

# UDAYA

*Understanding the lives of adolescents and young adults*

The UDAYA study carried out a survey with adolescents (10 to 19 years old) in the states of Bihar and Uttar Pradesh, India to record their transition into young adulthood. More than 20,000 adolescents were interviewed in 2015–16 (Wave 1) and followed up in 2018–19 (Wave 2).

## Ensuring safe motherhood for young women



**E**very year, more than 20 million adolescent girls become pregnant, and about 18 million give birth in developing countries across the world<sup>1</sup>. In India, more than half (52%) of currently married women aged 15–19 years had already begun childbearing<sup>2</sup>. Assuring safe motherhood to this vulnerable group requires awareness of sexual and reproductive health and rights, and access to quality services. In this issue, we look at UDAYA study findings on the sexual and reproductive health status of adolescents, the prevalence of safe motherhood practices, and factors that promote better maternal health outcomes.

<sup>1</sup><https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

<sup>2</sup>National Family Health Survey-4, 2015–16

## Transition of adolescent girls into motherhood

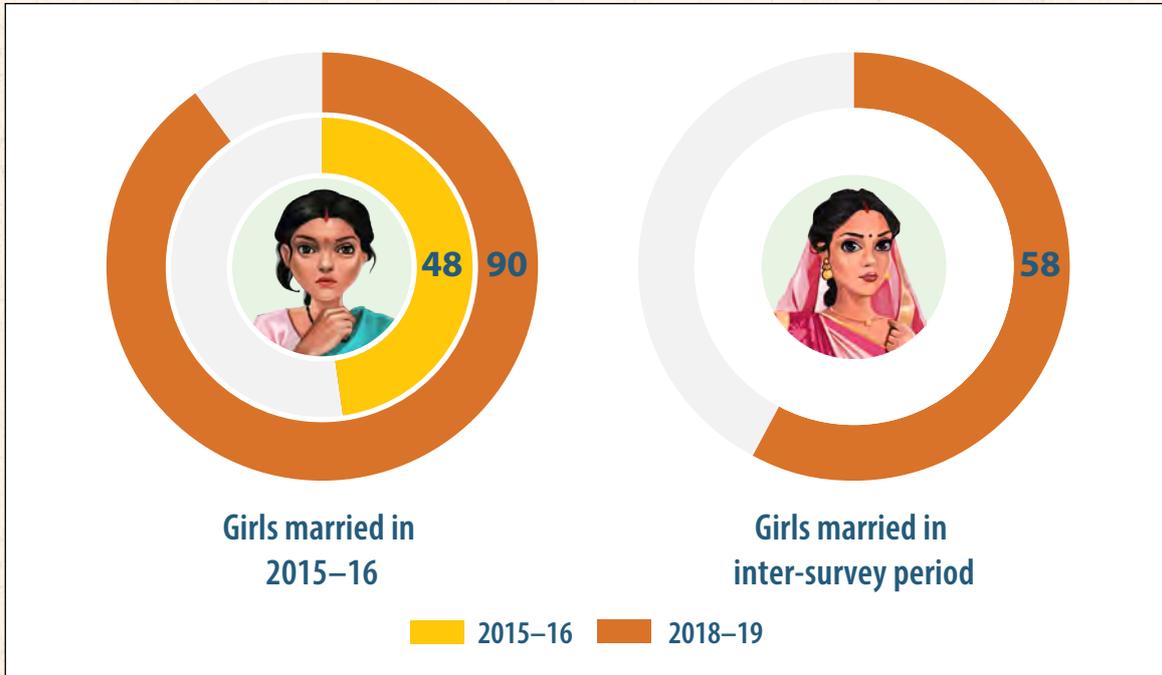
The State of World Population, 2021 points out that in low- and middle-income countries, complications from pregnancy and childbirth are the leading cause of death among 15 to 19-year-old girls. Adolescent mothers face much higher rates of complications during pregnancy and childbirth than young women who are just a few years older (WHO, 2020). Early marriage and limited agency and access to family planning services are some of the major reasons for adolescent pregnancies and childbearing.



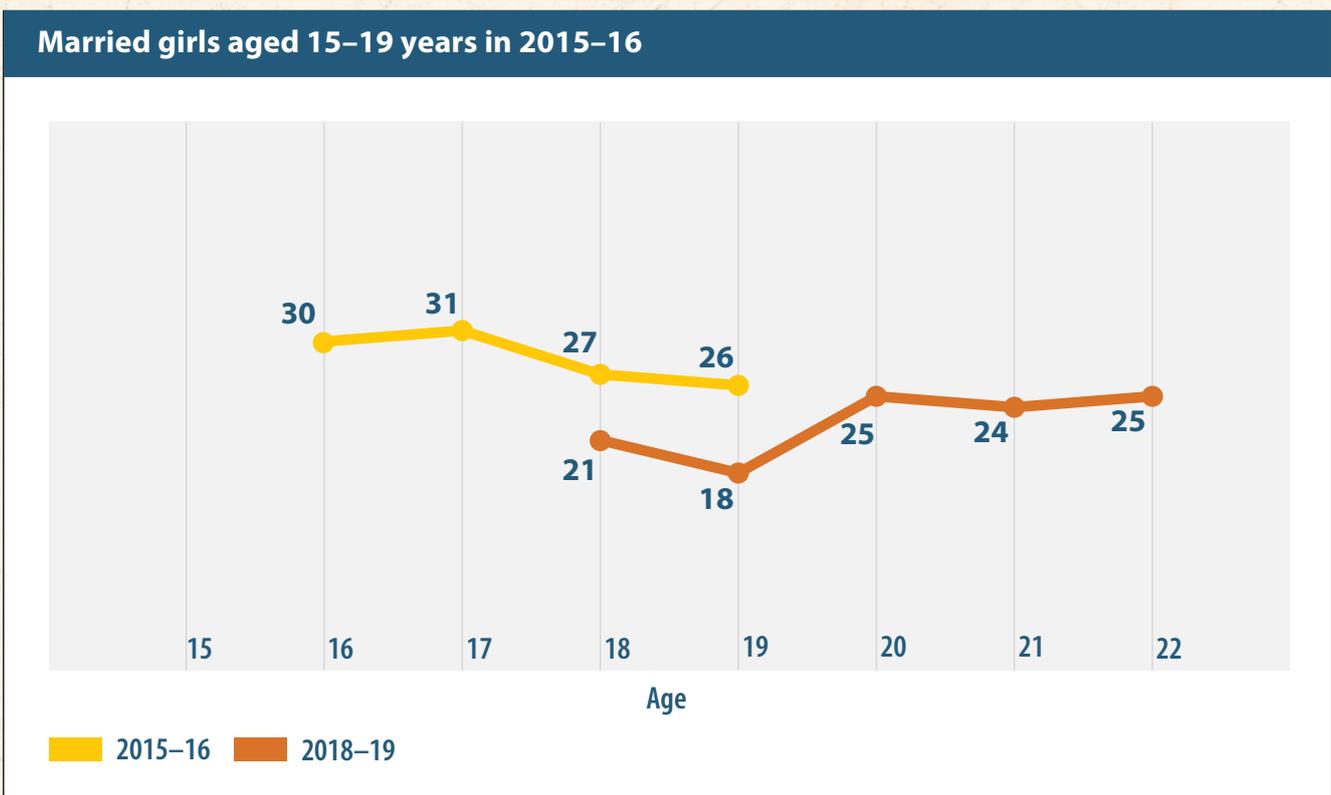
UDAYA study found a high prevalence of early and frequent childbearing among married girls. Nine out of ten girls married in 2015–16, and more than half of those married in the inter-survey period had

begun childbearing by 2018–19. As a result, one in every four pregnancies resulted in either still birth, miscarriages, induced abortion, or child death.

### Adolescent girls who began childbearing (%)



### Pregnancy loss among married girls by age (%)



# Change in knowledge and awareness of reproductive health

UDAYA study findings show that awareness of pregnancy-related matters<sup>3</sup> increased over time among older adolescents, but was still under 45 per cent for unmarried girls and boys. The share of married girls having specific knowledge of contraceptive methods improved from 2015–16 to 2018–19 by about five to 10 percentage points. However, it remained between 30 to 40 per cent for

the youngest among them, who needed to delay childbearing the most. Knowledge of maternal and newborn care practices increased over the two survey waves. In 2018–19, 30 and 40 per cent unmarried and married girls respectively reported knowledge of at least three maternal and newborn care practices<sup>4</sup>. On the other hand, just 24 per cent unmarried boys knew of these practices.

<sup>3</sup>A woman can get pregnant at first sex; a woman is most likely to get pregnant if she has sex half-way between her periods

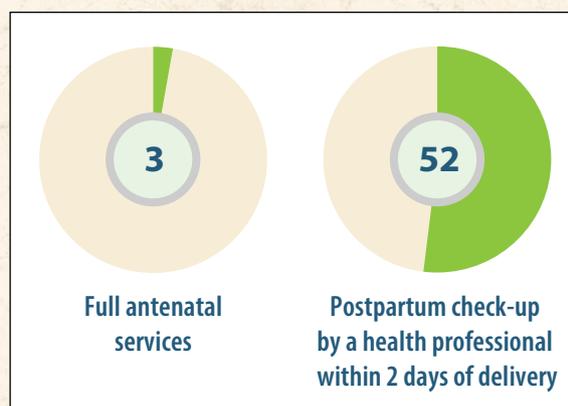
<sup>4</sup>A pregnant woman should have at least four antenatal checkups; newborn should be breastfed immediately after birth; newborn should be fed colostrum; newborn should be exclusively breastfed for six months



## Utilisation of maternal health services

Efforts to lower pregnancy risks and ensure safe motherhood also rest on availability and utilisation of maternal and child care services. UDAYA study looked at trends for older married girls who had their first child before Wave 1, and a second or third child before Wave 2 of the survey. In both waves, approximately three out of four mothers gave birth in a facility, and 80 per cent were attended by a healthcare professional. Adolescent mothers who received postpartum check-up from a health professional within two days of delivery increased by 50 per cent over the two survey waves. However, less than 3 per cent of respondents said that they had received full antenatal care (ANC) services<sup>5</sup>.

### Adolescent girls who received maternal health services in 2018–19 (%)



<sup>5</sup>Four ANC visits, received ANC in the first trimester and at least one TT (Tetanus Toxoid) injection, and consumed at least 100 iron and folic acid supplements

## Pathways for transition to safe motherhood

The most critical factor that determines maternal and child health outcomes is the mother's age at first birth. UDAYA study found that low risk perception and lack of agency of young adolescents were the dominant reasons for not using contraception to delay the first pregnancy. Alongside, girls married in 2015–16 continued to express high unmet need for contraception. It ranged from almost 70 per cent of 15-year-olds in 2015–16 to about 45 per cent of older (18- to 19-year-old) girls in 2018–19.

Poor exposure to family life education during adolescence and limited interaction with frontline health workers as they

advance to motherhood, especially for girls with less education, could be contributing to low use of contraception in the first few years of marriage. Findings of the UDAYA study also indicate that young women with reading ability or numeracy skills had fewer children and fewer pregnancies lost. Early and equal access to information through adolescent health programmes and frontline workers will help ensure healthy and safe pregnancies for young women entering motherhood. In addition, quality basic education and continued learning will help girls gain the agency and autonomy to take decisions on their reproductive health.

### Contributors

A.J. Francis Xavier, Sangram Kishor Patel, Sanjay Patnaik, Tanushree Sengupta, Nidhi Khurana, Shilpi Rampal

### Photo credit

UDAYA Project

### Suggested citation

UDAYA Samvaad. April 2021b. Ensuring safe motherhood for young women. New Delhi: Population Council



## About Udaya Study

The UDAYA (Understanding the lives of adolescents and young adults) study establishes the levels, patterns and trends in the situation of younger (10-14) and older (15-19) adolescents in Bihar and Uttar Pradesh. Its findings provide insights on how and where to make investments to improve their lives by the time they reach young adulthood and beyond. The study recruited more than 20,000 adolescents aged 10–19 years in Uttar Pradesh and Bihar in 2015–16 (Wave 1) to record their transition from adolescence to young adulthood.

Wave 1 was followed by another survey round in 2018-19 (Wave 2) with the same respondents and achieved an 80% follow-up rate. This makes UDAYA the largest adolescent-centric longitudinal study in India and globally, carried out by the Population Council. The recruitment of adolescents for the study coincided with the adoption of the global Sustainable Development Goals (SDGs) in 2015, providing an opportunity to track their progress over time.



Supported by

BILL & MELINDA  
GATES foundation

the David &  
Lucile Packard  
FOUNDATION



*UDAYA builds evidence*