescent Girls

Information regarding counseling and relevant health care for adolescent girls was also collected during the survey. It is observed that in case of about 6 percent households counseling were done, in 1.5 percent of them IFA tablets were given. TT Booster dose was given to 1.9percent households.

On the whole, the data show that the RCH services in the Government network have to be strengthened. Particularly, the urban infrastructure being inadequate, urbanites like Muslims with lack of awareness at the most disadvantageous. Something definitely needs to be done for the Muslim community.

References:

1. Bang R.A., A.T. Bang, M. Baitule, Y. Choudhary, S. Sarmukaddam, O. Tale, "High Prevalence of Gynaecological Diseases in Rural Indian Women." *Lancet* 8629 (Janury 14, 1989): 85-88.
2. Government of Maharashtra, 1990; 'Control of RTI/STIs' – A report released by Public Health Department.
3. Streechitakarni (1998); 'Gynaecological Diseases and Perception about Them in a Bombay Slum Area.'

Table 1: Key Indicators for Nasik Baseline Survey, 1998**1. 1991 Population Data**

1.	Total population (in thousand)	3851
2.	Percent urban	35.5
3.	Percent scheduled caste	7.1
4.	Percent scheduled tribe	24.0
5.	Percent Muslims	10.2
6.	Decennial population growth rate (1981-91)	28.5%

RAPID HOUSEHOLD SURVEY, REPRODUCTIVE AND CHILD HEALTH**2. Sample Population**

1.	Number of households surveyed	2000
2.	Total population covered in survey	
	Total	11216
	Male	5819
	Female	5397
3.	Number of men (age 20-54 years) interviewed	869
4.	Number of currently married women age 15-44	
	Total	1919
	Interviewed	1715

3. Background Characteristics of Women Interviewed

1.	Percent urban	34.8
2.	Percent Hindu	82.5
3.	Percent Muslims	13.7
4.	Percent Scheduled Caste	6.3
5.	Percent Scheduled Tribe	25.3
6.	Percent OBC	6.6
7.	Percent literate	51.2
8.	Percent attended 10+ years of schooling	19.3

4. Marriage Age

1.	Mean age at first cohabitation for women interviewed	16.3
2.	Percent of boys married at age less than 21 (since 1 January 1995)	33.3
3.	Percent of girls married at age less than 18 (since 1 January 1995)	42.7

5. Birth Rate (during 1 January 1995 to 30 June 1998)

Crude Birth Rate (average)	Total	24.1
	Rural	25.0
	Urban	22.3

6. Cumulative Fertility

1.	Percent of third or higher order births reported	40.1
2.	Mean number of children ever born (CEB) for all women	2.8
3.	Mean number of children surviving (CS) for all women	2.6
4.	Mean number of children ever born to women age 40-44	4.1

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7. Infant Mortality

1. Number of Infant deaths among children born during 1-1-95 to 30 June 1997	4
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8. Morbidity

1. Number of cases reported	
Malaria (3 months prior to survey)	322
Tuberculosis	15
Leprosy	9

9. Knowledge and Use of Family Planning

1. Percent of currently married women:	
a. knowing any method	98.8
b. knowing any modern method	98.8
c. knowing any modern spacing method	63.8
d. knowing all modern methods	37.4
e. ever used any method	62.8
f. currently using any method	59.2
2. Percent of currently married women currently using	
a. Female sterilization	46.9
b. Male sterilization	3.0
c. IUD	2.0
d. Pills	2.4
e. Condom	4.0
f. Any traditional method	0.7
g. Percent of currently married women intending to use family planning in future	27.5
h. Percent of women intending to get sterilised (Out of those who intended to use family planning in future)	70.2
3. Percent of currently married women having unmet need for	
a. limiting	9.7
b. spacing	8.2
c. total	17.9

10. Maternal Health Care

Percent of women who had still/live birth since 1 January 1995

a. Received antenatal care (3 check-ups, 2 TT injections and IFA tablets)	36.6
b. Not receiving any kind of ANC	11.5
c. Delivered at health facility	50.7
d. Delivered at home and attended by Doctor/nurse/TBA	12.3
e. Total safe delivery (b+c)	63.0

11. Child Care

1. Percent of 0-4 months children on exclusive breast feeding	87.7
2. Percent of women who breast-fed their children within 2 hours after delivery	33.0

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3.	Percent of women who gave colostrum to their children	35.5
4.	Percent of children age 12-36 months who received	
a.	BCG	86.6
b.	Three injections of DPT	86.0
c.	Three doses of Polio	85.4
d.	Measles	79.8
e.	Complete (BCG, 3 DPT, 3 Polio & measles)	75.4
5.	Percent of children aged 12-36 months, who Received no vaccination	8.9

12. Reproductive Morbidity

	Percent of women reported	
a.	Abortion complications	48.2
b.	Pregnancy complications	66.6
c.	Delivery complications	32.4
d.	Post-delivery complications	52.1
e.	Contraceptive side effects	
i.	Female sterilization	18.8
ii.	IUD	11.4
iii.	Pills	11.9
f.	Reproductive tract infection	23.5
g.	Percent of adult men with reported infection symptoms	1.8

13. Child Health

a.	Percent of children with symptoms of Diarrhoea during last 2 months	26.2
b.	Percent of children with symptoms of Pneumonia during last 2 months	31.7

14. Awareness of women on RCH

	Percent of women aware of	
a.	Pregnancy complications	63.3
b.	Treatment/practices to be followed in diarrhoea episodes	93.0
c.	Pneumonia symptoms	30.6
d.	Reproductive Tract Infection	13.8
e.	Sexually Transmitted Infection	11.8
f.	HIV(AIDS)	34.8

15. Visit by Health Worker

1.	Percent of rural households visited by ANM/Health Worker	40.3
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16. Utilization of Government Health Facility

1.	Percent of currently married women availing Government Health facility for	
a.	Induced abortion	23.0
b.	Treatment of complications following	
i.	induced abortion	0.0
ii.	spontaneous abortion	2/11

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c.	Antenatal care		28.5
d.	Treatment of complications during pregnancy		
	i. Doctor		22.2
	ii. Nurse/ANM		10.5
	iii. Dispensary		0.3
	Treatment of Post delivery Complications		
	i. Doctor		25.2
	ii. Nurse/ANM		2.4
e.	Child birth (Percentage of Institutional deliveries taken place in Govt. Institution)		41.8
f.	Immunization of Children		79.1
g.	Treatment of children having		
	i. Diarrhoea		11.0
	ii. Pneumonia		10.1
h.	Contraceptive services		75.3
i.	Treatment of side effects/health problems of		
	i. Female sterilization		34.7
	ii. IUD		0.0
	iii. Pills		N.A.
j.	Treatment of RTI	Doctor	5.6
		Nurse/ANM/LHV	1.7
k.	Curative services		17.6

QUESTIONS SPECIFIC TO MAHARASHTRA BASELINE SURVEY

17.	Percent of young girls receiving		
		IFA tablets	1.5
		TT Booster Dose	1.9
18.	Percent of Unmarried boys knowing AIDS		76.1
19.	Percent of Unmarried girls knowing AIDS		66.1

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c.	Antenatal care		28.5
d.	Treatment of complications during pregnancy		
	i. Doctor		22.2
	ii. Nurse/ANM		10.5
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