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A cross sectional study to measure prevalence of Hepatitis B and HIV and explore the potential risk factors for the acquisition of these and other sexually transmitted infections among antenatal care attendees in a tertiary care center of West Bengal, India

A dissertation submitted in partial satisfaction of the requirements for the degree Doctor of Philosophy in Epidemiology

by

Sanchita Mahapatra

ABSTRACT OF THE DISSERTATION

A cross sectional study to measure prevalence of Hepatitis B and HIV and explore the potential risk factors for the acquisition of these and other sexually transmitted infections among antenatal care attendees in a tertiary care center of West Bengal, India

by

Sanchita Mahapatra

Doctor of Philosophy in Epidemiology University of California, Los Angeles, 2016 Professor Roger Detels, Chair

Objectives

To estimate the prevalence and socio-demographic and behavioral correlates of HIV and Hepatitis B among ANC attendees in a public tertiary care center in Kolkata, West Bengal, India

Methodology

A cross-sectional study was conducted involving consenting adult pregnant women attending the antenatal clinic of a public-sector tertiary care hospital in Kolkata, between January and June,

2016. Anonymous data was collected from 1670 randomly selected subjects, using a colorcoded, audio-integrated, tablet-PC assisted, pre-recorded, self-interview system developed in an algorithm based android platform with a non-response rate of 3%.

Findings

Among participants. 1.66% were HIV-positive while 2.74% had Hepatitis-B. Having extramarital relationship was associated with Hepatitis B infection. Higher age, poor education, higher parity, alcohol consumption by husbands before sex, history of syphilis/genital ulcer or swelling and higher self-perceived HIV risk were associated with HIV sero-positivity. Higher age at marriage and graduation or higher education were the factors negatively associated with ever having sex with someone who consumed alcohol. Relatively older participants had higher while high-school or more educated subjects had lower odds of having extra-marital sexual relationship. Rural respondents were more likely to engage in paid sex. Rural-living husbands, those having high-school or more education and business-owners were less likely to have sex with the respondents always after consuming alcohol. Higher age of respondent was negatively and graduation or above education was positively associated with husband having vaginal sex during respondent's pregnancy. Odds of verbal abuse/bad behavior during sex by husband was positively associated with wife's age and lower among high school-educated husband, and wives. Physical abuse during sex was more likely experienced by respondents with higher age of respondent, Muslim religion and less likely among high-school or more educated.

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Conclusions and Recommendations

HIV/STI related counseling strategy need revisit and re-orientation to shift the focus from individual perspective to couples' joint responsibilities so that concurrent counseling/treatment of partners receive priority especially the high-risk group. Proper management of STIs during pregnancy needs multifaceted approach which includes quality epidemiological data, good evidence of effectiveness of ongoing interventions, increase accessibility to reproductive health care services, stronger advocacy and commitment to get them implemented. The dissertation of Sanchita Mahapatra is approved.

Zuo Feng Zhang

Onyebuchi Arah

Donald E. Morisky

Roger Detels, Committee Chair

University of California, Los Angeles

Dedicated to

my parents:

Mrs Minati Ray

Mr. Pradip Kumar Ray

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC:	Antenatal Natal Care
AOR:	Adjusted Odds Ratio
ART	Antiretroviral therapy
HIV	Human Immunodeficiency Virus
NACO	National AIDS Control Organization, India
OR:	Unadjusted Odds Ratio
STI:	Sexually Transmitted Infections
WHO:	World Health Organization
95%CI:	95% Confidence Interval

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 2. Trials and tribulations of conducting interventional studies in urban slums of a developing country: Experiences from Kolkata, India. T Mahapatra, S Mahapatra, D Pal, J Saha, AL Lopez, M Ali, B Bannerjee, Human vaccines & immunotherapeutics 12 (1), 182-186, 2016.
 3. Pre-exposure prophylaxis of HIV: A right way to go or a long way to go? W Yu, L Wang, N Han, X Zhang, T Mahapatra, S Mahapatra, GR Babu, Artificial cells, nanomedicine, and biotechnology 44 (1), 201-208, 2016.

A CROSS SECTIONAL STUDY TO MEASURE PREVALENCE OF HEPATITIS B AND HIV AND EXPLORE THE POTENTIAL RISK FACTORS FOR THE ACQUISITION OF THESE AND OTHER SEXUALLY TRANSMITTED INFECTIONS AMONG ANTENATAL CARE ATTENDEES IN A TERTIARY CARE CENTER OF WEST BENGAL, INDIA

INTRODUCTION

GLOBAL BURDEN

Sexually transmitted Infections (STIs) are a major public health problem affecting more than 1 million people every day worldwide.^[1] Although over 30 different infectious agents are transmitted primarily through sex, the more common infections are chlamydia, gonorrhea, syphilis, trichomoniasis, genital herpes, hepatitis B, human papilloma virus and HIV.^[1, 2] As per the WHO estimate about 357 million new infections occur every year with one of four curable STIs included chlamydia (131 million), gonorrhea (78 million), syphilis (5.6 million) and trichomoniasis.(143 million) ^[1] Currently >500 million people are infected with herpes simplex virus and >290 million women with a human papilloma virus.^[1] The most recent estimate by the World Health Organization (WHO) indicated that about 240 million people are chronically infected with hepatitis B virus and >686000 people die due to its complications including cirrhosis and cancer in a year.^[3] STIs are of great concern in most countries of the world because they predominantly affect adolescents and young adults,^[2] carry some level of social stigma,

affect personal relationships, facilitate acquisition and transmission of HIV and have serious reproductive health consequences. ^[1, 4]

Women and adolescent girls are disproportionately affected by STIs. It is estimated that 1 in 20 adolescent girls acquire a bacterial STI in a year.^[2, 5] Certain biological factors that included relatively large surface of the vaginal mucosal surface, specialized columnar epithelial cells lining of the cervix, specialized receptors in vaginal wall and vaginal pH increase a woman's vulnerability to STI acquisition.^[2] Other issues included lack of awareness regarding sexual health, asymptomatic nature of the infection, stigma associated with genital symptoms and poor health seeking behavior.^[6] The risk of acquiring STIs is greatest among pregnant women because of inextricable link between pregnancy and unprotected vaginal intercourse. Evidence suggests that some physiological changes during pregnancy can alter the natural history of an STI and further elevated increase a woman's risk of acquiring an STI.^[2, 7] Furthermore, viral STIs during pregnancy are mostly asymptomatic, persistent, under diagnosed and often difficult to treat which can create potential complications for the pregnancy.^[8, 9]Although frequency of sexual activities in women are likely to reduce during pregnancy but most early stage first trimester primigravid women may unknowingly engage in more sexual acts resulting into higher prevalence of STIs among them. For example, of 15 million new cases of STIs among Americans aged 15-49 years about 2 million (13.3%) occur in pregnant women.^[10]

The prevalence of STIs is quite high in developing countries accounting for 80-90% of the global burden of curable STIs.^[2] They are one of the top five reasons for seeking health care among adults.^[5, 11] In terms of burden, countries with reported highest prevalence rates in 2006 were sub-Saharan Africa followed by Latin America and the Caribbean and South and Southeast Asia.^[2] STIs are responsible for significant loss of disability adjusted life years (DALYs) in

developing countries as majority of population is below 40 years. Loss in DALYs is relatively more among women of reproductive age compared to men. Furthermore, because of this skewed distribution of young population, especially in Asian countries, largest number of curable STIs were reported from that part of the world imposing a huge burden on the health care system and health care expenditure.^[2] Despite their burdens of morbidity and mortality, costs and complications and the fact they are largely preventable, STIs are often overlooked as a public health priority in resource e poor settings.

INDIAN SCENARIO

STIs are major public health concerns in India. Assuming 6% of the adult population in India has one or more STIs (as reported by the Indian Council of Medical Research in 2002-03), it is estimated there are about 30-35 million episodes of STI in a year.^[5] As per the National ADIS Control Organization (NACO) estimate, approximately 40% of women have an STI at any given point in time.^[5] Over the past 30 years there had been a decline in bacterial STIs (syphilis, gonorrhea) and gradual rise in viral STIs included genital herpes, hepatitis B etc.^[12-15] Currently, there are about 1152 designated STI clinics with one trained counselor across the country with at least one in each district under Obstetrics & Gynecology outpatient department and Dermato-venerology clinics. These STI clinics are supported by the NACO that included provision of central supply of color coded drugs, RPR kits, consumable for conducting basic laboratory tests and computers for keeping records. Data related to STI syndrome and syphilis screening among STI and Antenatal Care (ANC) clinic attendees are stored by means of the computerized management information system. ^[5] According to NACO estimates, approximately 34.9 million with an average of 2.6-10 million per year episodes of STI received treatment from designated

STI clinics between 2007 and 2012.^[16] However, due to non-availability of sensitive diagnostic tests and lack of trained personnel along with poor reporting system (incompleteness and inconsistencies), the prevalence estimates of STIs based on data from these service facilities are less reliable in India. In addition, asymptomatic STI cases particularly among women are missed out during routine check-ups in designated clinics and patients reporting elsewhere (private sector, pharmacies, traditional healers) are not captured.^[16] The clinic use syndromic assessment techniques.^[16] Studies estimating the burden of STIs in general population in India were limited. A community-based study conducted in Mysore, Karnataka found the prevalence of STIs (chlamydia, gonorrhea and syphilis) to be 2.8% for men and 1.8% for women.^[17] Another study among adults in Tamil Nadu found an overall prevalence of STI including HIV and hepatitis B was 14.6%.^[18] Screening of asymptomatic STIs among pregnant women are almost non-existent in India, even at tertiary care hospitals. A survey among low-income communities in Chennai found a high prevalence of Herpes simplex 2 infection, though most of the infection was asymptomatic.^[19] A more recently published paper by Jindal et al. found a relatively high prevalence of hepatitis B (2.4%) and herpes simplex-2 (2%) infections among asymptomatic pregnant women attending antenatal clinic in Punjab.^[20] Alike in other developing countries, the syndromic case management based on the recognition of a constellation of clinical signs and symptoms suggestive of STIs remains the main stay of treatment in this part of the globe.^[5]

HIV- INDIAN PERSPECTIVE

India continues to be the one of the highest contributor to global HIV epidemic. An estimated 2.11 million people are currently living with HIV in India with an estimated adult prevalence of 0.26% (0.22% to 0.32%) at the end of 2015. Approximately 86000 new HIV infections and

67600 people died of AIDS related complications during 2015 in this country.^[21] HIV epidemic in India is largely heterosexual but heterogeneous, mostly concentrated in high risk groups. Although adult HIV prevalence at national level showed a steady decline in the past decade from 0.34% in 2007 to 0.26% in 2015, there is a marked heterogeneity in HIV prevalence across states and different risk groups. Based on adult HIV prevalence proportion, the country is divided into three distinct zones: high, medium and low prevalence states. The states in north-east are considered as the highest HIV prevalent states [Manipur (1.15%), Mizoram (0.8%) and Nagaland (0.78%)], southern part [Andhra Pradesh (0.66%), Karnataka (0.45%)] and western part [Gujarat (0.42%) and Goa (0.4%)].^[21]

In response to HIV epidemic, the Government of India implemented a nationwide HIV control program (HIV Sentinel Surveillance) to reduce the risk of HIV acquisition and transmission. This program includes an opt out approach for HIV testing, counseling, distribution of condoms and provision of antiretroviral therapy. The sentinel surveillance remained the main instrument in estimating the magnitude of and trends on the HIV epidemic among different sentinel groups. Since the beginning of the HIV epidemic in India pregnant women attending antenatal care (ANC) clinics are considered as a low-risk sentinel group and frequently used as a proxy to monitor HIV infection and behavioral risk factors in general population. According to the Annual Report 2015-16 by the NACO, there are more than 18000 of Integrated Counseling and Testing Centers (ICTC) in the country offering HIV counseling and testing services to general clients including pregnant women. Counseling and testing of high-risk groups (HRG) and STD clinic attendees are also an essential component of HIV control program in India. An estimated 6.85 million general clients, 5.32 million pregnant women, 0.734 million high-risk groups and 0.43 million STI clinic attendees were tested for HIV during 2015-16.^[21]

With the aim of elimination of new HIV infection among children, the Government of India initiated Prevention of Parent to Child Transmission (PPTCT) of HIV under the National AIDS Control Program (NACP) in 2002 using single dose Nevirapine prophylaxis for HIV positive mothers during labor and newborn immediately after birth.^[21] However, since January, 2014 PPTCT program adopted using lifelong triple drug Anti-Retro Viral (ART) regimen as recommended by the World Health Organization (WHO) in a phased manner for all pregnant and breastfeeding women irrespective of CD4 count, clinical stage of the disease and duration of pregnancy.^[21] In addition, infants born to HIV positive mothers have to undergo DNA-PCR tests [using dried blood spot (DBS) and whole blood regimen] at designated ICTC centers at regular interval.^[21] Infants found to be reactive in DBS test are referred to corresponding Pediatric Centers of Excellence for appropriate delivery of care, support and treatment. At present there are seven functional Pediatric Center of Excellence in the country. The first line ART is provided at free of cost to all eligible people living with HIV through ART centers.^[21]

HEPATITIS B-INDIAN PERSPECTIVE

A previously published systematic review and meta-analysis of prevalence of hepatitis B in India found a prevalence of 2.4% among adult Indian population and 15.9% among tribal population with marked heterogeneity across states.^[22] A more recent report by Datta et al., indicated that HBsAg prevalence in general population ranged between 2% and 8%, placing India in intermediate hepatitis B endemicity zone.^[23] Approximately, there are about 3% hepatitis B carriers in this country with much higher prevalence in the tribal population.^[24] With an estimated 40-50 million chronic carriers India is the second largest contributor to global burden of hepatitis B.^[23] Although mother-to-child transmission remained one of the major routes of

hepatitis B infection, it is probably underestimated in this country.^[24] About 1 million of 26 million infants born every year in India have risk of developing chronic hepatitis B infection in their life.^[24,26] However, there is paucity of information regarding hepatitis B infection among pregnant women in India. A review by Narayanswamy et al. found that overall prevalence of hepatitis B infection among pregnant women across different states in India ranged between 1% and 9%.^[26] Another cross-sectional study by Mehta et al found sero-positivity of hepatitis B among antenatal care attendees in Gujarat was 2.9%.^[12] Another point of concern is that difference in hepatitis B transmission risk including intra-uterine transmission, severity of disease and outcomes might be attributable to variations in genotype distribution and mutations in the hepatitis B virus genome.^[15, 27] According to Datta et al., molecular characteristics of hepatitis B was found to be naturally distinct due to presence of genotypes A, C and D in eastern part compared to other parts in India. Hepatitis B infection appeared to be prolonged and were associated with higher viremia and higher mutations due to the presence of three different genotypes A, C and D.^[23] Prevalence of genotype was found to be associated with familial/childhood jaundice while genotypes C and D appeared to be more frequent among individuals with possible percutaneous injury.^[28] Therefore, good epidemiological data on hepatitis B infection along with its risk factors may be useful in disease prognosis, management and designing prevention strategies to tackle the spread of the disease.

WHY STIS REMAIN A PUBLIC HEALTH CONCERN?

If left undiagnosed and untreated, STIs pose great public threat to pregnant women and neonatal health. The spectrum of negative reproductive health outcomes following STIs included increased risk of HIV acquisition, cervical cancer, pelvic inflammatory disease, ectopic

pregnancy and infertility and all of them can result in significant morbidity and mortality. ^[2, 5, 10] Approximately 10% to 40% of untreated chlamydial infection contribute to symptomatic pelvic inflammatory diseases and 30-40% infertility is attributable to post infection tubal damage. HPV is associated with almost all cases of cervical cancer (second most common cancer in women) cases.^[25] Adverse outcomes of mother-to-child transmission ranges from stillbirth, neonatal death, low-birth-weight and prematurity, sepsis, pneumonia, neonatal conjunctivitis to congenital malformations.^[1] Syphilis infection during pregnancy may result into a plethora of adverse pregnancy outcomes which includes early fetal loss, stillbirth, prematurity, low birth weight, neonatal and infant death and congenital disease.^[29] In 2012 about 350000 adverse birth outcomes including stillbirth were reported among 900000 pregnant women who were infected with syphilis.^[1] Mother-to-child transmission of HIV during pregnancy has devastating consequences among newborns which are largely preventable. It is estimated that without any intervention the HIV transmission risk ranges from 15% to 45% among children born to infected mothers.^[23] However, the risk can be reduced to <5% with appropriate interventions during pregnancy, labor, delivery and postpartum included HIV testing, antiretroviral use, scheduled cesarean section and avoidance of breastfeeding.^[23] Furthermore, HIV in pregnancy has been associated with an increased risk of infant death.^[30, 31] It was estimated that up to 35% of HIV infected newborns had risk of dying before reaching the first year of life.^[30] Transmission of hepatitis B from mother-to-child can result in chronic infection, liver cancer and liver failure. Age of acquisition of hepatitis B is an important predictor of disease outcome. About 80-90% and 30-50% of infants may develop chronic infections if they acquire hepatitis B during first year and before age of 6 years, respectively. ^[2, 3] It was estimated that globally about 57% of cirrhosis and 78% of hepatocellular carcinoma were attributable to either hepatitis B or hepatitis

C infections.^[32] The highest burden of chronic hepatitis B infection is reported from sub-Saharan Africa and East Africa with a prevalence proportion of 5-10% followed by Middle East and Indian subcontinent where about 2-5% adults are chronically infected.^[3] Majority of hepatitis B infection in these poor settings are transmitted from mother to child at birth followed by parenteral transmission.^[2, 6] However, up to 95% hepatitis B infection and its complications can be prevented by vaccine at least up to 20 years or probably lifelong.^[3] Yet their impact is often unrecognized by global health policy makers and STI surveillance as well as STI management are poorly resourced and staffed.

Researchers have argued that reported STIs only represent the tip of the iceberg as most of them are asymptomatic. Majority of individuals infected with STIs experience no symptoms or mild ones that are often unrecognized, particularly among women.^[2, 5] The symptoms are non-specific which include vaginal/urethral discharge, inguinal swelling, painful micturition, vaginal itch, inguinal swelling and abdominal pain.^[1, 5] However, asymptomatic cases shed the infective organism and spread the disease to their regular sexual partners and/or new partners.^[1] Furthermore, lack of adequate data in developing countries further complicated the scenario of estimating actual burden of STIs which is grossly under-estimated.^[2]

Although asymptomatic infections are diagnosed early in developed countries, detection of possible STIs is often late in resource poor settings and patients come to clinical attention only when complications arise. Shame, stigmatization, ignorance and self-treatment (over the counter drugs or traditional healers) further complicate the STI management in developing countries leading high rates of STI-related complications. In most developing countries, diagnostic testing is either unavailable or often costly and geographically inaccessible. ^[2, 6, 19] The only routine tests available for pregnant women are for syphilis and HIV in almost all countries in the world while

hepatitis B in some part. Therefore, syndromic management remains the realistic approach for individual case management.^[33]

RATIONALE

Researchers strongly emphasized the need for development of affordable, rapid and point of care screening tests for STIs in resource constrained settings so that the diagnosis and early management of this largely silent epidemic could be enhanced. Given bacterial STIs (chlamydia, gonorrhea, syphilis) are largely curable with existing single-dose regimens of antibiotics and the course of viral STIs (HIV, hepatitis B, herpes simplex and Human papilloma virus) can be modified with available antiviral treatments and vaccines.^[11] it is imperative that early diagnosis and prompt treatment should receive highest priority. However, they had been neglected as a public health priority and current efforts to control the spread of STIs appeared to be insufficient.^[33] Given behavior change is complex, screening and subsequent treatment of at-risk population particularly the asymptomatic cases remain the cornerstone of STI management. In addition, appropriate case management and prevention of STIs will also accelerate the attainment of Millennium Development Goals of reducing infant mortality, improving maternal health and reducing HIV incidence.

Regardless of its importance, published information on STIs and high risk behaviour among pregnant women is scarce in India. Although pregnant women were perceived as a low HIV risk population in India, yet a significant number of new HIV infections were reported among stable heterosexual couples.^[34] An interplay of socio-cultural norms, gender inequalities, lack of economic empowerment and social autonomy put Indian women at higher risk of intimate

partner violence. Apart from biological factors, failure to negotiate for safe sex or to refuse unwanted sex with their husbands or intimate male partner heightens their risk of STIs including HIV.^[35] Currently there are about 39% women living with HIV in India.^[35] Yet, sexual riskreduction interventions targeting married women are limited and data regarding their own risk perception, STI-related knowledge and sexual behaviour are scarce. Given about 27 million Indian women who get pregnant each year, prevention of STI-related adverse outcomes among mother-infant dyad seems crucial. The evidence base for STI prevention in India is still dispersed and non-standardized. Previous studies explored HIV related knowledge, awareness and attitudes,^[36-38] facilitators and barriers of perinatal testing^[39] and risk of mother-to-child transmission^[40] but none had determined the predictors of STI including HIV sero-positivity among pregnant women. Findings from this study will likely to help in generating mathematical modelling to predict the potential risk factors of STI acquisition among pregnant women in India. Given most of STIs asymptomatic, tracking and assessment of the burden of symptomatic and asymptomatic STIs in a defined population appear to be the most effective strategy to contain STIs including HIV in this poor country. Moreover, getting access to this high-risk population is much easier and exploring their sexual health will be comparatively less complicated than other sentinel groups.

PUBLIC HEALTH IMPLICATIONS

To ensure optimum utilization of the data generated from any public health research and optimum translation of its findings into public health intervention, consequent policy and action, a few integral requirements are needed to be met through the planning and design of the said research.

a. Determining the appropriate at-risk population for the particular research and intervention

b. Proper identification of the said population during actual recruitment for the research

c. Having an in-place, up and running public health care delivery system designated for the said population

d. Ensuring maximum compliance of the said population to the research protocol and (if applicable) the intervention

ANC attendees in a tertiary care centre meet the aforementioned requirements perfectly as explained below and thus were chosen as the appropriate study population for the current research for addressing the study-objectives (mentioned below).

a. Regarding acquisition of STIs including HIV, syphilis and hepatitis B and their health consequences, pregnant and their baby-in-utero were very much at risk. Thus by addressing the ANC attendees through control programs informed by the findings of this research, the whole spectrum of acquisition and complications of these silent, mostly asymptomatic onset ailments could be successfully prevented

b. Identification of ANC attendees are generally comprehensive, hassle free and systematic
owning to the definition of the population of not being associated with social undesirability
rather individual emotional and system-based operational drives emphasized on their 100%
registration in to the public health delivery system. In Kolkata West Bengal the study area for
this research this proportion of identification through pregnancy registration was almost 100%.
c. The existing ANC clinics and ANC service delivery system were the perfect public health
delivery platform for conducting this research and delivering the consequent interventions
d. Inclination for participation, adherence to the research protocol and compliance to the

owning to the emotional drive, perceived importance and concern regarding well-being of the baby and herself.

Thus, given the dearth of relevant quality information from eastern part of India conducting this research among ANC attendees of a tertiary care hospital in Kolkata, West Bengal, India was considered to be a rational and optimized approach to determine the burden of HIV, syphilis and hepatitis B infections and identification of the potential proximal factors for their acquisition.

STUDY OBJECTIVES

The specific objectives of the study were:

1. To estimate the prevalence of HIV, hepatitis B and syphilis among antenatal care attendees in Kolkata, West Bengal

2. To determine the distribution of socio-demographic characteristics, obstetric history and symptoms of HIV, hepatitis B and syphilis among antenatal care attendees in Kolkata, West Bengal

3. To measure the knowledge, attitude and perception of the antenatal care attendees in Kolkata, West Bengal regarding sexually transmitted infections (STIs) including HIV

4. To determine the distribution of STI-related risk behaviors among antenatal care attendees in Kolkata, West Bengal

5. To measure the association of socio-demographics, STI-related knowledge, perception and behavioral factors with HIV, hepatitis B and syphilis sero-positivity among antenatal care attendees in Kolkata, West Bengal.

METHODS

STUDY DESIGN

A cross sectional study was conducted among pregnant women attending the antenatal clinic of a tertiary care hospital serving part of the metropolitan area of the city of Kolkata, suburbs and some rural populations in the state of West Bengal, India between January and June, 2016.

STUDY AREA

The state of West Bengal is in the eastern region of India and is the nation's fourth most populous state. The state is also the seventh most populous sub-national entity in the world. In terms of its contribution to India's GDP, West Bengal ranks 6th. West Bengal, together with Bangladesh lying on its east, forms the historical and geographical region of Bengal. West Bengal is divided into 19 administrative districts namely Bankura, Bardhaman, Birbhum, Cooch Behar, Darjeeling, East Midnapore, Hooghly, Howrah, Jalpaiguri, Kolkata, Malda, Murshidabad, Nadia, North 24 Parganas, North Dinajpur, Purulia, South 24 Parganas, South Dinajpur, West Midnapore.^[41]

Health care delivery under West Bengal government is distributed in 9 tiers, the top rung of which is formed by 9 medical college hospitals that share about 11,150 beds (approximately 20% of total beds under government set up) among themselves. The subsequent tiers are formed by district hospitals (16 in number, 7,722 beds in total), sub divisional hospitals (45, 8,996 beds), state general hospitals (34, 3,904 beds), other hospitals (33, 7,737 beds), rural hospitals (95,

3,669 beds), block primary health centres (253, 6,523 beds), primary health centres (924, 6,739 beds and sub centres (10,356 in number) which form the lowest tier without any in-patient facilities. In addition, there are 68 hospitals, which are run under different departments of the West Bengal government (other than health) accounting for 6,028 beds. Hospitals under government of India (54 in number) and local bodies (31 in number) share about 5,946 and 960 beds, respectively. A significant portion of curative health care burden is borne by the 2001 private and NGO run institutions, housing about 32,458 beds in combination.

The present study was conducted in the capital city of Kolkata, West Bengal. It is a metropolitan city located in the eastern part of India with a population of 4,486,679 and area approximately1380 sq. kilometers. The city is adjacent to Howrah, Hooghly, Nadia, 24 Parganas (North) and 24 Parganas (south) districts of state of West Bengal.

STUDY SITE

R G Kar Medical College and Hospital is a tertiary care government hospital and medical school located in Belgachia locality of north Kolkata, West Bengal, India. The institution was established as Belgachia Medical College, a private medical school, in 1916 and was taken over by Government of West Bengal in 1958. The administration of the hospital is under Director of Health Services of Government of West Bengal. The academic division of the institution is headed by the Principal while the Medical Superintendent cum Vice Principal heads the administration. The hospital currently runs 31 specialized departments catering to a population of about 20 million residing in North Kolkata, 24 Parganas (North) and Nadia districts of the state of West Bengal. Being a tertiary care centre, the hospital provides health services to the critical

patients referred by the sub-divisional and district level hospitals within its catchment area as well as the patients visiting on from distant towns. Approximately 1500 patients attend the outpatient and emergency departments of R G Kar. It is a hospital having overall 2000 beds and 400 of those beds are designated for admitting Gynaecology and Obstretics patients. Extensive patient load creates a huge burden for this hospital.

Figure 1. A. Location of study area (Kolkata) & B. Study site (R. G. Kar Medical College)




R. G. Kar Gynecology and Obstetrics Department has 400 beds approximately and an estimated 16,500 deliveries take place every year (amongst the highest in a single institution in India) besides almost 1,200 gynecological surgeries. Approximately 350-500 mothers attend the antenatal outpatient department every day and on average 70 antenatal mothers get admitted each day for delivery or delivery related complications. The Gynecology and Obstetrics department also provides other reproductive and child health services like immunization, prevention of mother to child transmission and family planning services, which are jointly run with Ministry of Health & Family Welfare and National Health Mission. These services are either provided for free or at minimum costs. Also, being a government run institution ante-natal services and delivery (including cost of medicines and equipment) are provided free to the families designated as below the poverty line.

The organizational structure of Gynecology and Obstetrics department consists of consulting physicians, resident medical officers, senior and junior residents besides nurses and para-medical staffs. For operational purpose the departmental support staff are distributed in 6 units- each unit consisting of 1 consulting physician, 2 resident medical officers, 2 senior residents, 4 junior residents and the required number of other staff. For each 24-hour period, one unit is designated the responsibility of the patients attending out-patient and emergency room and if any patient gets admitted during the period the same unit is deemed responsible for the in-patient care of that care attendee.

On her first visit to antenatal outpatient department (OPD), an expectant mother is provided with an OPD card for registration. The mother is requested to bring the card on her subsequent visits. She is then subjected to routine check-up where her vital parameters (height, weight, bloodpressure, pulse) are examined by on-duty nurses and junior residents and old medical records, if

available are also noted on the registration car as well as in hospital records. Advice on diet and healthy lifestyles are also provided at this stage. Then she is examined by senior residents and advised accordingly. If the mother needs admission or the resident suspects any complications, then she is referred to the other senior resident medical officer or consulting physician. In absence of any complications, the mother is usually advised to come back in 12 weeks if she is in the first trimester, 4 weeks if in second trimester and a week after, if, unfortunately, her first visit happens in the third trimester. Every antenatal mother is routinely prescribed vitamin and ironfolic acid supplements, which are supplied for free from the hospital pharmacy.

STUDY POPULATION

The eligibility criteria included pregnant women aged at least 18 years who attended the antenatal clinic of R. G. Kar Gynecology and Obstetrics Department for her routine antenatal check-up between January and June, 2016, did not participate before in the study, not suffering from any physical or psychological conditions that could prevent adequate communication and who agreed to participate and gave consent in favor of participation, providing access to their medical reports (past & present) and serological test reports.

FIELD PREPARATION, TOOL ASSESSMENT AND FINAL SETUP

After receiving ethical approval, the study protocol was briefed to the head (Principal) of R. G. Kar Medical College and Hospital, Head of the Gynecology Department, sister-in-charge of Obstetrics Department in-charge of PPTCT unit and registration officer of the antenatal unit. The current study was conducted after getting formal permission from the concerned authorities. A

setup was arranged in the antenatal OPD. Mock interviews were arranged with volunteer mothers during the pilot phase of the study to ensure the smooth conduct of the study.

Prior to the start of the study, a research team was formed for the efficient conduct of the study. Female persons having experience of data collection in public field and familiar with antenatal care clinic infrastructure of government hospital in Kolkata were recruited and properly trained to conduct prompt and efficient interviews under the guidance of experienced researchers of the National Institute of Cholera and Enteric Diseases, Kolkata. During this brief training period a detailed description of the study protocol including its aims, study area, eligible subjects, recruitment and sampling strategy, informed consent, data collection tools (questionnaire and software), ethical issues, data cleaning and data analysis were given by the primary investigator followed by hands on training for handling the data collection tool. During this phase validation of the questionnaire was performed and necessary modifications/changes were made accordingly.

SAMPLE SIZE CALCULATION

The required sample size for the proposed study was calculated according to the conventional cross-sectional study sample size calculation method as explained below. The actual sample size was based on this statistical computation as well as on available time and budget.

Outcome variable of interest

Sample size calculation for this study was done considering two different outcome variables. One of the outcome variables was the status of the participants in terms of the STI investigation results (positive/negative), and the other, STI related knowledge and attitude level, constructed from the information obtained from the questionnaire based survey on knowledge and attitudes of the respondents regarding sexually transmitted diseases.

Independent variables of interest and other covariates

Different socio-demographic and economic factors was either considered as the independent variables of interest or covariates based on our contextual background knowledge while analyzing their association with STI related knowledge and attitude and STI status.

Sample size for outcome variable:

For the study, sample size was determined using cross sectional study sample calculation method of EPI INFO software. In absence of definitive population parameters from the study area for the detection of the sample size, the calculations were made based on the following assumptions:

Significance level (α): Defined as probability of rejecting a true null hypothesis, also known as
Type-I error. For this study alpha (α) level was fixed to 0.05.

• Power: Defined as the probability of rejecting a false null hypothesis. Expressed as 1- β where beta (β) is defined as probability of accepting a false null hypothesis. β is also known as Type-II error. For this study power was fixed to 80%

• Ratio of the number of unexposed to the number of exposed was assumed to be 3:1

• Expected prevalence of outcome among unexposed group was assumed to be 5%

• The minimum value of Odds Ratio (OR) that could be detected by the study was hypothesized to be 2

The sample size calculation was based on the following formula:

No= $[Z\alpha [(r+1)P(1-P)]^{1/2} + Z\beta [P0(1-P0)+rP1(1-P1)]^{1/2}]^2 / (P1-P0)$

Where,

- α = Probability of Type-I error
- β = Probability of Type-II error
- r = Ratio of number of unexposed people and number of exposed people (r = N0/N1)
- P = Prevalence of outcome in total population
- P1= Prevalence of outcome in exposed population
- P2= Prevalence of outcome in unexposed population

Hence based on the aforementioned assumptions and formula, to determine an odds ratio of 2 with 80% power and 95% precision, 1404 subjects were required to be recruited in the study. Assuming a non-response of 20%, 1755 subjects were to be invited. Thus, it was decided that following the sampling strategy, 1760 subjects should be invited to participate in the study.

RECRUITMENT AND SAMPLING

Selection of study subjects was done from the row of only pregnant women waiting at ticket counter for the registration. This was the first step to get antenatal check-up in the respective Gynecology and Obstetrics OPD of the hospital. Two random numbers between 1-9 were generated by a computer each day morning before start of the recruitment procedure. The first number was discarded and second number was taken into consideration for the sampling interval for the day. A mother standing in the row at that position from the registration counter (taking into

consideration the first random number and sampling interval) was selected as the index (first) case for that particular day. She was then approached, counselled about the study and a printed copy of the inform consent written in a language that they clearly understood (local language, Bengali and Hindi) was given to her by the research team. The inform consent was read and explained to mothers who had issues with literacy. A mother was selected for the study only if selection criteria were fulfilled and if she was willing to participate. If an eligible mother was not willing to participate, then the next mother in the row was approached. The second mother was likewise selected based on sampling interval for the day. Pregnant lady standing at that position next to the index case in the row was chosen as the second subject provided selection criteria were fulfilled. The sampling process continued until the desired sample size was reached. Registration of the subject was then done followed by the routine procedure (measurement of height, weight and blood pressure of the mother) of the OPD. To ensure privacy and comfort, all interviews were conducted by female research assistants who were trained in data collection in a closed space of the hospital. Interviews were conducted every day except Sunday during working hours of obstetrics OPD.

After the routine registration of the eligible mother, the research assistant asked her if she was ready for the interview. Confidentiality of the provided information was also explained properly in a similar manner ensuring that they clearly understood participation or non-participation would not affect the intended medical care in the hospital and they were free to decline at any point during the interview. Antenatal mothers agreeing was recruited by the research team into the study after obtaining informed consents for the interview, access to medical records and testing results. This process continued in the ANC until the total number of recruited subject reached 1760.

In addition, with aim of comparing reporting between C-ACASI and interviewed-administered sexual behaviors, 10% of the total sample size (n=176) were interviewed by the designated female research assistants. Sampling strategy and recruitment procedure were performed in a similar way. After obtaining informed consent, eligible mothers were interviewed with the tablet in the same setting but without a headphone. The only difference with the former interviews was that mothers and interviewers listened to pre-corded questions and probable responses together. This ensured consistent question administration and minimized risk of interviewers' bias. All information was collected in an anonymous manner.

DATA COLLECTION TOOL

C-ACASI

A culturally appropriate questionnaire was prepared in both English and the local language (Bengali) after an exhaustive and robust literature review and the guidelines of reproductive and child health program (RCH) of India. The accuracy and completeness of data on sensitive and personal issues had been validated in previous Indian studies included poorly computer-literate, non-English speaking and pre-dominantly rural Indian populations,^[42] young urban men,^[43] and adolescents^[44] and young married women.^[45] The interview had two parts-interviewer administered and self-administered. In order to save time, information on non-sensitive or neutral issues including socio-demographic characteristics and obstetric history was collected by a trained female research assistant. After completion of the first part, participants were self-interviewed to gather information on sensitive issues included own sexual behavior, husbands' sexual behavior, STI including HIV related knowledge and attitudes, STI symptoms, health-

seeking behavior, treatment history and risk. The interview was conducted in a closed space for ensuring adequate privacy during the interview. The average length of interview varied between 45 minutes to 60 minutes. All data collected were anonymous without any personal identifiable information except the unique hospital registration number generated for each mother at the time of registration.

Color Coded-Audio Computer Assisted Self Interview software (C-ACASI) loaded in small tablet was used for the data collection. This new technique involved completion of selfadministered questionnaire using a tablet and a headphone after listening to the pre-recorded audio simultaneously reading the questions, answer categories with specific instructions by displaying different distinct color on the touch screen. Participant responded to a specific question by selecting a color among the colors displayed on the computer touch screen. Each color indicated a probable answer for the respective question. To ensure further privacy neither the question or the response texts were displayed on computer screen. To make the data collection process more comfortable, earphones were also provided so that none other than subject could hear the question. The participant could replay the question and responses by pressing a specific sign (shown to the respondent) displayed on the upper left hand corner of the screen. Respondent had to select a response for a question before proceeding to the next question indicated by a bold line and "Proceed" displayed below. There was no option of going back and modify the responses once this "Proceed" was pressed. The end of the interview was indicated by displaying "Thank you" and a unique code specific which was generated for each participant. Data were automatically stored in the centralized database through tablets equipped with internet access and were available almost immediately. Before start of the interview C-ACASI was demonstrated to each subject about how to use a tablet and a headphone with the help of demo

questions. To ensure further privacy of the subjects, the interviewer waited outside the room during this period but was available for any questions or help. After entering the responses, a tabdelimited text record file was generated for checking the completeness. Both hospital registration number and this tab-generated code number were recorded by the interviewer.

The advantages of C-CASI were substantial. Apart from being flexible and convenient, confidentiality was completely ensured during data collection process. It allowed participants to privately answer sensitive questions comfortably using headphones. It provided consistent questionnaire delivery and worked well among mothers with poor literacy. It also eliminated data entry time and errors. Missing data and out of range responses could be avoided as possible response to the prior question was required in order to proceed to the next question when using C-ACASI software. In addition, as C-ACASI required respondents to give an answer before moving to the next question, it also helped to determine how question sensitivity influenced item non-response. Furthermore, as C-ACASI was preprogrammed to skip patterns, it was saved time and was easy to navigate.

At the end of the interview, the interviewer asked about the presence of any STI related symptoms and entered into tab by the interviewer. To save time each interviewed mother was not sent back to the queue but was taken to the consultant obstetrician in charge of the outpatient department on that day for routine obstetrical examination by the research team and if mother reported any symptom suggestive of a STI, the research assistant informed the treating physician. After the routine pregnancy check-up, usually as per the routine process of the Governmental antenatal clinics in India, attendees were routinely tested for HIV, syphilis and hepatitis B at designated ICTC at R. G. Kar Hospital. The pregnant women collected their test results either on same day or on subsequent visits from the ICTC. Research team collected the required

serological reports (of HIV, syphilis and hepatitis B) from hospital records of each interviewed mother matching unique hospital registration number which was also entered in laboratory register either on the same day of the interview or the subsequent day. The serological reports of each interviewed mother were entered into tab by matching both the hospital registration number and tab-generated unique code number by the interviewer.

Information collected are summarized below:

A. <u>Socio demographic variables</u>: age, income, education, religion, educational level, current working status, place of residence (Urban/Rural), husband's age and occupation, age at marriage, whether husbands stayed away from family for 66 months or more at a stretch

B. <u>Obstetrics history</u>: gravida, parity, history of abortion, years since last child born, number of male child born, expected date of delivery and history of stillbirth

C. <u>STI related knowledge</u>: basic knowledge, STI-related symptoms, basic knowledge about HIV, routes of transmission and complications

D. Attitude towards HIV/AIDS

E. Husbands' sexual behavior and their sexual experience

Alcohol consumption before having sex, sex during pregnancy, verbal abuse during sex, physical abuse during sex, extra-marital relationships, sex with a commercial sex worker, self-rating of sexual experience with husband and decision to use condom

F. Own sexual behavior and experience

Age at first sex, sex before or after marriage, forced sex, anal sex, sex after alcohol consumption, use of condom, reasons for not using condom, sexual relationship with another male other than

husband, history of multiple partner, use of condom with other male partner, sex in exchange of money/gifts and history of receiving injections ever

G. Past history of STI-related and other symptoms in the past 6 months

STI-related symptoms included abnormal vaginal discharge, burning sensation during micturition, any lesion/ulcer in private parts, itching in private parts, lower abdominal pain, swelling in groin. Non-STI related symptoms included passage of yellowish/dark colored urine, yellowish discoloration of eyes and skin, fever and loss of appetite and nausea/vomiting

H. General and STI-related health seeking behavior: Past history of symptoms suggestive of STI

I. <u>Perception of risk for STI including HIV</u>

J. Health perception, own and husbands' STI related medical history

K. Current symptoms of STI including Hepatitis B and HIV

LABORATORY TESTING

Although the current study did not involve any blood collection and serological reports were based on routine blood testing conducted in the hospital.

Hepatitis B

The test kit used to detect the presence of surface antigen of hepatitis B virus (HBsAg) was SD BIOLINE HBsAg Rapid Test Kit. It is an in vitro, immuno-chromatographic, one step rapid assay for qualitative determination HBsAg in human blood serum or plasma with sensitivity \geq 99% and specificity \geq 98%. The test kit contains a membrane trip pre-coated with mouse

monoclonal anti-HBs capture antibody on test band region. The mouse monoclonal anti-HBscolloid gold conjugate and serum sample moves along the membrane following the principle of chromatography to the test region (marked as T) and a color band appears as the antigenantibody gold particle complex is formed. The kit membrane contains two bands marked as C (control) and T (test). These otherwise invisible bands become visible when antigen-antibody gold complex is formed if the test serum contains HBsAg. The C band always appears after addition of sample. Appearance of C band indicates the validity of the test kit, procedure, as well as the test result. If there was only one band (control) at the left section of the window, then it was interpreted as a negative result and respective serum sample was considered as HBsAg negative (surface antigen was not present in the test serum). If another color band appeared at the right side of control band, the test result was interpreted as positive and the serum sample was considered to be HBsAg positive (surface antigen was present in the serum sample).

HIV

Given labor intensive and time consuming of Enzyme linked immunosorbent assay (ELISA), a standard test for diagnosis of HIV, rapid diagnostic test was performed by using SD Bioline HIV-1/2 3.0. for detection HIV antigen. This is a visual, rapid, sensitive and accurate immune-chromatographic assay with 100% sensitivity and 99.8% specificity. HIV test procedure was performed as per the NACO guideline. If a colored band appeared only in the control area marked "C", the test result was considered negative. The sample was considered reactive for HIV-1 if a colored band appeared in the area marked "1" and if colored band appeared in the area marked "2" it was considered reactive for HIV-2. The test was considered invalid if the control band or "C" did not appear.

Sera non-reactive by the first test were considered negative for anti-HIV antibodies and those that were reactive were subsequently tested by the second ELISA test and third enzyme immune assay or EIA test to confirm the positive results. Sera reactive for both second and third tests were considered positive for anti-HIV antibodies.

Syphilis

Syphilis testing was done at designated laboratory using rapid plasma regain (RPR) test kit. This is a non treponemal test that detects reagin or IgG and IgM (antilipoidal antibodies) produced by the damaged host cells. A reactive specimen was indicated by macroscopically visible black clumps against white background while non-reactive specimen appeared as a uniform light gray color with no clumps. All serological test results were recorded directly on women's antenatal card and laboratory register.

DATA EXTRACTION AND MANAGEMENT

Using multiple logic checks, the accuracy of the data was automatically ensured. Data consistency and quality was regularly checked by the research team. The tab-delimited database was generated by ACASI was decoded for analysis. All files in all the computers were protected by a unique password available only to the primary investigator. All the questionnaires were securely preserved under lock and key ensuring safety and confidentiality.

DATA CLEANING

An accurate and exhaustive codebook was prepared based on the questionnaire and using value labels of each of the variables. The codebook was continuously updated by including newly created, recoded and constructed variables and mentioning the value labels for each of them clearly. SAS version 9.3 was used for current analysis. By performing procedures to generate frequency distribution for each variables of the dataset, the outliers were identified and data cleaning was done accordingly.

MEASURES

The basic knowledge of STI was measured using seven "yes/no/don't know" items. The knowledge score was measured by dichotomizing each item into a value of 1 for each correct response and 0 for either incorrect or don't know response and then summing the item values to a composite score, re-scaled into 10 with higher values reflecting better knowledge about basic STI related knowledge. The complications of STI was measured using four "yes/no/don't know" items and likewise knowledge score about complications of STI was determined. The basic knowledge of HIV was measured using eleven "yes/no/don't know" items and knowledge score about HIV was also calculated in similar fashion. The overall knowledge about STI, HIV and STI-related complications) and then re-scaling it to 100. Respondents were assessed as having good overall STI knowledge if their score fall in the highest tertile, average in middle tertile and poor in lowest tertile.

The attitude towards HIV/AIDS was determined by using a five-point scale-strongly disagree, disagree, neither agree or disagree, agree and strongly agree.

DATA ANALYSIS

Descriptive analysis

A descriptive analysis of the data was conducted to examine the distribution of the variables of interest among the study population. The frequency distribution for each variable was determined as well as stratified distributions of prevalence of HIV and Hepatitis B across the strata of the covariates in our study. Similarly, distributions were prepared for the symptoms (past and current) suggestive of STI among participants.

Crude analysis

Using simple logistic regression, crude association between STI related knowledge-attitude level and test result status was determined. Next using the same procedure crude associations of demographic, socio-economic and behavioral variables with STI related knowledge–attitude and STI symptoms was analyzed.

Multivariable and multinomial analysis

Each sociodemographic factor was adjusted for all others using multiple logistic regressions. Based on the information collected from the literature review, and the results of crude analysis we decided to include age, age at marriage, per capita income, husband's age, education, religion, husband's stay away from home and residential area in our multiple logistic regression analysis model while determining the adjusted associations. The primary outcome variables of interest were STI related knowledge, attitude, risk behaviors, symptoms (past and present) and test result status.

Participation rate and missing values

In this study the participation rate was 94.89% as among the 1760 invited attendees of the selected antenatal clinic 1670 participated in the study. Owing to the technologically developed framework and algorithm of the CACASI data collection platform, subjects were required to provide responses to each of the questions and thus the possibility of having missing values in the data owing to the selective non-response was not there. Missing values were generated in the data owing to the removal of outliers, having inconclusive test results and for subjects whose test results could not be linked with the data owing to some technical glitch (unique ID no. was not linked) in the laboratory records of the hospital. For all other variables, the cumulative number of missing values arising due to outlier deletion were less than 3%. For HIV test results it was approximately 2.8% and for Hepatitis B it was approximately 3.8%. Owing to the miniscule proportion of missing values and their generation process being largely unrelated with our variables of interest, we assumed that the values were missing at random, so the probability of the observed value for a variable being missing for a subject is not dependent on other variables in the analysis.

ETHICS APPROVAL

The study content and protocol was reviewed and approved by the Institutional Review Board (IRB) of the University of California, Los Angeles and Ethics Committee of the National Institute of Cholera and Enteric Diseases, Indian Council of Medical Research, Kolkata. Verbal consent was obtained from all eligible subjects prior to recruitment in the study.

SUMMARY OF FINDINGS

Among 1670 eligible self-interviewed participating attendees of the ANC center, (out of 1760

Summary Table 1. Distribution of the socio-demographic factors among recruited

antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India,

Continuous variables			Maan	95%CL		
Contin	nuous variables		Mean	Lower	Upper	
What is your present age?			22.37	22.18	22.55	
Per head family income (IN	NR)		2597.78	2466.65	2728.91	
At what age did you get ma	arried?		18.53	18.38	18.67	
What is your husband's age	e? Age in completed years		28.39	28.13	28.65	
Categorical variables Categories		NI	0/	95%	CL	
Categorical variables	Categories	1	70	Lower	Upper	
	No education	90	5.39	4.31	6.47	
Till what level have you	Primary	143	8.56	7.22	9.91	
studied?	High-school	1298	77.72	75.73	79.72	
What is your religion?	Graduation and above	139	8.32	7.00	9.65	
What is your religion?	Hindu	789	47.30	44.90	49.70	
what is your religion?	Muslim	879	52.70	50.30	55.10	
	Currently not working 16		95.87	94.91	96.82	
What is your occupation?	Currently working		4.13	3.18	5.09	
	Unskilled Worker	180	10.82	9.33	12.32	
XX/h = 4 is seen in her show dis	Skilled Worker	785	47.20	44.80	49.61	
What is your husband's occupation?	Business	399	23.99	21.94	26.05	
	Service	188	11.30	9.78	12.83	
	Self-employed /Professional	111	6.67	5.47	7.88	
	No education	173	10.36	8.90	11.82	
What is your husband's	Primary	307	18.38	16.52	20.24	
education?	High-school	1031	61.74	59.40	64.07	
	Graduation and above	159	9.52	8.11	10.93	
Due to your husband's	Most of the time	51	3.05	2.23	3.88	
work, does he need to	work, does he need to Sometimes		4.79	3.77	5.82	
stay away from Few times		47	2.81	2.02	3.61	
you/family at a stretch for 6 months or more?	Never	1492	89.34	87.86	90.82	
Where do you live?	Urban	684	40.96	38.60	43.32	
where do you live?	Rural	986	59.04	56.68	61.40	

invited, participating rate 94.89%) the mean age was 22.37 years [95% confidence interval (CI)=22.18-22.55], with majority were educated up to high-school level (77.72), Muslim (52.70%) by religion and rural residents (59.04%). Among husbands, the mean age was 28.39 years (95% CI=28.13-28.65), most of them achieved high-school education (61.74%), were skilled workers (47.2%) and never stayed away from family for 6 months or more at a stretch for work (89.34%). [Summary Table 1]

Knowledge regarding complications of STIs appeared to be poor among 41% respondents while

18% and 29% mothers did not know about symptoms and transmission of STIs, respectively.

About 26% participants had poor overall knowledge regarding STIs including HIV. [Summary

Table 2]

Summary Table 2. Distribution of knowledge regarding STI including HIV among

recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West

Statemonts/variables	Response	NI	0/	95% CL	
Statements/variables	categories	IN	70	Lower	Upper
Knowledge among respondents regarding	Poor	292	17.49	15.66	19.31
symptoms of sexually transmitted infections	Average	768	45.99	43.60	48.38
including HIV	Good	610	36.53	34.22	38.84
Knowledge among respondents regarding	Poor	484	28.98	26.80	31.16
transmission of sexually transmitted infections	Average	381	22.81	20.80	24.83
including HIV	Good	805	48.20	45.80	50.60
Knowledge among respondents regarding	Poor	679	40.66	38.30	43.02
complications of sexually transmitted infections	Average	364	21.80	19.81	23.78
including HIV	Good	627	37.54	35.22	39.87
Quarall knowledge among respondents regarding	Poor	439	26.29	24.17	28.40
overall knowledge allong respondents regarding	Average	714	42.75	40.38	45.13
sexually transmitted infections including III v	Good	517	30.96	28.74	33.18

Majority (80%) of the husbands did not consume or rarely consume alcohol before having sex with the respondents. Most of the participants experienced vaginal sex (63%) during pregnancy followed by anal sex (5%) and oral or other form of sex (4%). About 9% reported being verbally abused by their husbands during sex. Approximately 6% reported being physically abused ever by their husbands while having sex. An estimated 9% suspected that their husbands had an extramarital affair and 4% believed that their husbands were having sex with a commercial sex worker. [Summary Table 3]

Summary Table 3. Distribution of the husband's sexual behavior as reported by the

recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West

Bengal, India, 2016

Cotogonical variables	Catagoniag	Ν	0/	95%CL	
Categorical variables	Categories	IN	70	Lower	Upper
Does your husband consume alcohol before	Very rare or never	1341	80.30	78.39	82.21
having sex with you?	Sometimes	292	17.49	15.66	19.31
	Most of the time	37	2.22	1.51	2.92
	Did not happen	473	28.32	26.16	30.49
During your pregnancy did your husband	Oral sex or other	70	70 4.19 3.23	5.15	
have sex with you?	Anal sex	75	4.49	3.50	5.49
	Vaginal sex.	1052	62.99	60.68	65.31
While having sex, did your husband ever use	No	1524	91.26	89.90	92.61
slang language or behave badly with you?	Yes	146	8.74	7.39	10.10
While having sex, has your husband ever	No	1563	93.59	92.42	94.77
physically assaulted you?	Yes	107	6.41	5.23	7.58
Do you suspect that your husband had or	No	1520	91.02	89.65	92.39
could have sexual relations with any other women?	Yes	150	8.98	7.61	10.35
Do you think the woman apart from you with	No	1598	95.69	94.71	96.66
whom your husband has sex is a sex worker?	Yes	72	4.31	3.34	5.29

Approximately 61% respondents reported to have forced sex with their husbands and 3% were

forced to have sex with someone other than their husbands. More than half of participants (56%)

had an experience of anal sex with their husbands. Only 5% mothers admitted that they were having sex with male other than their husbands.16 mothers told that they had one than one male partner other than their husbands.

Summary Table 4. Distribution of sexual behavior/experience/other risk factors among

recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West

Bengal, India, 2016

Cotogonical variables	Catagorias	N	0/	95%CL		
Categorical variables	Categories	IN	70	Lower	Upper	
	Not been forced	594	35.57	33.27	37.87	
Did anyone ever force you to	Forced by husband.	1024	61.32	58.98	63.66	
have sex?	Forced by someone other than husband.	52	3.11	2.28	3.95	
Has your husband or anyone else	No	731	43.77	41.39	46.15	
had anal sex with you?	Yes	939	56.23	53.85	58.61	
Did your husband/anyone else	No	990	59.28	56.92	61.64	
ever have sex with you after consuming alcohol?	Yes	680	40.72	38.36	43.08	
Do you have sexual relationship	No	1589	95.15	94.12	96.18	
with any man other than your husband?	Yes	81	4.85	3.82	5.88	
How many male sex partners	Have one partner.	65	80.25	71.39	89.11	
apart from your husband do you have?	Have more than one.	16	19.75	10.89	28.61	
When you had sex with a male	No	33	40.74	29.81	51.67	
partner other than your husband, were you offered money?	Yes	48	59.26	48.33	70.19	
When you had sex with a male	No	35	43.21	32.19	54.23	
partner other than your husband, did you accept any gifts?	Yes	46	56.79	45.77	67.81	
When you had sex with a male	Always	10	12.35	5.03	19.66	
partner in exchange for money,	Sometimes	15	18.52	9.88	27.16	
did he use a condom?	Never	56	69.14	58.86	79.41	
When you had sex with a male	Always	9	11.11	4.12	18.10	
partner other than your husband,	Sometimes	12	14.81	6.91	22.72	
did he use a condom?	Never	60	74.07	64.32	83.82	

Among 81 respondents who reported extra-marital relationship, 48 mothers had sex in exchange of money, 46 mothers had sex in exchange of gifts, most of their partners (other than husband) did not use condom and 43 women suspected that their male partners were also engaged in sex with commercial sex worker. About 10% had history of receiving multiple injections in past 6 months. [Summary Table 4]

Out of 1607 participants whose Hepatitis B results could be obtained, 44 were positive for hepatitis B infection giving rise to a burden of 2.74. [Summary Table 5]

Summary Table 5. Distribution of Hepatitis B among self-interviewed antenatal care attendees in Kolkata, West Bengal, India, 2016

Categorical	Catagonias	NI	0/	95%	o CL	
variables	variables		70	Lower	Upper	
	Negative	1563	97.26	96.46	98.06	
Hepatitis B	Positive	44	2.74	1.94	3.54	

Of 1623 ANC attendees for whom HIV-1 results were available, 27 were found to be HIV-1 positive giving rise to a burden of 1.66 (95% CI=1.04-2.29%). [Summary Table 6]

Summary Table 6. Distribution of HIV-1 among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Categorical	Cotogorios N		0/	95%	6CL	
variables	Categories	IN	70	Lower	Upper	
HIV-1	Negative	1596	98.34	97.71	98.96	
	Positive	27	1.66	1.04	2.29	

Mothers and those having husbands with relatively higher level of education and those who were currently working seemed to have an overall good knowledge regarding STIs including HIV. [Summary Table 7]

Summary Table 7. Association between socio-demographic factors and overall knowledge regarding sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			Overall knowledge regarding STI including HIV (ref=Poor)					
			Average	e	Good			
Continuous		OR	OR (95%CI)	p value	OR (95%CI)	p value		
	Drimary	Unadj	1.11(0.60-2.04)	0.7457	1.87(0.93-3.76)	0.0782		
	Filliary	Adj	1.11(0.59-2.09)	0.7378	1.93(0.93-3.99)	0.0761		
Educational level	High school	Unadj	1.50(0.92-2.44)	0.1009	2.06(1.15-3.68)	0.0145		
(ref=No education)	Tingii-school	Adj	1.60(0.96-2.69)	0.0738	2.26(1.21-4.22)	0.0105		
	≥Graduation	Unadj	3.27(1.62-6.58)	0.0009	5.67(2.62-12.26)	<.0001		
		Adj	3.65(1.71-7.78)	0.0008	5.50(2.36-12.81)	<.0001		
	Drimory	Unadj	1.01(0.64-1.60)	0.9561	1.06(0.65-1.71)	0.8225		
··· · ·	Primary	Adj	0.95(0.58-1.53)	0.8185	0.95(0.57-1.59)	0.8539		
Husband's	High school	Unadj	1.09(0.74-1.62)	0.6621	0.97(0.64-1.48)	0.8917		
(ref=No education)	nigii-sciiooi	Adj	1.01(0.66-1.56)	0.9543	0.88(0.55-1.39)	0.5808		
()	Graduation	Unadj	2.60(1.42-4.76)	0.0019	2.59(1.38-4.87)	0.0030		
	and above	Adj	2.11(1.08-4.12)	0.0298	1.83(0.90-3.74)	0.0965		
Are you currently	Vac	Unadj	2.33(1.00-5.42)	0.0490	4.62(2.03-10.49)	0.0003		
working? (ref=No)	108	Adj	2.02(0.86-4.79)	0.1084	3.40(1.46-7.91)	0.0046		

Summary Table 8. Association of socio-demographics with Hepatitis B sero-positivity

among antenatal care attendees in Kolkata, West Bengal, India, 2016

Socio-demographic factors		OD	Hepatitis B sero-positivity		
Variables	Categories	UK	OR (95%CI)	p value	
Religion (ref=Hindu)	Muslim	Unadj	0.56(0.30-1.04)	0.0651	
		Adj	0.47(0.23-0.97)	0.0416	

Compared to Hindus, Muslims were less likely to have hepatitis B infection. [Summary Table 8] Risk of hepatitis B infection was low among participants whose husbands used condom during sex with their wife before planning for children. Participants in a physical relationship with other male partner were more likely to be hepatitis B positive than who were not engaged in such relationship. [Summary Table 9]

Summary Table 9. Association of Respondent's sexual behavior & Hepatitis B sero-

Respondent's sexual behavior and	Catagonia	OD	Hepatitis B sero-positivity		
experience	Categories	UK	OR (95%CI)	p value	
Before planning for a baby, did your husband		Unadj	0.33(0.14-0.79)	0.0126	
use condoms during having sex with you?	Yes				
(ref=No)		Adj	0.39(0.16-0.93)	0.0338	
Have male sex partner other than husband	Vac	Unadj	3.34(1.37-8.15)	0.0082	
(ref=No)	res	Adj	3.72(1.35-10.22)	0.0109	

positivity among antenatal care attendees in Kolkata, West Bengal, India, 2016

Summary Table 10. Association of respondent's attitude towards partner notification and

current symptoms with Hepatitis B sero-positivity among antenatal care attendees in

Kolkata, West Bengal, India, 2016

Respondent's attitude towards partner			Hepatitis B sero-positivity		
notification for symptoms suggestive of sexually transmitted infections	Categories	OR	OR (95%CI)	p value	
If any woman has symptoms of sexually		Unadj	0.37(0.20-0.68)	0.0014	
transmitted infections, she should inform her husband/male partner about it (ref=no)	yes	Adj	0.35(0.18-0.68)	0.0020	
Respondent's history of having current	Catalania	OD	Hepatitis B sero-positivity		
symptoms	Categories	UK	OR (95%CI)	p value	
Vallow colored urine/skin/eyes (ref-no)	yes	Unadj	6.36(3.38-11.95)	<.0001	
renow-colored unite/skill/eyes (ter=no)		Adj	10.00(4.80-20.84)	<.0001	
Fover/loss of appetite/pausae (ref-no)	VOC	Unadj	3.82(1.96-7.44)	<.0001	
rever/loss of appende/liausea (lei–lio)	усъ	Adj	4.51(2.16-9.40)	<.0001	

Participants who believed that a woman should report STI-related symptoms to her husbands had lower odds to be hepatitis B infected than those who did not believe so. Odds of having symptoms like yellow-colored urine/skin/eyes and fever/loss of appetite for a prolonged period in the last 6 months increased the risk of hepatitis B infection. [Summary Table 10]

Summary Table 11. Association of socio-demographic factors with HIV-1 sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Socio-demographic factors		OD	HIV-1 sero-positivity	
Continuous		UK	OR (95%CI)	p value
Age of the participant in completed years		Unadj	1.17(1.08-1.27)	0.0002
Age of the participant in completed years	Image: Categories Image: Categories Image: Categories Image: Categories	Adj	1.04(0.90-1.20)	0.6271
Der senite femily income		Unadj	1.12(1.06-1.19)	<.0001
Fer capita failing income		Adj	1.08(0.99-1.18)	0.0837
Categorical	Categories	OR	OR (95%CI)	p value
$\mathbf{D}_{\mathbf{r}}$	Muslim	Unadj	0.31(0.13-0.73)	0.0076
Kengion? (lei–mildu)	wiusiiii	Adj	0.56(0.20-1.54)	0.2614
	Primary	Unadj	0.20(0.05-0.75)	0.0175
Educational level (ref=No education)		Adj	0.14(0.03-0.61)	0.0086
	High-school	Unadj	0.10(0.04-0.23)	<.0001
		Adj	0.11(0.04-0.31)	<.0001
	≥Graduation	Unadj	0.07(0.01-0.54)	0.0110
		Adj	0.05(0.01-0.49)	0.0105
	Sometimes	Unadj	1.07(0.24-4.67)	0.9317
		Adj	1.33(0.27-6.56)	0.7296
from you/family at a stratch for 6 months or	Few times	Unadj	0.38(0.04-3.80)	0.4110
more? (ref=most of the time)		Adj	0.48(0.04-5.45)	0.5572
	Never	Unadj	0.20(0.06-0.71)	0.0123
		Adj	0.20(0.05-0.80)	0.0229
Desidential area (not Ilahan)	Durol	Unadj	$0.2\overline{4(0.10-0.56)}$	0.0011
	Kulai	Adj	0.39(0.14-1.07)	0.0683

In unadjusted models, higher age and higher per capita family income were significant predictors of HIV risk. In the adjusted models, it was observed that participants with higher education were less likely to be HIV infected compared to their illiterate counterparts. Respondents who reported that their husbands never required to stay away from family for 6 months or more at a stretch had lower odds to be positive than those whose husbands stayed away from family. Rural residents were at lower HIV risk than their urban counterparts. [Summary Table 11] Participants who reported having sex with someone who consumed alcohol had higher likelihood to be HIV positive compared to those who did not report such experience. Mothers who received injection from a nurse/compounder/any health worker in the last 6 months were less likely to be HIV positive than those who did not receive any injection. [Summary Table 12]

Summary Table 12. Association of own sexual behavior/experience with HIV-1seropositivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's sexual behavior/experience	Categories	OD	HIV-1 sero-positivity	
and other risk factors		OK	OR (95%CI)	p value
Ever anyone had sex with you after	Yes	Unadj	3.52(1.53-8.09)	0.0030
consuming alcohol (ref=No)		Adj	2.83(1.15-6.98)	0.0241

Husband's consumption of alcohol before having sex seemed to have some positive association

with HIV risk among ANC attendees. [Summary Table 13]

Summary Table 13. Association of husband's sexual behavior with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

		OR	HIV-1 sero-positivity	
Husband's sexual behavior	Categories		OR (95%CI)	p value
Husband consumes alcohol before having sex with you (ref=very rare or never consumes.)	Sometimes	Unadj	2.92(1.31-6.50)	0.0087
		Adj	2.24(0.91-5.48)	0.0788
	Almost	Unadj	2.23(0.29-17.28)	0.4424
	always	Adj	0.95(0.09-9.88)	0.9636

A positive association was observed between prior history of blood transfusion and higher odds of being HIV infected. Participants who had a past history of syphilis had higher HIV risk than those without such history. Self-reported history genital lesion and groin swelling in the past six months also increased the odds of being HIV positive compared to those who did not report such symptom. [Summary Table 14]

Summary Table 14. Association of own and husband's medical history and history of symptoms suggestive of sexually transmitted infections with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's and her husband's	Catagonias	ategories OR	HIV-1 seropositivity	
medical history	Categories		OR (95%CI)	p value
In the last 6 months, have you had	Yes	Unadj	7.90(1.72-36.20)	0.0078
any blood transfusions? (ref=no)		Adj	7.92(1.30-48.36)	0.0250
Have you ever had Syphilis? (ref=no)	Yes	Unadj	12.24(1.38-108.45)	0.0244
		Adj	-	-

Participants who perceived themselves to be at risk for HIV were more likely to be HIV positive

than those who did not perceive to be at HIV risk. Furthermore, respondents who perceived their

husbands to be at risk for HIV also had higher HIV risk than who did not have such perception.

[Summary Table 15]

Summary Table 15. Association of perception regarding risk of sexually transmitted infections including HIV with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent' perception regarding risk			HIV-1 sero-positivity	
of sexually transmitted infections	Categories	OR		
including HIV	_		OR (95%CI)	p value
Do you think you might have HIV/AIDS?	Yes	Unadj	11.71(5.08-27.03)	<.0001
(ref=no)		Adj	14.50(5.57-37.74)	<.0001
Do you think your husband might have	Yes	Unadj	6.76(3.13-14.62)	<.0001
HIV/AIDS? (ref=no)		Adj	7.13(2.98-17.07)	<.0001
Overall perceived risk (ref=Low)	Moderate	Unadj	2.59(0.64-10.41)	0.1806
		Adj	2.13(0.50-9.10)	0.3068
	High	Unadj	10.08(3.41-29.81)	<.0001
		Adj	12.04(3.77-38.43)	<.0001

RESULTS

Of total 1760 mothers who were approached, 1670 participants were recruited and enrolled into the study and were self-interviewed. Ninety mothers were excluded because either they were not eligible or refused to participate. The most common reason of refusal was lack of time. About 10% of the required sample (n=176) were interviewed by an interviewer using C-ACASI without headphones. Socio-demographic characteristics, obstetric history, husbands' sexual behavior and own sexual behavior were compared across these two groups of interviewed mothers. There was very little missing data in the C-ACASI method of data collection.

<u>Section A.</u> Distribution of Sociodemographic factors and obstetric history among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of sociodemographic factors among 1670 antenatal care attendees who were selfinterviewed in Kolkata, West Bengal, India are presented in Tables 1a. The mean age was 22.37 years [95% confidence interval (CI)=22.18-22.55], with majority were educated up to highschool level (77.72), Muslim (52.70%) by religion and rural residents (59.04%). Among husbands, the mean age was 28.39 years (95% CI=28.13-28.65), most of them achieved highschool education (61.74%), were skilled workers (47.2%) and never stayed away from family for 6 months or more at a stretch for work (89.34%).

Distribution of sociodemographic factors among antenatal care attendees in Kolkata, West Bengal, India who were interviewed by an interviewer are presented in Tables 1b. Based on the confidence intervals of the parameter estimates, the distributions of the socio-demographic factors among two groups of antenatal care attendees (self-interviewed vs interviewer interviewed) appeared similar.

Distribution of obstetric history among antenatal care attendees in Kolkata, West Bengal, India who were self-interviewed are summarized in Table 1c. Regarding obstetric history, 54.43% were prima-gravidae, 22.04% had a past history of abortion or miscarriage, 11.98% babies were born before the expected date of delivery (EDD) and 2.52% had stillbirths.

Distribution of obstetric history among antenatal care attendees in Kolkata, West Bengal, India who were interviewed by an interviewer are summarized in Table 1d. Compared to participants who were self-interviewed (n=1670), the proportions of prima-gravidae (68.18%) was higher while number of abortion or miscarriage (16.48%) and babies born before EDD (5.11%) were lower among mothers who were interviewed by an interviewer and these differences were statistically significant.

<u>Section B.</u> Knowledge regarding sexually transmitted infections including HIV among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of the knowledge regarding STIs (other than HIV), their symptoms and acquisition among antenatal care attendees are summarized in Table 2a. More than three-fourths of the participants (76%) had the knowledge that certain diseases could be transmitted through sexual relationships. Approximately 42-45% mothers were aware of STI-related symptoms which included abnormal vaginal discharge, painful micturition, vaginal itch and lower abdominal/back ache. Participants were less aware about other symptoms like swelling in the groin and genital ulcer. Distribution of the knowledge regarding HIV, its symptoms and acquisition among antenatal care attendees are summarized in Table 2b. Less than one-fifth participants had correct knowledge regarding HIV in general. About 85% mothers believed that a HIV positive person might not appear healthy while 81% respondents were not aware of the asymptomatic nature of HIV infection and transmission risk. Of total participants, only 37% told that HIV could be prevented and 25% knew that using condom during sex reduced transmission risk of HIV. Majority of participants had incorrect knowledge regarding different routes of HIV acquisition for example 77% wrongly reported that infection could be acquired through sharing food with a HIV infected person. About 45% had correct knowledge regarding risk of HIV transmission from infected mother to her child while breastfeeding.

Distribution of the knowledge regarding complications of STI among antenatal care attendees are summarized in Table 2c. Approximately 70% up to 75% respondents did not know that STIs could lead to complications like cancer, infertility and adverse pregnancy outcomes. However, nearly half of the mothers had correct knowledge that having STI during pregnancy could harm babies and about the need to treat husband/male sexual partner of an infected women.

Distribution of overall knowledge regarding STI including HIV among antenatal care attendees are summarized in Table 2d. Knowledge regarding complications of STIs appeared to be poor among 41% respondents while 18% and 29% mothers did not know about symptoms and transmission of STIs, respectively. About 26% participants had poor overall knowledge regarding STIs including HIV.

Association between socio-demographic factors and knowledge regarding symptoms of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed are presented in Table 2.e. After adjusting for potential confounders in the

multinomial regression model, better education of both pregnant women and their husbands was found to be positively associated with good knowledge regarding symptoms of STI. Participants who were currently working had higher odds of having good knowledge regarding symptoms of STI than those who were not working. Compared to urban residents, those residing in rural areas were less likely to have good knowledge regarding symptoms of STI.

Association between socio-demographic factors and knowledge regarding transmission of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed in Table 2.f. An increase in age was associated with higher odds of having good knowledge regarding STI transmission. Mothers with higher levels of education were more likely to have good knowledge regarding STI transmission. Compared to participants who were not currently working, those who were working had higher likelihood of having good knowledge regarding STI transmission. Rural residents as opposed to urban residents were more likely to have good knowledge regarding STI transmission.

Association between socio-demographic factors and knowledge regarding complications of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed in Table 2.g. Compared to Hindus, Muslims had good knowledge regarding complications of STI. Mothers who were currently working had higher likelihood of having good knowledge regarding complications of STI than those who were not working. Odds of having good knowledge regarding complications of STI appeared to be lower among respondents whose husbands were in service than unskilled workers.

Association between socio-demographic factors and overall knowledge regarding sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed are presented in Table 2.h. Mothers with higher educational levels and those who

were currently working seemed to have an overall good knowledge regarding STIs including HIV.

<u>Section C.</u> Distribution of attitude regarding sexually transmitted infections including HIV among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of the attitude towards HIV among antenatal care attendees are presented in Table 3a. There were relatively low proportions of women with positive attitude toward HIV/AIDS in the current study. About 35-40% participants agreed that being HIV positive was a crime and therefore they should be punished and ostracized. Approximately 30% mothers agreed that making friend or working with a positive person was uncomfortable and 29% agreed that an HIV positive child should not be allowed to study in a school. Overall 39% respondents reported poor attitude toward HIV positive person.

Association between socio-demographic factors and the attitude that HIV patients are sinner and should be punished among recruited antenatal care attendees who were self-interviewed are presented in Table 3.b. The two factors that were significantly associated with positive attitude toward HIV/AIDS were higher educational level and urban place of residence. With reference to illiterate participants those with graduation level education were more likely to somewhat disagree with the statement "HIV is a crime and HIV infected person should be punished." Rural residents were more likely to reported strong disagreement with the same statement compared to urban counterpart. In addition, older mothers were less likely to disagree while older husbands were more likely to disagree with the same statement.

Association of general health perception and knowledge regarding STI/HIV with the attitude HIV that patients are sinner and should be punished, among recruited antenatal care attendees who were self-interviewed are presented in Table 3.c. Having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV infected persons. Participants with better knowledge were less likely to disagree with the statement "HIV is a crime and HIV positive patient should be punished"

Association between socio-demographic factors and the attitude that HIV patients should be ostracized/discriminated among recruited antenatal care attendees who were self-interviewed are presented in Table 3.d. Muslims were less likely to disagree with the statement that "HIV positive individuals should be ostracized/discriminated" compared to Hindus. Rural residents also reported strong disagreement with the same statement than urban residents. Mothers whose husbands stayed away from families for 6 months or more at a stretch were more likely to disagree with the above mentioned statement compared to those who did not stay away from families.

Association of general health perception and knowledge regarding STI/HIV with the attitude that HIV patients should be ostracized/discriminated, among recruited antenatal care attendees who were self-interviewed are presented in Table 3.e. Having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV infected persons. Participants with better knowledge were less likely to disagree with the statement "HIV positive patient should be ostracized/discriminated"

Association between socio-demographic factors and the attitude that to be a friend of an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed are presented in Table 3.f. Mothers who were Muslim by religion and were currently

working were less likely to disagree with the statement "It is uncomfortable to be a friend of an HIV positive patient."

Association of general health perception and knowledge regarding STI/HIV with the attitude that to be friend of an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed are presented in Table. g. Having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV infected persons. Participants with better knowledge were less likely to disagree with the statement "It is uncomfortable to be a friend of an HIV positive patient".

Association of socio-demographic factors with the attitude that sharing workplace with an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed are presented in Table. h. Mothers who were Muslim by religion, rural residents and were currently working were less likely to disagree with the statement "It is uncomfortable to share workplace with an HIV positive patient". Mothers who attained graduation level education or above were more likely to express strong disagree against the same statement.

Association of general health perception and knowledge regarding STI/HIV with the attitude that sharing workplace with an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed are presented in Table 3.i. Having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV infected persons. Participants with better knowledge were less likely to disagree with the statement "It is uncomfortable to work with an HIV positive individual in an office" Mothers who were Muslim by religion and rural residents less likely to report strong disagree againsts the same statement.

Association of socio-demographic factors with the attitude that HIV positive children should not be allowed to study in school, among recruited antenatal care attendees who were selfinterviewed are presented in Table 3.j. Increase in per capita family income and higher education increased the odds of reporting positive attitude towards HIV child. Mothers who were Muslim by religion and resided in rural areas were less likely to report strong disagree against the statement that "HIV positive children should not be allowed to study in a school."

Association of general health perception and knowledge regarding STI/HIV with the attitude that HIV positive children should not be allowed to study in school, among recruited antenatal care attendees who were self-interviewed are depicted in Table 3.k. Having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV infected children. Participants with better knowledge were less likely to report strong disagree against the statement "HIV positive children should not be allowed to study in school".

Association of socio-demographic factors with the overall attitude towards HIV, among recruited antenatal care attendees who were self-interviewed are depicted in Table 3.1. Older mothers were likely to report good overall attitude towards HIV positive patients. Higher per capita family income was associated with good overall attitude towards HIV infected persons. Respondents with higher level of education had higher odds of reporting good overall attitude towards HIV positive patients than their illiterate counterparts. Compared to urban residents, participants from rural areas were less likely to show good overall attitude towards HIV.

Association of general health perception and knowledge regarding STI/HIV with the overall attitude towards HIV, among recruited antenatal care attendees who were self-interviewed are depicted in Table 3.m. Having better overall and domain-specific knowledge regarding STI

including HIV did not increase the odds of reporting good overall attitude towards HIV infected persons.

<u>Section D.</u> Husband's sexual behavior and sexual experience with husband among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of the husband's sexual behavior as reported by the recruited antenatal care attendees who were self-interviewed are shown in Table 4a. Majority (80%) of the husbands did not consume or rarely consume alcohol before having sex with the respondents. Most of the participants experienced vaginal sex (63%) during pregnancy followed by anal sex (5%) and oral or other form of sex (4%). About 9% reported being verbally abused by their husbands during sex. Approximately 6% reported being physically abused ever by their husbands while having sex. An estimated 9% suspected that their husbands had an extra-marital affair and 4% believed that their husbands were having sex with a commercial sex worker.

Distribution of the husband's sexual behavior as reported by the recruited antenatal care attendees who were interviewed by an interviewer (N=176) are shown in Table 4b. Based on confidence intervals of the parameter estimate, it appeared that regarding husband's sexual behavior, the distribution of "consumption of alcohol before having sex", "ever use of slang language or bad behavior" and "the suspicion that husband's other sexual partnetr was probably a sex worker" differed somewhat significantly between those who were self-interviewed and interviewed by the study staff. Non-overlapping confidence intervals indicated that all these socially undesirable risky sexual behaviors were reported to be more common through self-interviews as opposed to the interviewer-administered ones.

Association of socio-demographic factors with husband's alcohol consumption pattern before sex as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 4.a. Mothers who attained high-school level education were less likely to report more frequent (almost always) alcohol consumption by their husbands before having sex compared to those with no formal education. Although husbands with more education were less likely to indulge in more frequent drinking in unadjusted analysis, the association was no longer significant in adjusted model. Husbands who were business persons had lower odds of more frequent alcohol consumption before sex than those who were unskilled laborers. Respondents residing in rural areas were more likely to report less frequent alcohol consumption by their husbands than their urban counterparts. Compared to Hindus, husbands of Muslim participants were less likely to consume alcohol sometime before sex.

Association of socio-demographic factors with having vaginal sex with husband during pregnancy as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 4.d. Increase in age was associated with lower likelihood of vaginal sex during pregnancy. Mothers with better education were more likely to engage in vaginal sex during pregnancy than their illiterate counterpart.

Association of socio-demographic factors with husband's verbal abuse/misbehavior while having sex as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 4.e. Older mother were more likely to experience verbal abuse by their husbands during sex. Higher age of mother at marriage was negatively associated with verbal abuse during sex. Older husbands were less likely to verbally abuse their wives during sex. Participants with better educational attainment were less likely to be verbally abused by their husbands during sex than those without formal education. Likewise, better educated husbands were less likely to verbally
abuse their wives during sex compared to their illiterate counterparts. Husbands who stayed away from family for 6 months or more at a stretch sometimes were more likely to abuse their wives than those who did not.

Association of socio-demographic factors with being physically assaulted/abused by husband while having sex with him as reported by the recruited antenatal care attendees who were selfinterviewed are presented in Table 4.f. Increase in age of mothers was positively associated with higher likelihood of experiencing physical assault from husbands. Compared to Hindus, Muslims were more likely to be physically abused by their husbands. Mothers with higher education had lower odds of experiencing physical abuse from husbands.

Association of socio-demographic factors with having the suspicion that husband has/had sexual relations with other women as reported by the recruited antenatal care attendees who were self-interviewed are presented in 4.g. Compared to Hindus, Muslims were more likely to suspect that their husbands had extra-marital affair. Lower education was associated with suspecting their husbands of extramarital sex.

Association of socio-demographic factors with the thinking that the other woman with whom husband has/had sexual relation is a sex worker, as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 4.h. Older mothers were more likely to believe that their husbands were engaged in sex with commercial sex worker. Respondents with better education were less likely to believe that their husbands were engaged in sex with commercial sex worker engaged in sex with commercial sex worker.

Distribution of the sexual relationship with husband among recruited antenatal care attendees who were self-interviewed are summarized in Table 4.i. Half (50%) of the mothers rated their

sexual experience with their husbands as "excellent" while 5% rated their experience as "bad". About 73% respondents reported that both of them used to decide to using condom before getting pregnant while in 17% mothers told that their husbands' decision to wear condom.

Distribution of the sexual relationship with husband among recruited antenatal care attendees who were interviewed by an interviewer is presented in Table 4.j. Distribution of sexual experience seemed to differ across two groups of mothers. Here, only 3 mothers reported bad sexual experience as opposed to 80 among self-interviewed mothers.

Association of socio-demographic factors with the quality of sexual relationship/experience with husband, as reported by the recruited antenatal care attendees who were self-interviewed are depicted in Table 4.k. Respondents belonging to Muslim religion appeared to express worse sexual relationship/experience with their husband compared to their Hindu counterparts although the adjusted analysis lacked sufficient power. Mothers with better education had lower odds of excellent sexual experience compared to illiterate counterpart. Respondents who were currently working were more likely to rate their sexual experience as "good/ok" than those who were not working.

Association of husband's sexual behavior with the quality of sexual relationship/experience with husband, as reported by the recruited antenatal care attendees who were self-interviewed are depicted in Table 4.1. Participants whose husbands used to drink before having sex were more likely to rate their sexual experience as "bad" than those whose husbands did not drink or rarely take alcohol and association were stronger whose husbands almost always used to drink before sex. Mothers had experience of vaginal sex during pregnancy had higher odds of rating their sexual relationship as bad compared to those whose did not have sex. In unadjusted models,

pregnant women experiencing verbal and physical abuse were more likely to rate their sexual experience as "bad" than who were not abused.

Association of husband's sexual behavior with the pattern of decision-making during sex regarding condom use before trying to have baby, as reported by the recruited antenatal care attendees who were self-interviewed are depicted in Table 4.m. The significant positive predictors of couples' joint decision to use condoms were having vaginal sex during pregnancy, wives' suspicion that their husbands had extra-marital affair and also husbands had sexual relationship with commercial sex workers.

<u>Section E.</u> Sexual behavior/experience of the antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of sexual behavior/experience/other risk factors among recruited antenatal care attendees who were self-interviewed are presented in Table 5.a. Majority (52.57%) of the respondents reported having experience of first sex between 15-18 years of age and 11% had sexual debut below 15 years of age. About 9% mothers had sex before marriage. Approximately 61% respondents reported to have forced sex with their husbands and 3% were forced to have sex with someone other than their husbands. More than half of participants (56%) had an experience of anal sex with their husbands. Approximately 68% participants reported that their husbands did not use condom before planning for baby. The most common reason stated by the participants for not using condom was that it was not required for having sex with spouse followed by reduced pleasure. Only 5% mothers admitted that they were having sex with male other than their husbands.16 mothers told that they had one than one male partner other than

their husbands. Among 81 respondents who reported extra-marital relationship, 48 mothers had sex in exchange of money, 46 mothers had sex in exchange of gifts, most of their partners (other than husband) did not use condom and 43 women suspected that their male partners were also engaged in sex with commercial sex worker. About 10% had history of receiving multiple injections in past 6 months.

Distribution of sexual behavior/experience/other risk factors among recruited antenatal care attendees who were interviewed by an interviewer (N=176) are presented in Table 5.b. Based on confidence intervals of the parameter estimate, it appeared that the distributions of majority of respondents' sexual behavior differed between two groups (self-interviewed vs interview administered). Based on non-overlap of the confidence intervals, alike the case of husband's sexual behavior it appeared that antenatal care attendees were more likely to report their own sexual behaviors also with higher proportion during self-interviews compared to interviewer-admintered interviews.

Association of socio-demographic factors with the age at first sex among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.c. Intuitively keeping the sociocultural norms of conservative Indian society in mind, a significant positive association was observed between age at marriage and sexual debut. Mothers who were educated at least up to graduate level were more likely to have late sexual debut compared to their illiterate counterparts.

Association of socio-demographic factors with having first sex before marriage among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.d. Mothers with better socio-economic status were more likely to have sex before marriage. Compared to Hindus, Muslims had lower odds of engaging in sex before marriage.

Association of socio-demographic factors with ever being forced to have sex among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.e. With an increase in age of mothers the likelihood to have forced sex either with husbands or other male partner diminished. Irrespective of educational levels of mothers they were likely to experience forced sex by husbands. Participants who were currently working had lower odds of experiencing forced sex with their husbands than those who were not. Husbands who were service holders or self-employed were less likely to force their wives for sex. Compared to urban residents, rural mothers were more likely to experience forced sex either with their husbands or other male partners.

Association of socio-demographic factors with ever having anal sex among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.f. Better education of mothers and their husbands were negatively associated with higher likelihood of experiencing anal sex. Husbands with higher employment status were less likely to engage in anal sex with their wives. Mothers residing in rural places were more likely to have experience of anal sex ever with their husbands.

Association of socio-demographic factors with ever having sex with someone who consumed alcohol among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.g. Older mothers were less likely to experience sex with someone who consumed alcohol. Mothers who were married late had lower odds of reporting sex with someone who consumed alcohol. Compared to Hindus, Muslims were less likely to experience sex with someone sex with someone who consumed alcohol. Mothers with higher education had lower odds of reporting sex with someone who consumed alcohol has their illiterate counterparts. Rural residents had higher likelihood of sex with some who consumed alcohol than their urban counterparts.

Association of socio-demographic factors with husband using condom while having sex (before planning for a baby) with the respondent among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.h. Mothers who married late were less likely to report condom use by their husbands. Compared to Hindus, Muslims were more likely to report condom use by their husbands.

Association of socio-demographic factors with reason for husband not using condom while having sex with the respondent (before planning for a baby) among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.i. As per mothers' report, older husbands and husbands who were educated at least up to gradual level were more likely to believe that condom use was unnecessary in marital relationship than those without any formal education. Mothers who had late marriage had lower odds of reporting that their husbands believed that condom was not required during sex with spouse. With reference to illiterate mothers educated mothers were more likely to report that their husbands did not use condom as they believed that condom use was not necessary in husband-wife relationship. Late marriage and rural residence were negatively associated with non-use of condom because of reduced pleasure. Odds of not using condom because of reduced sexual pleasure increased with higher education of mothers and their husbands compared to their illiterate counterparts. Respondents whose husbands stayed away from family for 6 months or more were likely to state nonavailability of condom as the primary reason for not using condom than whose husbands did not stay outside.

Association of socio-demographic factors with having male sex partner other than husband among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.j. Older mothers were more likely to have male sex partner other than husbands. Mothers with

better socio-economic status were likely to engage in sex with other male partner. Muslims were at higher odds of having extra-spousal relationship than Hindus. Mothers who married late and those with primary level education had lower likelihood of reporting other male sex partner other than their husbands. Mothers whose husbands had better education and high employment status were less likely to report extra-marital relationship.

Association of socio-demographic factors with ever being offered money for having sex with male partner other than husband, among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.k. Mothers with better economic situation and those who were educated up to high-school level were less likely to get offer for money during sex with other male partner. Compared to urban resident rural mothers had higher odds of getting offer for money while having sex with other male partner.

Association of socio-demographic factors with ever accepting money/gift for having sex with male partner other than husband, among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.1. Mothers who were educated up to high-school level were less likely to receive money/gifts during sex with other male partner than those with no formal education. Compared to urban resident rural mothers had higher odds of receiving money/gifts while having sex with other male partner.

Association of socio-demographic factors with receiving injection from nurse/compounder/any health worker, among the recruited antenatal care attendees who were self-interviewed are presented in Table 5.m. Compared to Hindus, Muslims were more likely to receive injections >2 times in the last 6 months. Rural residents had higher odds of receiving injections >2 times in the last 6 months than urban residents.

<u>Section F.</u> Influence of Sexual behavior/experience on the respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior among the antenatal care attendees in Kolkata, West Bengal, India, 2016 [For easier demonstration purpose for this section the independent variables are placed in the column header and the dependent ones in the row headers of the Tables]

Association of age at first sex with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented on Table 6.a. Early sexual debut (age of first sex at age between 15and 18 years) was positively associated with better domain-specific (symptoms of STI and transmission) and overall knowledge of mothers regarding STIs. Respondents experiencing early sexual debut were more likely to rate their sexual experience with husbands as good/ok. Participants having early sexual debut were less likely to experience verbal abuse by their husbands and also less likely to suspect their husbands of being involved in extra-spousal relationship. Association of having first sex before marriage with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.b. Participants who had sex before marriage were more likely to report frequent alcohol consumption by their husbands before having sex and likely to experience verbal abuse. Furthermore, respondents having experience of sex before marriage were more likely to suspect that their husbands were having an extra-marital affair than those who had sex after marriage. Participants who had sex before marriage were more likely to believe that their husbands were engaged in sex with a commercial sex worker compared to those who had sex after marriage.

Association of "ever being forced to have sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.c. Association of being ever being forced to have sex with domain-specific and overall STI-related knowledge showed mixed results in unadjusted and adjusted analyses. Women who experienced forced sex were more likely to rate their sexual relationship with husbands or other male sexual partners as "bad" compared to those who did not experience forced sex. History of forced sex was positively associated with higher likelihood of reported vaginal sex during pregnancy.

Association of "ever having anal sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.d. Mothers who had experience of anal sex were less likely to have average knowledge regarding transmission and more likely to have good knowledge about complications related to STIs. Experience of anal sex ever with husbands was negatively associated with spousal physical relationship. There was a positive association between experience of anal sex and higher likelihood of alcohol consumption by husbands before sex. Participants who had an experience of anal sex ever in their life were more likely to experience oral or other forms of sex during pregnancy.

Association of "ever having sex with someone who consumed alcohol before having sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.d. Experience of ever having sex with someone who consumed alcohol showed positive association with good overall knowledge about STIs. Mothers who had experienced sex with someone under influence of alcohol were more likely to rate their sexual relationship with

husband as bad. Ever having sex with someone who had consumed alcohol was related to higher likelihood of being verbally abused. Respondents who reported having sex with someone who consumed alcohol were more likely to suspect their husbands of being involved in an extramarital affair and also more likely to believe that their husbands were having sex with commercial sex worker.

Association of "having male sex partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.g. Mothers who reported having male sexual partner other than husband were more likely to have better knowledge regarding symptoms and transmission of STIs. Mothers engaged in extramarital relationship had higher likelihood of reported frequent alcohol consumption by their husbands before having sex. Odds of vaginal sex during pregnancy with husbands appeared to be lower among mothers who reported extra-spousal relationship. Mothers having male sex partner other than husbands were more likely to experience verbal abuse and physical abuse by their husbands. Mothers having male sexual partner were also more likely to suspect their husbands of being engaged in extramarital relationship and of having sex with commercial sex worker.

Association of "being ever offered money for sex with male partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.h. A significant positive association was observed between being ever offered money for sex with male other than husband and participants' knowledge regarding STIs. Mothers who were ever offered money for sex with male partner other than husband were less likely to rate their relationship with their husbands as "good/ok" and had increased likelihood of

verbal/physical abuse. Further, women who were ever offered money for sex with male partner other than husband were more likely to suspect that their husbands might be engaged in extramarital relationship and were having sex with commercial sex worker. Association of "ever accepting money/gift for sex with male partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.i. A significant positive association was observed between being ever accepted money/gift for sex with male other than husband and participants' knowledge regarding STIs. Mothers who ever accepted money/gift for sex with male partner other than husband were less likely to rate their relationship with their husbands as "good/ok" and had higher odds of reported verbal/physical abuse. Further, women who ever accepted money/gift for sex with male partner other than husband were more likely to suspect that their husbands might be engaged in extra-marital relationship and male sex partner who paid money for sex had sexual relationship with female sex workers.

Association of "suspecting that the male sex partner who paid money for sex has sexual relations with female sex workers" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed are presented in Table 6.j. Participants who suspected that the male sex partner other than her husband had sexual relations with female sex workers were more likely to have average overall average knowledge about STIs and had higher odds of reported physical and verbal abuse.

<u>Section G.</u> Past history of sexually transmitted infections among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of the past history of having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed are presented in Table 7a. In the past 6 six months, the most common symptom reported by participants was nausea or vomiting followed by fever, yellowish/dark colored urine and yellowish discoloration of eyes or skin. Among STI-related symptoms, the most commonly reported symptom that they suffered more than once in the last 6 months was lower abdominal pain/low back ache followed by abnormal vaginal discharge, painful micturition and vaginal itch.

Association between respondent's and her husband's medical history and having yellowish discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7b. Participants whose husbands had a history of STI-related symptom either once or more than once had higher odds of reporting passage of yellowish/dark colored urine and yellowish discoloration of eyes for a prolonged period in the past 6 months.

Association between respondent's and her husband's medical history and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7c. Respondents who had a history of blood transfusion in last six months were more likely to report having fever/poor appetite for a prolonged duration. Participants whose husbands had past history of hepatitis B infection and had suffered from any STI-related symptom for at least once in the past six months had higher likelihood of reporting fever and poor appetite. Respondents

whose husbands had suffered from any STI-related symptom even once in the past six months were more likely to report nausea and vomiting over the same period.

Association between respondent's and her husband's medical history and having foul smelling urethral discharge in last 6 months among recruited antenatal care attendees who were selfinterviewed are presented in Table 7d. A significant association was found between husbands' history of STI-related symptom for at least once in the past 6 months and participants' likelihood of reporting abnormal vaginal discharge during the same period

Association between respondent's and her husband's medical history and having burning sensation while urinating in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7e. Husbands' history of STI-related symptom for at least once in the past 6 months appeared to be positively associated with history of painful micturition among the participants during the same period.

Association between respondent's and her husband's medical history and having ulcer in private parts in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7f. Respondents' past history of syphilis showed positive association with higher likelihood of reporting genital ulcer in the past six months. Husbands' history of STIrelated symptom for at least once in the past 6 months appeared to be positively associated with history of genital ulcer among the participants during the same period

Association between respondent's and her husband's medical history and having itching sensation in urethra in last 6 months among recruited antenatal care attendees who were self-interviewed in Table 7g. Respondents' past history of syphilis showed positive association with higher likelihood of reporting itching sensation around urethra in the past six months. Husbands'

history of STI-related symptom for at least once in the past 6 months appeared to be positively associated with history of itching sensation around urethra among the participants during the same period

Association between respondent's and her husband's medical history and having pain in lower abdomen or lower back in last 6 months among recruited antenatal care attendees who were selfinterviewed are presented in 7h. Husbands' history of STI-related symptom for at least once in the past 6 months appeared to be positively associated with history of lower abdominal pain among the participants during the same period.

Association between respondent's and her husband's medical history and having inflammation/swelling in groin in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in 7i. Husbands' history of STI-related symptom for at least once in the past 6 months appeared to be positively associated with history of groin swelling among the participants during the same period.

Association between respondent's sexual behavior/experience and having yellowish discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7j.The significant positive predictors of past history of passage of yellowish/dark colored urine for prolonged period were forced sex by husbands, experience of anal sex ever, sex with someone who consumed alcohol, non-use of condoms by husbands before planning for baby, having other male sex partner, experience of sex in exchange of money/gifts and sex with other male partner suspected to be in a physical relationship with female sex worker. The significant positive predictors of yellowish discoloration of eyes/skin were experience of anal sex ever, condom use by husbands before planning for baby, having other male sex partner, experience of sex in exchange other male sex worker.

exchange of money/gifts and sex with other male partner suspected to be in a physical relationship with female sex worker.

Association between respondent's sexual behavior/experience and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7k. Having force sex with other male partner ever, experience of anal sex ever, condom use by husbands before planning for baby and in a physical relationship with other male were all positively associated with higher risk of reporting fever and poor appetite for a considerable period in the last 6 months.

Association between respondent's sexual behavior/experience and having foul smelling vaginal discharge in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 71. Participants who had sexual debut between $15-\leq35$ years of age, experience of forced sex by husbands and sex with someone who consumed alcohol were more likely to report abnormal vaginal discharge in the past 6 months.

Association between respondent's sexual behavior/experience and having burning sensation while urinating in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7m. Participants who had an experience of forced sex with husbands and had sex with someone who consumed alcohol before the act were more likely to report burning sensation during micturition.

Association between respondent's sexual behavior/experience and having ulcer in private parts in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7n. History of forced sex with some other make partner and anal sex ever were both positively associated with history of genital ulcers.

Association between respondent's sexual behavior/experience and having itching sensation in urethra in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 70. Mothers with a past history of having sex with someone who consumed alcohol were more likely to report itching sensation around urethra than those which did not have such experience.

Association between respondent's sexual behavior/experience and having pain in lower abdomen or lower back in last 6 months among recruited antenatal care attendees who were selfinterviewed are presented in Table 7p. A significant positive association was observed between age at first sex and likelihood of self-reported lower abdominal pain/low back ache in the past six months. Participants who had sex with someone who consumed alcohol increased the odds of self-reported lower abdominal pain/low back ache in the past six months.

Association between respondent's sexual behavior/experience and having inflammation/swelling in groin in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 7q. The significant positive predictors of self-reported groin swelling in the past six months were experience of anal sex ever, use of condoms by husbands before planning for baby and physical relationship with other male partner.

<u>Section H.</u> Husband's sexual behavior and past history of sexually transmitted infections among antenatal care attendees in Kolkata, West Bengal, India, 2016

Association between husband's sexual behavior and having yellowish discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8a. Husbands' sexual behaviors were positively

associated with higher probability of self-reported passage of yellowish/dark colored urine and yellow color of skin for a prolonged period in the past six months. Mothers who reported that their husbands frequently consumed alcohol before having sex, abused her either verbally or physically and in a relationship with other woman were more likely to report passage of yellowish/dark colored urine for a prolonged period in the past 6 months. Participants whose husbands were abusive and suspected to be in a relationship with other woman were more likely to report passage of yellowish/dark colored urine for a prolonged period in the past 6 months. Association between husband's sexual behavior and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8b. Mothers who were verbally abused by their husbands during sex were more likely to report fever and poor appetite for a considerable period of time in the past six months. A positive association was observed between sex during pregnancy and probability of self-reported episodes of vomiting for a prolonged period.

Association between husband's sexual behavior and having foul smelling vaginal discharge in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8c. The consumption of alcohol by husbands before sex, having sex during pregnancy and husbands who were suspected to be in a physical relationship with other women were all positive predictors of self-reported abnormal vaginal discharge in the past six months.

Association between husband's sexual behavior and having burning sensation while urinating in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8.d. Participants who reported frequent consumption of alcohol by husbands before sex, experience of sex during pregnancy, being abused verbally or physically during sex and their

husbands were in a probable physical relationship with commercial sex worker were more likely to suffer from burning sensation around urethra for a prolonged period in the last six months.

Association between husband's sexual behavior and having ulcer in private parts in last 6 months among recruited antenatal care attendees who were self-interviewed are presented Table 8e. Frequent consumption of alcohol by husbands before sex and probable relationship with other women were positive predictors of self-reported groin swelling in the past six months. Association between husband's sexual behavior and having itching sensation in urethra in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8f. Participants who reported frequent consumption of alcohol by husbands before sex, experience of sex during pregnancy, being abused verbally or physically during sex and their husbands were in a probable physical relationship with other women were more likely to suffer from itching around urethra for a prolonged period in the last six months.

Association between husband's sexual behavior and having pain in lower abdomen or lower back in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8g. Frequent alcohol consumption by husbands before having sex and experience of sex during pregnancy were positively associated with higher likelihood of selfreported lower abdominal pain or low back ache for a prolonged period in the last six months.

Association between husband's sexual behavior and having inflammation/swelling in groin in last 6 months among recruited antenatal care attendees who were self-interviewed are presented in Table 8h. Frequent alcohol consumption by husbands before sex, experience of sex during pregnancy and being abused verbally during sex were significant positive predictors of groin swelling among participants in the past six months.

<u>Section I.</u> Past history of sexually transmitted infections among the husbands of the antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of the past history of having symptoms of sexually transmitted infections among husbands of the recruited antenatal care attendees who were self-interviewed is presented in Table 9.a. About 10% husbands suffered from STI related symptoms only once while another 6% had such symptoms more than once in the past six months.

Association of husband's sexual behavior and their history of having sexually transmitted infections in last six months as reported by the recruited antenatal care attendees who were selfinterviewed are presented in Table 9.b. Mothers who reported that their husbands consumed alcohol before sex, performed anal sex and vaginal sex on her during pregnancy, physically abused her during sex and in a probable relationship with other women were more likely to suffer from STI-related symptoms in the last six months.

<u>Section J.</u> Approach towards partner notification during past history of sexually transmitted infections among antenatal care attendees and their husbands in Kolkata,

Distribution of the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed are presented in Table 10.a. Approximately 79% mothers believed that if any woman had symptom suggestive of STI she should inform her husband or male sex partner. About 63% reported that they had reported their husbands if they suffered from any symptom/s suggestive of STI in the last 6 months.

Association of socio-demographic factors with the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed are presented in Table 10.b. Participants with better education and whose husbands were older and stayed away from family at a stretch for 6 months or more were more likely to believe that if a woman developed any STI-related symptom she should inform her husband or male sex partner. Respondents who were educated up to graduate level or more and whose husbands were skilled workers were more likely to report to their husbands if they had symptom/s suggestive of STI in the last 6 months.

Association of knowledge regarding sexually transmitted infections including HIV with the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed are presented in Table 10.c. Participants with better domain specific (about symptoms, transmission and complications) and overall knowledge related with STIs were more likely to believe that if a woman had symptom/s suggestive of a STI then she should inform her husband or male sex partner compared to those having poor STI-related knowledge. Respondents with better domain specific (about symptoms, transmission and complications) and overall knowledge related with STIs were more likely to believe that if a woman had symptom/s suggestive of a STI then she should inform her husband or male sex partner compared to those having poor STI-related knowledge. Respondents with better domain specific (about symptoms, transmission and complications) and overall knowledge related with STIs were more likely to report if she had symptom/s suggestive of a STI to her husband or male sex partner compared to those having poor STI-related knowledge.

Association of own perception of HIV and other sexually transmitted infection risk with the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed are presented in Table 10.d. Participants who had been verbally abused by their husbands were less likely to believe in partner notification than those who did not have such experience. Respondents who had vaginal

sex during pregnancy with husbands were more likely to report symptom suggestive of a STI than those not having sex.

Participants who perceived themselves at risk of STI other than HIV were more likely to believe that if a woman had any symptom suggestive of a STI then she should inform her husband/male sex partner than women reporting no STI risk. Participants who perceived their husbands at risk of STI other than HIV were more likely to believe that if a woman had any STI-related symptom then she should inform her husband/male sex partner than women reporting no STI risk of their husbands. Respondents who perceived themselves at risk of STI other than HIV had higher odds of self-reported STI related symptom in the last 6 months than those reporting no risk. Mothers who perceived their husbands at risk of HIV and other STIs were more likely to report STI-related symptom in the last 6 months than mothers reporting no risk of their husbands.

<u>Section K.</u> Distribution of the general, sexually transmitted infection related and antenatal healthcare-seeking among antenatal care attendees and their husbands in Kolkata, West Bengal, India, 2016

Distribution of the general and sexually transmitted infection related healthcare-seeking among recruited antenatal care attendees who were self-interviewed are presented in Table 11.a. The average time to reach the hospital (where the current study was conducted) was 81.63 minutes [95% Confidence Interval (CI)=79.02-84.24]. Majority of the respondents usually reached hospitals by public transport. Approximately 70% told that they would prefer to visit or had visited Government hospital if they ever develop or had suffered from STI-related symptoms and about 14% stated that they did not want to seek care from any health care facility.

Distribution of the antenatal healthcare-seeking among recruited antenatal care attendees who were self-interviewed are presented in Table 11.b. On an average each pregnant woman visited antenatal care center of the hospital (where the current study was conducted) 3.54 times (95% CI=3.44-3.64). Approximately, 97% had planned an institutional delivery.

<u>Section L.</u> Distribution of the perception of risk for acquisition of sexually transmitted infections and HIV among antenatal care attendees and their husbands in Kolkata, West Bengal, India, 2016

Distribution of the perception of risk for acquisition of sexually transmitted infections and HIV among antenatal care attendees and their husbands are presented in Table 12.a. Among 1670 mothers, 306 (18%) perceived themselves at risk of HI/AIDS and 615 (37%) perceived themselves at the risk of STI other than HIV. Further, 276 (17%) perceived their husbands at risk of HIV and 408 (24%) perceived their husbands at the risk of STI other than HIV. More than half of the participants had low overall self-perceived risk of acquisition of STI including HIV.

<u>Section M.</u> Health perception, own medical history and husband's medical history among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of health perception, husband's medical history and own medical history among recruited antenatal care attendees who were self-interviewed are presented in Table 13.a. Most of the participants perceived their health in general to be good. Only 13 and 5 respondents reported that their husbands had a past history of hepatitis B and syphilis, respectively. About 38% participants reported that their husbands were circumcised. Only 18 mothers had a prior history

of blood transfusion and 12% had received hepatitis B vaccines before. Approximately, 38 and 8 respondents reported a prior history of hepatitis B and syphilis, respectively.

Association of sociodemographic factors and health perception with husband's medical history as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 13.b. A positive association was observed between higher age of husbands and likelihood of suffering from hepatitis b ever. Compared to Hindus, Muslims were more likely to report circumcision of their husbands.

Association of husband's sexual behavior with husband's medical history as reported by the recruited antenatal care attendees who were self-interviewed are presented in Table 13.c. A positive association was found between husbands frequent alcohol consumption before sex and higher likelihood of suffering from syphilis ever. Participants who suspected that their husbands might be in a physical relationship with another woman were more likely to suffer from syphilis than those who did not report such suspicion.

Association of sociodemographic factors with respondent's medical history among recruited antenatal care attendees who were self-interviewed are presented in Table 13.d. Compared to Hindus Muslims were less likely to suffer from hepatitis b and syphilis in the past.

Association of respondent's sexual behavior/experience with respondent's medical history among recruited antenatal care attendees who were self-interviewed are presented in Table 13.e. Mothers who reported that their husbands used condom before pregnancy had lower likelihood to suffer from hepatitis bin the past.

Association of husband's sexual behavior and relevant medical history with respondent's medical history among recruited antenatal care attendees who were self-interviewed are

presented in Table 13.f. Participants who reported to be verbally abused by their husbands during sex were more likely to suffer from syphilis in the past than those who did not report such experience.

<u>Section N.</u> Distribution of currently experienced symptoms of sexually transmitted infections, Hepatitis B and HIV among antenatal care attendees and their husbands in Kolkata, West Bengal, India, 2016

Distribution of currently experienced symptoms of sexually transmitted infections, Hepatitis B and HIV among antenatal care attendees and their husbands in Kolkata, West Bengal, India are presented in Table 14.a. The commonly reported symptoms among participant were abnormal vaginal discharge (38%) followed by lower abdominal pain (23%), itching in genital area (19%) and burning sensation during urination (11%). About 4% reported groin swelling and 2% reported genital ulcers. Among other symptoms, 10% reported yellow discoloration of urine/skin/eyes, fever/loss of appetite (10%) and pain during sexual intercourse (12%).

<u>Section O.</u> Distribution of Hepatitis B among antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of Hepatitis B among antenatal care attendees in Kolkata, West Bengal are presented in Table 15.a. Of total 1670, test results for hepatitis B were not available among 63 mothers due to some technical issues and inconclusive results. Therefore, out of 1607 participants 44 were positive for hepatitis B infection giving rise to a burden of 2.74.

Socio-demographic distribution of self-interviewed (N=1607) antenatal care attendees across Hepatitis B status are presented in Table 15.b. Among hepatitis b infected mothers, the mean age was 23.14 years (95% CI=21.85-24.42), majority were high-school educated, Hindu by religion, all of them were not working currently, most of their husbands were skilled workers, rural residents and only 3 of them reported that their husbands stayed away from family for 6 months or more at a stretch for work.

Socio-demographic distribution of self-interviewed (N=1607) antenatal care attendees across obstetric history are presented in Table 15.c.i. Among hepatitis b positive mothers, more than half of them were becoming pregnant for the first time, only 8 had past history of abortion and another 2 had a past history of stillbirth.

Distribution of medical own medical events of self-interviewed (N=1607) antenatal care attendees across obstetric history are presented in Table 15.c.ii. Among 44 hepatitis positive cases, only one participant reported history of blood transfusion, four had a history of being vaccinated with hepatitis B and almost all received injections from health care providers in the last 6 months.

Association of socio-demographics with hepatitis B sero-positivity among antenatal care attendees are presented in Table 15.d. Compared to Hindus, Muslims were less likely to be positive for hepatitis B infection.

Association of socio-demographics with Hepatitis B sero-positivity among antenatal care attendees are presented in Table 15.e. Mothers reporting either average or poor general health were less likely to be hepatitis B infected than those with good perception.

Association of Respondent's sexual behavior and experience with Hepatitis B sero-positivity among antenatal care attendees are presented in Table 15.f. Risk of hepatitis B infection was low among participants whose husbands used condom before pregnancy. Participants in a physical relationship with other male partner were more likely to be hepatitis B positive than who were not engaged in such relationship.

Association of husband's sexual behavior with Hepatitis B sero-positivity among antenatal care attendees are presented in Table 15.g. None of the variables related to husbands' sexual behavior were found to be statistically significant predictors of hepatitis B infection.

Association of respondent's attitude towards partner notification and current symptoms with Hepatitis B sero-positivity among antenatal care attendees are presented in Table 15.h. Participants who believed that a woman should report STI-related symptoms to her husbands had lower odds to be hepatitis B infected than those who did not believe so. Odds of having symptoms like yellow-colored urine/skin/eyes and fever/loss of appetite for a prolonged period in the last 6 months increased the risk of hepatitis B infection.

No association was observed between hepatitis B infection and prior history of blood transfusion or blood donation and childhood hepatitis B immunization (data not shown here) which might be due to lack of statistical power.

<u>Section P.</u> HIV-1 among self-interviewed antenatal care attendees in Kolkata, West Bengal, India, 2016

Distribution of HIV-1 among self-interviewed (N=1623) antenatal care attendees are presented in Table 16a. Of total 1670 eligible participants, HIV sero-positivity reports were available for 1623 mothers. Reports of 47 eligible mothers were excluded from the analyses as because of some technical glitz their hospital registration id were wrongly entered into the lab registry of the hospital and we could not match their id with our unique tab generated codes. Of 1623 ANC attendees, 27 were found to be HIV-1 positive giving rise to a burden of 1.66 (95% CI=1.04-2.29%).

Socio-demographic distribution of self-interviewed (N=1623) antenatal care attendees across HIV-1 status in Kolkata are presented in Table 16.b. Among 27 HIV-1 positive mothers, average age was 25.15 years (95% CI=23.31-26.98) and got married at mean age of 19.52 years (95% CI=17.42-21.61), majority were high-school educated, Hindu by religion, currently not working and urban residents. The mean age of husbands was 32.74 (95% CI=30.17-35.32), most of them were skilled workers and 9 of them stayed away from families for 6 months or more at a stretch.

Socio-demographic distribution of self-interviewed (N=1623) antenatal care attendees across obstetric history are presented in Table 16.c. Among 27 sero-positive mothers, most of them were prim-gravidae, 9 had a history of miscarriage or abortion and none had a history of stillbirth.

Association of socio-demographic factors with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.d. in unadjusted models, higher age and higher per capita family income were significant predictors of HIV risk. In the adjusted models, it was observed that participants with higher education were less likely to be HIV infected compared to their illiterate counterparts. Respondents who reported that their husbands never required to stay away from family for 6 months or more at a stretch had lower odds to be positive than those whose husbands stayed away from family. Rural residents were at lower HIV risk than their urban counterparts.

Association of obstetric history with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.e. In the unadjusted model, higher parity increased the odds of having HIV but no longer remained significant after adjusting potential confounders.

Association of own knowledge about sexually transmitted infections including HIV and attitude towards HIV patients with HIV-1 sero-positivity among antenatal care attendees are presented in table 16.f. There was no association between STI included HIV related knowledge and HIV risk. Association of own sexual behavior/experience with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.g. Participants who reported having sex with someone who consumed alcohol had higher likelihood to be HIV positive compared to those who did not report such experience. Mothers who received injection from a nurse/compounder/any health worker in the last 6 months were less likely to be HIV positive than those who did not receive any injection.

Association of husband's sexual behavior with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.h There was no association between husbands' sexual behavior and HIV risk.

Association of own and husband's medical history and past history of symptoms suggestive of sexually transmitted infections with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.i. A positive association was observed between prior history of blood transfusion and higher odds of being HIV infected. Participants who had a past history of syphilis had higher HIV risk than those without such history. Self-reported history genital lesion and groin swelling in the past six months also increased the odds of being HIV positive compared to those who did not report such symptom.

Association of attitude towards partner notification for symptoms suggestive of STIs and perception regarding risk of sexually transmitted infections including HIV with HIV-1 seropositivity among antenatal care attendees are presented in Table 16.j. Participants who perceived themselves to be at risk for HIV were more likely to be HIV positive than those who did not perceive to be at HIV risk. Furthermore, respondents who perceived their husbands to be at risk for HIV also had higher HIV risk than who did not have such perception.

Association of having current symptoms suggestive of sexually transmitted infections with HIV-1 sero-positivity among antenatal care attendees are presented in Table 16.k. There was no association between having current symptoms suggestive of STI and HIV risk.

DISCUSSION

To the best of our knowledge the present study was one of the few studies^[46] to assess sociodemographic profile, obstetric history, sexual risk behaviors, risk perceptions and predictors of STI including HIV sero-positivity among married Indian pregnant women. We believe this was probably the first study where touch-screen C-ACASI was used for data collection on sensitive issues among pregnant Indian women. This technology was used before for eliciting information on sensitive issues among wives of truckers in India,^[42] young men in urban India,^[43] adolescents^[44] and young married women.^[45] Consistent with previous studies in Seattle, Washington,^[47] Zimbabwe,^[48] Brazil,^[49]Vietnam^[50] and in India^[43] participants in the current study were more likely to report high risk behaviors by computerized interviewing methods, selfinterviewed C-ACASI compared to interview-administered. This suggests that C-ACASI may be considered as an alternative data collection tool for sensitive issues in health care settings even among subjects with poor computer literacy and lower educational level.

STI related knowledge including HIV

About 26% had poor overall knowledge about STI including HIV in the present analysis. Previous studies in India revealed that basic knowledge about HIV/AIDS among women was inadequate in Mumbai^[51] while mothers in South India^[37] and in Pune^[40] showed relatively better knowledge. About 94% pregnant women in Mangalore, South India had heard of HIV and 60% had better knowledge regarding risk factors for HIV acquisition.^[37] More than 80% mothers in the current study believed that HIV infected might not appear healthy and were unaware about the asymptomatic nature of infection and transmission risk. Similar finding was reported from

other countries around world for example pregnant women in Hong Kong had fairly good general knowledge of HIV/AIDS,^[52] about 79% had basic knowledge about HIV in Sudan^[53] and in Burkina Faso, West Africa where about one-third women were aware that a person could be infected without having symptoms for HIV.^[3] Therefore, raising awareness regarding asymptomatic nature of the infection might be helpful in forming risk perception. Majority of participants appeared to have misconceptions about HIV transmission and prevention methods. In particular, there was poor knowledge about transmission route due to mosquito bites and sharing of foods. Synthesis of data from Demographic and Health Surveys from 2000 through 2005 indicated that a significant proportion of 15-49 years old women in resource poor settings were unaware of the fact that wearing condom could prevent HIV infection (Africa=22-61%, Central Asia=58-72%, South and Southeast Asia=34-73%),^[54] which corroborated with the present study. Somewhat similar findings were also observed among adult Vietnamese women where 70% believed that one could get HIV from mosquito bites, 77% thought it was possible for a healthy-looking person to have HIV and 90% knew consistent condom use reduced transmission risk.^[55] Consistent with previous study in India,^[25] and in Sudan^[53] nearly half of mothers had knowledge about transmission risk through breastfeeding but the proportion was observed to be less in China,^[56] Apart from information about STIs in general, people need to have good knowledge regarding potential modes of transmission so that they can protect themselves and their babies from infection. Given adequate knowledge is a predictive of formation of intent to change harmful practice patterns, it is essential to identify effective motivational strategies that motivate change and sustain newly adopted healthy behaviors. HIV is social problem greatly influenced by socio-cultural factors. Therefore, dissemination of comprehensive culture-sensitive knowledge about HIV/AIDS through well-designed

interventions are required to bring the desired change towards reduction of stigmatization through dispelling misconceptions.

Participants with higher education were more likely to have good overall knowledge about STI including HIV which was consistent with prior studies among adult women in Vietnam,^[55] ANC attendees in Sudan^[53], pregnant women in South Africa,^[57] and Indian studies in Delhi^[36, 58] and Pune^[40]. Respondents who were currently working also had higher odds of good overall knowledge about STIs. One of the probable explanations might be that higher education might lead to employment, better income and easy access to information quite similar to what was reported in Vietnam.^[55] Another potential benefit of having good knowledge about STIs is that people can perceive their own risk, recognize its seriousness and subsequently may engage into safer sexual activity.^[59]

Contradictory to a previous study,^[40] higher employment status of husbands was negatively associated with mothers' knowledge regarding complications related to STIs. Consistent with previous studies in Vietnam,^[55] and in India^[60, 61] participants residing in rural areas were less likely to be knowledgeable about STIs One of the possible reasons might be that they were less exposed to information about HIV/AIDS compared to urban women. Other reasons might be low literacy level and socio-cultural context in rural India.

STI related attitude including HIV

The proportion of ANC attendees having poor attitude regarding acceptance of HIV/AIDS patients in the society was high and surprisingly having average/good knowledge (as opposed to poor) regarding STI including HIV did not show much betterment towards positive attitude.

Potential explanation should include the lack of translation of knowledge into attitude among participants most likely because of being influenced by social structure and cultural norms. Similar findings and explanation indicating role of Indian societal structure and cultural environment towards less acceptance and high resistnace for the HIV/AIDS patients were also evidenced in the prior literature ^[36] The positive attitude toward HIV/AIDS was found to be poor among adult women in Vietnam^[55], Ethiopia^[62] and prior study in India^[36]. Thus, it seems HIV is still stigmatized in India and people show discriminatory behavior against people living with HIV. Another reason may be that Indian women in general are ignorant about HIV/AIDS and are less exposed to information related to HIV. However, respondents with higher education were more likely to report positive attitudes towards HIV/AIDS which was consistent with a study in Vietnam.^[55] Therefore, as poor sexual health is driven by social alienation proper counseling and generating awareness regarding HIV among women particularly with low levels of education appeared to be an important public health measure.

Husbands' sexual behavior and experience

Globally violence against women especially by intimate male partner continue to be a major public health concern including and India is no exception to it. According to UN estimate, about one in three women is a victim of intimate partner violence at some point in their lifetime. In addition, partner violence has been associated with multitude of adverse health outcome including maternal morbidity, mortality, poor mental health and vulnerability to HIV/AIDS.^[63] In the present analysis, about 20% mothers reported that their husbands used alcohol most of the times or sometimes alcohol before sex. Approximately 9% of respondents experienced verbal abuse and another 6% were physically assaulted during sex. About 61% had an experience of

forced sex by their husbands. However, data on spousal violence against women are limited, more so little is known about physical and verbal abuse during sexual encounter.

A recently published systemic review and meta-analysis on intimate partner violence and HIV infection among women revealed a moderate statistically significant association between intimate partner violence and HIV infection among women.^[64, 65] Approximately 9% suspected that their husbands might be engaged in extra-marital affair and another 4% told that their husbands might be in a relationship with a commercial sex worker in the current study. Researchers have argued that majority of women in Asian are at risk of HIV not because of their own sexual behavior but because of their partners' unsafe sexual practices. The situation is further fueled by strong patriarchal Asian culture, intimate partner violence, large scale migration/mobility and stigma/discrimination associated with HIV, all these factors are likely to heighten a woman's risk to HIV. According to UNAIDS report it was estimated that >90% of the 1.7 million women living with HIV in Asia acquired HIV either from their husbands or long term partners. There had been a steady increase in the proportion of Asian women living with HIV since 1990. (increased from 17% in 1990 to 35% in 2008) It is estimated that approximately 75 million Asian men are engaged in paid sex and a further 20 million are having sex with other men or injecting drug users. Unfortunately, majority of these are either married or going to be married putting at 50 million women at risk of HIV. Similar situation was reported from previous Indian studies^[35, 66] where >90% of women living with HIV in 2008 (approximately 38%) acquired it from their husbands or intimate partners.^[35] Thus, targeting female partners of male suspected to have high-risk behaviors particularly in conservative Indian society and emphasizing the importance of protecting female partner seemed to be an essential component of HIV control program in India. Targeted intervention for the husbands of reproductive age

women of the study area seemed to be the need of the hour, as still in this part of the globe, the dominace of the male gender in action and decision-making regarding sexual and other aspets were quite evident and profound in the family.

Domestic violence against women continues to be a major public health problem in India. Analysis of the Indian National Family Health Survey-3 (2005-2006) data showed that 37.4% wives experienced intimate partner violence.^[34] Research by the International Center for Research on women reported that 52% of the women experienced some form of intimate partner violence during their lifetime. Another household survey among adult women also indicated that 26% had experience of spousal physical violence during the lifetime of their marriage.^[68] Although intimate relationships are supposed to be loving, supportive and protective, unfortunately some of partners behave abusively. However, it appeared that married Indian women being in a chronic cycle of abuse and due to social phobia as well as economic independence, they are less likely to raise their voice.

As reported elsewhere and in India it appeared that alcohol use was a major contributor to the occurrence of intimate partner violence.^[68-70] In the current study about 20% respondents reported frequent alcohol use by their husbands before sex.

Consistent with previous studies educated men were less likely to perpetrate violence in the current study. In addition, women with better education were less likely to experience violence. It appeared with increasing education men become more flexible and are less likely to control their partners. Given quality of sexual relationship is one of the important determinants of violent male behavior, there is a need to recognize that achieving gender equality will likely to reduce intimate partner violence in this deep seated patriarchal Indian society.

About 9% participants suspected spousal infidelity and nearly 4% believed that their husbands were engaged in sex with commercial sex worker. Similar findings about extra-marital affair of husbands were reported from African countries including Uganda,^[67] Mexico^[71] and other Asian countries including India.^[66] There is growing evidence that partners' extramarital liaisons exacerbate women's HIV vulnerability. Efforts should be directed towards strengthening marital bond and discouraging extra-marital affair among male partner, one of the essential components of the widely promoted ABC (abstinence, be faithful and condom use) approach for HIV prevention.

Own sexual behavior

As sexual activity during pregnancy is rarely discussed data related to sexual behavior among married Indian women are very scarce. The present analyses revealed high-risk sexual behavior among ANC attendees in a tertiary care hospital in Kolkata. About 11% mothers had sex before reaching 15 years of age and 9% had sex before marriage. The observed figures was similar to that in Beijing, China where 9% female students reported pre-marital sexual activities^[72] but higher than in other Indian studies including Pune, Maharashtra^[73] and Delhi.^[74]

Consistent with previous study among Thai women,^[75] it appeared that vaginal sex was the most commonly practiced sexual experience among pregnant women in Kolkata. About 5% reported to have engaged in anal sex during pregnancy which contradicted with a study in China.^[76] but corroborated with findings as reported by Pauleta et al.,^[77] and in Iran.^[78]. However, more than half of the participants reported ever having anal sex which might be associated with prevention
of pregnancy as reported elsewhere.^[79] One of the probable explanations might be that pregnant woman perceived anal sex to be safer than vaginal sex and might not harm the baby.

About 68% used condom before pregnancy and the most common reason reported for non-use of condom was that no need in spousal relationship followed by reduced pleasure. About 5% reported to be engaged in extra-marital relationship. Multiple sexual partner was reported by 16 ANC attendees. About 74% did not use condom while having sex with other male partners.

A huge gap was observed between participants' STI related knowledge and practice. Although participants had better STI-related knowledge they were engaged in high risk behaviors.

Contrary to current observations, a more conservative attitude toward sexual behavior was observed among Chinese pregnant women where 93% of pregnant women reported an overall decline in their sexual activities during pregnancy.^[76]

General and STI related health seeking

A significant proportion of the participants reported that they had or would be seeking care from designated health care facilities if they suffer or suffered any STI-related symptom. Although effective management of STI is an essential component of HIV control program and provides a unique opportunity for prevention of adverse maternal and neonatal health outcomes, people are reluctant in testing and seeking treatment. A study in Beijing, China by Zhao et al. found that only 39% patients sought treatment from standard STD clinics and majority sought treatment at pharmacies.^[80] Another study in Thailand indicated that only 25% STI cases visited health care centers for treatment and majority sought treatment from pharmacies.^[81] Therefore, serious underreporting of STI cases in health care facilities may mislead the Government and policy

makers regarding the magnitude of the problem and subsequently may fuel the spread of HIV epidemic through sexual transmission. Thus, appropriate screening, counseling and treatment, if required, should be provided to all at-risk individuals seeking care at health care facilities and generating awareness in general public through health education appeared to be essential in order to contain this silent STI epidemic in this country.

Perception of risk for STI including HIV

Alike previous studies in India for example 19.4% pregnant women in western India,^[82] 12% married women in Mumbai^[51] and 74% pregnant women in Mangalore, South India^[83] and elsewhere including 36.7% in Hong Kong^[52] a considerably high proportion of women in our study perceived themselves to be at risk for HIV. Similar finding was reported from Burkina Faso and where about one-third women who were aware that a person could be infected without having symptoms perceived themselves to be at risk for HIV.^[3] Thus, empowering women through education so that they can take firm decision about voluntary HIV testing and counseling themselves are urgently required.

Partner notification regarding STI-related symptom

Only 79% indicated a strong believe that a woman should inform their spouse of their STIrelated symptoms and 63% reported that they had notified their spouse of their STI-related symptom/s. Partner notification is a crucial step in prevention of further transmission of infection from index case to sexual partner.

Self-reported symptoms suggestive of STI

Intuitively, as participants were pregnant the most common symptom reported was lower abdominal pain and vaginal discharge. About 15-17% women reported other STI-related symptoms included abnormal vaginal discharge, painful urination and itching in genital area in the past 6 months. Very few participants reported lesions suggestive of genital ulcer and groin swelling. These findings corroborated with previous studies in, Zimbabwe ^[84], China^[56] and prior studies in south India.^[18, 85]

This low rate of self-reported symptoms might also be related to the fact that majority of STIs are truly asymptomatic. This asymptomatic nature of STI was reported by many researchers in the related field.^[56, 86] A high prevalence and incidence of asymptomatic STIs (80% of the participants with chlamydia and gonorrhea were asymptomatic) was diagnosed in selected populations from five different countries (China, India, Peru, Russia and Zimbabwe).^[86] In addition, positive predictive value of different STI-related symptoms like vaginal or urethral discharge used in the syndromic management of STIs was considerably low.^[86] Perhaps the most concerning fact is that individuals who do not have symptoms are less likely to seek testing and treatment. Thus, screening of all pregnant women for common STIs and eliciting sexual history are likely to the best opportunity to achieve adequate coverage as well to reduce the disease burden and adverse pregnancy outcomes.

Substance abuse

Having sex under the influence of alcohol was found to be a risk factor for HIV and other STI acquisition probably due to higher intentions of engaging in unprotected sex^[87, 88] and engaging

in extramarital relationships.^[89] A study in Chennai found that alcohol use before sex was positively associated with unprotected sex with non-regular partner.^[83] Alcohol consumption might reduce risk perception and increase risky sexual behavior. Given risky sex intentions are related with actual risk behavior, raising awareness regarding responsible alcohol use and its role in sexual risk including transmission HIV may be of public health importance.

Prevalence of Syphilis/Hepatitis B/HIV and associated risk factors

Despite majority reported monogamous relationship and condom use before trying for baby pregnant women in this study had a considerable burden of STIs including HIV and Hepatitis B. None of them were found reactive for syphilis.

Syphilis prevalence

None of participants were found to be sero-positive for syphilis in the current study which corroborated with a prior study in Punjab.^[20] Given adverse pregnancy outcomes can be effectively prevented by treatment WHO recommended that at least 95% pregnant women should be tested for syphilis during their first antenatal visit in order to eliminate mother-to-child-transmission of the infection. Yet the recent estimate showed that globally about 1 million pregnant women were infected with syphilis in 2012 and 350000 adverse pregnancy outcomes were attributable to syphilis. The most affected region was Africa and Southeast Asia.^[90] In India about 0.15% of pregnant women attending ANC clinics during 2015-16 were found to be positive for syphilis with a marked variation across states having prevalence estimate ranging from 2.86% in Arunachal Pradesh to 0.6% in Tripura and West Bengal during 2010-11.^[54] The

current finding could be explained by the fact that methods used for the detection of syphilis might have false negative results due to excess antibody (prozone effect) or it might be due to low sensitivity (85-98%) of rapid test or tests performed poorly by laboratory technician or actual incidence of syphilis declined among pregnant women in Kolkata.

Hepatitis B prevalence

Of total 44 mothers were found positive for hepatitis B infection giving a burden of 2.74% (44/1607). Though reliable data regarding hepatitis B infection in pregnancy is limited in India, the synthesis of data from previous studies found that the overall prevalence of hepatitis B infection among pregnant women in India ranged from 1% to 9% across different states of India.^[26] In almost in all regions the hepatitis B burden as observed among study subjects was comparable to that from Gujarat (2.9%),^[12] Punjab (2.4%)^[20], Goa (1.9%)^[91] with minor variations but higher than the pooled estimate from 15 tertiary care centers across India (0.82%)^[91] and another study in north India (1.11%).^[92] Further, considering the prevalence estimate form each center showed marked variations: Bangalore (4.6)% which was higher than in Pune (1%), Hyderabad (1.7%), Nagpur (0.5%), Lucknow (1.2%), Mumbai (0.8%) and Kolkata (1.1%).^[91] This indicated that the prevalence of hepatitis B infection was significant among pregnant women and thus introduction of routine screening of all pregnant women, at-birth prophylaxis with specific anti-hepatitis virus immune globulin as well as hepatitis B vaccination in similar settings would likely to reduce vertical transmission.

After adjusting for potential confounders, the likelihood of hepatitis B infection remained significantly higher among women who were in physical relationship with other male, which

corroborated with previous studies in Nigeria.^[93, 94] and in US.^[95] In areas with low hepatitis B endemicity, sexual contact remains the predominant mode of transmission while perinatal transmission is the main mode of transmission in areas with high endemicity.^[96] The risk of hepatitis B was low among participants who were Muslims and reported condom use by their husbands. Consistent with previous in Gujarat^[97], mothers who reported yellow discoloration of urine/skin in the past six months were more likely to hepatitis B positive. Interestingly, prevalence of hepatitis B infection was found to be significantly different among Chinses pregnant women older than 20 years of age.^[98] Although previous studies revealed significant association of age,^[92, 97, 99] education,^[99, 100] recipients of blood products^[101] and parity^[92, 93], none of the socio-demographic factors and other relevant parameters were found to be significantly associated with hepatitis B in the current analyses. Partly, this explanation is supported by the fact that it might be due to the lack of statistical power due to small sample size of hepatitis B infected mothers. As reported in previous studies in Nigeria,^[93, 94] the current study did not show any association between parity and hepatitis B infection. This might be due to universal precaution adopted by medical staffs and almost all pregnant women have to undergo routine pre-natal sero-logical screening for hepatitis B infection at health care facilities.

Researchers have argued that in South Asian countries people especially young people may be infected with hepatitis B by horizontal transmission through contact of non-intact skin or mucous membrane with tears, saliva or blood containing secretions or through sharing tooth brushes though exact mechanism is not completely understood.^[24, 101] Hepatitis B vaccine was introduced in the universal immunization program of India in ten states of India during 2007-2008 and scaled-up to the entire country in 2011-12.^[102, 103] However, the coverage with three doses of hepatitis B vaccine at 6, 10 and 14 weeks with an additional dose at birth was found to be lower

than the other routine childhood immunization^[24] though the efficacy of the vaccine was found to be high and was effective in reducing the rate of hepatitis B infection.^[104] Therefore, vaccination of child as per the immunization schedule appeared to be one of the most effective public health measures to contain hepatitis B infection in the population.

HIV

The overall HIV prevalence among ANC attendees was observed to be 1.66% (95% CI=1.04-2.29) in the current study. The observed prevalence was much higher than the national estimate among adult population which was estimated to be 0.26% (0.22-0.32%) at the end of 2015 and other high prevalent states of India including some north-eastern states like Manipur (1.15%), Mizoram (0.80%), Nagaland (0.78%), some southern states like Andhra Pradesh (0.66%), Karnataka (0.45%) and some western states like Gujarat (0.42%) and Goa (0.40%). The states in the eastern part including Odisha, Bihar and West Bengal had low adult HIV prevalence in the range of 0.21-0.25% at the end of 2015. According to the NACO report although the adult HIV prevalence showed a steady decline from an estimated peak of 0.38% in 2001 through 0.34% in 2007 to 0.26% in 2015, these estimates varied greatly within states, within districts and different sentinel groups.^[54] For example, Karnataka is considered a high HIV prevalence state with an estimated 0.45% adult HIV prevalence and 0.36% burden among pregnant women during 2010. However, one of the districts in northern Karnataka, Bagalkot, showed 1.26% HIV seropositivity among ANC attendees in 2010.^[105, 106] Thus, the interpretation of these prevalence estimates should be done with caution.

Under the perception that pregnant women represent a low-risk population, an estimate of HIV prevalence in this group is considered a proxy for the general population. The HIV prevalence data was derived from the HIV Sentinel Surveillance (HSS) conducted by the NACO under the supervision of the National Institute of Health and family Welfare. A large annual sentinel surveillance is conducted in the third quarter of each year to collect data from different sungroups of population (high vs low risk) over a span of three months from designated sentinel or high-risk group (HRG) sites, for example STI clinics, public-sector ANC clinics and some highrisk group clinics across the country. Data was collected based on consecutive sampling strategy and unlinked anonymous blood tests were conducted for eligible subjects as per the guideline of NACO. The sample size was fixed at 400 for pregnant women and 250 for other sentinel groups (female sex worker, men who have sex with men, injecting drug users, long distance truck driver and migrant population). Although there has been considerable expansion of these sentinel sites, methodological advancement and significant improvement in the estimation process, the uncertainties associated with these pooled HIV prevalence estimates are still lingering. The assumptions, statistical models applied, geographical representativeness, estimated size of the population with low and high risk behavior, replacement values, calibration factors and the need to use the same value in subsequent years were some of the limitations of the current methodology pointed out by some of the researchers.^[13, 107, 108] According to Pandey et al.,^[108, 109] it was concluded that despite of required adjustment and calibration in the current method of HIV prevalence estimates the difference between the current estimate and previously published data did not represent a true decline at the population level and there had been an increasing trend of HIV epidemic in previously defined low prevalence Indian states including Puducherry, Jharkhand, Bihar, Orissa, Rajasthan and West Bengal. According to Dandona et al.,^[110] the

currently used official HIV estimation method in India based on sentinel surveillance data from large public-health hospitals were likely to be such higher than the population estimate at the district level. A population base study was conducted among 13838 people aged between 15 and 49 years in Guntur district, Andhra Pradesh, the adjusted HIV prevalence was 1.70% with marked difference in estimate among people in lower and upper half of a standard living index (SLI, 2.58% vs 1.20%). There were also discrepancies in HIV prevalence data among pregnant women attending the public-sector hospitals in South Indian state. The overall HIV prevalence was 1.67 among pregnant women at the population level but the estimate was 3.95% among pregnant women who attended ANC clinics in public sector with a marked difference by their socio-economic status. (3.61% HIV in the lowest SLI vs 1.08% in the remaining). He argued that low utilization of public hospitals by people in general, over-representation of the poor socioeconomic group in these Government run health care facilities, referral of HIV-positive or suspected cases from district hospitals as well as by private practitioners had contributed to overestimation of HIV prevalence among ANC attendees in Guntur district. Furthermore, researchers argued that ANC attendees being young, sexually more active and at risk of unprotected intercourse, the prevalence estimated among them might be higher than those adult women in general population.^[108] Yet, in another recently published article by Sinha et al.,^[111] she argued that transmission risk of HIV might be high in unsuspecting monogamous women that might led to a much higher rate of vertical transmission compared to what had been reported by HIV surveillance data under NACO. In light of the above of the above discussion, given large sample size, robust sampling strategy over a sustained period and large public-health hospital in the capital city of West Bengal, the study population might be considered as a representative sample of ANC attendees in Kolkata and HIV burden might be also considered valid. However,

to obtain a more accurate estimate of HIV prevalence in metro city of Kolkata we need a longitudinal community-based study with a more robust data collection method.

Consistent with prior studies in Hong Kong,^[52] and in Uganda^[112] participants with higher level of education had lower HIV risk compared to their illiterate counterpart. Therefore, targeted intervention regarding HIV risk should be more be more focused for women at risk, particularly those at lower education levels.

Although evidence regarding alcohol use by intimate partner before sex and sexual risks for HIV/AIDS during pregnancy is patchy, a systemic review of empirical findings from sub-Saharan Africa suggested that male sex partner's drinking increased HIV risk among women in general.^[113] Therefore, a brief culturally adapted sexual risk reduction strategies along with substance abuse treatment could be feasibly integrated with the ongoing HIV testing and counseling centers. Given marital sex increases women' risk of HIV acquisition probably through their partner's extramarital sexual relationship and forced sex in Asian countries including India care should be taken to protect married women through proper counseling and awareness generation.

Participants who reported that their husbands stayed away from family for 6 months or more at a stretch were more likely to be HIV positive compared to those whose husbands never stayed away. A recently published systemic review on labor migration and HIV risk revealed that prolonged and/or frequent absence from family might be associated with a heightened HIV risk among men.^[114] Although the mechanism of HIV acquisition among labor migrants was complex but it might be associated with multi-partnering, non-spousal sexual relationship, inconsistent condom use, easy access to commercial sex workers. Apart from high-risk sexual behavior, there were others factors that shaped a man's risky sexual practices including difficult working and

housing conditions, limited access to health system, language barriers and lack of legal status.^[114] Prior studies in India also indicated potential role of migration in spread of HIV infection in this country particularly in rural areas.^[115, 116] Yet most of these migrant men did not use condoms during sex with their wives or sexual partners putting them at risk for HIV.^[117] Unfortunately, the HIV risk of the married women of reproductive age are usually increased by their husband's risky sexual behaviors. Thus, proper care support should be ensured so that these vulnerable women have improved self-perception of elevated risk, learn about HIV prevention and negotiating skills for safe sex with their partners.

As reported elsewhere,^[118] a positive association was observed between self-perceived HIV risk and higher odds of being infected. Contrary to our study, another study in Zambia found no association between self-perceived HIV risk and actual HIV status.^[119] Studies showed that those who perceived themselves to be at lower risk were often engaged in high risk behaviors.^[120] Previous research revealed that adolescent women underestimated their susceptibility to STIs despite their clear risk.^[121] As all routine HIV testing in public health clinics are based on opt-out policy in India, there always remains a chance that the attendance in STI clinic be affected by the self-perceived HIV risk and associated stigma. The scenario is different for ANT attendees. They undergo for routine HIV, syphilis and Hepatitis B testing as part of their pregnancy check up. Thus no stigma is perceived by undergoing these tests and participation is mostly complete due to the emotional drive and concern regarding the well-being of the baby in utero and self. Hence addressing these women is much easier and compliance and participation are very likely to be high. Also the delivery of knowledge and access to improve their perception, attitude and practice may be easier during ANC visits and facilitated by the compliance to all the advices provided there. Thus, apart from testing, raising awareness and educating women regarding HIV

and other STIs may be easier and more likely to modify their own risk perception and subsequent changes in high risk behavior if addressed during the ANC visits.

Consistent with previous studies,^[122-124] risk of HIV increased among participants who had a prior history for syphilis. In addition, participants who reported genital lesions suggestive of genital ulcers and groin swelling had higher odds of being HIV positive in the current analysis. Epidemiologic studies indicated that genital lesions particularly ulcers associated with syphilis increased the risk of HIV acquisition.^[123] Co-infection with syphilis among HIV-positive persons are associated with an increasing viral load and declining CD4 counts. On acquisition of HIV among individuals infected with syphilis increased the risk of neurological complications and alter the natural course of syphilis.^[122, 123]. Although uptake of syphilis and HIV testing is fairly common among ANC attendees, but testing among male sexual partner is low. Given syphilis is completely curable and treatable, periodic screening of STIs of at-risk populations and promoting involvement of male partners in routine ANC checkups are strongly recommended.

LIMITATIONS

The findings may have limited generalizability as participants attending a tertiary care center do not represent all pregnant women in the city particularly those with higher socio-economic status and reported to private health care. The potential for under-estimation of burden of STIs (syphilis and hepatitis B) should be kept in mind as we might have missed some pregnant women with STI who sought care from private health care sector. As most of the information related to sexual health were self-reported, the accuracy of responses could not be validated, making these data subject to social desirability and recall bias. Social desirability bias had an impact on the findings of previous studies as information on sensitive behavioral questions particularly sexual behavior which were likely to be under-reported in face-to-face-interviews.^[125] But we believe that use of C-ACASI technique with ear phones enhanced participants' trust in confidentiality of the information and chances of social desirability bias appeared to be less. In addition, to minimize the potential for recall bias, the recall period was limited to 6 months. The design being crosssectional causal interpretation of study findings should be borne in mind. Further, because of use of C-ACASI there was limited probing which respondents might have required to understand and respond accurately to some sensitive questions. But we believe the potential for such information bias would be small as all pre-recorded questions were simple, asked in a language that they completely understood, validated during the pilot phase and each question could be replayed if respondent did not understand for the first time. In addition, there was an option to ask the interviewer if they faced any problem with any question during the period of the interview. In addition, owing to small number of pregnant women being positive for HIV and hepatitis B, many associations became statistically non-significant due to lack of statistical power.

STRENGTHS AND PUBLIC HEALTH IMPLICATIONS

Despite these limitations we believe this study by virtue of large sample size, good (1670/1760 or 94.89%) response rate, unique data collection procedure [C-ACASI] and robust statistical analysis has generated useful insights into sexual health of pregnant women of West Bengal and add to a sparse body of literature on the burden and risk factors for STI acquisition in this state.

The current findings emphasized to many possible areas for further intervention under STD control programs in India. Data from this study suggest that there are considerable gaps between

current level of STI related knowledge and practice among Indian pregnant women. It was found that mothers with relatively good knowledge regarding STIs practiced high-risk behaviors indicating that their knowledge did not translate into intended practice. Another notable implication from this study is that discriminatory attitudes of mothers against HIV/AIDS. Mothers having better overall and domain-specific knowledge regarding STI including HIV did not increase the odds of reporting positive attitude towards HIV. Therefore, findings can be considered as a primary document by policy makers to supervise and monitor whether pregnant women are receiving quality meaningful information on sexual health and HIV at designated ICTC and whether they are able to understand such information and are able to translate new knowledge into practice. Given knowledge and attitudes are intrinsically linked, concerted public health efforts are needed to improve knowledge and perception of Indian mothers so that if ever detected positive they do not hesitate to access support, care and treatment. Most participants appeared comfortable with the idea of interviewing through C-ACASI on sexual health because of enhanced privacy and confidentiality. This suggests that use of this technology as a data collection tool on sensitive issues during routine antenatal check-ups is feasible and acceptable.

This study provides further evidence to support the fact about the reality of sexual abuse in marital relationship which is not explicitly acknowledged. A significant proportion of wives are sexually abused by their husbands in this metropolitan city of Kolkata. Furthermore, mothers who self-reported being abused by their husbands were more likely to engage in high risk behaviors. Given marriage is a social construct and social change takes time to occur strong political commitments, legal reforms and appropriate counseling of abusive husbands will be needed to reduce destructive behaviors among sexual partners as well high risk behaviors of women.

CONCLUSIONS

The burden of HIV and Hepatitis B infection was observed to be high among pregnant women attending ANC clinics in Kolkata, West Bengal during 2016. The high proportion of participants who tested positive for HIV or hepatitis B in this study further stresses the importance of promotion of health seeking behavior should not only be directed at those with symptoms but also at those without such symptoms. This study showed that having extra-spousal relationship and past history of self-reported symptoms of yellow discoloration of urine/skin were risk factors for hepatitis B acquisition. The significant predictors of HIV infection were higher age, poor education, higher parity, alcohol consumption by husbands before sex, past history of blood transfusion/syphilis/genital ulcer or swelling and higher self-perceived HIV risk. A large percentage of women were worried about acquisition of STIs including HIV infection. Overall STI related knowledge and attitude toward HIV/AIDS appeared to be poor. Thus, routine screening of pregnant women for common STIs should be prioritized to contain the spread of and minimize the adverse effects of STIs. One of the most notable findings of the current study is that a large number of married pregnant women were engaged in high-risk sexual behavior in Kolkata. The present analysis also revealed significant gaps were observed between participants' STI related knowledge and sexual practice. Intimate partner violence including forced sex was also observed to be high in the current study. The present study also highlights the need to reconsider and re-orient the counseling regarding risk behavior from individual perspective to couples' joint responsibilities so that concurrent counseling/treatment of sexual partners receive priority. Emphasis should be placed on proper counseling of pregnant women and their sexual partners regarding safe sex. Proper management of STIs during pregnancy needs multifaceted approach which includes quality epidemiological data, good evidence of effectiveness of

ongoing interventions, increase accessibility to reproductive health care services, stronger advocacy and commitment to get them implemented. Moreover, additional pre-requisites are health care infra-structure, ensuring confidentiality, health care providers' knowledge of recommended STI screening, attitudes towards screening and management and ability to assess person's risk for STI acquisition. Given antenatal care clinics are the most common settings for STI screening during pregnancy, care should be taken that health care providers provide equal attention to both symptomatic and asymptomatic cases so that the most serious STI-related sequelae can be reduced.

APPENDIX

Table 1.a. Distribution of the socio-demographic factors among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Continu	Maan	95%CL			
Contint	ious variables		Mean	Lower	Upper
What is your present age?			22.37	22.18	22.55
Per head family income (IN	NR)		2597.78	2466.65	2728.91
At what age did you get ma	arried?		18.53	18.38	18.67
What is your husband's age	e? Age in completed years		28.39	28.13	28.65
Catagorical variables	Catagonias	N	0/	95%	6 CL
Categorical variables	Categories	Categories N			Upper
	No education	90	5.39	4.31	6.47
Till what level have you	Primary	143	8.56	7.22	9.91
studied?	High-school	1298	77.72	75.73	79.72
	Graduation and above	139	8.32	7.00	9.65
What is your religion?	Hindu	789	47.30	44.90	49.70
what is your religion?	Muslim	879	52.70	50.30	55.10
What is your assumption?	Currently not working 10		95.87	94.91	96.82
what is your occupation?	Currently working 69		4.13	3.18	5.09
	Unskilled Worker 1		10.82	9.33	12.32
	Skilled Worker 785		47.20	44.80	49.61
What is your husband's	Business 399		23.99	21.94	26.05
occupation?	Service	188	11.30	9.78	12.83
	Self-employed /Professional	111	6.67	5.47	7.88
	No education	173	10.36	8.90	11.82
What is your husband's	Primary	307	18.38	16.52	20.24
education?	High-school	1031	61.74	59.40	64.07
	Graduation and above	159	9.52	8.11	10.93
Due to your husband's	Most of the time	51	3.05	2.23	3.88
work, does he need to	Sometimes	80	4.79	3.77	5.82
stay away from	Few times		2.81	2.02	3.61
you/family at a stretch for 6 months or more?	Never	1492	89.34	87.86	90.82
Where do you live?	Urban	684	40.96	38.60	43.32
where do you live?	Rural	986	59.04	56.68	61.40

Table 1.b. Distribution of the socio-demographic factors among recruited antenatal careattendees who were interviewed by an interviewer (N=176), Kolkata, West Bengal, India,2016

	М	95%CL			
Continuou	s variables		Mean	Lower	Upper
What is your present age?	21.91	21.29	22.54		
Per head family income (INR)			2647.66	2184.44	3110.88
At what age did you get marrie	ed?		18.72	18.27	19.16
What is your husband's age? A	Age in completed years		27.77	27.01	28.53
Catagoriaal variables	Catagorias	N	0/.	95%	bCL
Categorical variables	Categories	1N	70	Lower	Upper
	No education	3	1.70	0.00	3.64
Till what level have you	Primary	13	7.39	3.48	11.29
studied?	High-school	142	80.68	74.79	86.57
	Graduation and above	18	10.23	5.71	14.75
What is your religion?	Hindu	75	42.61	35.24	49.99
what is your religion?	Muslim	101	57.39	50.01	64.76
What is your accuration?	Currently not working	169	96.02	93.11	98.94
what is your occupation?	Currently working	7	3.98	1.06	6.89
	Unskilled worker	27	15.34	9.96	20.72
What is your husband's	Skilled worker	87	49.43	41.97	56.89
occupation?	Business	26	14.77	9.48	20.07
	Service	36	20.45	14.44	26.47
	No education	14	7.95	3.92	11.99
What is your husband's	Primary	37	21.02	14.94	27.10
education?	High-school	107	60.80	53.51	68.08
	Graduation and above	18	10.23	5.71	14.75
Due to your husband's work,	Most of the time	9	5.11	1.83	8.40
does he need to stay away	Sometimes	4	2.27	0.05	4.50
from you/family at a stretch	Few times	5	2.84	0.36	5.32
for 6 months or more?	Never	158	89.77	85.25	94.29
Where do you line?	Urban	67	38.07	30.82	45.31
where do you five?	Rural	109	61.93	54.69	69.18

Table 1.c. Distribution of the obstetric history among recruited antenatal care attendeeswho were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Continuous v	Maan	95% CL			
Continuous v		Mean	Lower	Upper	
Till now how many babies ha	0.48	0.45	0.51		
How many years ago was you	ır last child born'	?	2.18	2.03	2.33
How many male children do	you have?		0.20	0.18	0.22
Catagoriaal variables	Cotogonios	N	0/	95%	6CL
Categorical variables	Categories	1	-70	Lower	Upper
Including this time, how	1st time	909	54.43	52.04	56.82
many times have you	2nd time	530	31.74	29.50	33.97
become a mother?	3rd time	169	10.12	8.67	11.57
	4 or more	62	3.71	2.80	4.62
In the past, have you ever	No	1302	77.96	75.97	79.95
had an abortion or	Ves	368	22.04	20.05	24.03
miscarriage?	103				
Were any of your babies	No	1470	88.02	86.47	89.58
born prior to their due date?	Yes	200	11.98	10.42	13.53
Have you ever given birth	No	1628	97.49	96.73	98.24
to a stillborn child?	Yes	42	2.52	1.76	3.27

Table 1.d. Distribution of the obstetric history among recruited antenatal care attendees
who were interviewed by an interviewer (N=176), Kolkata, West Bengal, India, 2016

Continuous voriables	Moon	95%CL			
Continuous variables	wiean	Lower	Upper		
Till now how many babies have you given birt	th to?		0.33	0.24	0.41
How many years ago was your last child born?	?		1.66	1.18	2.14
How many male children do you have?			0.15	0.10	0.21
Catagorical variables	Catagorias	N	0/	95%	6 CL
Categorical variables	Categories	IN	70	Lower	Upper
	1st time	120	68.18	61.23	75.13
Including this time, how many times have	2nd time	42	23.86	17.50	30.22
you become a mother?	3rd time	9	5.11	1.83	8.40
	4 or more	5	2.84	0.36	5.32
In the past, have you ever had an abortion or	No	147	83.52	77.99	89.06
miscarriage?	Yes	29	16.48	10.94	22.01
Were any of your babies born prior to their	No	167	94.89	91.60	98.17
due date?	Yes	9	5.11	1.83	8.40
Have you ever given birth to a stillborn	No	171	97.16	94.68	99.64
child?	Yes	5	2.84	0.36	5.32

Table 2.a. Distribution of the knowledge regarding sexually transmitted infections (other than HIV), their symptoms and acquisition among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Statements/warishles	Response	N	0/	95% CL	
Statements/variables	categories	IN	70	Lower	Lower
Do you feel that certain diseases can be transmitted	Incorrect	400	23.95	21.90	26.00
from one person to another through sexual relationship	Correct	1270	76.05	74.00	78.10
If a woman has a sexually transmitted disease, then she	Incorrect	967	57.90	55.53	60.27
may have foul smelling discharge from her urinary tract.	Correct	703	42.10	39.73	44.47
If a woman has a sexually transmitted disease, then she	Incorrect	958	57.37	54.99	59.74
may feel pain or burning sensation during micturition	Correct	712	42.63	40.26	45.01
If a woman has a sexually transmitted disease, she may	Incorrect	1092	65.39	63.11	67.67
have an ulcer in her private parts	Correct	578	34.61	32.33	36.89
If a woman has a sexually transmitted disease, she may	Incorrect	962	57.60	55.23	59.98
have an itching sensation in her private parts.	Correct	708	42.40	40.02	44.77
If a woman has a sexually transmitted disease, she may	Incorrect	909	54.43	52.04	56.82
have a pain in her lower abdomen/back.	Correct	761	45.57	43.18	47.96
If a woman has a sexually transmitted disease, she may	Incorrect	1279	76.59	74.55	78.62
have swelling of her groin.	Correct	391	23.41	21.38	25.45

Table 2.b. Distribution of the knowledge regarding HIV, its symptoms and acquisition

among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata,

West Bengal, India, 2016

Statements/voriables	Response	N	0/	95% CL		
Statements/variables	categories	IN	70	Lower	Lower	
If one is HIV positive, still the person may look like any	Incorrect	1419	84.97	83.25	86.69	
other normal healthy person.	Correct	251	15.03	13.31	16.75	
If a person has a sexually transmitted disease the probability	Incorrect	1309	78.38	76.41	80.36	
of his/her acquiring HIV increases.	Correct	361	21.62	19.64	23.59	
IIIV/AIDs can be award with proper treatment	Incorrect	1182	70.78	68.60	72.96	
HIV/AIDs can be cured with proper treatment	Correct	488	29.22	27.04	31.41	
IIIV/AIDS can be prevented	Incorrect	1050	62.87	60.55	65.19	
HIV/AIDS can be prevented.	Correct	620	37.13	34.81	39.45	
An HIV/AIDS patient who looks apparently healthy cannot	Incorrect	1357	81.26	79.38	83.13	
transmit the disease to anyone else.	Correct	313	18.74	16.87	20.62	
Only when one has sex with a female sex worker can one	Incorrect	1460	87.43	85.83	89.02	
acquire HIV/AIDS.	Correct	210	12.57	10.98	14.17	
If one uses condom during sex, the likelihood of acquiring	Incorrect	1252	74.97	72.89	77.05	
infectious diseases such as HIV/AIDS reduces?	Correct	418	25.03	22.95	27.11	
If the same needle is used to inject more than one person, that	Incorrect	1379	82.57	80.75	84.40	
is not likely to cause the transmission of HIV/AIDs	Correct	291	17.43	15.60	19.25	
If a mosquito that has bitten an HIV infected person bites	Incorrect	1026	61.44	59.10	63.77	
someone else, then that person is likely to acquire HIV?	Correct	644	38.56	36.23	40.90	
If you share food with a HIV infected person you may	Incorrect	1286	77.01	74.99	79.03	
acquire HIV/AIDs?	Correct	384	22.99	20.97	25.01	
HIV/AIDS does not get transmitted by a lactating mother to	Incorrect	918	54.97	52.58	57.36	
the child through breast feeding	Correct	752	45.03	42.64	47.42	

 Table 2.c. Distribution of the knowledge regarding complications of STI among recruited

 antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India,

 2016

Statements/variables	Response	N	0/	95% CL	
Statements/variables	categories	IN	70	Lower	Lower
Sexually transmitted diseases are typically not	Incorrect	1094	65.51	63.23	67.79
apparent from the outside	Correct	576	34.49	32.21	36.77
Savuelly transmitted discoses can cause concer	Incorrect	1230	73.65	71.54	75.77
Sexually transmitted diseases can cause cancer.	Correct	440	26.35	24.23	28.46
Having a sexually transmitted disease may be	Incorrect	1257	75.27	73.20	77.34
the reason for not being able to conceive.	Correct	413	24.73	22.66	26.80
Having a sexually transmitted disease during	Incorrect	1158	69.34	67.13	71.56
pregnancy may lead to complications such as miscarriage/ premature birth of the baby	Correct	512	30.66	28.45	32.87
Having a sexually transmitted disease can cause	Incorrect	881	52.75	50.36	55.15
complications to the unborn child.	Correct	789	47.25	44.85	49.64
If one has a sexually transmitted disease, then	Incorrect	793	47.49	45.09	49.88
her husband/male partner should also be properly treated	Correct	877	52.52	50.12	54.91

Table 2.d. Distribution of overall knowledge regarding STI including HIV among recruited

antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India,

Statements/yerichles	Response	NI	0/	95% CL	
Statements/variables	categories	IN	70	Lower	Upper
Knowledge among respondents regarding	Poor	292	17.49	15.66	19.31
symptoms of sexually transmitted infections	Average	768	45.99	43.60	48.38
including HIV	Good	610	36.53	34.22	38.84
Knowledge among respondents regarding	Poor	484	28.98	26.80	31.16
transmission of sexually transmitted infections	Average	381	22.81	20.80	24.83
including HIV	Good	805	48.20	45.80	50.60
Knowledge among respondents regarding	Poor	679	40.66	38.30	43.02
complications of sexually transmitted infections	Average	364	21.80	19.81	23.78
including HIV	Good	627	37.54	35.22	39.87
Overall knowledge among respondents	Poor	439	26.29	24.17	28.40
regarding sexually transmitted infections	Average	714	42.75	40.38	45.13
including HIV	Good	517	30.96	28.74	33.18

Table 2.e. Association between socio-demographic factors and knowledge regarding symptoms of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Knowledge regarding STI symptoms (ref=Poor)				
Variabl	es	OR	OR Average		Good		
			OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant i	n completed	Unadj	0.96(0.93-0.99)	0.0312	1.02(0.98-1.05)	0.3942	
years	_	Adj	0.95(0.90-1.01)	0.0801	0.99(0.93-1.05)	0.6266	
A		Unadj	0.98(0.93-1.03)	0.3750	1.04(0.99-1.09)	0.1031	
Age at marriage		Adj	1.00(0.95-1.06)	0.9119	0.99(0.94-1.05)	0.7652	
TT 1 12		Unadj	0.99(0.96-1.01)	0.2430	1.01(0.99-1.04)	0.3733	
Husband's age		Adj	1.02(0.98-1.06)	0.3308	1.02(0.98-1.06)	0.2834	
D '(C '1 '		Unadj	1.02(0.99-1.01)	0.0981	1.03(1.02-1.04)	0.0140	
Per capita family incom	ne	Adj	1.02(0.99-1.05)	0.1733	1.02(0.98-1.06)	0.1896	
Variable description	Category	OR	OR (95%CI)	p value	OR (95%CI)	p value	
Religion?	Muslim	Unadj	1.21(0.93-1.59)	0.1617	0.98(0.74-1.29)	0.8836	
(ref=Hindu)	Iviusiiiii	Adj	1.29(0.94-1.77)	0.1160	1.26(0.91-1.76)	0.1691	
	Dulana	Unadj	1.08(0.55-2.13)	0.8291	1.39(0.67-2.90)	0.3766	
	Primary	Adj	1.09(0.54-2.20)	0.8122	1.50(0.71-3.18)	0.2863	
	TT' 1 1 1	Unadj	1.34(0.78-2.31)	0.2904	1.59(0.88-2.90)	0.1254	
Educational level	High-school	Adj	1.46(0.82-2.62)	0.1999	1.88(1.00-3.54)	0.0498	
(ref=No education)		TT 1'			4.63(2.09-		
	≥Graduation	Unadj	1.24(0.56-2.73)	0.5996	10.24)	0.0002	
		A 1'			4.85(2.04-		
		Aaj	1.52(0.65-3.59)	0.3365	11.51)	0.0003	
	Primary	Unadj	1.27(0.77-2.10)	0.3548	1.07(0.64-1.81)	0.7957	
TT 1 11		Adj	1.33(0.79-2.27)	0.2853	1.04(0.60-1.80)	0.8790	
Husband's		Unadj	1.31(0.85-2.02)	0.2182	1.07(0.69-1.68)	0.7609	
(ref-No education)	High-school	Adj	1.40(0.87-2.25)	0.1659	0.94(0.58-1.53)	0.8098	
(IEI-INO education)	Graduation	Unadj	1.59(0.79-3.21)	0.1960	3.62(1.83-7.15)	0.0002	
	and above	Adj	1.83(0.84-3.96)	0.1272	2.44(1.14-5.21)	0.0216	
		Unadi			4.24(1.66-		
Currently working?	Yes (ref=No)	Unadj	1.69(0.63-4.51)	0.2928	10.84)	0.0025	
		Adj	1.82(0.67-4.94)	0.2389	3.47(1.33-9.08)	0.0112	
	Skilled	Unadj	0.59(0.36-0.95)	0.0301	0.84(0.50-1.41)	0.5125	
	worker	Adj	0.55(0.33-0.90)	0.0180	0.72(0.42-1.23)	0.2330	
Uushand's	Dusinoss	Unadj	0.60(0.36-1.01)	0.0553	0.92(0.53-1.61)	0.7703	
	Dusiness	Adj	0.54(0.31-0.94)	0.0277	0.69(0.39-1.24)	0.2185	
(ref-Unskilled	Somilao	Unadj	0.49(0.27-0.91)	0.0247	1.32(0.70-2.48)	0.3898	
worker)	Service	Adj	0.45(0.23-0.86)	0.0156	0.82(0.42-1.61)	0.5670	
worker)	Self –	Unadj	0.64(0.32-1.25)	0.1904	0.82(0.40-1.70)	0.5973	
	employed	Adi					
	/Professional	Auj	0.59(0.29-1.19)	0.1428	0.76(0.36-1.60)	0.4663	
How often husband		Unadj	0.54(0.17-1.74)	0.3020	0.89(0.27-2.92)	0.8412	
needs to stay away	Sometimes	Adj	0.64(0.19-2.13)	0.4678	1.02(0.30-3.49)	0.9720	
from you/family at a		Unadj	0.39(0.11-1.35)	0.1379	0.56(0.16-1.97)	0.3624	
stretch for 6 months	Few times	Adj	0.41(0.12-1.45)	0.1675	0.48(0.13-1.77)	0.2727	
or more? (ref=most		Unadj	0.48(0.18-1.26)	0.1343	0.53(0.19-1.43)	0.2079	
of the time)	Never	Adj	0.53(0.20-1.42)	0.2068	0.55(0.20-1.51)	0.2427	
Residential area	Dural	Unadj	0.99(0.75-1.30)	0.9248	0.76(0.57-1.01)	0.0565	
(ref=Urban)	ixulai	Adj	0.84(0.61-1.16)	0.2805	0.71(0.51-0.99)	0.0412	

Table 2.f. Association between socio-demographic factors and knowledge regarding transmission of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Varia	blog	Knowledge regarding STI transmission (ref=Poor)				
v aria	oles		Aver	age	Good	
Continuous		OR	OR (95%CI)	p value	OR (95%CI)	p value
Age of the participa	ant in	Unadj	1.01(0.98-1.05)	0.5148	1.04(1.01-1.07)	0.0071
completed years		Adj	1.03(0.98-1.10)	0.2444	1.06(1.01-1.12)	0.0115
A ag at marriaga		Unadj	1.02(0.97-1.06)	0.4941	1.02(0.98-1.06)	0.3452
Age at marriage		Adj	1.00(0.95-1.06)	0.9057	0.99(0.94-1.04)	0.6399
Husband's ago		Unadj	1.00(0.97-1.02)	0.8028	1.01(0.99-1.03)	0.2418
Husballu's age		Adj	0.99(0.95-1.02)	0.4471	1.00(0.97-1.03)	0.9186
Per capita family ir	come	Unadj	1.01(0.99-1.03)	0.0511	1.00(0.99-1.01)	0.1176
Tel capita failing fi		Adj	1.02(0.99-1.05)	0.0684	1.01(0.99-1.03)	0.0763
Categorical variable	Categories		OR (95%CI)	p value	OR (95%CI)	p value
Religion?	Muslim	Unadj	1.08(0.83-1.42)	0.5551	1.39(1.11-1.75)	0.0040
(ref=Hindu)	wiusiiii	Adj	0.96(0.70-1.31)	0.7820	1.31(1.00-1.71)	0.0514
	Drimory	Unadj	1.79(0.86-3.73)	0.1196	1.96(1.08-3.57)	0.0281
Educational laval	Filliary	Adj	1.65(0.78-3.49)	0.1878	1.93(1.03-3.60)	0.0401
(ref-No	High school	Unadj	1.82(1.01-3.29)	0.0462	1.92(1.19-3.10)	0.0072
(ICI-INO education)	Tingii-school	Adj	1.66(0.89-3.10)	0.1103	2.02(1.21-3.39)	0.0076
cuucation)	Scraduation	Unadj	2.68(1.26-5.66)	0.0101	2.83(1.51-5.29)	0.0011
		Adj	2.22(0.98-5.04)	0.0557	2.67(1.33-5.34)	0.0057
	Primary	Unadj	1.48(0.85-2.59)	0.1698	1.14(0.74-1.73)	0.5553
Husband's	1 milar y	Adj	1.31(0.73-2.34)	0.3670	1.10(0.70-1.72)	0.6849
educational level	High-school	Unadj	1.82(1.12-2.96)	0.0157	1.03(0.72-1.48)	0.8632
(ref=No	Tingii-senoor	Adj	1.75(1.04-2.94)	0.0364	1.10(0.73-1.65)	0.6449
education)	Graduation	Unadj	2.27(1.18-4.38)	0.0138	1.73(1.03-2.89)	0.0382
	and above	Adj	2.18(1.04-4.54)	0.0378	1.77(0.97-3.22)	0.0620
Currently	Yes (ref–No)	Unadj	1.54(0.66-3.61)	0.3185	2.94(1.47-5.87)	0.0023
working?	165 (161–110)	Adj	1.20(0.49-2.94)	0.6855	2.23(1.09-4.56)	0.0280
	Skilled	Unadj	1.01(0.65-1.58)	0.9563	1.18(0.81-1.73)	0.3867
	worker	Adj	0.96(0.61-1.51)	0.8543	1.11(0.75-1.65)	0.6127
Husband's	Business	Unadj	1.03(0.64-1.67)	0.8959	1.12(0.74-1.69)	0.6031
occupation	Busiliess	Adj	0.93(0.56-1.54)	0.7763	1.02(0.65-1.58)	0.9419
(ref=Unskilled	Service	Unadj	0.90(0.52-1.57)	0.7144	0.92(0.57-1.49)	0.7445
worker)	Berviee	Adj	0.81(0.45-1.48)	0.4919	0.86(0.51-1.45)	0.5697
	Selfemployed	Unadj	0.71(0.35-1.45)	0.3457	1.45(0.83-2.52)	0.1889
	/Professional	Adj	0.76(0.37-1.60)	0.4730	1.54(0.86-2.76)	0.1487
How often	Sometimes	Unadj	2.97(1.03-8.60)	0.0445	0.97(0.43-2.22)	0.9452
husband needs to		Adj	2.97(1.01-8.69)	0.0476	1.09(0.46-2.57)	0.8455
stay away from	Few times	Unadj	2.74(0.81-9.31)	0.1056	1.43(0.55-3.72)	0.4649
you/family at a		Adj	2.73(0.79-9.36)	0.1110	1.36(0.50-3.67)	0.5449
stretch for o		Unadj	1.75(0.71-4.31)	0.2211	0.94(0.50-1.75)	0.8377
(ref=most of the	Never					0.07.12
time)		Adj	1.71(0.69-4.25)	0.2468	0.99(0.51-1.91)	0.9743
Residential area	Rural	Unadj	1.33(1.01-1.74)	0.0411	1.48(1.17-1.85)	0.0008
(ref=Urban)		Adj	1.35(0.99-1.85)	0.0616	1.34(1.03-1.75)	0.0306

Table 2.g. Association between socio-demographic factors and knowledge regarding complications of sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Knowledge	STI		
Variable	5		(ref=Poor)			
			Average	e	Good	
Continuous		OR	OR (95%CI)	p value	OR (95%CI)	p value
		Unadj	0.96(0.93-0.99)	0.0222	0.99(0.96-1.02)	0.5103
Age of the participant in c	ompleted years	Adj	0.97(0.91-1.02)	0.2174	1.03(0.98-1.07)	0.2724
		Unadj	0.96(0.92-1.01)	0.1000	0.95(0.92-0.99)	0.0079
Age at marriage		Adj	0.95(0.90-1.01)	0.0919	0.96(0.92-1.01)	0.1161
II. 1 12		Unadj	0.98(0.96-1.01)	0.1627	0.98(0.96-1.00)	0.0905
Husband's age		Adj	1.01(0.98-1.05)	0.5075	0.99(0.96-1.02)	0.5794
Den sonite famile in some		Unadj	1.02(1.01-1.03)	0.0278	1.00(0.99-1.01)	0.8579
Per capita family income		Adj	1.01(1.00-1.02)	0.0564	1.00(1.00-1.01)	0.3046
Categorical variable	Categories		OR (95%CI)	p value	OR (95%CI)	p value
Deligion 9 (nef Ilin de)	Mer alling	Unadj	1.21(0.94-1.56)	0.1406	1.78(1.43-2.22)	<.0001
Religion? (rel=Hindu)	Mushim	Adj	1.17(0.86-1.58)	0.3115	1.51(1.17-1.96)	0.0018
	Deriver a ma	Unadj	1.17(0.52-2.66)	0.6993	1.44(0.81-2.55)	0.2139
	Primary	Adj	1.14(0.49-2.66)	0.7619	1.29(0.71-2.35)	0.3958
Educational level	II'sh ashaal	Unadj	2.16(1.13-4.14)	0.0205	1.34(0.84-2.14)	0.2193
(ref=No education)	High-school	Adj	2.13(1.06-4.29)	0.0348	1.27(0.77-2.10)	0.3463
		Unadj	3.01(1.41-6.42)	0.0044	1.35(0.74-2.46)	0.3227
	2Graduation	Adj	3.31(1.42-7.71)	0.0055	1.57(0.81-3.07)	0.1843
	D.:	Unadj	1.05(0.61-1.80)	0.8613	0.83(0.55-1.26)	0.3843
	Primary	Adj	0.83(0.47-1.46)	0.5168	0.78(0.50-1.21)	0.2609
Husband's educational	High-school	Unadj	1.26(0.79-2.01)	0.3331	0.68(0.48-0.97)	0.0343
level (ref=No education)		Adj	1.00(0.60-1.65)	0.9884	0.74(0.50-1.10)	0.1388
	Graduation	Unadj	1.12(0.61-2.05)	0.7125	0.69(0.43-1.12)	0.1347
	and above	Adj	0.82(0.41-1.64)	0.5824	0.86(0.49-1.51)	0.6025
Currently working?	Vaa	Unadj	2.03(1.03-3.98)	0.0405	2.23(1.23-4.04)	0.0079
(ref=No)	res	Adj	1.93(0.94-3.96)	0.0726	2.06(1.10-3.84)	0.0233
	Cl-:11- d d	Unadj	1.04(0.66-1.63)	0.8651	0.83(0.58-1.19)	0.3103
	Skilled worker	Adj	0.90(0.57-1.44)	0.6674	0.79(0.54-1.15)	0.2178
	Dusinass	Unadj	1.11(0.68-1.80)	0.6735	0.83(0.56-1.23)	0.3440
Husband's occupation	Dusiness	Adj	0.88(0.53-1.47)	0.6382	0.84(0.55-1.28)	0.4151
(ref=Unskilled worker)	Comico	Unadj	1.00(0.58-1.70)	0.9938	0.41(0.25-0.67)	0.0003
	Service	Adj	0.78(0.43-1.39)	0.3982	0.46(0.27-0.77)	0.0034
	Self-employed	Unadj	0.77(0.39-1.52)	0.4434	0.92(0.54-1.54)	0.7423
	/Professional	Adj	0.63(0.31-1.28)	0.2029	0.94(0.54-1.62)	0.8243
	Sometimes	Unadj	1.48(0.57-3.85)	0.4164	0.79(0.36-1.74)	0.5561
How often husband	Sometimes	Adj	1.45(0.55-3.82)	0.4536	0.87(0.38-2.01)	0.7473
needs to stay away from	Easy times	Unadj	2.49(0.87-7.12)	0.0892	1.07(0.42-2.70)	0.8916
for 6 months or more?	rew unles	Adj	2.31(0.78-6.78)	0.1288	1.12(0.42-2.98)	0.8236
(ref-most of the time)	Nover	Unadj	1.22(0.55-2.69)	0.6281	0.92(0.50-1.71)	0.8029
	never	Adj	1.19(0.53-2.67)	0.6648	1.02(0.53-1.97)	0.9511
Residential area	Durol	Unadj	1.17(0.91-1.52)	0.2212	1.69(1.35-2.12)	<.0001
(ref=Urban)	Kurai	Adj	1.03(0.76-1.38)	0.8654	1.28(0.99-1.66)	0.0634

Table 2.h. Association between socio-demographic factors and overall knowledge regarding sexually transmitted infections including HIV among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

		Overall knowledge regarding STI including HI						
Variables	;			(ref=	Poor)			
			Average		Good			
Continuous		OR	OR (95%CI)	p value	OR (95%CI)	p value		
Age of the participant i	n completed	Unadj	1.01(0.98-1.04)	0.5218	1.04(1.00-1.07)	0.0364		
years		Adj	1.00(0.95-1.05)	0.9600	1.04(0.99-1.10)	0.1384		
Ago at marriago		Unadj	1.00(0.96-1.04)	0.9897	1.03(0.99-1.07)	0.2043		
Age at marriage		Adj	0.97(0.92-1.02)	0.2198	0.98(0.93-1.04)	0.4815		
Husband's age		Unadj	1.01(0.99-1.03)	0.3274	1.01(0.99-1.04)	0.3270		
Tusbanu s age		Adj	1.02(0.99-1.06)	0.1993	1.00(0.97-1.04)	0.8159		
Per capita family incon	10	Unadj	1.00(1.00-1.01)	0.2968	1.00(0.99-1.01)	0.0516		
		Adj	1.00(0.99-1.01)	0.7308	1.02(0.99-1.05)	0.1658		
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value		
Religion?	Muslim	Unadj	1.09(0.86-1.38)	0.4819	1.24(0.96-1.60)	0.0957		
(ref=Hindu)	wiusiiiii	Adj	1.19(0.90-1.57)	0.2261	1.26(0.93-1.71)	0.1372		
	Drimary	Unadj	1.11(0.60-2.04)	0.7457	1.87(0.93-3.76)	0.0782		
	1 minar y	Adj	1.11(0.59-2.09)	0.7378	1.93(0.93-3.99)	0.0761		
Educational level	High-	Unadj	1.50(0.92-2.44)	0.1009	2.06(1.15-3.68)	0.0145		
(ref=No education)	school	Adj	1.60(0.96-2.69)	0.0738	2.26(1.21-4.22)	0.0105		
	≥Graduatio	Unadj	3.27(1.62-6.58)	0.0009	5.67(2.62-12.26)	<.0001		
	n	Adj	3.65(1.71-7.78)	0.0008	5.50(2.36-12.81)	<.0001		
	Primary	Unadj	1.01(0.64-1.60)	0.9561	1.06(0.65-1.71)	0.8225		
TT		Adj	0.95(0.58-1.53)	0.8185	0.95(0.57-1.59)	0.8539		
Husband s	High- school	Unadj	1.09(0.74-1.62)	0.6621	0.97(0.64-1.48)	0.8917		
(ref-No education)		Adj	1.01(0.66-1.56)	0.9543	0.88(0.55-1.39)	0.5808		
(IEI-INO Education)	Graduation	Unadj	2.60(1.42-4.76)	0.0019	2.59(1.38-4.87)	0.0030		
	and above	Adj	2.11(1.08-4.12)	0.0298	1.83(0.90-3.74)	0.0965		
Currently working?	Vac	Unadj	2.33(1.00-5.42)	0.0490	4.62(2.03-10.49)	0.0003		
(ref=No)	ies	Adj	2.02(0.86-4.79)	0.1084	3.40(1.46-7.91)	0.0046		
	Skilled	Unadj	0.91(0.62-1.35)	0.6452	1.26(0.82-1.96)	0.2937		
	worker	Adj	0.84(0.56-1.25)	0.3888	1.14(0.73-1.80)	0.5655		
	Destines	Unadj	1.03(0.67-1.58)	0.9005	1.28(0.80-2.07)	0.3060		
Husband's	Business	Adj	0.87(0.55-1.36)	0.5313	1.07(0.65-1.78)	0.7904		
occupation	Comico	Unadj	1.11(0.67-1.84)	0.6754	1.32(0.76-2.30)	0.3304		
(ref=Unskilled	Service	Adj	0.90(0.52-1.53)	0.6868	0.98(0.54-1.80)	0.9525		
worker)	Self-	Unadj	1.03(0.58-1.85)	0.9139	1.33(0.70-2.51)	0.3804		
	employed							
	/Profession							
	al	Adj	1.02(0.56-1.89)	0.9397	1.38(0.71-2.69)	0.3491		
How often husband	Sometimes	Unadj	1.04(0.43-2.55)	0.9271	0.88(0.36-2.18)	0.7819		
needs to stay away	Sometimes	Adj	1.13(0.45-2.81)	0.7987	0.99(0.38-2.53)	0.9759		
from you/family at a	Fow times	Unadj	1.14(0.42-3.12)	0.7978	0.86(0.30-2.41)	0.7675		
stretch for 6 months	rew tilles	Adj	1.10(0.40-3.06)	0.8541	0.71(0.24-2.11)	0.5327		
or more? (ref=most of	Novor	Unadj	1.12(0.55-2.29)	0.7575	0.79(0.39-1.63)	0.5288		
the time)	110/01	Adj	1.12(0.54-2.34)	0.7592	0.82(0.39-1.74)	0.6020		
Residential area	Durol	Unadj	1.03(0.81-1.31)	0.7875	1.23(0.95-1.59)	0.1227		
(ref=Urban)	Kulai	Adj	0.92(0.70-1.22)	0.5816	1.12(0.83-1.52)	0.4590		

Table 3.a. Distribution of the attitude towards HIV among recruited antenatal care

Statements/veriables	Response	NI	0/	95% CL	
Statements/variables	categories	IN	70	Lower	Upper
To have UIV it is a arima and UIV	Agree	659	39.46	37.11	41.81
notionts should be punished	Somewhat disagree	304	18.20	16.35	20.06
patients should be pullished.	Strongly disagree	707	42.34	39.96	44.71
UIV notion to should be	Agree	575	34.43	32.15	36.71
ostropized/kept socluded	Somewhat disagree	437	26.17	24.06	28.28
ostracized/kept sectuded.	Strongly disagree	658	39.40	37.06	41.75
One feels uncomfortable with or	Agree	513	30.72	28.50	32.93
does not want to be friends with an	Somewhat disagree	464	27.78	25.63	29.94
HIV patient	Strongly disagree	693	41.50	39.13	43.86
One feels uncomfortable or does	Agree	502	30.06	27.86	32.26
not want to work in the same	Somewhat disagree	475	28.44	26.28	30.61
office with an HIV patient.	Strongly disagree	693	41.50	39.13	43.86
An HIV positive child should not	Agree	481	28.80	26.63	30.98
be allowed admission in a school	Somewhat disagree	486	29.10	26.92	31.28
or should not be allowed to study in a school	Strongly disagree	703	42.10	39.73	44.47
Overall attitude of the respondent	Poor	647	38.74	36.40	41.08
towards HW	Average	510	30.54	28.33	32.75
	Good	513	30.72	28.50	32.93

attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Table 3.b. Association between socio-demographic factors and the attitude that HIV patients are sinner and should be punished among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			HIV patients are sinner and should be punished				
				(ref=agree)			
			Somewhat disagree		Strongly disagree		
Col	ntinuous		OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant in	completed years	Unadj	0.99(0.96-1.03)	0.7644	1.04(1.01-1.07)	0.0144	
rige of the participant in	reompieted years	Adj	0.91(0.85-0.96)	0.0010	1.00(0.96-1.05)	0.9505	
Age at marriage		Unadj	1.06(1.01-1.11)	0.0214	1.08(1.04-1.12)	<.0001	
rige at marriage		Adj	1.03(0.97-1.09)	0.3575	1.03(0.98-1.08)	0.2468	
Husband's age		Unadj	1.03(1.01-1.06)	0.0151	1.02(1.00-1.04)	0.0562	
Hubbulla 5 uge		Adj	1.07(1.03-1.11)	0.0007	1.00(0.97-1.03)	0.9453	
Per capita family incom	e	Unadj	1.02(1.01-1.03)	0.0293	1.03(1.01-1.04)	0.0016	
		Adj	1.00(1.00-1.00)	0.4403	1.00(0.99-1.01)	0.0815	
Categorical	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
Religion (ref=Hindu)	Muslim	Unadj	0.58(0.44-0.76)	<.0001	0.65(0.52-0.80)	<.0001	
Trengion (ref Timuu)		Adj	0.65(0.47-0.90)	0.0088	0.87(0.67-1.12)	0.2817	
	Primary	Unadj	0.93(0.39-2.23)	0.8628	1.04(0.59-1.83)	0.8885	
		Adj	0.80(0.32-1.99)	0.6341	1.13(0.63-2.03)	0.6944	
Educational level	High-school	Unadj	1.44(0.72-2.89)	0.3012	0.74(0.47-1.17)	0.1967	
(ref=No education)		Adj	1.29(0.62-2.67)	0.4971	0.79(0.48-1.29)	0.3483	
	Graduation and above	Unadj	3.98(1.68-9.44)	0.0017	2.82(1.49-5.31)	0.0014	
		Adj	3.13(1.23-7.96)	0.0168	2.46(1.23-4.92)	0.0113	
	Primary	Unadj	0.60(0.35-1.04)	0.0676	0.90(0.60-1.35)	0.5996	
Husband's		Adj	0.55(0.31-0.98)	0.0438	0.92(0.60-1.41)	0.6974	
educational level	High-school	Unadj	0.93(0.59-1.45)	0.7405	0.96(0.67-1.37)	0.8242	
(ref=No education)		Adj	0.67(0.41-1.12)	0.1261	0.87(0.58-1.28)	0.4719	
(iei=ito education)	Graduation and above	Unadj	2.46(1.34-4.52)	0.0037	2.10(1.26-3.51)	0.0047	
		Adj	1.53(0.76-3.07)	0.2364	1.39(0.77-2.51)	0.2719	
Currently working?	Ves (ref-No)	Unadj	1.22(0.63-2.39)	0.5532	1.12(0.65-1.93)	0.6728	
currentry working.	103 (101–110)	Adj	1.36(0.67-2.76)	0.3991	0.78(0.43-1.43)	0.4258	
	Skilled worker	Unadj	0.85(0.54-1.34)	0.4893	1.10(0.77-1.57)	0.6111	
	Skilled worker	Adj	0.79(0.49-1.26)	0.3153	1.12(0.77-1.63)	0.5608	
Husband's occupation	Business	Unadj	1.18(0.73-1.93)	0.4964	1.33(0.90-1.97)	0.1595	
(ref–Unskilled	Dubiness	Adj	0.86(0.51-1.45)	0.5738	1.17(0.77-1.78)	0.4737	
worker)	Service	Unadj	1.54(0.88-2.69)	0.1336	1.52(0.95-2.41)	0.0779	
((01101))	Service	Adj	0.94(0.51-1.72)	0.8278	0.91(0.55-1.52)	0.7198	
	Self-employed/ Professional	Unadj	0.62(0.31-1.24)	0.1771	0.78(0.46-1.31)	0.3485	
	Sen employed, Professional	Adj	0.48(0.24-1.00)	0.0487	0.75(0.44-1.30)	0.3124	
How often husband	Sometimes	Unadj	2.01(0.63-6.43)	0.2376	1.27(0.60-2.69)	0.5375	
needs to stay away	Sometimes	Adj	2.02(0.61-6.62)	0.2484	1.44(0.65-3.18)	0.3666	
from you/family at a	Few times	Unadj	5.20(1.50-18.02)	0.0093	2.00(0.80-4.97)	0.1358	
stretch for 6 months		Adj	5.33(1.49-19.11)	0.0101	2.15(0.83-5.58)	0.1159	
or more? (ref=most of	Never	Unadj	2.21(0.84-5.86)	0.1099	1.16(0.64-2.08)	0.6309	
the time)	1.0701	Adj	2.40(0.89-6.47)	0.0827	1.38(0.73-2.59)	0.3172	
Residential area	Rural	Unadj	0.77(0.58-1.03)	0.0736	0.54(0.43-0.67)	<.0001	
(ref=Urban)	Turui	Adj	0.99(0.71-1.38)	0.9543	0.63(0.49-0.81)	0.0004	

Table 3.c. Association of general health perception and knowledge regarding STI/HIV with the attitude HIV that patients are sinner and should be punished, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

				HIV patients are sinner and should be punished (ref=agree)			
Va	riables		OR	Somewhat disagree		Strongly disagree	
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value	
Demonity	Auerogo	Unadj	1.25(0.94-1.67)	0.1247	1.17(0.93-1.46)	0.1881	
reficeived	Average	Adj	1.30(0.97-1.75)	0.0842	1.16(0.92-1.47)	0.2202	
(ref-Good)	Door	Unadj	0.66(0.35-1.22)	0.1822	1.09(0.72-1.65)	0.6786	
(101-0000)	POOL	Adj	0.69(0.36-1.33)	0.2642	1.14(0.74-1.76)	0.5519	
Knowledge	A	Unadj	0.95(0.64-1.41)	0.7898	0.65(0.48-0.87)	0.0041	
regarding STI	Average	Adj	0.91(0.60-1.37)	0.6467	0.64(0.47-0.87)	0.0040	
symptoms	Good	Unadj	1.17(0.78-1.77)	0.4456	0.86(0.63-1.16)	0.3198	
(ref=Poor)	0000	Adj	1.03(0.67-1.59)	0.8831	0.74(0.54-1.02)	0.0674	
Knowledge	A	Unadj	0.92(0.63-1.33)	0.6517	0.77(0.56-1.04)	0.0916	
regarding STI	Average	Adj	0.87(0.59-1.28)	0.4793	0.73(0.53-1.00)	0.0530	
transmission		Unadj	0.42(0.30-0.58)	<.0001	0.46(0.35-0.59)	<.0001	
knowledge (ref=Poor)	Good	Adj	0.41(0.29-0.58)	<.0001	0.44(0.34-0.58)	<.0001	
Knowledge	Auerogo	Unadj	0.78(0.54-1.11)	0.1655	0.71(0.53-0.96)	0.0235	
regarding	Average	Adj	0.73(0.51-1.06)	0.0997	0.70(0.51-0.95)	0.0202	
complications of	Cood	Unadj	0.28(0.21-0.39)	<.0001	0.32(0.25-0.41)	<.0001	
STI (ref=Poor)	Good	Adj	0.29(0.20-0.40)	<.0001	0.32(0.25-0.42)	<.0001	
Overall	A	Unadj	0.87(0.62-1.21)	0.4009	0.79(0.60-1.03)	0.0862	
knowledge	Average	Adj	0.78(0.55-1.11)	0.1661	0.74(0.56-0.99)	0.0389	
regarding STI		Unadj	0.41(0.28-0.60)	<.0001	0.44(0.33-0.58)	<.0001	
including HIV (ref=Poor)	Good	Adj	0.37(0.25-0.54)	<.0001	0.39(0.29-0.53)	<.0001	

Table 3.d. Association between socio-demographic factors and the attitude that HIV patients should be ostracized/discriminated, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			HIV patients should be ostracized/discriminated (ref=agree)				
v ai lables		OR	Somewhat disa	agree	Strongly disagree		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant in completed years		Unadj	1.01(0.98-1.04)	0.6367	1.05(1.02-1.08)	0.0009	
Age of the participant in comp	leteu years	Adj	0.92(0.88-0.98)	0.0048	1.03(0.98-1.09)	0.1888	
Age at marriage		Unadj	1.07(1.03-1.12)	0.0018	1.08(1.04-1.12)	0.0002	
		Adj	1.01(0.96-1.07)	0.6881	1.00(0.95-1.05)	0.8759	
Husband's age		Unadj	1.04(1.01-1.06)	0.0038	1.03(1.01-1.05)	0.0109	
		Adj	1.05(1.02-1.09)	0.0041	0.99(0.96-1.02)	0.5136	
Per capita family income		Unadj	1.02(1.01-1.03)	0.0259	1.02(1.01-1.03)	0.0051	
	T	Adj	1.00(0.99-1.01)	0.7171	1.01(0.99-1.03)	0.1536	
Categorical	Categorie s		OR (95%CI)	p value	OR (95%CI)	p value	
Paligion (raf-Hindu)	Muslim	Unadj	0.44(0.34-0.56)	<.0001	0.45(0.36-0.56)	<.0001	
Kengion (rei=rinidu)	Wushin	Adj	0.51(0.38-0.69)	<.0001	0.56(0.43-0.74)	<.0001	
	Drimory	Unadj	0.48(0.22-1.06)	0.0684	0.84(0.46-1.53)	0.5711	
	T Tilliai y	Adj	0.50(0.23-1.12)	0.0916	0.93(0.50-1.74)	0.8217	
Educational level (ref-No	High-	Unadj	0.97(0.53-1.75)	0.9123	0.64(0.39-1.04)	0.0732	
education)	school	Adj	0.98(0.52-1.83)	0.9387	0.78(0.46-1.34)	0.3763	
cudeation	Graduatio	Unadj	4.05(1.86-8.81)	0.0004	2.08(1.03-4.21)	0.0411	
	n and above	Adj	3.57(1.53-8.28)	0.0031	1.87(0.87-4.05)	0.1113	
	Primary	Unadj	0.89(0.53-1.49)	0.6514	0.77(0.51-1.17)	0.2268	
		Adj	0.92(0.53-1.60)	0.7710	0.82(0.53-1.28)	0.3770	
Husband's educational level	High-	Unadj	1.62(1.04-2.54)	0.0340	1.00(0.70-1.44)	0.9917	
(ref-No education)	school	Adj	1.24(0.76-2.03)	0.3988	0.87(0.58-1.30)	0.5048	
(rei=ivo education)	Graduatio	Unadj	3.58(1.97-6.50)	<.0001	1.73(1.02-2.96)	0.0434	
	n and above	Adj	1.77(0.90-3.48)	0.1012	0.92(0.49-1.70)	0.7785	
Currently working?	Yes	Unadj	1.14(0.61-2.14)	0.6769	1.12(0.63-1.98)	0.7032	
Currentry working?	(ref=No)	Adj	1.13(0.57-2.24)	0.7278	0.86(0.46-1.61)	0.6371	
	Skilled	Unadj	0.88(0.58-1.35)	0.5598	1.01(0.69-1.46)	0.9791	
	Worker	Adj	0.80(0.51-1.24)	0.3203	1.03(0.70-1.53)	0.8783	
	Business	Unadj	1.33(0.85-2.10)	0.2127	1.07(0.71-1.61)	0.7633	
	Dusiness	Adj	0.88(0.54-1.44)	0.6169	0.91(0.59-1.42)	0.6796	
Husband's occupation	Service	Unadj	2.30(1.31-4.03)	0.0036	2.40(1.45-4.00)	0.0007	
(ref=Unskilled worker)	Bervice	Adj	1.18(0.64-2.18)	0.5867	1.54(0.89-2.68)	0.1253	
	Self-	Unadj	1.07(0.59-1.93)	0.8309	0.76(0.44-1.33)	0.3368	
	employed /Professio nal	Adj	0.77(0.41-1.44)	0.4161	0.72(0.40-1.29)	0.2637	
		Unadj	2.07(0.78-5.54)	0.1454	3.33(1.47-7.54)	0.0039	
How often husband needs to	sometimes	Adj	2.04(0.73-5.68)	0.1718	3.63(1.53-8.61)	0.0035	
stay away from you/family at	Easy times	Unadj	2.01(0.69-5.85)	0.1989	2.23(0.89-5.59)	0.0855	
a stretch for 6 months or	rew times	Adj	1.99(0.65-6.06)	0.2260	2.13(0.80-5.68)	0.1329	
more? (ref=most of the time)	Nover	Unadj	2.47(1.15-5.28)	0.0204	2.31(1.20-4.44)	0.0118	
	Never	Adj	2.51(1.13-5.57)	0.0237	2.62(1.30-5.30)	0.0073	
Posidential area (ref-Urk)	Durol	Unadj	0.65(0.50-0.84)	0.0011	0.49(0.39-0.62)	<.0001	
Kesidentiai area (rei=Urban)	Kurai	Adj	0.93(0.68-1.26)	0.6223	0.71(0.54-0.93)	0.0137	

Table 3.e. Association of general health perception and knowledge regarding STI/HIV with the attitude that HIV patients should be ostracized/discriminated, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

				HIV patients should be				
Var	riables		OR	ostracized/discriminated (ref=Agre				
			-	Somewhat disagree		Strongly disagree		
Categorical	Categories		OR (95%CI)	p value	OR (95%	ωCI)	p value	
Democircad	Avorago	Unadj	1.10(0.84-1.43)	0.4890	1.10(0.87	7-1.40)	0.4207	
rerceived	Average	Adj	1.19(0.90-1.57)	0.2240	1.14(0.89	9-1.47)	0.2982	
(ref-Good)	Door	Unadj	0.72(0.42-1.23)	0.2275	1.21(0.79	9-1.86)	0.3894	
(101-0000)	FUUI	Adj	0.83(0.47-1.48)	0.5361	1.34(0.85	5-2.13)	0.2070	
Knowledge	Average	Unadj	0.91(0.63-1.31)	0.6047	0.64(0.47	-0.88)	0.0054	
regarding STI	Average	Adj	0.91(0.62-1.33)	0.6254	0.65(0.46	5-0.90)	0.0090	
symptoms	Good	Unadj	1.02(0.70-1.48)	0.9319	0.70(0.50)-0.96)	0.0294	
(ref=Poor)	0000	Adj	0.86(0.58-1.28)	0.4486	0.59(0.42	2-0.84)	0.0029	
Knowledge	Average	Unadj	1.13(0.79-1.62)	0.5003	1.09(0.78	8-1.54)	0.6052	
regarding STI	Average	Adj	1.12(0.77-1.63)	0.5574	1.08(0.76	5-1.53)	0.6714	
transmission		Unadj	0.36(0.27-0.49)	<.0001	0.49(0.37	-0.64)	<.0001	
knowledge	Good	Adi						
(ref=Poor)		Auj	0.35(0.26-0.49)	<.0001	0.49(0.37	-0.65)	<.0001	
Knowledge	Avorago	Unadj	0.74(0.53-1.03)	0.0726	0.79(0.58	8-1.08)	0.1466	
regarding	Average	Adj	0.67(0.47-0.95)	0.0238	0.80(0.58	8-1.10)	0.1665	
complications		Unadj	0.30(0.22-0.40)	<.0001	0.41(0.32	2-0.53)	<.0001	
of STI	Good	Adi						
(ref=Poor)		Auj	0.31(0.23-0.42)	<.0001	0.44(0.34	-0.58)	<.0001	
Overall	Average	Unadj	0.73(0.53-1.00)	0.0483	0.66(0.49	-0.88)	0.0052	
knowledge	Average	Adj	0.65(0.47-0.91)	0.0107	0.64(0.47	-0.86)	0.0034	
regarding STI		Unadj	0.38(0.27-0.54)	<.0001	0.41(0.30)-0.56)	<.0001	
including HIV	Good	Adi						
(ref=Poor)		<i>i</i> nuj	0.33(0.23-0.48)	<.0001	0.37(0.27	-0.52)	<.0001	

Table 3.f. Association between socio-demographic factors and the attitude that to be a friend of an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			It is uncomfortable to be a friend of an HIV positive					
Variable	s	OP	patient (ref=agree)					
		U K	Somewhat disagree		Strongly disa	gree		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value		
Age of the participant	in completed	Unadj	0.98(0.94-1.01)	0.1741	1.04(1.01-1.08)	0.0047		
years		Adj	0.89(0.84-0.94)	<.0001	1.01(0.96-1.06)	0.6687		
A go of marriago		Unadj	1.07(1.03-1.12)	0.0015	1.08(1.03-1.12)	0.0004		
Age at marriage		Adj	1.06(1.00-1.12)	0.0405	1.03(0.98-1.08)	0.2930		
Husband's ago		Unadj	1.02(0.99-1.04)	0.1351	1.03(1.01-1.05)	0.0105		
Thusballu's age		Adj	1.06(1.02-1.10)	0.0020	1.01(0.97-1.04)	0.7411		
Der conito family inco	m 0	Unadj	1.01(0.99-1.01)	0.1497	1.01(1.00-1.02)	0.0586		
r er capita family fileo	ille	Adj	1.00(0.98-1.02)	0.7462	1.02(0.99-1.03)	0.2580		
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value		
Religion	Muslim	Unadj	0.56(0.43-0.72)	<.0001	0.58(0.46-0.73)	<.0001		
(ref=Hindu)	wiusiiii	Adj	0.68(0.50-0.93)	0.0137	0.72(0.55-0.95)	0.0202		
	Drimonu	Unadj	1.17(0.51-2.69)	0.7141	1.14(0.63-2.06)	0.6730		
	Filliary	Adj	1.18(0.49-2.82)	0.7183	1.16(0.63-2.15)	0.6331		
Educational level	High-	Unadj	1.96(1.01-3.83)	0.0482	0.71(0.44-1.15)	0.1677		
(ref=No education)	school	Adj	1.90(0.93-3.92)	0.0806	0.73(0.44-1.22)	0.2288		
	Graduation	Unadj	6.94(2.99-16.12)	<.0001	2.18(1.09-4.38)	0.0282		
	and above	Adj	6.40(2.54-16.13)	<.0001	1.79(0.83-3.83)	0.1371		
	Primary	Unadj	0.71(0.43-1.19)	0.1973	0.61(0.39-0.94)	0.0240		
TT. 1 12		Adj	0.67(0.38-1.15)	0.1444	0.64(0.41-1.02)	0.0579		
Husband's	High-	Unadj	1.19(0.76-1.86)	0.4434	0.81(0.55-1.18)	0.2727		
(ref-No education)	school	Adj	0.78(0.48-1.28)	0.3305	0.72(0.47-1.10)	0.1244		
(IEI-INO Education)	Graduation	Unadj	2.34(1.28-4.27)	0.0057	1.36(0.79-2.36)	0.2724		
	and above	Adj	0.99(0.50-1.97)	0.9808	0.83(0.44-1.55)	0.5542		
Currently working?	Yes	Unadj	0.52(0.27-1.00)	0.0483	0.65(0.38-1.12)	0.1203		
Currently working?	(ref=No)	Adj	0.52(0.26-1.04)	0.0646	0.45(0.25-0.82)	0.0094		
	Skilled	Unadj	1.09(0.72-1.65)	0.6975	1.27(0.87-1.85)	0.2132		
	Worker	Adj	0.97(0.63-1.51)	0.8977	1.36(0.92-2.01)	0.1288		
	Dusinoss	Unadj	1.35(0.86-2.12)	0.1937	1.21(0.80-1.83)	0.3621		
Husband's	Dusiliess	Adj	0.95(0.59-1.54)	0.8356	1.15(0.74-1.79)	0.5450		
occupation	Sorrigo	Unadj	2.33(1.35-4.04)	0.0026	2.16(1.30-3.61)	0.0031		
(ref=Unskilled	Service	Adj	1.23(0.68-2.23)	0.5033	1.57(0.90-2.72)	0.1107		
worker)	Self-	Unadj	1.30(0.71-2.40)	0.3981	1.27(0.72-2.22)	0.4107		
	employed							
	/Profession	Adj						
	al		1.02(0.54-1.96)	0.9422	1.38(0.77-2.48)	0.2771		
	sometimes	Unadj	1.07(0.40-2.87)	0.8986	1.07(0.49-2.37)	0.8626		
How often husband	sometimes	Adj	1.09(0.39-3.02)	0.8754	1.17(0.51-2.69)	0.7146		
needs to stay away	Fow times	Unadj	2.78(0.94-8.21)	0.0642	1.35(0.52-3.55)	0.5404		
from you/family at a	Tew times	Adj	2.54(0.82-7.86)	0.1068	1.33(0.48-3.66)	0.5812		
stretch for 6 months	Never	Unadj	1.66(0.76-3.63)	0.2068	1.05(0.56-1.97)	0.8758		
or more?	(ref=most	Adi						
	of the time)	Auj	1.57(0.69-3.54)	0.2808	1.13(0.58-2.21)	0.7169		
Residential area	Rural	Unadj	0.71(0.55-0.92)	0.0090	0.63(0.50-0.80)	0.0001		
(ref=Urban)	ivuiai	Adj	0.85(0.63-1.16)	0.3105	0.84(0.64-1.11)	0.2178		

Table 3.g. Association of general health perception and knowledge regarding STI/HIV with the attitude that to be friend of an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

				It is uncomfortable to be a friend of an			
Variabl	es	OR		HIV positive patient (ref=agree)			
				Somewhat disagree		Strongly disagree	
Categorical	Categories		OR (95%CI)	p value	OR (95%	%CI)	p value
	Avorago	Unadj	1.01(0.77-1.32)	0.9569	0.98(0.7	7-1.26)	0.8900
Perceived general	Average	Adj	1.05(0.79-1.38)	0.7455	0.97(0.7	5-1.25)	0.8249
health (ref=Good)	Door	Unadj	0.65(0.38-1.10)	0.1092	0.97(0.6	3-1.51)	0.9017
	1001	Adj	0.85(0.49-1.49)	0.5757	1.12(0.7	0-1.78)	0.6421
Knowledge	Avorago	Unadj	1.00(0.69-1.44)	0.9852	0.79(0.5	7-1.09)	0.1438
regarding STI	Average	Adj	0.96(0.66-1.41)	0.8384	0.81(0.5	8-1.13)	0.2227
symptoms	Cood	Unadj	1.09(0.75-1.58)	0.6699	0.74(0.5)	3-1.03)	0.0730
(ref=Poor)	Good	Adj	0.91(0.62-1.36)	0.6556	0.66(0.4	7-0.94)	0.0208
Knowledge	A	Unadj	0.77(0.53-1.11)	0.1622	0.68(0.4	8-0.96)	0.0283
regarding STI	Average	Adj	0.76(0.52-1.11)	0.1592	0.66(0.4	6-0.95)	0.0241
transmission		Unadj	0.30(0.22-0.42)	<.0001	0.40(0.3	0-0.53)	<.0001
knowledge	Good	Adi					
(ref=Poor)		Auj	0.29(0.21-0.40)	<.0001	0.38(0.2	9-0.52)	<.0001
Knowledge	Auerogo	Unadj	0.84(0.60-1.18)	0.3159	0.69(0.5	0-0.95)	0.0245
regarding	Average	Adj	0.82(0.57-1.17)	0.2680	0.73(0.5)	3-1.02)	0.0654
complications of	Card	Unadj	0.36(0.27-0.49)	<.0001	0.38(0.2	9-0.49)	<.0001
STI (ref=Poor)	Good	Adj	0.38(0.28-0.52)	<.0001	0.39(0.3	0-0.52)	<.0001
Overall knowledge	A	Unadj	0.67(0.48-0.94)	0.0192	0.52(0.3	8-0.70)	<.0001
regarding STI	Average	Adj	0.61(0.44-0.86)	0.0051	0.50(0.3	7-0.69)	<.0001
including HIV	Cood	Unadj	0.33(0.23-0.47)	<.0001	0.35(0.2	5-0.48)	<.0001
(ref=Poor)	G000	Adj	0.29(0.20-0.42)	<.0001	0.32(0.2	3-0.44)	<.0001

Table 3.h. Association of socio-demographic factors with the attitude that sharing workplace with an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			It is uncomfortable to share workplace with an HIV					
Variabl	es	OP	positive patient (ref=agree)					
		UK	Somewhat disa	agree	Strongly disa	gree		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value		
Age of the participant	in completed	Unadj	0.99(0.96-1.03)	0.6489	1.07(1.03-1.10)	<.0001		
years		Adj	0.92(0.87-0.97)	0.0019	1.03(0.98-1.09)	0.2027		
Age at marriage		Unadj	1.05(1.01-1.10)	0.0265	1.10(1.05-1.14)	<.0001		
		Adj	1.01(0.95-1.07)	0.8063	1.00(0.96-1.05)	0.8822		
Husband's age		Unadj	1.03(1.01-1.06)	0.0074	1.04(1.02-1.07)	0.0003		
Thusburne 5 uge		Adj	1.07(1.03-1.11)	0.0003	1.01(0.98-1.05)	0.5273		
Per capita family inco	me	Unadj	1.02(1.01-1.03)	0.0327	1.04(1.02-1.07)	0.0049		
		Adj	1.00(1.00-1.00)	0.6934	1.03(0.99-1.09)	0.2148		
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value		
Religion	Muslim	Unadj	0.53(0.41-0.68)	<.0001	0.54(0.42-0.68)	<.0001		
(ref=Hindu)	Widshin	Adj	0.68(0.50-0.92)	0.0128	0.76(0.57-1.00)	0.0485		
	Primary	Unadj	0.47(0.22-1.01)	0.0518	0.80(0.44-1.45)	0.4532		
	I IIIIai y	Adj	0.56(0.25-1.26)	0.1612	0.87(0.47-1.62)	0.6539		
Educational level	High school	Unadj	1.23(0.68-2.20)	0.4971	0.80(0.49-1.32)	0.3815		
(ref=No education)	Ingii-school	Adj	1.49(0.78-2.83)	0.2243	0.90(0.53-1.53)	0.6929		
	Graduation	Unadj	4.31(1.89-9.84)	0.0005	3.58(1.70-7.55)	0.0008		
	and above	Adj	5.13(2.08-12.69)	0.0004	2.98(1.33-6.71)	0.0082		
	Primary	Unadj	1.03(0.63-1.68)	0.9005	0.95(0.62-1.46)	0.8118		
TT1		Adj	1.02(0.61-1.72)	0.9357	0.95(0.60-1.49)	0.8216		
Husband s	High-school	Unadj	1.62(1.06-2.47)	0.0257	1.35(0.93-1.96)	0.1140		
(ref-No education)		Adj	1.16(0.73-1.85)	0.5372	1.15(0.76-1.73)	0.5127		
(IEI-INO Education)	Graduation	Unadj	3.00(1.62-5.55)	0.0005	3.00(1.72-5.25)	0.0001		
	and above	Adj	1.42(0.71-2.84)	0.3254	1.50(0.79-2.83)	0.2126		
Commentiles are alsian?	XZ (C XI)	Unadj	0.58(0.30-1.13)	0.1090	0.86(0.50-1.49)	0.5967		
Currentry working?	i es (iei=ino)	Adj	0.55(0.27-1.12)	0.1006	0.51(0.28-0.94)	0.0316		
	Skilled	Unadj	0.99(0.66-1.49)	0.9758	1.36(0.92-1.99)	0.1216		
	Worker	Adj	0.86(0.56-1.32)	0.4910	1.37(0.92-2.04)	0.1268		
TT1	Dusinasa	Unadj	1.18(0.76-1.85)	0.4578	1.55(1.02-2.35)	0.0423		
Husband s	Dusiness	Adj	0.76(0.47-1.23)	0.2593	1.29(0.82-2.03)	0.2648		
(ref-Unskilled	Comico	Unadj	2.72(1.53-4.83)	0.0007	3.67(2.13-6.33)	<.0001		
(IEI-Uliskilleu worker)	Service	Adj	1.39(0.75-2.58)	0.2972	2.26(1.26-4.05)	0.0063		
worker)	Self-	Unadj	1.32(0.75-2.34)	0.3366	0.88(0.49-1.59)	0.6763		
	employed	A .4:						
	/Professional	Auj	0.99(0.54-1.80)	0.9638	0.85(0.46-1.57)	0.6118		
	competimos	Unadj	0.83(0.32-2.15)	0.6978	1.04(0.47-2.30)	0.9335		
How often husband	sometimes	Adj	0.94(0.35-2.58)	0.9081	1.03(0.45-2.40)	0.9393		
needs to stay away	Four times	Unadj	1.64(0.55-4.90)	0.3788	1.87(0.72-4.84)	0.1973		
from you/family at a	rew times	Adj	1.82(0.57-5.78)	0.3120	1.71(0.63-4.69)	0.2956		
stretch for 6 months	Never	Unadj	1.47(0.70-3.09)	0.3094	1.18(0.62-2.25)	0.6069		
or more?	(ref=Most of	14						
	the time)	Auj	1.60(0.72-3.56)	0.2497	1.19(0.60-2.35)	0.6269		
Residential area	Dural	Unadj	0.61(0.47-0.79)	0.0002	0.56(0.44-0.71)	<.0001		
(ref=Urban)	Kulai	Adj	0.74(0.54-1.00)	0.0514	0.74(0.56-0.98)	0.0355		

Table 3.i. Association of general health perception and knowledge regarding STI/HIV with the attitude that sharing workplace with an HIV positive patient is uncomfortable, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			AD	It is uncomfortable to share workplace				
Var	iables		OR	with an HIV positive patient		patient ((ref=agree)	
	1		1	Somewhat d	isagree	Strongly disagree		
Categorical	Categories		OR (95%CI)	p value	OR (95	%CI)	p value	
Doronivod	Average	Unadj	0.99(0.76-1.29)	0.9502	1.00(0.7	78-1.28)	0.9886	
rencenveu	Average	Adj	1.05(0.80-1.39)	0.7203	0.97(0.7	75-1.26)	0.8235	
(ref-Good)	Poor	Unadj	0.54(0.32-0.94)	0.0283	0.95(0.6	52-1.47)	0.8199	
(101-0000)	FUUI	Adj	0.59(0.33-1.06)	0.0784	1.03(0.6	65-1.62)	0.9163	
Knowledge	Average	Unadj	0.82(0.56-1.19)	0.2883	0.59(0.4	(3-0.82)	0.0018	
regarding STI	Average	Adj	0.78(0.53-1.15)	0.2065	0.60(0.4	12-0.84)	0.0034	
symptoms	Good	Unadj	0.93(0.63-1.36)	0.7067	0.67(0.4	17-0.94)	0.0193	
(ref=Poor)		Adj	0.78(0.52-1.17)	0.2265	0.55(0.3	38-0.78)	0.0010	
Knowledge	Average	Unadj	0.81(0.56-1.17)	0.2632	0.80(0.5	56-1.14)	0.2085	
regarding STI		Adj	0.82(0.56-1.21)	0.3152	0.76(0.5	53-1.10)	0.1473	
transmission		Unadj	0.29(0.21-0.39)	<.0001	0.43(0.3	82-0.57)	<.0001	
knowledge	0000 (IEI_F00I)	Adj	0.28(0.20-0.38)	<.0001	0.39(0.2	29-0.53)	<.0001	
Knowledge	Avenage	Unadj	0.75(0.53-1.05)	0.0959	0.77(0.5	56-1.07)	0.1212	
regarding	Average	Adj	0.69(0.48-0.99)	0.0436	0.76(0.5	54-1.06)	0.1094	
complications of	Cood	Unadj	0.28(0.21-0.38)	<.0001	0.38(0.2	29-0.50)	<.0001	
STI (ref=Poor)	0000	Adj	0.29(0.21-0.39)	<.0001	0.39(0.3	80-0.52)	<.0001	
Overall	Augraga	Unadj	0.70(0.51-0.97)	0.0315	0.68(0.5	50-0.92)	0.0121	
knowledge	Average	Adj	0.63(0.45-0.89)	0.0079	0.61(0.4	15-0.84)	0.0026	
regarding STI	Good (raf-Docr)	Unadj	0.30(0.21-0.43)	<.0001	0.42(0.3	31-0. 57)	<.0001	
including HIV	Good (rel=Poor)	Adj	0.27(0.18-0.38)	<.0001	0.35(0.2	25-0.49)	<.0001	
Table 3.j. Association of socio-demographic factors with the attitude that HIV positive children should not be allowed to study in school, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			HIV positive children should not be allowed to study in					
Variab	les	OR		school (r	ref=Agree)			
		UK	Somewhat disagree		Strongly disa	agree		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value		
Age of the participan	it in completed	Unadj	0.97(0.93-1.00)	0.0537	1.04(1.01-1.08)	0.0065		
years		Adj	0.89(0.85-0.95)	<.0001	1.03(0.98-1.09)	0.2238		
Ago at marriago		Unadj	1.05(1.01-1.10)	0.0254	1.08(1.03-1.12)	0.0005		
Age at marriage		Adj	1.04(0.98-1.10)	0.2289	0.98(0.93-1.03)	0.3488		
Husband's age		Unadj	1.02(0.99-1.04)	0.2005	1.03(1.00-1.05)	0.0258		
Tusballu's age		Adj	1.06(1.02-1.09)	0.0026	1.00(0.96-1.03)	0.8632		
Por conito family inc	omo	Unadj	1.02(1.01-1.03)	0.0002	1.02(1.01-1.03)	<.0001		
r er capita fanning nie	ome	Adj	1.02(1.01-1.04)	0.0489	1.03(1.01-1.05)	0.0061		
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value		
Religion	Muslim	Unadj	0.55(0.42-0.71)	<.0001	0.49(0.39-0.63)	<.0001		
(ref=Hindu)	Widshill	Adj	0.67(0.50-0.91)	0.0109	0.71(0.54-0.94)	0.0167		
	Primary	Unadj	0.48(0.22-1.03)	0.0584	0.91(0.50-1.65)	0.7548		
	1 milar y	Adj	0.48(0.22-1.05)	0.0656	1.06(0.57-1.97)	0.8617		
Educational level	High-school	Unadj	1.45(0.82-2.59)	0.2057	0.97(0.59-1.59)	0.9016		
(ref=No education)	Ingii-senoor	Adj	1.44(0.78-2.67)	0.2455	1.30(0.76-2.22)	0.3409		
	Graduation	Unadj	4.24(1.86-9.66)	0.0006	4.24(2.02-8.91)	0.0001		
	and above	Adj	4.02(1.66-9.77)	0.0021	4.43(1.97-9.94)	0.0003		
	Primary	Unadj	1.02(0.62-1.67)	0.9337	0.91(0.59-1.39)	0.6571		
Husband's		Adj	0.92(0.54-1.55)	0.7401	0.91(0.58-1.44)	0.6932		
nusband s	High-school Graduation	Unadj	1.67(1.09-2.57)	0.0189	1.25(0.86-1.81)	0.2472		
(ref-No education)		Adj	1.10(0.69-1.76)	0.6964	0.99(0.66-1.50)	0.9646		
(ICI-IVO Cuucation)		Unadj	4.33(2.25-8.36)	<.0001	3.83(2.10-7.00)	<.0001		
	and above	Adj	2.27(1.10-4.68)	0.0271	1.91(0.98-3.75)	0.0590		
Currently working?	Vac (raf-Na)	Unadj	0.58(0.28-1.21)	0.1465	1.28(0.73-2.24)	0.3840		
Currentry working?	1 es(1 et-1 o)	Adj	0.63(0.29-1.35)	0.2311	0.90(0.49-1.66)	0.7290		
	Skilled	Unadj	1.11(0.73-1.68)	0.6379	1.16(0.79-1.70)	0.4486		
	Worker	Adj	0.96(0.62-1.48)	0.8504	1.11(0.75-1.66)	0.5999		
Uushand's	Business	Unadj	1.44(0.91-2.27)	0.1169	1.40(0.92-2.14)	0.1169		
	Dusiness	Adj	0.89(0.55-1.45)	0.6365	1.06(0.68-1.67)	0.7907		
(ref-Unskilled	Service	Unadj	1.85(1.05-3.26)	0.0340	2.53(1.51-4.23)	0.0004		
worker)	Service	Adj	0.89(0.48-1.63)	0.6949	1.33(0.76-2.32)	0.3255		
((officer))	Self –	Unadj	1.19(0.65-2.16)	0.5803	1.06(0.60-1.87)	0.8378		
	employed	Δdi						
	/Professional	Auj	0.88(0.47-1.65)	0.6870	0.98(0.54-1.78)	0.9428		
	sometimes	Unadj	0.84(0.32-2.24)	0.7278	0.83(0.36-1.90)	0.6568		
How often husband	sometimes	Adj	0.96(0.35-2.65)	0.9412	0.97(0.41-2.34)	0.9522		
needs to stay away	Few times	Unadj	2.07(0.67-6.37)	0.2037	1.37(0.50-3.77)	0.5455		
from you/family at	Tew times	Adj	2.38(0.74-7.59)	0.1442	1.38(0.47-4.02)	0.5557		
a stretch for 6	Never	Unadj	1.19(0.54-2.59)	0.6698	0.80(0.41-1.56)	0.5126		
months or more?	(ref=Most of	Adi						
	the time)		1.27(0.56-2.85)	0.5668	0.91(0.45-1.84)	0.7830		
Residential area	Rural	Unadj	0.60(0.46-0.79)	0.0002	0.43(0.34-0.55)	<.0001		
(ref=Urban)		Adj	0.69(0.51-0.94)	0.0198	0.54(0.41-0.72)	<.0001		

Table 3.k. Association of general health perception and knowledge regarding STI/HIV with the attitude that HIV positive children should not be allowed to study in school, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			HIV positive children should not be allowed to					
Variables		OP	school (ref=agree)					
		UK	Somewhat dis	agree	Strongly disa	ngree		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value		
	Average	Unadj	1.00(0.77-1.31)	0.9787	1.02(0.79-1.30)	0.8927		
Perceived general	Average	Adj	1.05(0.80-1.40)	0.7137	1.03(0.79-1.33)	0.8512		
health (ref=Good)	Door	Unadj	0.80(0.48-1.32)	0.3722	0.86(0.55-1.35)	0.5134		
	POOL	Adj	0.88(0.52-1.49)	0.6285	0.90(0.56-1.45)	0.6574		
W =1 = 1 = =	Average	Unadj	0.95(0.66-1.36)	0.7665	0.71(0.51-0.99)	0.0415		
Knowledge regarding	Average	Adj	0.86(0.59-1.25)	0.4249	0.65(0.46-0.91)	0.0123		
STI Symptoms (ref_Deer)	Good	Unadj	1.04(0.71-1.51)	0.8520	1.06(0.76-1.49)	0.7309		
(101-F001)		Adj	0.87(0.58-1.29)	0.4843	0.84(0.59-1.20)	0.3296		
Vladaa maaandin a	Average	Unadj	0.85(0.59-1.24)	0.3985	0.77(0.54-1.10)	0.1440		
Knowledge regarding		Adj	0.80(0.54-1.17)	0.2461	0.71(0.49-1.02)	0.0644		
knowledge (ref-Poor)	Good	Unadj	0.34(0.25-0.46)	<.0001	0.44(0.33-0.59)	<.0001		
kilowiedge (iei–i ooi)	0000	Adj	0.33(0.24-0.45)	<.0001	0.40(0.30-0.55)	<.0001		
Knowladaa maandina	Average	Unadj	0.98(0.69-1.39)	0.8982	0.87(0.62-1.21)	0.4102		
Knowledge regarding	Average	Adj	0.92(0.64-1.32)	0.6417	0.85(0.60-1.21)	0.3671		
(ref-Poor)	Good	Unadj	0.32(0.24-0.43)	<.0001	0.38(0.29-0.50)	<.0001		
(rel=Poor)	0000	Adj	0.33(0.24-0.45)	<.0001	0.40(0.30-0.52)	<.0001		
Overall knowledge	Average	Unadj	0.76(0.55-1.05)	0.1002	0.74(0.55-1.01)	0.0586		
regarding STI	Average	Adj	0.68(0.48-0.94)	0.0216	0.66(0.48-0.91)	0.0102		
including HIV	Good	Unadj	0.31(0.22-0.45)	<.0001	0.51(0.38-0.70)	<.0001		
(ref=Poor)	Good	Adj	0.27(0.19-0.40)	<.0001	$0.\overline{43}(0.31-0.59)$	<.0001		

Table 3.1. Association of socio-demographic factors with the overall attitude towards HIV, among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			Overall attitude towards HIV (ref=Poor)				
v ar iabi	185	OR	Average	e	Good		
Continuous			OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant i	in completed	Unadj	1.00(0.96-1.03)	0.7679	1.07(1.04-1.10)	<.0001	
years		Adj	0.95(0.91-1.00)	0.0654	1.06(1.01-1.12)	0.0205	
		Unadj	1.03(0.99-1.08)	0.1135	1.09(1.05-1.14)	<.0001	
Age at marriage		Adj	1.01(0.96-1.06)	0.8282	0.99(0.94-1.04)	0.6721	
Unshand's age		Unadj	1.01(0.99-1.03)	0.3966	1.03(1.01-1.06)	0.0031	
nusband s age		Adj	1.02(0.99-1.06)	0.1416	0.98(0.95-1.02)	0.3500	
Der conite femily incor	20	Unadj	1.04(1.01-1.07)	0.0261	1.03(1.02-1.04)	0.0002	
r er capita falling filcon		Adj	1.00(1.00-1.00)	0.2872	1.03(1.01-1.05)	0.0297	
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value	
Policion (ref-Hindu)	Muslim	Unadj	0.72(0.57-0.92)	0.0068	0.48(0.38-0.61)	<.0001	
Kengion (lei–fillidu)	WIUSIIII	Adj	0.85(0.64-1.12)	0.2346	0.68(0.51-0.90)	0.0069	
	Drimory	Unadj	0.75(0.38-1.46)	0.3905	1.05(0.57-1.96)	0.8743	
	Primary	Adj	0.75(0.37-1.49)	0.4051	1.23(0.64-2.34)	0.5324	
Educational level	High asheal	Unadj	0.88(0.52-1.49)	0.6388	0.69(0.41-1.15)	0.1564	
(ref=No education)	High-school	Adj	0.90(0.51-1.57)	0.7074	0.84(0.49-1.46)	0.5460	
	Graduation	Unadj	2.53(1.24-5.15)	0.0108	3.01(1.52-5.96)	0.0016	
	and above	Adj	2.39(1.11-5.17)	0.0267	2.66(1.25-5.66)	0.0111	
	Primary	Unadj	0.94(0.60-1.47)	0.7773	0.81(0.52-1.28)	0.3664	
TT		Adj	0.92(0.57-1.47)	0.7138	0.85(0.53-1.37)	0.5016	
Husband's	High-school Graduation and above	Unadj	1.18(0.79-1.74)	0.4202	1.09(0.74-1.60)	0.6748	
(rof-No education)		Adj	0.98(0.64-1.50)	0.9260	0.95(0.62-1.47)	0.8253	
(IEI-NO Education)		Unadj	2.09(1.20-3.62)	0.0089	2.44(1.43-4.17)	0.0011	
		Adj	1.21(0.65-2.25)	0.5465	1.31(0.70-2.43)	0.3976	
Currently working?	Vac (raf-Na)	Unadj	1.17(0.65-2.11)	0.6018	1.22(0.68-2.19)	0.5073	
Currently working?	Tes (IeI-INO)	Adj	1.10(0.59-2.03)	0.7727	0.69(0.35-1.33)	0.2674	
	Skilled	Unadj	1.06(0.73-1.55)	0.7572	1.41(0.94-2.12)	0.0957	
	Worker	Adj	0.97(0.65-1.43)	0.8569	1.51(0.98-2.31)	0.0615	
Husband's	Business	Unadj	1.16(0.76-1.76)	0.4926	1.62(1.05-2.51)	0.0310	
occupation	Dusiliess	Adj	0.91(0.59-1.41)	0.6663	1.46(0.91-2.35)	0.1202	
(ref=Unskilled	Sarvico	Unadj	1.86(1.12-3.08)	0.0161	2.92(1.74-4.89)	<.0001	
worker)	Service	Adj	1.20(0.70-2.06)	0.5098	1.80(1.02-3.16)	0.0424	
	Self-employed	Unadj	1.04(0.60-1.80)	0.8844	0.94(0.51-1.73)	0.8470	
	/Professional	Adj	0.85(0.49-1.50)	0.5817	0.95(0.50-1.81)	0.8718	
	sometimes	Unadj	0.52(0.21-1.30)	0.1631	1.28(0.57-2.90)	0.5541	
How often husband	sometimes	Adj	0.53(0.21-1.35)	0.1821	1.46(0.60-3.53)	0.4029	
needs to stay away	Equi timos	Unadj	1.60(0.60-4.25)	0.3455	1.70(0.65-4.48)	0.2833	
from you/family at a	rew times	Adj	1.52(0.56-4.11)	0.4111	1.57(0.55-4.48)	0.3991	
stretch for 6 months	Never	Unadj	1.13(0.58-2.22)	0.7209	1.09(0.56-2.14)	0.8033	
or more?	(ref=Most of	Adi					
	the time)	Auj	1.11(0.55-2.21)	0.7761	1.23(0.59-2.57)	0.5823	
Residential area	Rural	Unadj	0.74(0.58-0.95)	0.0160	0.44(0.35-0.56)	<.0001	
(ref=Urban)	ixuiai	Adj	0.85(0.64-1.12)	0.2499	0.60(0.46-0.80)	0.0003	

Table 3.m. Association of general health perception and knowledge regarding STI/HIV

with the overall attitude towards HIV, among recruited antenatal care attendees who were

self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables		OR		Overall	Overall attitude towards HIV (ref=Poor)			
				Average		Good		
Continuous			OR (95%CI)	p value	OR (95	%CI)	p value	
	A	Unadj	1.01(0.79-1.30)	0.9152	1.11(0.8	37-1.42)	0.4158	
Perceived general	Average	Adj	1.04(0.81-1.35)	0.7461	1.10(0.8	35-1.43)	0.4866	
health (ref=Good)	Door	Unadj	0.76(0.47-1.23)	0.2594	1.10(0.7	70-1.72)	0.6810	
	FOOI	Adj	0.84(0.51-1.39)	0.4960	1.23(0.7	7-1.98)	0.3858	
Knowladza razardina	Average	Unadj	0.92(0.66-1.28)	0.6092	0.60(0.4	14-0.83)	0.0021	
STL sumptoms	Average	Adj	0.85(0.60-1.20)	0.3631	0.59(0.4	(2-0.83)	0.0022	
STI Symptoms (ref_Door)	Good	Unadj	0.89(0.63-1.26)	0.5177	0.72(0.5	52-1.01)	0.0543	
(101-F001)		Adj	0.75(0.52-1.07)	0.1127	0.58(0.4	(1-0.82)	0.0024	
Va andadaa aaaadina	Average	Unadj	0.89(0.63-1.23)	0.4704	0.80(0.5	57-1.12)	0.1914	
STI transmission		Adj	0.87(0.62-1.23)	0.4253	0.76(0.5	53-1.07)	0.1167	
knowledge (ref-Poor)	Good	Unadj	0.40(0.30-0.53)	<.0001	0.42(0.3	31-0.55)	<.0001	
kilowiedge (iei–rooi)	0000	Adj	0.38(0.28-0.51)	<.0001	0.38(0.2	29-0.52)	<.0001	
Knowladza razardina	Avorago	Unadj	0.79(0.57-1.08)	0.1363	0.72(0.5	52-0.98)	0.0377	
complications of STI	Average	Adj	0.75(0.54-1.03)	0.0758	0.71(0.5	51-0.99)	0.0458	
(ref-Poor)	Good	Unadj	0.36(0.27-0.47)	<.0001	0.31(0.2	24-0.41)	<.0001	
(lel=Poor)	0000	Adj	0.35(0.26-0.46)	<.0001	0.31(0.2	24-0.42)	<.0001	
Overall knowledge	Average	Unadj	0.67(0.50-0.90)	0.0075	0.59(0.4	14-0.80)	0.0006	
regarding STI	Average	Adj	0.61(0.45-0.82)	0.0013	0.54(0.4	10-0.74)	0.0001	
including HIV	Good	Unadj	$0.3\overline{4(0.24-0.46)}$	<.0001	0.38(0.2	28-0.52)	<.0001	
(ref=Poor)	0000	Adj	0.29(0.21-0.40)	<.0001	0.32(0.2	23-0.45)	<.0001	

Table 4.a. Distribution of the husband's sexual behavior as reported by the recruited

antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India,

2016

Cotogorical variables	Catagoniag	NI	0/	95%CL	
Categorical variables	Categories	IN	70	Lower	Upper
Does your husband consume	Very rare or never	1341	80.30	78.39	82.21
von?	Sometimes	292	17.49	15.66	19.31
you?	Most of the time	37	2.22	1.51	2.92
	Did not happen	473	28.32	26.16	30.49
During your pregnancy did your	Oral sex or other	70	4.19	3.23	5.15
husband have sex with you?	Anal sex	75	4.49	3.50	5.49
	Vaginal sex.	1052	62.99	60.68	65.31
While having sex, did your husband	No	1524	91.26	89.90	92.61
ever use slang language or behave badly with you?	Yes	146	8.74	7.39	10.10
While having sex, has your	No	1563	93.59	92.42	94.77
husband ever physically assaulted you?	Yes	107	6.41	5.23	7.58
Do you suspect that your husband	No	1520	91.02	89.65	92.39
had or could have sexual relations with any other women?	Yes	150	8.98	7.61	10.35
Do you think the woman apart from	No	1598	95.69	94.71	96.66
you with whom your husband has sex is a sex worker?	Yes	72	4.31	3.34	5.29

Table 4.b. Distribution of the husband's sexual behavior as reported by the recruited antenatal care attendees who were interviewed by an interviewer (N=176), Kolkata, West Bengal, India, 2016

Catagoriaal variables	Cotogonios	N	0/	95%CI		
Categorical variables	Categories	IN	70	Lower	Upper	
Doog your husband congume	Very rare or never consumes.	154	87.50	82.57	92.43	
alcohol before having sex with	Consumes sometimes.	19	10.80	6.17	15.43	
you:	Consumes most of the time.	3	1.70	0.00	3.64	
	Did not happen	58	32.95	25.94	39.97	
During your pregnancy did your	Oral sex or other	0	0	-	-	
husband have sex with you?	Anal sex	3	1.70	0.00	3.64	
	Vaginal sex.	115	65.34	58.24	72.44	
While having sex, did your	No	168	95.45	92.35	98.56	
husband ever use slang language or behave badly with you?	Yes	8	4.55	1.44	7.65	
While having sex, has your	No	170	96.59	93.88	99.30	
husband ever physically assaulted you?	Yes	6	3.41	0.70	6.12	
Do you suspect that your husband	No	164	93.18	89.42	96.94	
had or could have sexual relations with any other women?	Yes	12	6.82	3.06	10.58	
Do you think the woman apart	No	175	99.43	98.31	100.00	
from you with whom your husband has sex is a sex worker?	Yes	1	0.57	0.00	1.69	

Table 4.c. Association of socio-demographic factors with husband's alcohol consumption pattern before sex as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Consumption	of alcohol b	efore having sex wit	h you
Variables	Response	OR		(ref=Never	/Very rare)	
	categories	U	Sometime	s	Almost alw	ays
Continuous			OR (95%CI)	p value	OR (95%CI)	p value
Age of the participant in co	ompleted years	Unadj	1.01(0.98-1.04)	0.5468	1.03(0.95-1.12)	0.5285
rige of the participant in ex	Simpleted years	Adj	1.09(1.03-1.15)	0.0035	1.01(0.88-1.16)	0.8444
Age at marriage		Unadj	0.96(0.92-1.00)	0.0552	0.96(0.85-1.08)	0.4771
Age at marriage		Adj	0.91(0.86-0.96)	0.0004	0.97(0.85-1.11)	0.6585
Husband's age		Unadj	0.99(0.96-1.01)	0.2637	1.01(0.95-1.07)	0.8555
Tusbanu s age		Adj	0.92(0.88-0.95)	<.0001	0.97(0.88-1.06)	0.5098
Par capita family income		Unadj	0.99(0.98-1.01)	0.8193	1.02(1.01-1.03)	0.0351
Fer capita family income		Adj	0.98(0.96-1.02)	0.9737	1.00(0.98-1.02)	0.1407
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value
Paligion (ref-Hindu)	Muslim	Unadj	0.33(0.26-0.44)	<.0001	0.56(0.29-1.08)	0.0853
Kengion (rei–rindu)	WIUSIIII	Adj	0.30(0.22-0.42)	<.0001	0.66(0.30-1.44)	0.2957
	Drimory	Unadj	0.89(0.49-1.61)	0.7030	0.51(0.19-1.41)	0.1967
	Filliary	Adj	1.08(0.56-2.07)	0.8192	0.61(0.20-1.85)	0.3793
Educational level	High school	Unadj	0.41(0.25-0.67)	0.0003	0.11(0.05-0.25)	<.0001
(ref=No education)	rigii-school	Adj	0.56(0.32-0.98)	0.0407	0.22(0.08-0.58)	0.0023
	Graduation	Unadj	0.34(0.17-0.66)	0.0016	0.05(0.01-0.42)	0.0054
	and above	Adj	0.46(0.21-1.01)	0.0537	0.21(0.02-1.97)	0.1706
	Primary	Unadj	1.31(0.81-2.11)	0.2750	0.72(0.29-1.77)	0.4685
		Adj	1.56(0.91-2.67)	0.1025	1.44(0.51-4.02)	0.4883
Husband's educational	High-school	Unadj	0.98(0.64-1.50)	0.9109	0.29(0.12-0.66)	0.0034
level (ref=No education)		Adj	0.88(0.54-1.45)	0.6268	0.63(0.24-1.68)	0.3610
	Graduation and above	Unadj	0.40(0.20-0.80)	0.0095	0.10(0.01-0.82)	0.0319
		Adj	0.32(0.14-0.72)	0.0061	0.38(0.04-3.78)	0.4098
	Yes	Unadj	0.88(0.46-1.70)	0.7080	0.63(0.08-4.65)	0.6482
Currently working?	(ref=No)	Adj	0.99(0.48-2.03)	0.9790	0.67(0.08-5.50)	0.7063
	Skilled	Unadj	1.01(0.66-1.54)	0.9778	0.31(0.14-0.66)	0.0026
	worker	Adj	1.31(0.82-2.08)	0.2588	0.53(0.23-1.22)	0.1330
	р :	Unadj	0.80(0.50-1.29)	0.3630	0.10(0.03-0.37)	0.0005
TT 1 15	Business	Adj	1.06(0.63-1.78)	0.8341	0.21(0.05-0.81)	0.0240
Husband's occupation		Unadj	1.08(0.64-1.83)	0.7634	0.08(0.01-0.59)	0.0139
(ref=Unskilled worker)	Service	Adj	1.03(0.57-1.86)	0.9339	0.12(0.01-1.04)	0.0542
	Self-	Unadi	0.49(0.23-1.01)	0.0544	0.47(0.15-1.51)	0.2053
	employed			0.1.1.70		
	/Professional	Adj	0.55(0.25-1.23)	0.1470	0.86(0.24-3.00)	0.8097
		Unadj	1.17(0.47-2.89)	0.7408	0.98(0.16-6.15)	0.9858
	Sometimes	Adj	1.06(0.41-2.78)	0.9010	0.99(0.14-6.96)	0.9947
How often husband		Unadj	2.01(0.77-5.24)	0.1548	1.29(0.17-9.68)	0.8042
needs to stay away from	Few times	Adj	1.94(0.70-5.43)	0.2049	0.69(0.05-8.91)	0.7781
you/family at a stretch	Never	Unadj	0.93(0.45-1.94)	0.8468	0.50(0.11-2.15)	0.3487
for 6 months or more?	(ref=Most of the time)	Adj	0.90(0.41-1.97)	0.7959	0.59(0.12-2.81)	0.5047
Residential area		Unadi	0.39(0.30-0.51)	<.0001	0.39(0.20-0.76)	0.0057
(ref=Urban)	Rural	Adj	0.55(0.41-0.75)	0.0001	0.39(0.18-0.87)	0.0216

Table 4.d. Association of socio-demographic factors with having vaginal sex with husband during pregnancy as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Husband had vaginal sex with		
Variables	Response categories	OR	you during pregn	ancy	
	Response categories	U K	(ref=No)		
Continuous			OR (95%CI)	p value	
Age of the participant in com	nleted years	Unadj	0.94(0.91-0.97)	<.0001	
rige of the participant in con	ipieted years	Adj	0.95(0.91-0.99)	0.0302	
Age at marriage		Unadj	1.01(0.97-1.04)	0.7551	
		Adj	1.03(0.99-1.08)	0.1474	
Husband's age		Unadj	0.96(0.94-0.98)	0.0002	
		Adj	0.99(0.96-1.02)	0.5029	
Per capita family income		Unadj	0.99(0.98-1.01)	0.0976	
		Adj	1.00(0.99-1.01)	0.5417	
Categorical	Categories		OR (95%CI)	p value	
Religion (ref-Hindu)	Muslim	Unadj	1.11(0.89-1.38)	0.3505	
Kengion (rei=rindu)	WIUSIIII	Adj	0.98(0.75-1.27)	0.8806	
	Drimory	Unadj	1.17(0.67-2.06)	0.5746	
	r minar y	Adj	1.13(0.63-2.00)	0.6869	
Educational level (ref=No	High school	Unadj	2.63(1.67-4.15)	<.0001	
education)	nigii-school	Adj	2.23(1.38-3.62)	0.0011	
	Car hadien and share	Unadj	3.12(1.72-5.65)	0.0002	
	Graduation and above	Adj	2.78(1.44-5.35)	0.0023	
	Duimant	Unadj	1.43(0.95-2.14)	0.0829	
	Primary	Adj	1.11(0.72-1.72)	0.6254	
Husband's educational	Iliah ashaal	Unadj	1.60(1.13-2.26)	0.0080	
level (ref=No education)	High-school	Adj	1.14(0.77-1.68)	0.5202	
		Unadj	1.75(1.08-2.84)	0.0230	
	Graduation and above	Adj	1.21(0.69-2.13)	0.5058	
Cumently working?	Vac (raf-Na)	Unadj	0.79(0.46-1.35)	0.3852	
Currently working?	res (rei=No)	Adj	0.85(0.48-1.51)	0.5723	
	Strilled Worker	Unadj	1.31(0.92-1.87)	0.1309	
	Skilled worker	Adj	1.18(0.81-1.71)	0.3807	
	Ducinaçã	Unadj	1.49(1.01-2.20)	0.0442	
Husband's occupation	Dusiness	Adj	1.25(0.82-1.90)	0.2967	
(ref=Unskilled worker)	Comico	Unadj	1.21(0.77-1.90)	0.4189	
	Service	Adj	0.96(0.58-1.57)	0.8637	
	Self-employed	Unadj	1.38(0.82-2.34)	0.2286	
	/Professional	Adj	1.21(0.70-2.11)	0.4911	
		Unadj	1.53(0.68-3.45)	0.3053	
How often husband needs	sometimes	Adj	1.35(0.57-3.17)	0.4955	
to stay away from	Even times	Unadj	1.38(0.56-3.36)	0.4844	
you/family at a stretch for 6	Few times	Adj	1.12(0.44-2.87)	0.8105	
months or more?	Never (ref=Most of the	Unadj	1.09(0.59-2.01)	0.7770	
	time)	Adj	0.91(0.47-1.76)	0.7710	
Residential area	Dural	Unadj	1.19(0.95-1.48)	0.1260	
(ref=Urban)	Kurai	Adj	1.07(0.82-1.38)	0.6327	

Table 4.e. Association of socio-demographic factors with husband's verbal abuse/misbehavior while having sex as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Husband use slang		
Variables	Bosnonso estagorios	OR	language/behave badly		
	Response categories		during sex with you	(ref=No)	
Continuous			OR (95%CI)	p value	
Ago of the participant in	completed years	Unadj	1.03(0.99-1.08)	0.1416	
Age of the participant in	completed years	Adj	1.09(1.01-1.17)	0.0239	
A go at marriago		Unadj	0.86(0.80-0.92)	<.0001	
Age at marriage		Adj	0.92(0.85-0.99)	0.0299	
Unaband'a aga		Unadj	0.99(0.96-1.02)	0.4415	
Husband's age		Adj	0.95(0.90-1.00)	0.0437	
Der conito family income		Unadj	1.03(1.02-1.04)	0.0020	
Fer capita family meone		Adj	1.03(1.00-1.06)	0.1699	
Categorical	Categories		OR (95%CI)	p value	
Policion (rof-Hindu)	Muelim	Unadj	1.70(1.19-2.42)	0.0033	
Kengion (lei–lindu)	WIUSIIII	Adj	1.37(0.89-2.10)	0.1503	
	Drimony	Unadj	0.64(0.35-1.16)	0.1391	
	Filliary	Adj	0.55(0.29-1.04)	0.0659	
Educational level	High school	Unadj	0.15(0.09-0.25)	<.0001	
(ref=No education)	High-school	Adj	0.13(0.07-0.24)	<.0001	
	Creduction and shave	Unadj	0.03(0.01-0.14)	<.0001	
	Graduation and above	Adj	0.04(0.01-0.21)	<.0001	
	Duimour	Unadj	0.64(0.39-1.05)	0.0773	
ITuch and 'n a durantian al	Primary	Adj	0.82(0.47-1.42)	0.4832	
Husband's educational	Uich school	Unadj	0.26(0.16-0.40)	<.0001	
iever (rei=ino	High-school	Adj	0.53(0.31-0.88)	0.0144	
education)	Creduction and shows	Unadj	0.13(0.05-0.34)	<.0001	
	Graduation and above	Adj	0.44(0.15-1.30)	0.1393	
Currently working?	Vas (raf-No)	Unadj	1.60(0.78-3.30)	0.2003	
Currentry working?	1 es (1e1–100)	Adj	1.57(0.66-3.72)	0.3067	
	Skilled Worker	Unadj	0.49(0.31-0.78)	0.0023	
	Skilled Worker	Adj	0.69(0.42-1.14)	0.1435	
	Business	Unadj	0.29(0.17-0.52)	<.0001	
Husband's occupation	Busiliess	Adj	0.66(0.35-1.23)	0.1878	
(ref=Unskilled worker)	Service	Unadj	0.21(0.10-0.48)	0.0002	
	Service	Adj	0.64(0.27-1.53)	0.3155	
	Salf amployed /Professional	Unadj	0.48(0.22-1.01)	0.0542	
	Sen-employed /Fibressional	Adj	0.73(0.32-1.68)	0.4637	
How often husband	sometimes	Unadj	8.82(1.11-70.08)	0.0395	
now onen nusband	sometimes	Adj	11.75(1.31-105.50)	0.0278	
from you/family at a	Four times	Unadj	2.22(0.19-25.34)	0.5203	
stretch for 6 months or	rew times	Adj	2.90(0.23-37.13)	0.4139	
more?	Never (ref-Most of the time)	Unadj	4.81(0.66-35.11)	0.1213	
		Adj	7.00(0.86-56.76)	0.0684	
Residential area	Purel	Unadj	$1.46(\overline{1.02-2.10})$	0.0386	
(ref=Urban)	Kulai	Adj	1.55(0.98-2.43)	0.0604	

Table 4.f. Association of socio-demographic factors with being physically assaulted/abused by husband while having sex with him as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			While having sex,		
Variables	Besnense estagories	OP	physically assault/abuse by		
	Kesponse categories	UK	husband (ref=	No)	
Continuous			OR (95%CI)	p value	
Ago of the participant in co	mplated years	Unadj	1.04(0.99-1.09)	0.1101	
Age of the participant in co	inpleted years	Adj	1.09(1.01-1.19)	0.0422	
A go of morringo		Unadj	0.86(0.79-0.93)	0.0003	
Age at marriage		Adj	0.93(0.85-1.01)	0.0986	
Husband's aga		Unadj	0.99(0.96-1.03)	0.7837	
Thusballd's age		Adj	0.95(0.90-1.01)	0.1050	
Der conita family income		Unadj	1.02(1.01-1.03)	0.0006	
Fer capita failing income		Adj	1.02(1.00-1.04)	0.1378	
Categorical	Categories		OR (95%CI)	p value	
Baligion (ref-Hindu)	Muelim	Unadj	2.43(1.57-3.75)	<.0001	
Religion (lei–fillidu)	WIUSIIII	Adj	2.23(1.33-3.74)	0.0025	
	Primary	Unadj	0.62(0.33-1.19)	0.1546	
	F IIIilai y	Adj	0.53(0.26-1.08)	0.0795	
Educational level (ref=No	High school	Unadj	0.15(0.09-0.26)	<.0001	
education)	Tingii-school	Adj	0.13(0.07-0.25)	<.0001	
	Graduation and above	Unadj	0.02(0.00-0.17)	0.0002	
	Graduation and above	Adj	0.03(0.00-0.26)	0.0013	
	Drimory	Unadj	0.68(0.39-1.18)	0.1721	
	Fillialy	Adj	1.11(0.59-2.07)	0.7493	
Husband's educational	High asheal	Unadj	0.26(0.15-0.43)	<.0001	
level (ref=No education)	High-school	Adj	0.70(0.39-1.28)	0.2510	
	Graduation and above	Unadj	0.11(0.03-0.37)	0.0003	
	Graduation and above	Adj	0.55(0.14-2.05)	0.3691	
Currently working?	Vas (raf-Na)	Unadj	1.69(0.76-3.80)	0.2003	
Currentry working:	Tes (IeI–NO)	Adj	1.62(0.63-4.12)	0.3141	
	Skilled Worker	Unadj	0.64(0.37-1.11)	0.1090	
	Skilled Worker	Adj	0.94(0.51-1.72)	0.8430	
	Business	Unadj	0.38(0.19-0.74)	0.0049	
Husband's occupation	Dusiness	Adj	0.92(0.43-1.94)	0.8176	
(ref=Unskilled worker)	Sarvica	Unadj	0.18(0.06-0.55)	0.0025	
		Adj	0.63(0.19-2.02)	0.4338	
	Salf amployed /Professional	Unadj	1.03(0.48-2.21)	0.9453	
	Sen-employed /1 totessional	Adj	1.76(0.75-4.15)	0.1951	
	sometimes	Unadj	2.35(0.47-11.78)	0.2992	
How often husband needs	sometimes	Adj	7.29(0.69-77.27)	0.0991	
to stay away from	Faw times	Unadj	-	-	
you/family at a stretch for	rew times	Adj	-	-	
6 months or more?	Never (ref-Most of the time)	Unadj	1.72(0.41-7.19)	0.4557	
		Adj	5.85(0.64-53.29)	0.1173	
Residential area	Rural	Unadj	1.60(1.05-2.44)	0.0291	
(ref=Urban)	IXUI di	Adj	1.33(0.78-2.24)	0.2921	

Table 4.g. Association of socio-demographic factors with having the suspicion that husband has/had sexual relations with other women as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Suspect that husband has/had			
Variables	Degrange estagories	OD	sexual relations with other			
	Response categories	UK	women (ref=]	No)		
Continuous]		OR (95%CI)	p value		
A so of the participant in as	mulated waara	Unadj	1.04(1.00-1.08)	0.0753		
Age of the participant in co	inpleted years	Adj	1.02(0.95-1.10)	0.5461		
A go at marriago		Unadj	0.96(0.90-1.02)	0.1588		
Age at marriage		Adj	1.00(0.93-1.07)	0.9809		
Husband's age		Unadj	1.02(0.99-1.05)	0.2882		
Thusballd's age		Adj	1.00(0.96-1.05)	0.9590		
Per capita family income		Unadj	1.03(1.01-1.04)	0.0147		
		Adj	1.02(1.00-1.04)	0.2780		
Categorical	Categories		OR (95%CI)	p value		
Religion (ref-Hindu)	Muslim	Unadj	1.62(1.14-2.29)	0.0066		
Kengion (rei=rindu)	wiusiim	Adj	1.68(1.10-2.55)	0.0153		
	Primary	Unadj	0.47(0.25-0.88)	0.0188		
	Filliary	Adj	0.43(0.22-0.84)	0.0130		
Educational level (ref=No	High school	Unadj	0.18(0.11-0.30)	<.0001		
education)	Tigii-school	Adj	0.19(0.11-0.33)	<.0001		
	Graduation and above	Unadj	0.09(0.03-0.24)	<.0001		
		Adj	0.10(0.03-0.30)	<.0001		
	Drivessor	Unadj	0.72(0.43-1.22)	0.2219		
	Primary	Adj	1.06(0.59-1.88)	0.8520		
Husband's educational	xx: 1 1 1	Unadj	0.40(0.25-0.63)	<.0001		
level (ref=No education)	High-school	Adj	0.78(0.46-1.34)	0.3697		
		Unadj	0.19(0.08-0.48)	0.0004		
	Graduation and above	Adj	0.54(0.20-1.49)	0.2357		
	No. (mf. No.)	Unadj	1.99(1.02-3.89)	0.0426		
Currently working?	Yes (ref=No)	Adj	2.08(0.99-4.35)	0.0525		
		Unadj	0.65(0.40-1.05)	0.0770		
	Skilled worker	Adj	0.83(0.49-1.39)	0.4733		
	Designed	Unadj	0.58(0.33-1.00)	0.0502		
Husband's occupation	Business	Adj	0.97(0.53-1.77)	0.9150		
(ref=Unskilled worker)	Querrai e e	Unadj	0.24(0.10-0.57)	0.0012		
	Service	Adj	0.47(0.19-1.18)	0.1070		
	Self-employed	Unadj	0.61(0.28-1.33)	0.2172		
	/Professional	Adj	0.79(0.34-1.82)	0.5819		
		Unadj	0.60(0.21-1.71)	0.3360		
How often husband needs	sometimes	Adj	0.60(0.19-1.84)	0.3693		
to stay away from you/family at a stretch for		Unadj	0.64(0.19-2.11)	0.4642		
	Few times	Adj	0.53(0.14-2.05)	0.3606		
6 months or more?	Never (ref=Most of the	Unadj	0.51(0.23-1.11)	0.0878		
	time)	Adj	0.56(0.24-1.29)	0.1733		
Residential area	Darma 1	Unadi	1.18(0.84-1.67)	0.3445		
(ref=Urban)	Kural	Adj	1.07(0.71-1.63)	0.7413		

Table 4.h. Association of socio-demographic factors with the thinking that the other woman with whom husband has/had sexual relation is a sex worker, as reported by the antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables	Response categories	OR	Think that the other woma husband has/had sexual rel worker (ref=No	n with whom ation is a sex))
Continuous			OR (95%CI)	p value
A constitution of the neutrining of the complete	ad many	Unadj	1.07(1.01-1.13)	0.0157
Age of the participant in complet	ed years	Adj	1.11(1.01-1.22)	0.0449
A go at marriago		Unadj	0.92(0.84-1.00)	0.0576
Age at marriage		Adj	0.98(0.89-1.07)	0.6098
Husband's age		Unadj	1.02(0.98-1.06)	0.4132
		Adj	0.96(0.90-1.03)	0.2789
Per capita family income		Unadj	1.02(1.01-1.03)	0.0299
		Adj	1.02(0.99-1.04)	0.5346
Categorical	Categories		OR (95%CI)	p value
Religion (ref=Hindu)	Muslim	Unadj	1.84(1.12-3.03)	0.0167
		Adj	1.65(0.91-3.00)	0.0985
	Primary	Unadj	0.47(0.22-0.99)	0.0458
		Adj	0.45(0.20-0.99)	0.0466
Educational level (ref=No	High-school	Unadj	0.12(0.06-0.22)	<.0001
education)		Adj	0.12(0.06-0.25)	<.0001
	Graduation and above	Unadj	0.06(0.01-0.26)	0.0002
		Adj	0.08(0.02-0.39)	0.0018
	Primary	Unadj	0.81(0.43-1.55)	0.5315
		Adj	1.44(0.69-2.99)	0.3265
Husband's educational level	High-school	Unadj	0.26(0.14-0.48)	<.0001
(ref=No education)		Adj	0.66(0.32-1.36)	0.2550
	Graduation and above	Unadj	0.12(0.03-0.51)	0.0045
		Adj	0.43(0.08-2.19)	0.3089
Currently working?	Yes (ref=No)	Unadj	1.79(0.70-4.59)	0.2265
		Adj	1.41(0.48-4.10)	0.5312
	Skilled Worker	Unadj		0.0242
		Adj	0.66(0.33-1.29)	0.2218
II	Business	Unadj	0.40(0.19-0.85)	0.0108
(ref-Unskilled worker)		Auj	0.78(0.34-1.79)	0.3004
(IeI-Oliskilled worker)	Service	Adi	0.12(0.05-0.52)	0.1278
		Auj Unadi	0.85(0.35, 2, 00)	0.1278
	Self-employed /Professional	Adi	124(0.46, 3.33)	0.7297
		Unadi	0.78(0.20-3.06)	0.7256
	sometimes	Adi	0.84(0.19-3.82)	0.7230
How often husband needs to		Unadi	0.89(0.17-3.78)	0.7794
stay away from you/family at a	Few times	Adi	1.05(0.17-5.78)	0.0581
stretch for 6 months or more?		Unadi	0.49(0.17-3.09)	0.1871
	Never (ref=Most of the time)	Adi	0 59(0 18-1 95)	0.3874
		Unadi	1 50(0 91-2 49)	0 1141
Residential area (ref=Urban)	Rural	Adj	1.57(0.84-2.91)	0.1546

Table 4.i. Distribution of the sexual relationship with husband among recruited antenatal
care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Cotogorical variables	Cotogomiog	N	0/	95%CL		
Categorical variables	Categories	1 M	-70	Lower	Upper	
	Excellent	836	50.06	47.66	52.46	
How is your sexual experience with your husband?	Good	472	28.26	26.10	30.43	
	Ok	282	16.89	15.09	18.68	
	Bad	80	4.79	3.77	5.82	
Before trying to have a baby, while	Self	8	9.88	3.24	16.51	
having sex who took the decision if	Both together	59	72.84	62.94	82.74	
you should use a condom?	Husband	14	17.28	8.87	25.70	

Table 4.j. Distribution of the sexual relationship with husband among recruited antenatal care attendees who were interviewed by an interviewer (N=176), Kolkata, West Bengal,

India, 2016

Cotogonical variables	Catagorias	N	0/	95%CL		
Categorical variables	Categories	1	70	Lower	Upper	
	Excellent	46	26.14	19.58	32.69	
How is your sexual experience with	Good	87	49.43	41.97	56.89	
your husband?	Ok	40	22.73	16.48	28.98	
	Bad	3	1.70	0.00	3.64	

Table 4.k. Association of socio-demographic factors with the quality of sexual relationship/experience with husband, as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			How is your sexual relationship/experience with				
Variables	D osponso cotogorios	OR	your husband? (ref=Excellent)				
	Response cutegories		Good/OI	K	Bad		
Continuous	Continuous		OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant in completed years		Unadj	0.97(0.94-0.99)	0.0353	1.03(0.98-1.09)	0.2668	
		Adj	0.94(0.90-0.99)	0.0151	1.08(0.98-1.19)	0.1089	
Age at marriage		Unadj	1.02(0.98-1.06)	0.3828	0.96(0.88-1.04)	0.2967	
		Adj	1.04(0.99-1.09)	0.1493	1.01(0.92-1.11)	0.8624	
Husband's age		Unadj	0.99(0.97-1.01)	0.2041	0.99(0.95-1.04)	0.7051	
Trabballa 5 age		Adj	1.02(0.99-1.05)	0.2557	0.96(0.89-1.02)	0.2002	
Per capita family it	lcome	Unadj	1.00(0.99-1.01)	0.3490	1.02(1.01-1.03)	0.0048	
		Adj	1.00(1.99-1.01)	0.8666	1.02(0.99-1.04)	0.0615	
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value	
Religion	Muslim	Unadj	1.22(0.97-1.53)	0.0871	1.75(1.09-2.82)	0.0206	
(ref=Hindu)	Widdinii	Adj	1.29(0.98-1.69)	0.0644	1.29(0.74-2.25)	0.3676	
	Primary	Unadj	0.88(0.43-1.77)	0.7122	0.55(0.22-1.37)	0.1987	
Educational laval	1 milar y	Adj	0.87(0.43-1.78)	0.7060	0.49(0.19-1.26)	0.1395	
(ref-No	High-school	Unadj	1.66(0.94-2.92)	0.0808	0.38(0.19-0.77)	0.0076	
(ICI=INO education)	Thgh-senoor	Adj	1.41(0.78-2.56)	0.2577	0.38(0.17-0.84)	0.0170	
education)	Craduation and above	Unadj	2.44(1.25-4.76)	0.0089	0.15(0.03-0.70)	0.0159	
	Graduation and above	Adj	2.02(0.98-4.18)	0.0579	0.17(0.03-0.92)	0.0390	
	Primary	Unadj	1.07(0.67-1.70)	0.7827	0.65(0.31-1.38)	0.2594	
Husband's		Adj	0.92(0.57-1.50)	0.7457	0.74(0.33-1.66)	0.4664	
educational level	High-school	Unadj	1.33(0.89-1.98)	0.1713	0.57(0.30-1.08)	0.0871	
(ref=No		Adj	1.07(0.69-1.66)	0.7554	0.95(0.46-1.94)	0.8808	
education)	Graduation and above	Unadj	1.53(0.91-2.56)	0.1088	0.16(0.04-0.74)	0.0190	
		Adj	1.11(0.61-2.01)	0.7297	0.40(0.08-2.02)	0.2670	
Currently	Vas (raf-Na)	Unadj	1.82(1.05-3.14)	0.0319	2.00(0.75-5.34)	0.1667	
working?	res (rel=NO)	Adj	1.83(1.03-3.25)	0.0406	1.75(0.61-5.00)	0.2992	
	Skilled worker	Unadj	0.95(0.64-1.39)	0.7833	0.74(0.38-1.43)	0.3702	
	Skilled worker	Adj	0.81(0.54-1.21)	0.3025	0.83(0.42-1.66)	0.6059	
Husband's	Business	Unadj	1.26(0.83-1.90)	0.2764	0.51(0.23-1.13)	0.0973	
occupation	Busiliess	Adj	1.05(0.68-1.63)	0.8124	0.76(0.33-1.75)	0.5150	
(ref=Unskilled	Sarvica	Unadj	1.07(0.66-1.72)	0.7828	0.35(0.12-1.03)	0.0568	
worker)	Service	Adj	0.88(0.52-1.48)	0.6317	0.67(0.22-2.09)	0.4908	
	Salf amployed (Professional	Unadj	1.11(0.63-1.95)	0.7237	0.81(0.29-2.25)	0.6832	
	Sen-employed /1 tolessional	Adj	0.91(0.51-1.64)	0.7642	0.93(0.32-2.72)	0.8925	
How often	Sometimes	Unadj	0.50(0.22-1.15)	0.1036	0.70(0.17-2.87)	0.6219	
husband needs to	Sometimes	Adj	0.44(0.19-1.03)	0.0592	0.61(0.14-2.67)	0.5136	
stay away from	Four times	Unadj	0.85(0.34-2.11)	0.7225	1.15(0.25-5.21)	0.8560	
you/family at a	rew times	Adj	0.67(0.26-1.74)	0.4100	1.17(0.24-5.67)	0.8428	
stretch for 6	Nover (ref_Mest of the time)	Unadj	0.68(0.37-1.26)	0.2210	0.51(0.17-1.52)	0.2294	
months or more?	ivever (ref=iviosi of the time)	Adj	0.55(0.29-1.06)	0.0752	0.46(0.15-1.47)	0.1902	
Residential area	Burgh	Unadj	1.16(0.92-1.46)	0.1981	1.87(1.13-3.10)	0.0144	
(ref=Urban)	Kuidi	Adj	1.06(0.81-1.38)	0.6865	1.78(0.98-3.21)	0.0571	

Table 4.1. Association of husband's sexual behavior with the quality of sexual relationship/experience with husband, as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables	-	0.5	How is your sexual experience with your husband? (ref=Excellent)			
	Response categories	OR	Good/OI	K	Bad	
Categorical			OR (95%CI)	p value	OR (95%CI)	p value
Consumption of alcohol	Sometimes	Unadj	0.97(0.71-1.31)	0.8391	2.02(1.19-3.42)	0.0094
before having sex with	Sometimes	Adj	1.16(0.83-1.61)	0.3844	2.44(1.36-4.37)	0.0028
you (ref=Never/Very	Almost always	Unadj	0.99(0.43-2.26)	0.9828	4.01(1.41-11.37)	0.0090
rare)	Annost always	Adj	1.35(0.57-3.19)	0.4953	3.60(1.17-11.12)	0.0259
Husband had vaginal		Unadj	1.86(1.35-2.57)	0.0002	2.15(1.20-3.88)	0.0105
sex with you during pregnancy (ref=No)	Yes	Adj	1.87(1.34-2.61)	0.0002	2.68(1.45-4.94)	0.0016
Husband use slang		Unadj	0.48(0.26-0.87)	0.0161	2.66(1.48-4.77)	0.0010
language/behave badly during sex with you (ref=No)	Yes	Adj	0.50(0.27-0.93)	0.0295	1.82(0.95-3.47)	0.0688
While having sex,		Unadj	0.60(0.32-1.13)	0.1114	2.37(1.21-4.62)	0.0116
physically assault/abuse by husband (ref=No)	Yes	Adj	0.63(0.32-1.21)	0.1633	1.55(0.75-3.19)	0.2335
You suspect that		Unadj	1.71(1.11-2.61)	0.0139	2.19(1.15-4.17)	0.0169
husband has/had sexual relations with other women (ref=No)	Yes	Adj	1.84(1.18-2.87)	0.0069	1.40(0.70-2.79)	0.3398
Think that the other		Unadj	1.07(0.56-2.06)	0.8295	1.48(0.56-3.89)	0.4246
woman with whom husband has/had sexual relation is a sex worker (ref=No)	Yes	Adj	1.14(0.58-2.24)	0.7075	0.74(0.27-2.06)	0.5678

Table 4.m. Association of husband's sexual behavior with the pattern of decision-making during sex regarding condom use before trying to have baby, as reported by the antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables	-	0.5	Before trying to hav decision if yo	ve a baby, u should u	while having sex who t se a condom? (ref=self	took the
	Response categories	OR	both togethe	r	husband	/
Categorical			OR (95%CI)	p value	OR (95%CI)	p value
Consumption of	Comptings	Unadj	2.64(0.29-24.23)	0.3912	1.67(0.13-20.57)	0.6905
alcohol before	Sometimes	Adj	4.36(0.23-83.59)	0.3287	2.96(0.11-81.43)	0.5217
having sex with		Unadj	0.28(0.04-1.93)	0.1949	0.56(0.06-5.24)	0.6074
you (ref=Never/Very rare)	Almost always	Adj	0.07(0.00-1.62)	0.0974	0.32(0.01-10.07)	0.5181
Husband had		Unadj	0.08(0.01-0.75)	0.0265	0.37(0.03-4.23)	0.4275
vaginal sex with you during pregnancy (ref=No)	Vaginal sex.	Adj	0.03(0.00-0.44)	0.0114	0.83(0.03-20.35)	0.9079
Husband use		Unadj	1.17(0.25-5.40)	0.8405	1.08(0.18-6.54)	0.9333
slang language/behave badly during sex with you (ref=No)	Yes	Adj	1.55(0.16-14.62)	0.7010	1.42(0.11-19.01)	0.7927
While having		Unadj	2.80(0.61-12.89)	0.1854	3.00(0.50-18.17)	0.2319
sex, physically assault/abuse by husband (ref=No)	Yes	Adj	6.99(0.76-64.18)	0.0858	3.51(0.28-43.64)	0.3292
You suspect that		Unadj	18.80(2.14-165.00)	0.0081	17.49(1.60-191.70)	0.0192
husband has/had sexual relations with other women (ref=No)	Yes	Adj	54.19(2.13-1377.00)	0.0156	31.52(0.96-1032.00)	0.0525
Think that the		Unadj	10.21(1.18-88.38)	0.0349	12.60(1.19-133.90)	0.0356
other woman with whom husband has/had sexual relation is a sex worker (ref=No)	Yes	Adj	41.74(1.33-1312.00)	0.0339	23.69(0.62-904.70)	0.0886

Table 5.a. Distribution of sexual behavior/experience/other risk factors among recruitedantenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India,2016

Catagorical variables	Cotogoriog	N	0/	95%CL		
Categorical variables	Categories	19	70	Lower	Upper	
	<15	184	11.02	9.51	12.52	
At what age (years) did you have	15-18	878	52.57	50.18	54.97	
sex for the first time?	19-35	592	35.45	33.15	37.75	
	>35	16	0.96	0.49	1.43	
Did you first have sex before or	After marriage.	1525	91.32	89.97	92.67	
after you were married?	Before marriage.	145	8.68	7.33	10.03	
Did anyone ever force you to	Not been forced	594	35.57	33.27	37.87	
have sex?	Forced by husband.	1024	61.32	58.98	63.66	
huve sex.	Forced by someone other than husband.	52	3.11	2.28	3.95	
Has your husband or anyone else	No	731	43.77	41.39	46.15	
had anal sex with you?	Yes	939	56.23	53.85	58.61	
Did your husband/anyone else	No	990	59.28	56.92	61.64	
ever have sex with you after consuming alcohol?	Yes	680	40.72	38.36	43.08	
Before planning for a baby, did	No	1136	68.02	65.78	70.26	
your husband use condoms during having sex with you?	Yes	534	31.98	29.74	34.22	
	No idea what a condom is	144	12.68	10.74	14.61	
Before planning for a baby, what	Not required for sex with spouse	601	52.90	50.00	55.81	
is the reason behind not using	Non availability of condom when required	92	8.10	6.51	9.69	
condom while having sex	Reduced sexual pleasure when using condom	180	15.85	13.72	17.97	
	Cost of condom	119	10.48	8.69	12.26	
Do you have sexual relationship	No	1589	95.15	94.12	96.18	
with any man other than your husband?	Yes	81	4.85	3.82	5.88	
How many male sex partners	Have one partner.	65	80.25	71.39	89.11	
apart from your husband do you have?	Have more than one.	16	19.75	10.89	28.61	
When you had sex with a male	No	33	40.74	29.81	51.67	
partner other than your husband, were you offered money?	Yes	48	59.26	48.33	70.19	
When you had sex with a male	No	35	43.21	32.19	54.23	
partner other than your husband, did you accept any gifts?	Yes	46	56.79	45.77	67.81	
When you had sex with a male	Always	10	12.35	5.03	19.66	
partner in exchange for money.	Sometimes	15	18.52	9.88	27.16	
did he use a condom?	Never	56	69.14	58.86	79.41	
When you had sex with a male	Always	9	11.11	4.12	18.10	
partner other than your husband.	Sometimes	12	14.81	6.91	22.72	
did he use a condom?	Never	60	74.07	64.32	83.82	
Do you suspect that the male	No	38	46.91	35.81	58.02	
partner with whom you have sex						
in exchange for money has sexual relations with other famile sex workers?	Yes	43	53.09	41.98	64.19	
In the last 6 months, how many	Never	62	3 71	2.80	4.62	
times have you taken an	1 to 2 times	1442	86.35	2.00 84 70	4.02 88.00	
injection from a		1442	00.55	04.70	00.00	
nurse/compounder/any health worker?	More than two times	166	9.94	8.50	11.38	

Table 5b. Distribution of sexual behavior/experience/other risk factors among recruited antenatal care attendees who were interviewed by an interviewer (N=176), Kolkata, West Bengal, India, 2016

Catagorical variables	Catagorias	N	0/_	95%CI		
Categorical variables			70	Lower	Upper	
	<15	9	5.11	1.83	8.40	
At what age did you have sex for	15-18	96	54.55	47.12	61.97	
the first time?	19-35	69	39.20	31.92	46.49	
	>35	2	1.14	0.00	2.72	
Did you first have sex before or	After marriage.	169	96.02	93.11	98.94	
after you were married?	Before marriage.	7	3.98	1.06	6.89	
	Not been forced	114	64.77	57.65	71.90	
Did anyone ever force you to have	Forced by husband.	60	34.09	27.02	41.16	
sex?	Forced by someone other than husband.	2	1.14	0.00	2.72	
Has your husband or anyone else	No	126	71.59	64.86	78.32	
had anal sex with you?	Yes	50	28.41	21.68	35.14	
Did your husband/anyone else ever have sex with you after consuming	No	122	69.32	62.44	76.20	
	Yes	54	30.68	23.80	37.56	
Before planning for a baby, did	No	128	72.73	66.08	79.37	
your husband use condoms during having sex with you?	Yes	48	27.27	20.63	33.92	
	No idea what a condom is	27	21.09	13.93	28.26	
	Not required for sex with spouse	71	55.47	46.74	64.20	
Before planning for a baby, what is the reason behind not using	Non availability of condom when required	3	2.34	0.00	5.00	
condom while having sex	Reduced sexual pleasure when using condom	19	14.84	8.60	21.09	
	Cost of condom	8	6.25	2.00	10.50	
Do you have sexual relationship	No	176	100.00	-	-	
with any man other than your husband?	Yes	0	0.00	-	-	
In the last 6 months, how many	Never	11	6.25	2.64	9.86	
times have you taken an injection	1 to 2 times	145	82.39	76.70	88.07	
from a nurse/compounder/any health worker?	More than two times	20	11.36	6.63	16.10	

Table 5.c. Association of socio-demographic factors with the age at first sex among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West

Bengal, India, 2016

Variables	Domono		Age in y	irst sex (ref=<15)		
variables	Response	OR	15-18		19-35	
Continuous	categories		OR (95%CI)	p value	OR (95%CI)	p value
Age of the participant in completed		Unadj	0.95(0.91-1.00)	0.0525	1.14(1.09-1.20)	<.0001
years		Adj	0.95(0.88-1.02)	0.1451	0.99(0.91-1.07)	0.7580
Age at marriage		Unadj	1.49(1.36-1.64)	<.0001	3.02(2.68-3.41)	<.0001
Age at marriage	Age at marriage		1.46(1.33-1.61)	<.0001	2.81(2.48-3.19)	<.0001
Husband's age		Unadj	0.99(0.96-1.02)	0.4588	1.07(1.04-1.11)	<.0001
Husband's age		Adj	1.01(0.97-1.06)	0.5790	1.01(0.96-1.07)	0.7160
Dor conito family	incomo	Unadj	1.00(1.00-1.00)	0.1613	1.00(1.00-1.00)	0.0076
Fer capita family	lincome	Adj	1.00(1.00-1.00)	0.9322	1.00(1.00-1.00)	0.8493
Categorical	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Religion	Muslim	Unadj	0.86(0.62-1.19)	0.3553	0.44(0.31-0.61)	<.0001
(ref=Hindu)	wiusiiiii	Adj	0.77(0.52-1.15)	0.1996	0.78(0.49-1.25)	0.3018
	Drimory	Unadj	1.97(0.97-4.03)	0.0623	1.45(0.69-3.06)	0.3284
Educational	r miai y	Adj	2.18(0.99-4.81)	0.0540	1.91(0.69-5.25)	0.2106
Loucational	High school	Unadj	3.29(1.88-5.76)	<.0001	2.05(1.15-3.65)	0.0154
education)	rigii-school	Adj	2.25(1.17-4.34)	0.0149	1.79(0.79-4.07)	0.1661
cuucation)	Graduation and	Unadj	14.06(1.77-111.50)	0.0124	81.61(10.58-629.50)	<.0001
	above	Adj	5.25(0.63-43.85)	0.1259	10.90(1.23-96.42)	0.0317
	Primary	Unadj	0.88(0.52-1.50)	0.6456	0.83(0.46-1.50)	0.5380
Husband's		Adj	0.74(0.41-1.35)	0.3279	1.14(0.53-2.44)	0.7369
educational	High-school	Unadj	1.47(0.91-2.39)	0.1162	2.14(1.26-3.63)	0.0048
level (ref=No		Adj	0.98(0.56-1.71)	0.9304	1.46(0.72-2.94)	0.2900
education)	Graduation and	Unadj	2.09(0.89-4.90)	0.0906	6.09(2.55-14.49)	<.0001
	above	Adj	1.00(0.39-2.59)	0.9933	0.89(0.29-2.70)	0.8402
Currently	Vas (ref-No)	Unadj	0.86(0.37-2.00)	0.7322	1.44(0.63-3.33)	0.3881
working?		Adj	1.24(0.48-3.17)	0.6592	1.06(0.33-3.38)	0.9196
	Skilled Worker	Unadj	1.38(0.85-2.24)	0.1870	1.06(0.63-1.76)	0.8344
	Skilled Worker	Adj	1.13(0.66-1.92)	0.6544	0.64(0.34-1.20)	0.1651
Husband's	Business	Unadj	1.88(1.07-3.31)	0.0285	2.07(1.15-3.74)	0.0154
occupation	Dusiness	Adj	1.31(0.70-2.46)	0.3975	0.86(0.41-1.79)	0.6889
(ref=Unskilled	Service	Unadj	1.65(0.78-3.49)	0.1910	4.13(1.95-8.73)	0.0002
worker)	Service	Adj	1.12(0.49-2.57)	0.7814	1.05(0.42-2.66)	0.9154
	Self-employed	Unadj	1.26(0.61-2.61)	0.5256	1.19(0.55-2.55)	0.6567
	/Professional	Adj	1.02(0.46-2.24)	0.9704	0.88(0.35-2.23)	0.7871
Due to work,	Sometimes	Unadj	0.58(0.17-1.97)	0.3809	0.38(0.11-1.38)	0.1422
husband stays	Sometimes	Adj	0.52(0.12-2.16)	0.3657	0.31(0.06-1.57)	0.1588
away from	Fow times	Unadj	0.59(0.15-2.35)	0.4546	0.60(0.15-2.47)	0.4796
you/family at a	rew times	Adj	0.59(0.12-2.88)	0.5123	0.46(0.07-2.83)	0.4012
stretch for ≥ 6	Never (ref= Most	Unadj	0.74(0.26-2.16)	0.5876	0.66(0.22-1.95)	0.4468
months?	of the time)	Adj	0.64(0.18-2.28)	0.4915	0.53(0.14-2.10)	0.3688
Residential area	Pural	Unadj	1.29(0.93-1.79)	0.1260	0.65(0.46-0.91)	0.0121
(ref=Urban)	Kulai	Adj	1.46(0.99-2.17)	0.0586	1.36(0.86-2.17)	0.1929

Table 5.d. Association of socio-demographic factors with having first sex before marriage among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			Had first sex before marriage?			
Variab	les	OR	(ref=No)			
Continuous			OK (95%CI)	p value		
Age of the participant in completed years		Unadj	0.99(0.95-1.04)	0.8165		
			1.01(0.94-1.09) 1.02(0.07, 1.08)	0.7386		
Age at marriage		Unadj	1.02(0.97-1.08)	0.4464		
		Auj	0.99(0.92-1.07)	0.8039		
Husband's age		Unauj	0.98(0.93-1.01)	0.2704		
		Auj	1.93(0.91-1.00)	0.0002		
Per capita family income		Adi	$\frac{1.03(1.02-1.04)}{1.02(1.01, 1.05)}$			
Catagoriaal	Cotogorios	Auj	$\frac{1.03(1.01-1.05)}{OP(05\%CI)}$	0.0247		
Categoricai	Categories	Unadi	0 54(0.38, 0.76)	<u>p value</u>		
Religion (ref=Hindu)	Muslim	Adi		0.0004		
		Unadi	0.37(0.30-0.00) 0.76(0.34-1.71)	0.0072		
	Primary	Adi	0.70(0.34-1.71) 0.83(0.36.1.01)	0.5099		
Educational laval (raf-No		Unadi	0.83(0.30-1.91)	0.0034		
education)	High-school		0.52(0.20-0.99) 0.56(0.28-1.12)	0.1012		
education		Unadi	1.16(0.54-2.49)	0.1012		
	Graduation and above		1.10(0.34-2.49) 1.12(0.47-2.70)	0.7089		
		Unadi	0.78(0.47-2.70)	0.7998		
	Primary	Adi	0.84(0.42-1.65)	0.4303		
Husband's educational level		Unadi	0.84(0.42-1.03) 0.80(0.46-1.39)	0.4342		
(ref=No education)	High-school	Adi	0.78(0.43-1.42)	0.4136		
		Unadi	1 40(0 71-2 75)	0 3353		
	Graduation and above	Adi	1 10(0 48-2 50)	0.8250		
		Unadi	1.00(0.43-2.36)	0.9969		
Currently working?	Yes (ref=No)	Adi	0.76(0.30-1.96)	0.5753		
		Unadi	1.00(0.57-1.77)	0.9904		
	Skilled Worker	Adi	1.11(0.61-1.99)	0.7364		
		Unadi	0.83(0.44-1.57)	0.5731		
Husband's occupation	Business	Adj	0.77(0.39-1.52)	0.4550		
(ref=Unskilled worker)		Unadj	1.29(0.65-2.56)	0.4671		
	Service	Adj	0.91(0.43-1.94)	0.8092		
	Self-employed	Unadj	0.80(0.33-1.93)	0.6133		
	/Professional	Adj	0.83(0.34-2.05)	0.6883		
	a	Unadj	1.30(0.31-5.44)	0.7218		
	Sometimes	Adj	1.26(0.29-5.38)	0.7585		
Due to work, husband stays		Unadj	1.09(0.21-5.69)	0.9178		
away from you/family at a	Few times	Adj	1.08(0.20-5.78)	0.9309		
stretch for ≥ 0 months?	Never (ref=Most of the	Unadj	1.57(0.48-5.10)	0.4563		
	time)	Adj	1.66(0.50-5.53)	0.4059		
Residential area	D1	Unadj	0.58(0.41-0.82)	0.0020		
(ref=Urban)	Kurai	Adj	0.74(0.50-1.10)	0.1376		

Table 5.e. Association of socio-demographic factors with ever being forced to have sex among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			Ever had forced sex (ref=No)					
	variables	OR	Yes, by husb	and	Yes by someone else			
Continuous			OR (95%CI)	p value	OR (95%CI)	p value		
Age of the participant in completed years		Unadj	0.97(0.95-1.00)	0.0502	1.00(0.93-1.08)	0.8959		
		Adj	1.04(1.00-1.09)	0.0566	1.04(0.93-1.16)	0.4957		
A ge at marriage		Unadj	0.89(0.86-0.93)	<.0001	0.85(0.76-0.95)	0.0044		
Age at marriage		Adj	0.93(0.89-0.98)	0.0023	0.88(0.77-0.99)	0.0347		
Hasher da a a		Unadj	0.98(0.96-1.00)	0.0624	1.02(0.97-1.07)	0.4582		
nusband s age		Adj	0.99(0.96-1.02)	0.4801	1.03(0.96-1.11)	0.4263		
Dar conito family	inaoma	Unadj	1.04(1.03-1.05)	<.0001	1.00(0.99-1.01)	0.3699		
Fer capita family	income	Adj	1.03(1.01-1.06)	0.0318	1.00(0.98-1.01)	0.5589		
Categorical	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value		
Religion	Magalia		1.47(1.20-1.80)	0.0002	1.34(0.76-2.36)	0.3191		
(ref=Hindu)	WIUSIIII	Adj	0.96(0.75-1.24)	0.7771	0.74(0.38-1.45)	0.3793		
	Brimory	Unadj	2.22(1.26-3.90)	0.0056	2.37(0.67-8.32)	0.1791		
Educational	Filliary	Adj	2.02(1.12-3.64)	0.0194	1.87(0.51-6.89)	0.3488		
lovel (rof-No	High school	Unadj	1.83(1.18-2.83)	0.0072	0.88(0.30-2.59)	0.8145		
education)	High-school	Adj	1.91(1.18-3.07)	0.0079	0.94(0.29-3.02)	0.9149		
education	Graduation and above	Unadj	0.41(0.23-0.71)	0.0016	0.33(0.07-1.53)	0.1554		
	Graduation and above	Adj	0.65(0.35-1.22)	0.1806	0.75(0.14-4.13)	0.7385		
	Primary	Unadj	1.58(1.05-2.39)	0.0295	0.66(0.23-1.94)	0.4554		
Husband's		Adj	1.34(0.86-2.08)	0.1943	0.59(0.19-1.82)	0.3607		
educational	TT: 1 1 1	Unadj	0.89(0.63-1.26)	0.5167	0.63(0.28-1.44)	0.2763		
level (ref=No	High-school	Adj	0.97(0.66-1.43)	0.8851	0.90(0.36-2.25)	0.8277		
education)	Graduation and above	Unadj	0.37(0.24-0.58)	<.0001	0.31(0.09-1.09)	0.0676		
		Adj	0.71(0.41-1.21)	0.2042	0.90(0.22-3.76)	0.8884		
Currently	Vac (raf-Na)	Unadj	0.43(0.26-0.70)	0.0007	0.59(0.14-2.50)	0.4693		
working?	Tes (IeI–NO)	Adj	0.56(0.32-0.98)	0.0410	0.56(0.12-2.61)	0.4616		
	Skilled Worker	Unadj	0.86(0.60-1.25)	0.4309	0.73(0.33-1.62)	0.4358		
	Skilled worker	Adj	0.95(0.65-1.40)	0.8005	0.86(0.37-1.97)	0.7154		
Husband's	Business	Unadj	0.56(0.38-0.83)	0.0037	0.16(0.05-0.51)	0.0019		
occupation	Busiliess	Adj	0.73(0.48-1.11)	0.1379	0.17(0.05-0.60)	0.0061		
(ref=Unskilled	Sarvica	Unadj	0.30(0.20-0.48)	<.0001	0.20(0.06-0.70)	0.0113		
worker)	Service	Adj	0.54(0.33-0.87)	0.0124	0.35(0.09-1.30)	0.1157		
	Salf amployed (Professional	Unadj	0.40(0.24-0.66)	0.0004	0.20(0.04-0.96)	0.0441		
	Self-elliployed /Floressional	Adj	0.45(0.26-0.76)	0.0028	0.22(0.04-1.10)	0.0646		
Due to work,	Sometimes	Unadj	0.87(0.41-1.86)	0.7235	0.28(0.05-1.68)	0.1617		
husband stays	Sometimes	Adj	0.80(0.36-1.79)	0.5899	0.22(0.04-1.42)	0.1119		
away from	Four times	Unadj	1.03(0.43-2.45)	0.9426	0.53(0.08-3.35)	0.5026		
you/family at a	rew times	Adj	1.34(0.53-3.39)	0.5439	0.71(0.11-4.79)	0.7281		
stretch for ≥ 6	Nover (ref-Most of the time)	Unadj	0.88(0.48-1.63)	0.6917	0.33(0.11-1.03)	0.0559		
months?	ivever (ref=iviosi of the time)	Adj	0.93(0.48-1.77)	0.8145	0.35(0.11-1.16)	0.0860		
Posidontial are-	Burgel (rof-Urban)	Unadj	1.81(1.48-2.22)	<.0001	2.52(1.35-4.68)	0.0036		
Kesidentiai area	Kurai (lei=Ulball)	Adj	1.52(1.19-1.94)	0.0008	2.57(1.26-5.25)	0.0098		

Table 5.f. Association of socio-demographic factors with ever having anal sex among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables			Ever had anal sex (ref=No)			
v ar iadi	68	OR	Yes			
Continuous			OR (95%CI)	p value		
A go of the next in a	ammlated years	Unadj	0.98(0.96-1.01)	0.2027		
Age of the participant in c	completed years	Adj	1.03(0.99-1.07)	0.1954		
A set of manifest		Unadj	0.93(0.90-0.96)	<.0001		
Age at marriage		Adj	0.98(0.94-1.02)	0.2481		
Husband's age		Unadj	0.98(0.96-0.99)	0.0393		
		Adj	0.98(0.96-1.01)	0.2115		
Dan agnita family in some		Unadj	1.02(1.01-1.03)	0.0020		
Per capita family income		Adj	1.00(0.99-1.01)	0.4160		
Categorical	Categories	OR	OR (95%CI)	p value		
Deligion (ref-Hindy)	Muglim	Unadj	1.53(1.26-1.86)	<.0001		
Kengion (rei=Hindu)	Iviusiiiii	Adj	1.22(0.97-1.54)	0.0949		
	Duimour	Unadj	1.55(0.89-2.69)	0.1202		
	Primary	Adj	1.46(0.83-2.59)	0.1902		
Educational level	Iliah sahaal	Unadj	0.90(0.58-1.39)	0.6391		
(ref=No education)	High-school	Adj	0.92(0.58-1.46)	0.7080		
	Graduation and	Unadj	0.26(0.15-0.46)	<.0001		
	above	Adj	0.34(0.18-0.62)	0.0005		
	Primary	Unadj	0.93(0.62-1.39)	0.7159		
		Adj	0.94(0.62-1.43)	0.7712		
Husband's educational	TT: 1 1 1	Unadj	0.49(0.35-0.69)	<.0001		
level (ref=No education)	High-school	Adj	0.62(0.43-0.91)	0.0137		
	Graduation and	Unadj	0.33(0.21-0.52)	<.0001		
	above	Adj	0.67(0.40-1.12)	0.1252		
		Unadj	0.75(0.46-1.21)	0.2360		
Currently working?	res (rei=NO)	Adj	0.94(0.55-1.60)	0.8113		
		Unadj	0.66(0.47-0.94)	0.0209		
	Skilled worker	Adj	0.74(0.52-1.06)	0.0991		
	Development	Unadj	0.42(0.29-0.62)	<.0001		
Husband's occupation	Business	Adj	0.57(0.39-0.85)	0.0057		
(ref=Unskilled worker)	C	Unadj	0.38(0.25-0.58)	<.0001		
	Service	Adj	0.69(0.43-1.09)	0.1133		
	Self-employed	Unadj	0.46(0.28-0.76)	0.0021		
	/Professional	Adj	0.53(0.32-0.89)	0.0157		
	Generation	Unadj	0.78(0.38-1.61)	0.4958		
Due to work, husband	Sometimes	Adj	0.78(0.37-1.66)	0.5157		
stays away from	Earne (inc	Unadj	0.52(0.23-1.18)	0.1167		
you/family at a stretch	rew times	Adj	0.60(0.26-1.42)	0.2461		
for ≥ 6 months?	Never (ref=Most	Unadj	0.70(0.39-1.25)	0.2218		
	of the time)	Adj	0.77(0.42-1.42)	0.4111		
De state a d'al	Rural	Unadj	1.50(1.24-1.83)	<.0001		
Kesidential area	(ref=Urban)	Adj	1.35(1.07-1.70)	0.0123		

Table 5.g. Association of socio-demographic factors with ever having sex with someone who consumed alcohol among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

		Ever anyone had sex with you after				
Variables		OR	consuming alcohol? (ref=No)			
			Yes			
Continuous		OR (95%CI)	p value			
Age of the participant in compl	eted vears	Unadj	1.01(0.98-1.03)	0.6101		
	leted years	Adj	1.06(1.02-1.11)	0.0056		
Age at marriage		Unadj	0.95(0.92-0.98)	0.0024		
		Adj	0.92(0.88-0.96)	0.0003		
Husband's age		Unadj	1.00(0.98-1.01)	0.6916		
		Adj	0.95(0.92-0.98)	0.0003		
Per capita family income		Unadj	1.00(0.99-1.01)	0.4905		
	1	Adj	1.00(0.98-1.01)	0.7851		
Categorical	Categories	OR	OR (95%CI)	p value		
Religion (ref-Hindu)	Muslim	Unadj	0.43(0.35-0.53)	<.0001		
	widshim	Adj	0.36(0.28-0.45)	<.0001		
	Primary	Unadj	1.14(0.66-1.94)	0.6429		
	1 milar y	Adj	1.30(0.73-2.30)	0.3771		
Educational level (ref=No education)	High-school	Unadj	0.47(0.30-0.72)	0.0006		
	Tingii-senoor	Adj	0.58(0.36-0.94)	0.0277		
	Graduation and	Unadj	0.24(0.13-0.42)	<.0001		
	above	Adj	0.31(0.16-0.59)	0.0004		
	Primary	Unadj	1.26(0.86-1.83)	0.2303		
		Adj	1.62(1.07-2.47)	0.0231		
Husband's educational level	High-school	Unadj	0.94(0.68-1.30)	0.7180		
(ref=No education)		Adj	1.08(0.74-1.58)	0.6893		
	Graduation and	Unadj	0.46(0.29-0.74)	0.0012		
	above	Adj	0.61(0.35-1.06)	0.0773		
Currently working?	Ves (ref–No)	Unadj	0.67(0.40-1.12)	0.1294		
Currentry working:	105 (101–110)	Adj	0.77(0.43-1.35)	0.3546		
	Skilled Worker	Unadj	0.76(0.55-1.05)	0.0967		
	Skilled Worker	Adj	1.00(0.70-1.42)	0.9927		
	Business	Unadj	0.64(0.45-0.91)	0.0130		
Husband's occupation	Dusiness	Adj	0.89(0.60-1.31)	0.5501		
(ref=Unskilled worker)	Service	Unadj	0.69(0.46-1.05)	0.0833		
	Service	Adj	0.80(0.50-1.28)	0.3574		
	Self-employed	Unadj	0.68(0.42-1.09)	0.1105		
	/Professional	Adj	0.87(0.51-1.46)	0.5877		
	Sometimes	Unadj	1.21(0.59-2.46)	0.6083		
Due to work, husband stays	Sometimes	Adj	1.32(0.61-2.86)	0.4868		
away from you/family at a	Few times	Unadj	1.62(0.73-3.61)	0.2399		
stretch for ≥ 6 months?		Adj	1.87(0.78-4.46)	0.1595		
(ret=Most of the time)	Never	Unadj	1.05(0.59-1.85)	0.8787		
		Adj	1.28(0.69-2.40)	0.4361		
Residential area	Rural	Unadj	0.59(0.48-0.72)	<.0001		
	(ref=Urban)	Adj	0.78(0.62-0.99)	0.0429		

Table 5.h. Association of socio-demographic factors with husband using condom while having sex (before planning for a baby) with the respondent among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Before planning for a baby, did your hu	usband use		
Varia	ables	OR	condoms during having sex with you? (ref=No)			
Cantinuana						
Continuous		Lingdi		p value		
Age of the participant in completed		Unadj	1.00(0.05-1.01)	0.1729		
years		Adj	1.00(0.95-1.04)	0.8/16		
Age at marriage		Unadj		0.1260		
		Auj	0.97(0.92-1.01)	0.1200		
Husband's age		Onauj		0.0499		
		Auj		0.3494		
Per capita family in	come		1.00(0.96-1.01)	0.8028		
Catagoriaal	Catagonias	Auj	OP (059/ CI)	0.0402		
Deligion	Categories	Unodi	$\frac{OK(9570CI)}{1.42(1.15.1.75)}$			
(ref_Hindu)	Muslim			0.0009		
(Iei–fillidu)		Auj	1.52(1.19-1.94)	0.0009		
	Primary		1.19(0.09-2.00)	0.3303		
Educational level		Adj	$\frac{1.07(0.61-1.89)}{0.85(0.54,1.24)}$	0.8155		
(ref=No	High-school	Unadj	0.85(0.54-1.54)	0.4919		
education)		Adj	0.81(0.50-1.30)	0.3805		
	Graduation and	Unadj	0.94(0.54-1.65)	0.8326		
	above	Adj	1.01(0.55-1.89)	0.9646		
	Primary	Unadj	0.76(0.51-1.12)	0.1608		
Husband's		Adj	0.74(0.49-1.12)	0.1527		
educational level	High-school	Unadj	0.73(0.53-1.03)	0.0708		
(ref=No	8	Adj	0.81(0.56-1.18)	0.2728		
education)	Graduation and	Unadj	0.93(0.59-1.45)	0.7449		
	above	Adj	1.02(0.60-1.71)	0.9523		
Currently	Yes (ref=No)	Unadj	1.22(0.74-2.01)	0.4395		
working?	100 (101 1(0))	Adj	1.23(0.72-2.09)	0.4532		
	Skilled Worker	Unadj	0.81(0.58-1.14)	0.2299		
		Adj	0.82(0.57-1.16)	0.2569		
Husband's	Business	Unadj	0.80(0.55-1.16)	0.2323		
occupation	Dusiness	Adj	0.86(0.58-1.28)	0.4612		
(ref=Unskilled	Service	Unadj	0.87(0.57-1.34)	0.5276		
worker)		Adj	0.99(0.62-1.58)	0.9600		
	Self-employed	Unadj	0.75(0.45-1.24)	0.2638		
	/Professional	Adj	0.77(0.46-1.30)	0.3324		
Due to work,	Sometimes	Unadj	0.96(0.46-2.03)	0.9199		
husband stays	Sometimes	Adj	0.91(0.42-1.97)	0.8124		
away from	Fow times	Unadj	0.94(0.40-2.18)	0.8799		
you/family at a	I'ew times	Adj	0.83(0.34-2.00)	0.6728		
stretch for ≥ 6	Never (ref=Most	Unadj	0.94(0.52-1.69)	0.8278		
months?	of the time)	Adj	0.91(0.49-1.68)	0.7541		
Posidential area	Rural	Unadj	1.03(0.84-1.27)	0.7722		
Residential area	(ref=Urban)	Adj	0.86(0.68-1.10)	0.2399		

Table 5.i. Association of socio-demographic factors with reason for husband not using condom while having sex with the respondent (before planning for a baby) among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

		Before planning for a baby, reason for husband not using co							
Variables	Response		while having sex with you (ref=No idea what a condom is)						
variables	categories	OR	Not required for sex v	vith spouse	Non-availability of con required	Non-availability of condom when required			
Continuous			OR (95%CI)	p value	OR (95%CI)	p value			
Age of the participat	nt in completed	Unadj	1.05(1.01-1.11)	0.0419	1.04(0.97-1.12)	0.2810			
years	_	Adj	1.01(0.93-1.10)	0.7316	1.10(0.98-1.24)	0.1130			
Age at marriage		Unadj	1.01(0.95-1.07)	0.8139	0.96(0.88-1.05)	0.4198			
Age at marriage		Adj	0.92(0.85-0.99)	0.0358	0.89(0.80-1.00)	0.0528			
Husband's age		Unadj	1.06(1.03-1.10)	0.0010	1.02(0.97-1.07)	0.4642			
Thusballe s age		Adj	1.08(1.02-1.14)	0.0098	1.00(0.92-1.08)	0.9226			
Per capita family inc	come	Unadj	1.00(0.99-1.01)	0.3810	1.02(0.97-1.07)	0.8351			
		Adj	1.00(0.98-1.01)	0.8092	1.03(0.96-1.11)	0.5466			
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value			
Religion	Muslim	Unadj	0.65(0.45-0.94)	0.0222	0.73(0.43-1.24)	0.2467			
(ref=Hindu)	101uomm	Adj	0.77(0.50-1.19)	0.2325	0.58(0.31-1.08)	0.0853			
	Primary	Unadj	2.15(0.85-5.44)	0.1045	1.72(0.45-6.64)	0.4290			
		Adj	2.71(1.04-7.09)	0.0423	2.81(0.66-12.03)	0.1637			
Educational level	High-school	Unadj	3.12(1.53-6.37)	0.0018	1.90(0.66-5.50)	0.2362			
(ref=No education)		Adj	4.92(2.22-10.91)	<.0001	4.03(1.18-13.81)	0.0263			
	Graduation and	Unadj	4.81(1.76-13.19)	0.0023	1.75(0.39-7.95)	0.4687			
	above	Adj	7.09(2.32-21.67)	0.0006	4.41(0.80-24.27)	0.0877			
	Primary	Unadj	1.19(0.59-2.38)	0.6320	1.12(0.45-2.82)	0.8039			
Husband's		Adj	1.19(0.56-2.51)	0.6482	0.92(0.34-2.47)	0.8668			
educational level	High-school Graduation and	Unadj	1.56(0.85-2.84)	0.1480	0.82(0.37-1.85)	0.6371			
(ref=No education)		Adj	1.34(0.69-2.62)	0.3846	0.74(0.30-1.82)	0.5099			
` ´		Unadj	5.17(1.78-15.00)	0.0025	0.85(0.17-4.26)	0.8432			
	above	Adj	3.91(1.21-12.63)	0.0227	0.84(0.14-4.89)	0.8476			
Currently working?	Yes (ref=No)	Unadj	4.92(0.66-36.97)	0.1214	6.50(0.71-59.07)	0.0965			
, ,	· · · ·	Adj	4.86(0.63-37.44)	0.1290	4.22(0.42-42.56)	0.2221			
	Skilled Worker	Unadj	0.8/(0.47-1.63)	0.6733	1.53(0.59-4.00)	0.3856			
		Adj	0.66(0.34-1.28)	0.2147	1.24(0.45-3.36)	0.6786			
Husband's	Business	Unadj	1.21(0.61-2.39)	0.5833	1.04(0.35-3.05)	0.9446			
occupation		Adj	0./3(0.35-1.53)	0.4055	0.81(0.26-2.52)	0.7124			
(ref=Unskilled	Service	Unadj	1.49(0.66-3.36)	0.3417	0.99(0.26-3.70)	0.9869			
worker)	0.10 1 1	Adj	0.84(0.34-2.05)	0.0991	0.09(0.17-2.81)	0.0087			
	/Drofossional	Unadj	1.82(0.65-5.08)	0.2513	2.86(0.71-11.44)	0.1381			
	/Professional	Adj	1.22(0.42-3.55)	0.7140	2.23(0.53-9.28)	0.2722			
	Sometimes	Unadj	0.09(0.20-2.30)	0.5593		0.0268			
Due to work,		Adj	0.70(0.19-2.55)	0.5921	0.06(0.01-0.62)	0.0186			
from you/family at	Few times	Unadj	1.42(0.32-0.27)	0.0401	0.62(0.09-4.22)	0.6297			
a stratch for >6	N	Adj	1.35(0.28-0.41)	0.7054	0.53(0.07-3.82)	0.5319			
a succent for ≥ 0	Inever	Unadj	1.4/(0.55-4.13)	0.4605	0.56(0.16-1.88)	0.3447			
monuis :	(rel=most of	Adi	1 47(0 40 4 41)	0 1061	0 45(0 12 1 64)	0 2270			
	Durol	Auj Unad:	$\begin{array}{c} 1.47(0.49-4.41) \\ 0.83(0.57, 1.20) \end{array}$	0.4904	0.43(0.13-1.04) $0.08(0.57 + 1.69)$	0.2270			
Residential area	(ref-Urban)	Adi	0.03(0.37-1.20) $0.80(0.57, 1.20)$	0.5140	1.02(0.57-1.08)	0.9330			
	(ici=0ibali)	Auj	0.09(0.37-1.38)	0.3690	1.02(0.34-1.91)	0.9027			

			Before planning for a	baby, reaso	on for husband not using	ng condom	
Variables	Response	OP	While naving sex	with you (re			
	categories	UK	using condo	sure when	Cost of condo	m	
Continuous			OR (95%CI)	n value	OR (95%CI)	n value	
Age of the participa	nt in	Unadi	1 08(1 02-1 14)	0.0128	1 04(0 97-1 11)	0 2462	
completed years		Adi	1.09(0.99-1.20)	0.0954	1.05(0.94-1.17)	0.3955	
Age at marriage		Unadi	1.01(0.94-1.08)	0.8747	0.90(0.83-0.98)	0.0207	
		Adi	0.87(0.79-0.96)	0.0055	0.88(0.79-0.98)	0.0179	
		Unadi	1.05(1.01-1.10)	0.0251	1.03(0.99-1.08)	0.1741	
Husband's age		Adi	1.05(0.98-1.12)	0.1782	1.03(0.96-1.11)	0.3527	
		Unadi	1.00(0.99-1.01)	0.2314	1.03(1.02-1.04)	0.0491	
Per capita family in	come	Adi	1.00(0.98-1.01)	0.6052	1.02(0.97-1.07)	0.3242	
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value	
Religion		Unadi	1.06(0.68-1.65)	0.7971	1.17(0.71-1.91)	0.5400	
(ref=Hindu)	Muslim	Adj	1.51(0.88-2.58)	0.1346	1.16(0.64-2.09)	0.6201	
, ,		Unadj	3.59(0.81-16.01)	0.0938	1.08(0.39-2.96)	0.8857	
	Primary	Adj	4.57(1.00-20.94)	0.0505	1.17(0.41-3.37)	0.7720	
Educational level		Unadj	6.12(1.72-21.84)	0.0052	0.63(0.30-1.36)	0.2425	
(ref=No education)	High-school	Adj	10.16(2.67-38.60)	0.0007	0.86(0.36-2.07)	0.7410	
	Graduation	Unadj	14.00(3.18-61.60)	0.0005	0.10(0.01-0.93)	0.0424	
	and above	Adj	21.68(4.38-107.30)	0.0002	0.20(0.02-1.96)	0.1667	
	Primary	Unadj	1.55(0.62-3.86)	0.3519	0.99(0.44-2.19)	0.9722	
		Adj	1.38(0.52-3.65)	0.5138	1.22(0.51-2.90)	0.6525	
Husband's	High-school Graduation	Unadj	1.96(0.88-4.39)	0.1014	0.48(0.24-0.98)	0.0447	
educational level		Adj	1.64(0.68-3.95)	0.2728	0.71(0.32-1.58)	0.3981	
(rel=No education)		Unadj	6.80(1.98-23.31)	0.0023	0.31(0.05-1.79)	0.1905	
	and above	Adj	4.27(1.09-16.82)	0.0377	0.65(0.10-4.14)	0.6451	
Currently	Var (maf Na)	Unadj	11.13(1.44-86.10)	0.0210	7.59(0.90-63.95)	0.0623	
working?	Yes (ref=No)	Adj	7.92(0.98-63.97)	0.0523	7.49(0.84-66.84)	0.0712	
	Skilled	Unadj	0.89(0.42-1.92)	0.7729	0.72(0.33-1.56)	0.4069	
	Worker	Adj	0.60(0.26-1.35)	0.2139	0.74(0.33-1.68)	0.4694	
TT1	D	Unadj	1.20(0.53-2.75)	0.6611	0.64(0.27-1.53)	0.3181	
Husband s	Business	Adj	0.69(0.28-1.70)	0.4177	0.75(0.29-1.94)	0.5567	
(ref-Unskilled	C	Unadj	1.70(0.65-4.45)	0.2828	0.41(0.12-1.34)	0.1393	
(IEI-UIISKIIIEU worker)	Service	Adj	0.86(0.30-2.51)	0.7858	0.59(0.16-2.10)	0.4145	
worker)	Self-	Unadj	1.91(0.58-6.29)	0.2861	1.18(0.33-4.17)	0.8013	
	employed						
	/Professional	Adj	1.36(0.39-4.72)	0.6286	1.28(0.34-4.78)	0.7107	
Due to work	Sometimes	Unadj	1.25(0.23-6.65)	0.7937	0.58(0.12-2.75)	0.4958	
buchand stave	Sometimes	Adj	1.08(0.19-6.14)	0.9331	0.72(0.13-4.01)	0.7096	
away from	Few times	Unadj	2.92(0.44-19.23)	0.2660	0.25(0.02-3.10)	0.2805	
way nom	rew times	Adj	2.00(0.27-14.59)	0.4931	0.38(0.03-5.16)	0.4674	
stretch for >6	Never	Unadj	2.18(0.51-9.30)	0.2919	0.86(0.24-3.06)	0.8179	
months?	(ref=Most of						
	the time)	Adj	1.80(0.40-8.17)	0.4450	1.35(0.32-5.60)	0.6816	
Residential area	Rural	Unadj	0.72(0.46-1.12)	0.1448	1.02(0.62-1.69)	0.9301	
Kesidential area	(ref=Urban)	Adj	0.55(0.32-0.94)	0.0299	0.90(0.50-1.64)	0.7344	

Table 5.j. Association of socio-demographic factors with having male sex partner other than husband among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Have male sex partner other than			
Variables	Demonstration		husband (ref=No)		
	Response categories	OK	Yes			
Continuous			OR (95%CI)	p value		
A go of the participant in cor	mulated years	Unadj	1.07(1.01-1.13)	0.0141		
Age of the participant in cor	inpleted years	Adj	1.13(1.03-1.24)	0.0115		
A se et manie se		Unadj	0.88(0.81-0.96)	0.0053		
Age at marriage		Adj	0.95(0.87-1.04)	0.2814		
Uushand's age		Unadj	1.01(0.97-1.05)	0.6851		
Husballu's age		Adj	0.95(0.89-1.01)	0.0990		
Par agnita family income		Unadj	1.02(1.01-1.03)	0.0151		
Fer capita failing income		Adj	1.02(0.98-1.03)	0.6936		
Categorical	Categories	OR	OR (95%CI)	p value		
Baligion (raf-Hindu)	Muslim	Unadj	1.74(1.09-2.79)	0.0200		
Kengion (lei–Hindu)	WIUSIIIII	Adj	1.48(0.84-2.60)	0.1708		
	Drimory	Unadj	0.61(0.30-1.21)	0.1585		
	Fillinary	Adj	0.55(0.26-1.15)	0.1130		
Educational level (ref=No education)	Uich school	Unadj	0.12(0.07-0.23)	<.0001		
	righ-school	Adj	0.13(0.07-0.27)	<.0001		
	Graduation and above	Unadj	-	-		
	Graduation and above	Adj	-	-		
	Drimory	Unadj	0.53(0.28-1.00)	0.0514		
	Primary	Adj	0.84(0.42-1.70)	0.6345		
Husband's educational	Iliah sahaal	Unadj	0.28(0.16-0.48)	<.0001		
level (ref=No education)	righ-school	Adj	0.77(0.40-1.47)	0.4262		
	Can denotion and above	Unadj	0.05(0.01-0.34)	0.0028		
	Graduation and above	Adj	0.26(0.03-2.15)	0.2129		
Currently working?	Vac (raf-Na)	Unadj	1.94(0.81-4.62)	0.1355		
Currently working?	Tes (Tel=INO)	Adj	1.72(0.64-4.66)	0.2834		
	Skilled Worker	Unadj	0.61(0.34-1.11)	0.1029		
	Skilled WOIKEI	Adj	0.85(0.45-1.62)	0.6316		
	Business	Unadj	0.24(0.10-0.55)	0.0007		
Husband's occupation	Dusiliess	Adj	0.51(0.21-1.24)	0.1386		
(ref=Unskilled worker)	Sorvico	Unadj	0.17(0.05-0.58)	0.0049		
	Scivice	Adj	0.47(0.13-1.76)	0.2640		
	Self-employed	Unadj	0.90(0.39-2.12)	0.8175		
	/Professional	Adj	1.41(0.55-3.61)	0.4718		
	Sometimes	Unadj	1.99(0.39-10.25)	0.4122		
Due to work, husband	Sometimes	Adj	2.41(0.39-14.87)	0.3438		
stays away from	Few times	Unadj	1.67(0.27-10.46)	0.5836		
you/family at a stretch for	Tew unies	Adj	2.45(0.33-18.11)	0.3813		
≥ 6 months?	Never (ref=Most of the	Unadj	1.21(0.29-5.06)	0.7979		
	time)	Adj	1.71(0.34-8.44)	0.5131		
Residential area	Rural (ref-Urban)	Unadj	1.33(0.83-2.13)	0.2320		
		Adj	1.39(0.77-2.49)	0.2714		

Table 5.k. Association of socio-demographic factors with ever being offered money for having sex with male partner other than husband among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables	Response categories	OR	For sex with male partner other than husband were you ever offered money? (ref=No)			
			Yes			
Continuous			OR (95%CI)	p value		
Age of the participant in c	ompleted years	Unadj	1.01(0.89-1.14)	0.9173		
	ompieted years	Adj	0.89(0.70-1.13)	0.3278		
Age at marriage		Unadj	0.99(0.84-1.17)	0.9166		
		Adj	1.09(0.87-1.37)	0.4520		
Husband's age		Unadj	1.04(0.96-1.14)	0.3407		
		Adj	1.11(0.95-1.29)	0.1920		
Per capita family income		Unadj	0.98(0.97-0.99)	0.0300		
		Adj	0.98(0.94-1.02)	0.0911		
Categorical	Categories	OR	OR (95%CI)	p value		
Religion (ref=Hindu)	Muslim	Unadj	1.14(0.45-2.89)	0.7782		
	iviusiiiii	Adj	0.60(0.13-2.73)	0.5090		
	Primary	Unadj	0.50(0.12-2.08)	0.3373		
	T TIIIlai y	Adj	0.26(0.03-2.14)	0.2120		
Educational level	High-school	Unadj	0.24(0.07-0.85)	0.0273		
(ref=No education)		Adj	0.23(0.03-1.64)	0.1431		
	Graduation and	Unadj	-	-		
	above	Adj	-	-		
	Primary	Unadj	1.00(0.28-3.61)	1.0000		
		Adj	1.06(0.22-5.18)	0.9450		
Husband's educational	High-school	Unadj	0.50(0.17-1.51)	0.2201		
level (ref=No education)	Ingii-senooi	Adj	0.93(0.21-4.09)	0.9267		
	Graduation and	Unadj	-	-		
	above	Adj	-	-		
Currently working?	Vas (ref-No)	Unadj	1.41(0.24-8.18)	0.7023		
Currentry working:		Adj	1.29(0.11-15.41)	0.8424		
	Skilled Worker	Unadj	0.55(0.16-1.83)	0.3271		
	Skilled Worker	Adj	0.66(0.15-2.87)	0.5777		
	Business	Unadj	0.36(0.07-1.96)	0.2399		
Husband's occupation	Dusiness	Adj	0.69(0.07-6.91)	0.7524		
(ref=Unskilled worker)	Service	Unadj	0.23(0.02-3.13)	0.2682		
	Service	Adj	0.67(0.02-21.43)	0.8198		
	Self-employed	Unadj	3.64(0.35-37.46)	0.2780		
	/Professional	Adj	3.10(0.24-40.13)	0.3860		
Residential area	Rural	Unadj	1.79(0.71-4.53)	0.2198		
Residential area	(ref=Urban)	Adj	7.53(1.07-52.94)	0.0423		

Table 5.1. Association of socio-demographic factors with ever accepting money/gift for having sex with male partner other than husband, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables	Dognongo		For sex with male partner other than husband ever				
variables	Response	OR	accepted any gifts/money (ref=No)				
Continuous	categories		OR (95%CI)	p value			
A go of the participant in	completed years	Unadj	1.03(0.91-1.16)	0.6859			
Age of the participant in	completed years	Adj	0.87(0.68-1.10)	0.2469			
Age at marriage		Unadj	0.94(0.80-1.12)	0.5026			
Age at marriage		Adj	1.05(0.82-1.33)	0.7172			
Husband's age		Unadj	1.07(0.98-1.17)	0.1389			
Thusballe s age		Adj	1.13(0.97-1.32)	0.1236			
Per capita family incom	-	Unadj	1.01(0.99-1.03)	0.1543			
Ter capita failing meoni		Adj	1.01(0.98-1.04)	0.6821			
Categorical	Categories	OR	OR (95%CI)	p value			
Religion (ref-Hindu)	Muslim	Unadj	1.90(0.75-4.81)	0.1736			
Kengion (rei=rindu)	WIUSIIII	Adj	1.16(0.26-5.31)	0.8444			
	Primary	Unadj	0.83(0.21-3.38)	0.7984			
Educational level	1 minar y	Adj	0.19(0.01-2.41)	0.1995			
(ref=No education)	High-school	Unadj	0.27(0.08-0.88)	0.0300			
		Adj	0.10(0.01-1.12)	0.0621			
Husband's educational	Primary	Unadj	1.00(0.28-3.61)	1.0000			
level (ref–No	1 mary	Adj	1.40(0.25-7.76)	0.7012			
education)	High-school	Unadj	0.40(0.13-1.23)	0.1103			
	Tingii-school	Adj	0.90(0.20-4.09)	0.8904			
Currently working?	Ves (ref–No)	Unadj	1.57(0.27-9.11)	0.6143			
Currentry working:	103 (101–100)	Adj	1.37(0.11-17.17)	0.8088			
	Skilled Worker	Unadj	0.37(0.10-1.31)	0.1219			
	Skilled Worker	Adj	0.30(0.06-1.56)	0.1517			
Husband's occupation	Business	Unadj	0.17(0.03-0.99)	0.0497			
(ref-Unskilled	Dusiness	Adj	0.15(0.01-1.59)	0.1158			
(rei=Unskilled worker)	Service	Unadj	0.17(0.01-2.37)	0.1857			
	Service	Adj	1.33(0.03-59.90)	0.8817			
	Self-employed	Unadj	1.17(0.17-8.09)	0.8760			
	/Professional	Adj	0.60(0.05-6.64)	0.6755			
Residential area	Rural	Unadj	3.00(1.16-7.75)	0.0229			
Residential area	(ref=Urban)	Adj	18.45(1.67-204.00)	0.0174			

Table 5.m. Association of socio-demographic factors with receiving injection from nurse/compounder/any health worker, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			In the last 6 months, n	o. of inje	ction received from	a
Variables	Dosponso		nurse/compounder/an	y health	worker? (ref=Neve	r)
	categories	OR	1 to 2 times		More than two	times
Continuous	categories			р		р
Continuous			OR (95%CI)	value	OR (95%CI)	value
Age of the partie	cipant in	Unadj	0.95(0.89-1.01)	0.0724	0.92(0.86-0.99)	0.0316
completed years	8	Adj	1.02(0.92-1.14)	0.6795	0.91(0.80-1.03)	0.1498
Age at marriage		Unadj	0.91(0.85-0.98)	0.0142	0.98(0.90-1.06)	0.5722
i ige at mairiage		Adj	0.98(0.89-1.09)	0.7119	1.12(1.00-1.26)	0.0570
Husband's age		Unadj	0.96(0.92-1.01)	0.0869	0.97(0.92-1.02)	0.2233
		Adj	0.98(0.91-1.05)	0.5839	1.01(0.93-1.09)	0.7899
Per capita famil	v income	Unadj	1.01(0.99-1.03)	0.1358	1.01(0.99-1.01)	0.1294
p	,	Adj	1.01(0.98-1.04)	0.8903	1.01(0.98-1.04)	0.3853
Categorical	Categories		OR (95%CI)	p value	OR (95%CI)	p value
Religion	Muslim	Unadj	3.43(1.92-6.11)	<.0001	2.67(1.40-5.10)	0.0028
(ref=Hindu)	widshin	Adj	1.65(0.85-3.23)	0.1417	1.24(0.58-2.62)	0.5798
	Primary	Unadj	3.04(0.74-12.50)	0.1237	8.00(1.47-43.68)	0.0163
Educational	1 milar y	Adj	2.55(0.60-10.91)	0.2058	5.14(0.90-29.30)	0.0651
level (ref=No	High-school Graduation and	Unadj	1.90(0.79-4.59)	0.1535	3.39(0.99-11.64)	0.0528
education)		Adj	1.48(0.57-3.84)	0.4228	2.06(0.56-7.61)	0.2767
courses)		Unadj	1.11(0.37-3.32)	0.8509	2.10(0.48-9.14)	0.3227
	above	Adj	1.35(0.37-4.89)	0.6498	1.67(0.32-8.68)	0.5446
	Primary	Unadj	1.15(0.32-4.13)	0.8329	1.52(0.38-6.04)	0.5534
Husband's	T TIIIdi y	Adj	1.07(0.28-4.04)	0.9204	1.29(0.31-5.46)	0.7276
educational	High-school	Unadj	0.58(0.21-1.65)	0.3104	0.47(0.15-1.48)	0.1983
level (ref=No	Ingii-senoor	Adj	0.70(0.23-2.18)	0.5411	0.45(0.13-1.56)	0.2058
education)	Graduation and	Unadj	0.31(0.10-0.99)	0.0483	0.40(0.11-1.50)	0.1749
~ .	above	Adj	0.42(0.11-1.67)	0.2208	0.47(0.10-2.19)	0.3369
Currently	Yes (ref=No)	Unadj	0.47(0.18-1.21)	0.1189	0.50(0.15-1.64)	0.2546
working?		Adj	0.60(0.19-1.86)	0.3729	0.75(0.19-2.94)	0.6814
	Skilled Worker	Unadj	0.59(0.20-1.71)	0.3315	0.87(0.27-2.82)	0.8124
		Adj	0.42(0.12-1.46)	0.1733	0.66(0.17-2.57)	0.5461
Husband's	Business	Unadj	0.62(0.20-1.92)	0.4074	0.67(0.19-2.36)	0.5299
occupation		Adj	0.54(0.14-2.03)	0.3602	0.60(0.14-2.62)	0.5007
(ref=Unskilled	Service	Unadj	0.35(0.11-1.13)	0.0794	0.51(0.14-1.91)	0.3170
worker)		Adj	0.50(0.12-2.03)	0.3326	0.69(0.14-3.28)	0.6403
	Self-employed	Unadj	0.51(0.13-1.93)	0.3195	0.21(0.04-1.19)	0.0777
	/Professional	Adj	0.44(0.09-2.07)	0.2965	0.21(0.03-1.41)	0.1079
Due to work,	Sometimes	Unadj	1.66(0.39-7.02)	0.4919	1.45(0.28-7.34)	0.6571
husband stays		Adj	1.09(0.22-5.37)	0.9162	1.11(0.19-6.62)	0.9081
away from	Few times	Unadj	2.05(0.36-11.88)	0.4216	1.33(0.18-9.73)	0.7762
you/family at		Adj	1.55(0.23-10.26)	0.6517	1.18(0.14-9.85)	0.8816
a stretch for	Never (ref=Most	Unadj	2.64(0.91-7.66)	0.0748	1.18(0.35-4.00)	0.7903
≥6 months?	of the time)	Adj	1.91(0.55-6.63)	0.3098	0.99(0.24-4.04)	0.9873
Residential	Rural	Unadj	5.73(3.08-10.66)	<.0001	6.16(3.10-12.25)	<.0001
area	(ref=Urban)	Adj	4.07(2.03-8.16)	<.0001	5.38(2.48-11.69)	<.0001

Table 6.a. Association of age at first sex with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, WB, India, 2016

	D		Age in years at first sex (ref=<15)					
Variables	Response	0	15-18		19-35		>35	
v artables	s	R	OR (95%CI)	p value	OR (95%CI)	p value	OR (95%CI)	p value
			Respondent's know	owledge re	garding STIs and I	HIV		
Knowledge	Augrago	U	1.55(1.03-2.31)	0.0337	1.34(0.87-2.06)	0.1844	0.61(0.19-1.92)	0.3966
regarding	Average	Α	1.52(0.98-2.34)	0.0606	1.42(0.83-2.43)	0.2060	0.78(0.22-2.81)	0.7034
symptoms of	Cood	U	1.85(1.19-2.90)	0.0068	2.58(1.62-4.11)	<.0001	0.46(0.11-1.94)	0.2904
STI (ref=Poor)	Good	А	1.85(1.14-3.01)	0.0124	2.37(1.33-4.23)	0.0035	0.45(0.09-2.22)	0.3265
Knowledge	Auguaga	U	1.94(1.22-3.08)	0.0053	2.29(1.41-3.71)	0.0008	0.69(0.13-3.49)	0.6497
regarding	Average	Α	1.90(1.16-3.11)	0.0110	2.80(1.57-4.99)	0.0005	0.33(0.04-2.93)	0.3196
transmission of	Cood	U	1.46(1.03-2.08)	0.0352	1.70(1.17-2.47)	0.0050	0.88(0.29-2.62)	0.8158
STI (ref=Poor)	Good	Α	1.53(1.04-2.24)	0.0307	1.94(1.21-3.10)	0.0056	0.81(0.25-2.64)	0.7330
Knowledge		U	1.38(0.89-2.14)	0.1455	1.28(0.82-2.02)	0.2795	0.69(0.14-3.49)	0.6526
regarding	Average	Α	1.33(0.83-2.12)	0.2363	1.50(0.86-2.59)	0.1501	0.89(0.16-5.04)	0.8978
complication		U	1.22(0.85-1.73)	0.2788	1.01(0.70-1.46)	0.9659	1.21(0.40-3.61)	0.7378
of STI (ref=Poor)	Good	А	1.24(0.84-1.82)	0.2730	1.30(0.82-2.05)	0.2596	1.49(0.45-4.90)	0.5114
Overall		U	1.90(1.30-2.76)	0.0008	2.09(1.40-3.10)	0.0003	1.48(0.49-4.49)	0.4898
knowledge	Average	А	2.09(1.39-3.13)	0.0004	2.59(1.58-4.24)	0.0002	2.30(0.67-7.88)	0.1840
regarding STI		U	1.68(1.12-2.52)	0.0122	2.18(1.43-3.33)	0.0003	0.48(0.09-2.49)	0.3852
(ref=Poor)	good	А	1.63(1.05-2.52)	0.0288	2.13(1.26-3.60)	0.0049	0.50(0.08-2.93)	0.4386
			Sexual	Relation w	vith husband			
How is your	a vor	U	1.58(1.06-2.34)	0.0241	1.59(1.05-2.39)	0.0267	0.72(0.19-2.73)	0.6316
sexual	Good/OK	Α	1.61(1.05-2.48)	0.0293	1.64(1.00-2.71)	0.0517	0.86(0.21-3.49)	0.8312
experience		U	1.54(0.95-2.49)	0.0778	1.63(1.00-2.68)	0.0520	0.40(0.05-3.26)	0.3937
with your	ОК	Α	1.58(0.94-2.65)	0.0818	1.60(0.88-2.90)	0.1200	0.59(0.07-5.09)	0.6342
husband?		U	0.85(0.45-1.60)	0.6172	0.44(0.21-0.93)	0.0304	0.69(0.08-5.74)	0.7301
(ref=excellent)	Bad	A	0.94(0.48-1.85)	0.8575	0.39(0.15-0.99)	0.0475	0.44(0.04-4.52)	0.4866
Before trying					1.91(0.24-			
to have a baby.	Both	U	1.18(0.19-7.43)	0.8586	15.46)	0.5445	-	-
while having	together		1.40(0.10-		1.12(0.05-			
sex who took	U	A	20.43)	0.8042	23.91)	0.9414	-	-
the decision if			,		1.00(0.10-			
you should use		U	0.40(0.05-3.42)	0.4029	10.17)	1.0000	-	-
a condom?	Husband		0.88(0.04-		0.65(0.02-			
(ref=self)		A	17.67)	0.9341	17.85)	0.8001	-	-
			Husba	and's sexu	al behavior			
Consumption	Sometime	U	0.66(0.45-0.97)	0.0347	0.67(0.44-1.00)	0.0511	0.21(0.03-1.65)	0.1377
of alcohol	S	Α	0.92(0.58-1.44)	0.7064	0.95(0.55-1.65)	0.8647	-	-
before having		U	0.35(0.15-0.81)	0.0136	0.34(0.14-0.83)	0.0186	-	-
sex with you	Almost							
(ref=Never/Ve	always	Α						
ry rare)			0.47(0.19-1.18)	0.1085	0.28(0.08-0.95)	0.0405	-	-
Husband had		U	1.38(0.97-1.95)	0.0705	1.15(0.80-1.65)	0.4567	0.55(0.17-1.79)	0.3250
vaginal sex								
with you	Yes	Ι.						
during		Α						
pregnancy				0.4707		0.01.77		0.5.00
(ret=No)			1.15(0.79-1.68)	0.4702	0.95(0.60-1.49)	0.8152	0.70(0.20-2.42)	0.5686
Husband use	37	U	0.36(0.23-0.56)	<.0001	0.28(0.17-0.47)	<.0001	2.55(0.87-7.50)	0.0879
slang	Yes							
language/beha	(rei=No)	A		0.000	0.54(0.00.1.00)	0.0525	4 00/1 15 17 00	0.0204
ve badiy	1	1	0.40(0.28-0.76)	0.0026	0.54(0.28-1.03)	0.0626	4.29(1.15-16.02)	0.0304

during sex								
with you								
While having		U	0.52(0.30-0.89)	0.0168	0.42(0.23-0.77)	0.0046	4.92(1.62-14.98)	0.0050
sex, physically	Yes							
assault/abuse	(ref=No)	Α						
by husband			0.75(0.41-1.37)	0.3460	1.02(0.48-2.15)	0.9677	10.84(2.60-45.15)	0.0011
You suspect		U	0.44(0.27-0.71)	0.0007	0.56(0.34-0.91)	0.0201	1.86(0.56-6.17)	0.3123
that husband	Vac							
has/had sexual	res (ref Ne)							
relations with	(rel=NO)	A						
other women			0.57(0.33-0.97)	0.0376	0.87(0.46-1.65)	0.6673	2.00(0.52-7.60)	0.3103
Think that the		U	0.46(0.24-0.88)	0.0188	0.51(0.26-1.01)	0.0548	1.74(0.36-8.41)	0.4938
other woman								
with whom								
husband	Vas							
has/had sexual	res	Α						
relation is a								
sex worker								
(ref=No)			0.70(0.34-1.46)	0.3431	1.15(0.47-2.80)	0.7583	1.96(0.34-11.25)	0.4514

Table 6.b. Association of having first sex before marriage with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

	D		Had first sex before			
Variables	Response	OR				
	categories		OR (05% CI)	n vəluo		
Respondent's knowledge regarding STIs and	HIV		OK ()5 /0C1)	p value		
Kispondent s knowledge regarding 511s and		Unadi	0.91(0.57-1.47)	0 7132		
Knowledge regarding symptoms of STI	Average	Adi	0.96(0.59-1.57)	0.7152		
(ref=Poor)		Unadi	1.03(0.64-1.68)	0.8926		
	Good	Adi	1.00(0.60-1.66)	0.9981		
		Unadi	0.83(0.51-1.35)	0.4606		
Knowledge regarding transmission of STI	Average	Adj	0.83(0.50-1.35)	0.4487		
(ref=Poor)	G 1	Unadj	0.93(0.63-1.38)	0.7136		
	Good	Adj	1.00(0.66-1.49)	0.9839		
		Unadj	0.91(0.58-1.42)	0.6787		
Knowledge regarding complication of STI	Average	Adj	0.91(0.57-1.44)	0.6802		
(ref=Poor)	Cont	Unadj	0.78(0.53-1.16)	0.2191		
	Good	Adj	0.86(0.58-1.28)	0.4561		
	A	Unadj	0.95(0.63-1.44)	0.8037		
Owersell be and a data second in a STI (seef. Datas)	Average	Adj	0.97(0.63-1.49)	0.8858		
Overall knowledge regarding S11 (ref=Poor)		Unadj	0.90(0.58-1.42)	0.6639		
	good	Adj	0.92(0.58-1.47)	0.7389		
Sexual Relation with husband						
	Good/OK	Unadj	0.93(0.62-1.40)	0.7253		
		Adj	0.96(0.63-1.47)	0.8555		
How is your sexual experience with your	OK Bad	Unadj	0.99(0.61-1.60)	0.9579		
husband? (ref=excellent)		Adj	1.05(0.64-1.71)	0.8591		
		Unadj	1.69(0.86-3.34)	0.1301		
		Adj	1.97(0.98-3.99)	0.0587		
Defens traine to have a halos subile having and	Doth to gother	Unadj	1.60(0.18-14.41)	0.6731		
Before trying to have a baby, while having sex	boun together	Adj	0.91(0.08-10.74)	0.9383		
condom? (rof-colf)	Unshand	Unadj	1.17(0.09-15.32)	0.9066		
	nusballu	Adj	0.75(0.04-12.99)	0.8419		
Husband's sexual behavior						
	Somotimos	Unadj	2.23(1.51-3.29)	<.0001		
Consumption of alcohol before having sex	Sometimes	Adj	1.88(1.24-2.86)	0.0029		
with you (ref=Never/Very rare)	Almost always	Unadj	4.26(1.96-9.30)	0.0003		
	Almost always	Adj	4.02(1.77-9.13)	0.0009		
Husband had vaginal sex with you during	Vos	Unadj	1.01(0.69-1.48)	0.9606		
pregnancy (ref=No)	105	Adj	1.03(0.69-1.54)	0.8750		
Husband use slang language/behave badly	Vas	Unadj	2.70(1.71-4.28)	<.0001		
during sex with you (ref=No)	168	Adj	3.23(1.94-5.37)	<.0001		
While having sex, physically assault/abuse by	Vas	Unadj	1.65(0.91-2.97)	0.0978		
husband (ref=No)	105	Adj	1.84(0.97-3.49)	0.0633		
You suspect that husband has/had sexual	Vos	Unadj	1.72(1.04-2.85)	0.0359		
relations with other women (ref=No)	105	Adj	1.88(1.10-3.21)	0.0214		
Think that the other woman with whom		Unadj	1.97(1.01-3.83)	0.0459		
husband has/had sexual relation is a sex worker	Yes					
(ref=No)		Adj	2.17(1.06-4.44)	0.0346		

Table 6.c. Association of "ever being forced to have sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees self-interviewed (N=1670), Kolkata, WB, India, 2016

	Desmanne		Ever had forced sex (ref=No)					
Variables	Response	OR	Yes, by hush	and	Yes by someone	e else		
	categories		OR (95%CI)	p value	OR (95%CI)	p value		
Respondent's knowledge regarding S	FIs and HIV							
	Average	U	1.07(0.80-1.43)	0.6382	1.78(0.65-4.83)	0.2608		
Knowledge regarding symptoms of	Average	А	1.07(0.79-1.46)	0.6456	2.29(0.76-6.93)	0.1434		
STI (ref=Poor)	Good	U	0.58(0.43-0.78)	0.0003	1.76(0.66-4.73)	0.2622		
	0000	А	0.67(0.49-0.92)	0.0124	2.54(0.84-7.68)	0.0977		
	Average	U	0.79(0.60-1.04)	0.0942	1.34(0.56-3.18)	0.5114		
Knowledge regarding transmission of	Average	А	0.76(0.56-1.02)	0.0659	1.40(0.56-3.49)	0.4658		
STI (ref=Poor)	Good	U	1.17(0.92-1.49)	0.1976	2.03(0.97-4.26)	0.0609		
	0000	А	1.20(0.93-1.55)	0.1718	2.32(1.05-5.11)	0.0376		
	Average	U	0.97(0.75-1.26)	0.8307	1.42(0.67-3.00)	0.3617		
Knowledge regarding complication of	Average	А	0.97(0.73-1.29)	0.8431	1.57(0.72-3.44)	0.2599		
STI (ref=Poor)	Good	U	1.56(1.23-1.97)	0.0002	1.89(0.98-3.65)	0.0593		
	Good	А	1.49(1.16-1.91)	0.0018	1.92(0.96-3.84)	0.0646		
	Average	U	0.77(0.60-1.00)	0.0464	1.29(0.58-2.88)	0.5337		
Overall knowledge regarding STI	Average	А	0.80(0.62-1.05)	0.1073	1.59(0.68-3.74)	0.2839		
(ref=Poor)	anad	U	0.87(0.67-1.15)	0.3340	1.85(0.82-4.17)	0.1359		
	good	А	0.96(0.71-1.28)	0.7662	2.32(0.97-5.55)	0.0575		
Sexual Relation with husband								
	Cood/OV	U	1.06(0.83-1.35)	0.6347	1.45(0.76-2.77)	0.2558		
	Good/OK	А	1.15(0.89-1.49)	0.2751	1.81(0.92-3.55)	0.0868		
How is your sexual experience with	ОК	U	0.82(0.62-1.08)	0.1639	0.45(0.15-1.33)	0.1499		
your husband? (ref=excellent)		А	0.83(0.62-1.12)	0.2270	0.46(0.15-1.40)	0.1733		
	Bad	U	2.27(1.27-4.08)	0.0060	6.11(2.26-16.47)	0.0004		
		А	2.04(1.11-3.74)	0.0209	4.96(1.73-14.20)	0.0028		
	Both	U	0.19(0.02-1.72)	0.1402	0.20(0.01-3.76)	0.2822		
Before trying to have a baby, while	together	А	0.32(0.01-8.49)	0.4954	0.70(0.00-465.30)	0.9129		
having sex who took the decision if		U	0.61(0.05-7.24)	0.6962	-	-		
you should use a condom? (ref=self)	Husband		3.51(0.07-					
		А	167.90)	0.5243	-	-		
Husband's sexual behavior								
	а. <i>г</i> :	U	1.15(0.87-1.50)	0.3274	1.74(0.89-3.39)	0.1025		
Consumption of alcohol before having	Sometimes	А	1.30(0.96-1.76)	0.0881	1.84(0.88-3.83)	0.1040		
sex with you (ref=Never/Very rare)	Almost	U	1.80(0.84-3.86)	0.1301	1.43(0.18-11.59)	0.7377		
	always	А	1.86(0.84-4.15)	0.1275	1.13(0.13-9.87)	0.9112		
Husband had vaginal sex with you	Yes	U	1.34(1.07-1.68)	0.0118	1.18(0.63-2.24)	0.6021		
during pregnancy	(ref=No)	А	1.46(1.14-1.86)	0.0026	1.45(0.74-2.83)	0.2758		
Husband use slang language/behave	37	U	1.45(0.99-2.13)	0.0576	2.90(1.32-6.37)	0.0080		
badly during sex with you (ref=No)	Yes	А	1.25(0.82-1.90)	0.2995	2.20(0.91-5.30)	0.0784		
While having sex, physically	37	U	1.40(0.90-2.17)	0.1328	2.45(0.97-6.19)	0.0577		
assault/abuse by husband (ref=No)	Yes	А	1.21(0.75-1.95)	0.4313	1.94(0.71-5.32)	0.1949		
You suspect that husband has/had		U	1.16(0.81-1.67)	0.4141	1.77(0.76-4.14)	0.1878		
sexual relations with other women	Yes		. ,		. /			
(ref=No)		Α	1.07(0.73-1.59)	0.7170	1.42(0.57-3.54)	0.4484		
Think that the other woman with		U	0.74(0.46-1.21)	0.2349	1.15(0.34-3.91)	0.8207		
whom husband has/had sexual relation	Yes							
is a sex worker (ref=No)		А	0.63(0.37-1.07)	0.0887	0.72(0.20-2.62)	0.6208		

Table 6.d. Association of "ever having anal sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Variables Respo	Deamona	OR	Ever had anal sex (ref=No)	
	Response		Yes	
	categories		OR (95%CI)	p value
Respondent's knowledge regarding STIs and HIV				
Knowledge regarding symptoms of STI (ref=Poor)	Average	Unadj	1.15(0.88-1.51)	0.3089
		Adj	1.16(0.87-1.53)	0.3195
	Good	Unadj	0.78(0.59-1.04)	0.0899
		Adj	0.90(0.67-1.21)	0.4961
	Average	Unadj	0.73(0.55-0.95)	0.0201
Knowledge regarding transmission of STI (ref-Poor)		Adj	0.72(0.55-0.96)	0.0248
Knowledge regarding transmission of 5 m (rei=1 001)	Good	Unadj	1.19(0.95-1.50)	0.1331
		Adj	1.23(0.97-1.56)	0.0941
Knowledge regarding complication of STI (ref=Poor)	Average	Unadj	0.83(0.65-1.07)	0.1583
		Adj	0.87(0.66-1.13)	0.2989
	Good	Unadj	1.46(1.17-1.83)	0.0007
		Adj	1.41(1.12-1.79)	0.0037
Overall knowledge regarding STI (ref=Poor)	Average	Unadj	0.76(0.60-0.96)	0.0234
		Adj	0.81(0.63-1.04)	0.1022
	good	Unadj	0.99(0.76-1.28)	0.9422
		Adi	1.09(0.83-1.43)	0.5319
Sexual Relation with husband		j		
How is your sexual experience with your husband? (ref=excellent)	Good/OK	Unadj	1.12(0.89-1.41)	0.3247
		Adj	1.25(0.98-1.59)	0.0711
	ОК	Unadj	0.90(0.69-1.18)	0.4588
		Adj	0.98(0.74-1.30)	0.8787
	Bad	Unadj	2.15(1.29-3.58)	0.0032
		Adj	1.87(1.11-3.16)	0.0190
Before trying to have a baby, while having sex who took the decision if you should use a condom? (ref=self)	Both together	Unadj	0.18(0.02-1.57)	0.1209
		Adj	0.20(0.02-2.05)	0.1738
	Husband	Unadj	0.36(0.03-3.92)	0.3996
		Adj	0.50(0.04-6.67)	0.6013
Husband's sexual behavior				
Consumption of alcohol before having sex with you (ref=Never/Very rare)	Sometimes	Unadj	1.04(0.81-1.34)	0.7668
		Adj	1.10(0.83-1.46)	0.5019
	Almost always	Unadj	2.90(1.32-6.39)	0.0083
		Adj	2.57(1.14-5.84)	0.0236
Husband had vaginal sex with you during pregnancy (ref=No)YesHusband use slang language/behave badly during sex with you (ref=No)Yes	Yes	Unadj	1.36(1.09-1.69)	0.0055
		Adj	1.54(1.22-1.95)	0.0003
	**	Unadj	1.84(1.27-2.65)	0.0011
	Yes	Adj	1.36(0.92-2.01)	0.1221
While having sex, physically assault/abuse by husband	Yes	Unadj	1.90(1.24-2.90)	0.0032
(ref=No)		Adj	1.43(0.91-2.24)	0.1224
You suspect that husband has/had sexual relations with	Yes	Unadi	1.43(1.01-2.02)	0.0452
other women (ref=No)		Adi	1.20(0.83-1.74)	0.3246
Think that the other woman with whom husband has/had sexual relation is a sex worker (ref=No) Yes		Unadi	1.31(0.81-2.14)	0.2741
	Yes	Adj	1.02(0.61-1.70)	0.9540

Table 6.e. Association of "ever having sex with someone who consumed alcohol before having sex" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

VariablesResponse categoriesORConstraining atconor. (ref=ref)Variables P Respondent's knowledge regarding STIs and HIV P Respondent's knowledge regarding STIs and HIVKnowledge regarding STIs and HIVKnowledge regarding STIs and HIVOROR (95%CI)PValueAverageUnadj1.27(0.96-1.68)0.0911Adij1.14(0.85-1.51)0.3854AdijUnadj0.94(0.72-1.24)0.0448AverageUnadj0.94(0.72-1.24)0.00252
$ \begin{array}{c c} \mbox{categories} & \mbox{categories} \\ \mbox{categories} & \mbox{categories} \\ \hline \mbox{oR (95%CI)} & \mbox{value} \\ \hline \mbox{oR value} \\ \hline \mbox{oR (95%CI)} & \mbox{value} \\ \hline \mbox{value} \\ \hline \mbox{value} \\ \hline \mbox{categories} & \mbox{oR (95%CI)} & \mbox{value} \\ \hline \mbox{oR (95%CI)} & \mbox{value} \\ \hline \mbox{value} \\ \hline \mbox{value} \\ \hline \mbox{Average} & \mbox{Unadj} & 1.27(0.96-1.68) & 0.0911 \\ \hline \mbox{Adj} & 1.27(0.96-1.68) & 0.0921 \\ \hline \mbox{Adj} & 1.41(1.05-1.91) & 0.0232 \\ \hline \mbox{Adj} & 1.14(0.85-1.51) & 0.3854 \\ \hline \mbox{Adj} & 1.37(1.01-1.88) & 0.0448 \\ \hline \mbox{Adj} & 0.94(0.72-1.24) & 0.6639 \\ \hline \mbox{Average} & \mbox{Adi} & 1.01(0.72-1.24) & 0.0295 \\ \hline \mbox{Average} & \mbox{Adi} & 1.01(0.72-1.24) & 0.0295 \\ \hline \mbox{Average} & \mbox{Adi} & 1.01(0.72-1.24) & 0.0295 \\ \hline \mbox{Adi} & 1.01(0.72-1.24) & 0.0295 \\ \hline \mbox{Average} & \mbox{Adi} & 1.01(0.72-1.24) & 0.0295 \\ \hline \mbox{Adi} & 1.$
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$ \begin{array}{c c} \mbox{Knowledge regarding symptoms of STI (ref=Poor)} & \begin{tabular}{c c} Average & \begin{tabular}{c c} Unadj & 1.27(0.96-1.68) & 0.0911 \\ \hline Adj & \begin{tabular}{c c} Adj & \begin{tabular}{c c} 1.41(1.05-1.91) & \begin{tabular}{c} 0.0232 \\ \hline Adj & \begin{tabular}{c c} 1.14(0.85-1.51) & \begin{tabular}{c} 0.3854 \\ \hline Adj & \begin{tabular}{c} 1.37(1.01-1.88) & \begin{tabular}{c} 0.0448 \\ \hline Average & \begin{tabular}{c} Unadj & \begin{tabular}{c} 0.94(0.72-1.24) & \begin{tabular}{c} 0.6639 \\ \hline 0.0235 \\$
Knowledge regarding symptoms of STI (ref=Poor) Adj 1.41(1.05-1.91) 0.0232 Good Unadj 1.14(0.85-1.51) 0.3854 Adj 1.37(1.01-1.88) 0.0448 Average Unadj 0.94(0.72-1.24) 0.6639
$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Adj 1.37(1.01-1.88) 0.0448 Average Unadj 0.94(0.72-1.24) 0.6639 Adi 1.01(0.76-1.26) 0.0285
Average $\frac{\text{Unadj}}{\text{Adj}}$ $\frac{0.94(0.72-1.24)}{0.0285}$ $\frac{0.0285}{0.0285}$
Knowledge regarding transmission of STI (ref=Poor)
Good Unadj 0.91(0.72-1.14) 0.4213
Adj 1.09(0.85-1.40) 0.4942
Average Unadj 0.90(0.69-1.16) 0.4123
Knowledge regarding complication of STI (ref=Poor) Adj 1.01(0.77-1.34) 0.9229
Good Unadj 1.06(0.85-1.32) 0.6311
Adj 1.25(0.98-1.58) 0.0721
Average Unadj 0.94(0.74-1.20) 0.6329
Overall knowledge regarding STI (ref=Poor)
good Unadj 1.08(0.83-1.39) 0.5784
Adj 1.36(1.03-1.80) 0.0303
Sexual Relation with husband
Good/OK Unadj 0.88(0.70-1.11) 0.2936
Adj 1.04(0.81-1.34) 0.7416
How is your sexual experience with your husband? OK Unadj $0.8/(0.66-1.14)$ 0.3083
(rei=excellent) Adj $1.00(0.75-1.55)$ $0.9/45$
Bad Unadj 3.62(2.19-5.98) <.0001
Adj 4.25(2.50-7.25) <.0001
Both Unadj $2.01(0.57-11.97)$ 0.2175
decision if you should use a condom? (ref=self)
Husband Adi $2.22(0.57-15.18)$ 0.3795
Auj 5.01(0.50-50.52) 0.2705
Husband had vaginal sex with you during pregnancy Unadi 1 21(0 07 1 51) 0 0044
$\begin{array}{c c} \text{Trusband had vaginar sex with you during pregnancy} \\ \text{(ref-No)} \\ \end{array} \qquad \begin{array}{c c} \text{Ves} \\ \text{Adj} \\ \hline 1.21(0.57-1.51) \\ \hline 0.0944 \\ \hline 0.0074 \\ \hline \end{array}$
Aug 1.40(1.07-1.76) 0.0074 Huchand use slang language/behave hadly during sex with Unadi $2.11(1.50-2.08)$ < 0001
$\begin{array}{c c} \text{Yes} \\ \hline \text{Vou} (\text{ref-No}) \\ \hline $
While having sex_physically assault/abuse by hushand Unadi 1.57(1.27-2.75) 0.0013
(ref=No) Yes $Adi = 1.35(10-205) = 0.0210$
You suspect that husband has/had sexual relations with $Unadi$ $2.09(1.49-2.94) < 0.001$
other women (ref=No) Yes Adi $2.20(152-319) < 0001$
Think that the other woman with whom husband has/had Unadi 1.87(1.16-3.01) 0.0098
sexual relation is a sex worker (ref=No) Yes Adj 1.75(1.04-2.94) 0.0352
Table 6.g. Association of "having male sex partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Have male sex partner other than husband (ref=No)		
Variables	Response categories	OR	Yes		
			OR (95%CI)	n value	
Respondent's knowledge regarding STIs an	d HIV			pruide	
		Unadi	0.72(0.35-1.47)	0.3661	
Knowledge regarding symptoms of STI	Average	Adi	0.72(0.36-1.62)	0.4889	
(ref=Poor)		Unadi	1 90(0 99-3 65)	0.0528	
	Good	Adi	2.54(1.26-5.09)	0.0089	
		Unadi	1.87(1.02-3.41)	0.0425	
Knowledge regarding transmission of STI	Average	Adi	2.09(1.10-3.97)	0.0244	
(ref=Poor)		Unadi	1.11(0.63-1.97)	0.7142	
	Good	Adi	1.10(0.60-2.02)	0.7604	
		Unadi	0.54(0.28-1.05)	0.0703	
Knowledge regarding complication of STI	Average	Adi	0.65(0.32-1.30)	0.2214	
(ref=Poor)		Unadi	0.77(0.47-1.27)	0.3081	
	Good	Adi	0.65(0.39-1.10)	0.1102	
		Unadi	1 11(0 62-1 96)	0.7328	
	Average	Adi	1.26(0.69-2.31)	0.4551	
Overall knowledge regarding STI (ref=Poor)		Unadi	1 27(0 70-2 30)	0.4391	
	good	Adi	1 42(0 75-2 69)	0.2835	
Sexual Relation with husband			1.12(0.75 2.05)	0.2000	
Scauli Relation with Husband	Good/OK	Unadi	0 84(0 49-1 43)	0 5158	
		Adi	0.97(0.55-1.71)	0.9093	
How is your sexual experience with your	ОК	Unadi	0.73(0.37-1.44)	0.3624	
husband? (ref=excellent)		Adi	0.73(0.35-1.49)	0.3021	
		Unadi	1 20(0 46-3 12)	0 7074	
	Bad	Adi	0.67(0.24-1.83)	0.4345	
		Unadi	3 80(0 82-17 62)	0.0885	
Before trying to have a baby, while having	Both together	Adi	10.68(1.37-83.46)	0.0240	
sex who took the decision if you should use		Unadi	2.22(0.37-13.18)	0 3793	
a condom? (ref=self)	Husband	Adi	3 97(0 41-38 16)	0.2318	
Husband's sexual behavior			5.57(0.11 50.10)	0.2310	
		Unadi	2.21(1.32-3.68)	0.0024	
Consumption of alcohol before having sex	Sometimes	Adi	1.98(1.10-3.56)	0.0224	
with you (ref=Never/Very rare)		Unadi	7.12(3.10-16.37)	<.0001	
	Almost always	Adi	3.99(1.52-10.47)	0.0050	
Husband had vaginal sex with you during		Unadi	0.35(0.22-0.56)	<.0001	
pregnancy (ref=No)	Yes	Adi	0.47(0.28-0.79)	0.0044	
Husband use slang language/behave badly		Unadi	30.45(18.40-50.38)	<.0001	
during sex with you (ref=No)	Yes	Adi	20.55(11.78-35.86)	<.0001	
While having sex, physically assault/abuse		Unadi	40.42(24.11-67.78)	<.0001	
by husband (ref=No)	Yes	Adi	27.49(15.49-48.78)	<.0001	
You suspect that husband has/had sexual	X7	Unadi	31.10(18.75-51.59)	<.0001	
relations with other women (ref=No)	Yes	Adi	24.69(14.19-42.94)	<.0001	
Think that the other woman with whom		Unadi	72.30(40.47-129.20)	<.0001	
husband has/had sexual relation is a sex	Yes		(····································		
worker (ref=No)		Adj	52.07(27.21-99.67)	<.0001	

Table 6.h. Association of "being ever offered money for sex with male partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

	_		For sex with male partner other than husband were you ever offered money? (ref=No)			
Variables	Response	OR				
	categories	-	Yes			
	1 11117		OR (95%CI)	p value		
Respondent's knowledge regarding STIs an	dHIV	TI	0.77(0.10.2.12)	0.4420		
	Average	Unadj	0.77(0.19-3.12)	0.4429		
Knowledge regarding symptoms of S11		Adj	0.48(0.07-3.16)	0.4429		
(rel=Poor)	Good	Unadj	2.29(0.63-8.34)	0.3793		
		Adj	2.12(0.40-11.23)	0.3793		
	Average	Unadj	2.75(0.82-9.24)	0.0164		
Knowledge regarding transmission of S11		Adj	10.13(1.53-67.09)	0.0164		
(rei=Poor)	Good	Unadj		0.0193		
		Adj	9.08(1.43-57.64)	0.0193		
	Average	Unadj	0.58(0.16-2.16)	0.4294		
Knowledge regarding complication of S11		Adj	0.48(0.08-2.98)	0.4294		
(rei=Poor)	Good	Unadj	2.15(0.77-5.99)	0.0250		
		Adj	5.98(1.25-28.54)	0.0250		
	Average	Unadj	7.78(2.18-27.81)	0.0044		
Overall knowledge regarding STI (ref=Poor)		Adj	11.33(2.13-60.37)	0.0044		
	good	Unadj	5.04(1.40-18.14)	0.0047		
		Adj	13.94(2.25-86.47)	0.0047		
Sexual Relation with husband		TT 1'	0.40(0.40.4.75)	0.0000		
	Good/OK	Unadj	0.40(0.10-1.55)	0.0238		
		Adj		0.0238		
How is your sexual experience with your	OK Bad	Unadj	0.40(0.10-1.55)	0.0238		
husband? (ref=excellent)		Adj		0.0238		
		Unadj	1.04(0.16-6.86)	0.5802		
		Adj	0.54(0.06-4.83)	0.5802		
Before trying to have a baby, while having	Both together	Unadj	1.57(0.36-6.89)	0.3487		
sex who took the decision if you should use		Adj	2.45(0.38-16.06)	0.3487		
a condom? (ref=self)	Husband	Unadj	1.33(0.23-7.63)	0.9617		
, , , , , , , , , , , , , , , , , , ,		Adj	1.05(0.12-9.18)	0.9617		
Husband's sexual behavior		TT 11	0.40(0.14.1.00)	0.6707		
	Sometimes	Unadj	0.40(0.14-1.09)	0.6797		
Consumption of alcohol before having sex		Adj	0.73(0.17-3.21)	0.6797		
with you (ref=Never/Very rare)	Almost	Unadj	0.86(0.18-4.03)	0.7254		
	always	Adj	0.69(0.09-5.35)	0.7254		
Husband had vaginal sex with you during	Yes	Unadj	0.18(0.06-0.51)	0.0528		
pregnancy (ref=No)		Adj	0.23(0.05-1.02)	0.0528		
Husband use slang language/behave badly	Yes	Unadj	5.88(2.16-16.00)	0.0417		
during sex with you (ref=No)		Adj	4.80(1.06-21.70)	0.0417		
While having sex, physically assault/abuse	Yes	Unadj	18.30(5.91-56.64)	0.0003		
by husband (ref=No)		Adj	17.80(3.72-85.24)	0.0003		
You suspect that husband has/had sexual	Yes	Unadj	12.25(4.03-37.22)	0.0003		
relations with other women (ref=No)		Adj	21.20(4.12-109.00)	0.0003		
Ihink that the other woman with whom	37	Unadj	19.50(6.21-61.19)	<.0001		
husband has/had sexual relation is a sex	Yes	A 1'		0001		
worker (ref=No)		Adj	46.69(7.07-308.20)	<.0001		

Table 6.i. Association of "ever accepting money/gift for sex with male partner other than husband" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

	Response		For sex with male partner other than husband ever accepted any gifts/money?			
Variables	categories	OR	(ref=No)			
	C		OR (95%CI)	p value		
Respondent's knowledge regarding ST	Is and HIV					
	Average	Unadj	0.64(0.16-2.63)	0.5385		
Knowledge regarding symptoms of STI	Average	Adj	0.26(0.03-2.00)	0.1970		
(ref=Poor)	Good	Unadj	2.07(0.57-7.50)	0.2696		
	0000	Adj	2.23(0.39-12.68)	0.3650		
	Average	Unadj	2.00(0.61-6.58)	0.2540		
Knowledge regarding transmission of	Trefuge	Adj	6.06(1.04-35.38)	0.0454		
STI (ref=Poor)	Good	Unadj	2.33(0.74-7.28)	0.1465		
	0000	Adj	9.91(1.59-61.58)	0.0139		
	Average	Unadj	0.45(0.12-1.75)	0.2499		
Knowledge regarding complication of	Trefuge	Adj	0.30(0.04-2.04)	0.2191		
STI (ref=Poor)	Good	Unadj	2.37(0.85-6.61)	0.0977		
	0000	Adj	6.04(1.06-34.36)	0.0425		
	Average	Unadj	5.85(1.68-20.41)	0.0055		
Overall knowledge regarding STI	Twenage	Adj	10.50(1.79-61.71)	0.0093		
(ref=Poor)	good	Unadj	5.04(1.40-18.14)	0.0133		
	good	Adj	18.54(2.62-131.30)	0.0035		
Sexual Relation with husband						
	Good/OK	Unadj	0.40(0.10-1.55)	0.1838		
		Adj	0.10(0.01-0.86)	0.0365		
How is your sexual experience with	OK	Unadj	0.40(0.10-1.55)	0.1838		
your husband? (ref=excellent)		Adj	0.10(0.01-0.86)	0.0365		
		Unadj	0.46(0.07-3.05)	0.4220		
	Dau	Adj	0.27(0.03-2.58)	0.2534		
Perform trying to have a haby while	Both	Unadj	1.46(0.33-6.41)	0.6173		
before if ying to have a baby, while baying say who took the decision if you	together	Adj	4.42(0.56-34.71)	0.1577		
should use a condom? (ref-self)	Husband	Unadj	1.00(0.18-5.68)	1.0000		
should use a condonn: (rer-sen)	Thusballu	Adj	1.42(0.14-14.16)	0.7653		
Husband's sexual behavior						
	Somotimos	Unadj	0.30(0.11-0.84)	0.0225		
Consumption of alcohol before having	Sometimes	Adj	0.66(0.14-3.17)	0.6068		
sex with you (ref=Never/Very rare)	Almost	Unadj	1.69(0.31-9.25)	0.5466		
	always	Adj	2.86(0.23-35.34)	0.4124		
Husband had vaginal sex with you	Vas	Unadj	0.18(0.06-0.50)	0.0011		
during pregnancy (ref=No)	168	Adj	0.24(0.05-1.15)	0.0738		
Husband use slang language/behave	Vas	Unadj	6.33(2.30-17.47)	0.0004		
badly during sex with you (ref=No)	168	Adj	2.79(0.66-11.88)	0.1643		
While having sex, physically	Vas	Unadj	13.93(4.69-41.37)	<.0001		
assault/abuse by husband (ref=No)	168	Adj	13.97(2.89-67.60)	0.0010		
You suspect that husband has/had	Yes	Unadj	7.43(2.61-21.16)	0.0002		
sexual relations with other women	(ref=No)	Adj	20.27(3.32-123.80)	0.0011		
Think that the other woman with whom		Unadj	13.87(4.74-40.60)	<.0001		
husband has/had sexual relation is a sex	Yes					
worker (ref=No)		Adj	42.80(6.36-288.10)	0.0001		

Table 6.j. Association of "suspecting that the male sex partner who paid money for sex has sexual relations with female sex workers" with respondents' knowledge, their sexual relationship with their husband and their husband's sexual behavior, among the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Suspect that the male sex partner who paid money for sex has sexual relations with female sex		
Variables	Response	OR			
v ar fabits	categories	U N	workers (ref=No)		
			yes		
			OR (95%CI)	p value	
Respondent's knowledge regarding STIs and HI	V	1			
	Average	Unadj	1.54(0.36-6.60)	0.5621	
Knowledge regarding symptoms of STI	8-	Adj	0.72(0.11-4.53)	0.7249	
(ref=Poor)	Good	Unadj	3.41(0.89-13.04)	0.0729	
	0004	Adj	2.59(0.51-13.10)	0.2503	
	Average	Unadj	4.33(1.23-15.20)	0.0221	
Knowledge regarding transmission of STI	Tiverage	Adj	6.07(1.13-32.70)	0.0357	
(ref=Poor)	Good	Unadj	2.57(0.80-8.32)	0.1147	
	0000	Adj	4.55(0.81-25.54)	0.0852	
	Average	Unadj	0.33(0.09-1.29)	0.1125	
Knowledge regarding complication of STI	Average	Adj	0.30(0.05-1.85)	0.1954	
(ref=Poor)	Good	Unadj	0.71(0.27-1.87)	0.4942	
	0000	Adj	0.67(0.21-2.14)	0.4994	
	Augraga	Unadj	5.85(1.68-20.41)	0.0055	
Overall travuladas recording STL (ref_Deer)	Average	Adj	6.48(1.35-31.11)	0.0195	
Overall knowledge regarding STT (ret=root)	and	Unadj	3.23(0.91-11.42)	0.0687	
	good	Adj	3.46(0.70-17.10)	0.1286	
Sexual relation with husband					
		Unadj	1.01(0.35-2.90)	0.9803	
	Good/OK	Adj	0.96(0.24-3.89)	0.9564	
How is your sexual experience with your	OV	Unadj	0.29(0.07-1.22)	0.0908	
husband? (ref=excellent)	UK	Adj	0.20(0.03-1.27)	0.0883	
	Ded	Unadj	1.14(0.17-7.52)	0.8917	
	Ваа	Adj	1.14(0.14-9.19)	0.9055	
Husband's sexual behavior					
	Constitutes	Unadj	0.66(0.25-1.79)	0.4183	
Consumption of alcohol before having sex with	Sometimes	Adj	0.57(0.13-2.53)	0.4572	
you (ref=Never/Very rare)	Almost	Unadj	0.43(0.09-2.02)	0.2880	
	always	Adj	0.28(0.04-1.81)	0.1810	
Husband had vaginal sex with you during	Vee	Unadj	0.27(0.10-0.72)	0.0087	
pregnancy (ref=No)	res	Adj	0.33(0.08-1.27)	0.1062	
Husband use slang language/behave badly during	V	Unadj	1.88(0.74-4.75)	0.1823	
sex with you (ref=No)	res	Adj	1.71(0.44-6.62)	0.4365	
While having sex, physically assault/abuse by	Yes	Unadj	2.87(1.14-7.21)	0.0249	
husband	(ref=No)	Adj	4.33(1.11-16.92)	0.0349	
You suspect that husband has/had sexual relations	V	Unadj	4.37(1.61-11.86)	0.0037	
with other women (ref=No)	res	Adj	4.62(1.16-18.41)	0.0299	
Think that the other woman with whom husband	Yes	Unadj	7.15(2.67-19.13)	<.0001	
has/had sexual relation is a sex worker	(ref=No)	Adj	10.82(2.65-44.18)	0.0009	

Table 7.a. Distribution of the past history of having symptoms of sexually transmitted

infections among recruited antenatal care attendees who were self-interviewed (N=1670),

Kolkata, West Bengal, India, 2016

Cotogonical variables	Catagorias	NI	0/	95%CL		
Categorical variables	Categories	17	70	Lower	Upper	
In the last 6 months, did you ever have	No	1274	76.29	74.25	78.33	
yellowish/dark colored urine for a sustained period?	Yes	396	23.71	21.67	25.75	
In the last 6 months, were or eyes or skin	No	1529	91.56	90.22	92.89	
yellowish for a prolonged duration?	Yes	141	8.44	7.11	9.78	
In the last 6 months, did you feel feverish or	No	1215	72.75	70.62	74.89	
have a low appetite for a prolonged duration?	Yes	455	27.25	25.11	29.38	
In the last 6 months, did you feel nausea or	No	679	40.66	38.30	43.02	
have episodes of vomiting for a prolonged duration of time?	Yes	991	59.34	56.98	61.70	
In the last Consults, d'dasse have sme faul	No	1071	64.13	61.83	66.43	
In the last 6 months, did you have any four	Once	306	18.32	16.47	20.18	
smenning discharge from your private parts?	> Once	293	17.54	15.72	19.37	
In the last Consults of descent and have seen	No	1141	68.32	66.09	70.56	
In the fast 6 months, did you ever have any huming congetion while wringting?	Once	250	14.97	13.26	16.68	
building sensation while utiliating?	> Once	279	16.71	14.92	18.50	
In the last 6 months, did you any lasions in your	No	1539	92.16	90.86	93.45	
ni ule last o monuis, did you any lesions in your	Once	72	4.31	3.34	5.29	
	> Once	59	3.53	2.65	4.42	
In the last 6 months, did you have any itaking	No	1136	68.02	65.78	70.26	
in the last o months, did you have any fiching	Once	268	16.05	14.29	17.81	
sensation in your private parts?	> Once	266	15.93	14.17	17.69	
In the last 6 months, did you aver have noin in	No	599	35.87	33.57	38.17	
In the last o months, the you ever have pain in	Once	392	23.47	21.44	25.51	
your lower abdomen of lower back?	> Once	679	40.66	38.30	43.02	
In the last 6 months, did you have any	No	1559	93.35	92.16	94.55	
inflammation/swelling in your grain?	Once	56	3.35	2.49	4.22	
	> Once	55	3.29	2.44	4.15	

Table 7b. Association between respondent's and her husband's medical history and having yellowish discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her husband			Had yellowisl colored urine sustained pe	n/dark e for a eriod	Yellowish discoloration of eyes or skin for a prolonged duration	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Blood transfusion in last 6	Vos	Unadj	1.62(0.60-4.34)	0.3386	2.20(0.63-7.67)	0.2184
months (ref=no)	res	Adj	2.02(0.72-5.67)	0.1804	2.87(0.74-11.13)	0.1280
Hepatitis- B vaccination	Vas	Unadj	0.82(0.58-1.18)	0.2887	0.83(0.48-1.45)	0.5089
(ref=no)	res	Adj	0.87(0.60-1.27)	0.4743	1.00(0.54-1.86)	0.9957
Having Hanatitia B (raf-na)	Vas	Unadj	1.00(0.47-2.13)	0.9967	2.08(0.85-5.06)	0.1067
Having Hepaticis- B (Tet-110)	res	Adj	1.31(0.60-2.86)	0.4947	2.66(0.95-7.42)	0.0622
Husband had history of						
Having Hanatitia D (nof-no)	Vas	Unadj	0.27(0.04-2.06)	0.2045	-	-
Having Hepatitis- B (rel=110)	ies	Adj	0.31(0.04-2.49)	0.2734	-	-
Burning sensation/pain/	Onaa	Unadj	2.47(1.75-3.47)	<.0001	2.76(1.75-4.35)	<.0001
irritation while urinating or	Once	Adj	2.40(1.69-3.41)	<.0001	2.81(1.73-4.56)	<.0001
inflammation in the groin	More than	Unadj	2.53(1.65-3.89)	<.0001	1.88(0.99-3.56)	0.0524
(ref=never)	once	Adj	2.49(1.59-3.89)	<.0001	1.60(0.77-3.33)	0.2053

Table 7c. Association between respondent's and her husband's medical history and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her husband			Felt feverish and had poor appetite for a prolonged duration		Had nausea or episodes of vomiting for a prolonged duration	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Blood transfusion in last 6	Vas	Unadj	3.39(1.33-8.65)	0.0106	1.38(0.51-3.68)	0.5264
months (ref=no)	168	Adj	5.29(1.87-14.98)	0.0017	1.38(0.50-3.81)	0.5360
Hepatitis-B vaccination	Vas	Unadj	0.65(0.45-0.93)	0.0171	1.21(0.89-1.63)	0.2176
(ref=no)	res	Adj	0.73(0.50-1.07)	0.1048	1.13(0.82-1.55)	0.4498
Having Hepatitis- B	Vas	Unadj	1.09(0.54-2.22)	0.8117	1.70(0.84-3.45)	0.1416
(ref=no)	168	Adj	1.44(0.68-3.05)	0.3372	1.64(0.79-3.41)	0.1865
Husband had history of						
Having Hepatitis- B	Vas	Unadj	2.31(0.77-6.90)	0.1349	1.55(0.47-5.04)	0.4697
(ref=no)	168	Adj	4.02(1.10-14.70)	0.0352	1.95(0.51-7.56)	0.3324
Burning sensation/pain/	Onee	Unadj	2.85(2.04-3.98)	<.0001	1.51(1.07-2.14)	0.0197
irritation while urinating or	Once	Adj	2.81(1.99-3.99)	<.0001	1.56(1.09-2.23)	0.0145
inflammation in the groin	More than	Unadj	2.10(1.37-3.22)	0.0007	1.50(0.97-2.34)	0.0709
(ref=never)	once	Adj	2.15(1.37-3.38)	0.0009	1.53(0.97-2.42)	0.0675

Table 7d. Association between respondent's and her husband's medical history and having foul smelling urethral discharge in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her			Had foul smelling vaginal discharge				
husband	Ī		Once		More than o	More than once	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
Having Symbilis (rof-no)	Vas	Unadj	0.70(0.08-6.01)	0.7444	1.47(0.28-7.59)	0.6484	
Having Syphins (rei–no)	res	Adj	1.00(0.11-8.78)	0.9987	1.60(0.30-8.57)	0.5847	
Husband had history of							
	Yes	Unadj	1.17(0.12-11.26)	0.8936	1.22(0.13-11.76)	0.8639	
Having Syphins (rei–no)		Adj	1.26(0.13-12.62)	0.8435	1.14(0.12-11.18)	0.9126	
Undergoing circumcision	Vas	Unadj	1.25(0.96-1.62)	0.0929	1.09(0.83-1.42)	0.5296	
(ref=no)	1 68	Adj	1.22(0.88-1.67)	0.2279	1.22(0.88-1.69)	0.2386	
Burning sensation/pain/	Onee	Unadj	2.02(1.34-3.05)	0.0008	2.88(1.94-4.27)	<.0001	
irritation while urinating or	Once	Adj	2.04(1.34-3.10)	0.0009	2.75(1.84-4.11)	<.0001	
inflammation in the groin	More than	Unadj	1.64(0.93-2.91)	0.0872	3.77(2.35-6.05)	<.0001	
(ref=never)	once	Adj	1.53(0.85-2.77)	0.1598	3.70(2.27-6.01)	<.0001	

Table 7e. Association between respondent's and her husband's medical history and having burning sensation while urinating in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her		Had burning sensation while urinating				
husband	husband				More than once	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Having Synhilis (raf-no)	Vas	Unadj	3.45(0.77-15.52)	0.1062	1.02(0.11-9.18)	0.9842
maving Syphins (ref=10)	105	Adj	4.16(0.88-19.64)	0.0720	1.14(0.12-10.41)	0.9096
Husband had history of	Husband had history of					
Harring Combilie (not no)	Yes	Unadj	1.52(0.16-14.71)	0.7157	1.36(0.14-13.17)	0.7882
maving Syphins (ref=10)		Adj	1.46(0.15-14.30)	0.7446	1.48(0.15-14.57)	0.7358
Undergoing circumcision	Vas	Unadj	0.96(0.72-1.28)	0.7816	1.09(0.84-1.43)	0.5185
(ref=no)	168	Adj	0.80(0.57-1.13)	0.2126	0.92(0.66-1.27)	0.5972
Burning sensation/pain/	Onco	Unadj	2.32(1.51-3.56)	0.0001	3.39(2.29-5.01)	<.0001
irritation while urinating or	Once	Adj	2.13(1.37-3.30)	0.0007	3.23(2.17-4.81)	<.0001
inflammation in the groin	More than	Unadj	1.43(0.76-2.69)	0.2729	4.11(2.59-6.53)	<.0001
(ref=never)	once	Adj	1.30(0.67-2.52)	0.4355	3.99(2.47-6.43)	<.0001

Table 7f. Association between respondent's and her husband's medical history and having ulcer in private parts in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her		Had ulcer in private parts				
husband	1		Once		More than or	nce
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Having Symbilis (raf-no)	Vas	Unadj	7.30(1.45-36.82)	0.0160	-	-
flaving Syphins (ref–no)	res	Adj	6.86(1.23-38.32)	0.0281	-	-
Husband had history of						
Having Symbilic (raf_no)	Yes	Unadj	5.41(0.60-48.98)	0.1335	-	-
Having Syphins (ref–ho)		Adj	7.22(0.76-68.40)	0.0849	-	-
Undergoing circumcision	Vac	Unadj	1.55(0.96-2.49)	0.0714	1.67(0.99-2.81)	0.0533
(ref=no)	168	Adj	1.34(0.76-2.37)	0.3124	1.16(0.62-2.15)	0.6433
Burning sensation/pain/	Onco	Unadj	2.39(1.27-4.49)	0.0068	4.49(2.43-8.31)	<.0001
irritation while urinating or	Once	Adj	2.33(1.22-4.47)	0.0107	4.89(2.56-9.33)	<.0001
inflammation in the groin	More than	Unadj	1.15(0.41-3.24)	0.7967	3.07(1.32-7.09)	0.0089
(ref=never)	once	Adj	0.95(0.29-3.14)	0.9293	3.01(1.26-7.22)	0.0134

Table 7g. Association between respondent's and her husband's medical history and having itching sensation in urethra in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her		Had itching sensation in urethra					
husband			Once		More than o	More than once	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
Having Synhilis (ref_no)	Vas	Unadj	6.42(1.07-38.61)	0.0423	6.47(1.08-38.90)	0.0414	
Having Syphinis (lei–lio)	Tes	Adj	6.93(1.11-43.22)	0.0381	6.15(1.00-37.98)	0.0505	
Husband had history of							
	Yes	Unadj	1.42(0.15-13.65)	0.7643	1.43(0.15-13.76)	0.7594	
Having Syphins (ref=10)		Adj	1.26(0.13-12.43)	0.8453	1.18(0.12-11.59)	0.8846	
Undergoing circumcision	Vas	Unadj	1.12(0.86-1.48)	0.4042	1.19(0.91-1.57)	0.2070	
(ref=no)	168	Adj	1.14(0.82-1.60)	0.4336	1.14(0.82-1.59)	0.4398	
Burning sensation/pain/	Onco	Unadj	3.76(2.51-5.65)	<.0001	4.85(3.24-7.27)	<.0001	
irritation while urinating or	Once	Adj	3.84(2.54-5.81)	<.0001	5.05(3.33-7.64)	<.0001	
inflammation in the groin	More than	Unadj	2.23(1.19-4.16)	0.0122	8.27(5.16-13.26)	<.0001	
(ref=never)	once	Adj	2.16(1.13-4.13)	0.0204	8.44(5.18-13.76)	<.0001	

Table 7h. Association between respondent's and her husband's medical history and having pain in lower abdomen or lower back in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the respondent and her			Had pain in lower abdomen or lower back			
husband	Ī		Once	More than o	More than once	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
Having Symbilis (ref_no)	Vas	Unadj	2.05(0.46-9.20)	0.3497	0.29(0.03-2.82)	0.2883
Having Syphinis (rei–iio)	res	Adj	2.25(0.48-10.55)	0.3029	0.32(0.03-3.15)	0.3287
Husband had history of						
	Yes	Unadj	1.53(0.22-10.91)	0.6709	0.44(0.04-4.87)	0.5034
Having Syphinis (rei–iio)		Adj	1.68(0.22-12.67)	0.6129	0.47(0.04-5.23)	0.5379
Undergoing circumcision	Vas	Unadj	1.33(1.02-1.73)	0.0331	1.25(0.99-1.57)	0.0572
(ref=no)	Tes	Adj	1.09(0.79-1.50)	0.6150	1.21(0.92-1.60)	0.1778
Burning sensation/pain/	Omaa	Unadj	1.99(1.22-3.23)	0.0057	2.99(1.96-4.55)	<.0001
irritation while urinating or	Olice	Adj	1.96(1.19-3.23)	0.0081	3.02(1.97-4.65)	<.0001
inflammation in the groin	More than	Unadj	1.78(0.78-4.08)	0.1735	7.03(3.68-13.40)	<.0001
(ref=never)	once	Adj	1.92(0.80-4.61)	0.1435	8.00(4.06-15.77)	<.0001

Table 7i. Association between respondent's and her husband's medical history and having inflammation/swelling in groin in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Medical history of the res	pondent and	her	Had in	flammatio	n/swelling in groin	
husband			Once		More than once	
Respondent had history of	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
			4.71(0.56-			
Having Synhilis (rof-no)	Vos	Unadj	39.76)	0.1549	4.79(0.57-40.51)	0.1501
flaving Syphins (ref=10)	105		5.94(0.63-			
		Adj	55.61)	0.1185	3.97(0.43-37.15)	0.2266
Husband had history of						
Undergoing circumcision	Vas	Unadj	1.28(0.74-2.19)	0.3749	1.53(0.89-2.62)	0.1243
(ref=no)	105	Adj	0.96(0.51-1.83)	0.9101	1.10(0.58-2.08)	0.7756
Burning sensation/pain/	Onco	Unadj	3.92(2.07-7.45)	<.0001	5.53(2.94-10.41)	<.0001
irritation while urinating or	Once	Adj	3.85(1.98-7.48)	<.0001	5.16(2.62-10.16)	<.0001
inflammation in the groin	More than	Unadj	2.25(0.86-5.88)	0.0981	4.99(2.29-10.87)	<.0001
(ref=never)	once	Adj	2.63(0.98-7.08)	0.0555	4.40(1.89-10.27)	0.0006

Table 7j. Association between respondent's sexual behavior/experience and having yellowish discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Sexual behavior/experiences	of the respond	lent	Had yellowish/dark urine for a sustained	colored d period	Yellowish discolor eyes or skin for a p duration	ration of orolonged
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
	15-18	Unadj	0.83(0.58-1.20)	0.3259	0.58(0.36-0.94)	0.0261
	15-18	Adj	0.92(0.63-1.35)	0.6845	0.67(0.39-1.13)	0.1328
Age in years at first say (ref $-/15$)	10-35	Unadj	0.83(0.57-1.21)	0.3333	0.47(0.28-0.80)	0.0055
Age in years at first sex (iei=<15)	17-35	Adj	1.08(0.69-1.71)	0.7288	0.78(0.40-1.53)	0.4754
	>35	Unadj	1.66(0.57-4.79)	0.3531	0.91(0.20-4.24)	0.9029
	~55	Adj	2.31(0.76-7.07)	0.1424	1.07(0.20-5.65)	0.9401
Had first sex before marriage?	Ves	Unadj	1.30(0.89-1.90)	0.1773	1.28(0.73-2.25)	0.3895
(ref=No)	105	Adj	1.31(0.89-1.93)	0.1776	1.56(0.86-2.82)	0.1443
	Yes, by	Unadj	1.28(1.01-1.64)	0.0442	1.36(0.93-2.00)	0.1115
Ever was forced to have sev	husband	Adj	1.34(1.04-1.74)	0.0266	1.16(0.77-1.75)	0.4889
(ref-No)	Yes, by	Unadj	1.26(0.65-2.44)	0.4862	1.76(0.71-4.36)	0.2227
(101-100)	someone					
	else	Adj	1.29(0.65-2.54)	0.4667	1.41(0.53-3.78)	0.4898
Ever had anal sex (ref-No)	Ves	Unadj	1.41(1.12-1.78)	0.0034	1.93(1.33-2.81)	0.0006
	103	Adj	1.36(1.07-1.73)	0.0133	1.49(1.00-2.21)	0.0480
Ever anyone had sex with you	Ves	Unadj	1.52(1.21-1.90)	0.0003	1.16(0.82-1.64)	0.4116
after consuming alcohol (ref=No)	103	Adj	1.61(1.26-2.06)	0.0001	1.16(0.79-1.71)	0.4408
Before planning for a baby, did		Unadj	1.59(1.25-2.01)	0.0001	2.13(1.50-3.01)	<.0001
your husband use condoms	Yes					
during having sex with you?	105					
(ref=No)		Adj	1.49(1.17-1.89)	0.0012	2.13(1.47-3.07)	<.0001
Have male sex partner other than	Yes	Unadj	4.18(2.66-6.57)	<.0001	11.31(6.99-18.29)	<.0001
husband (ref=No)		Adj	4.22(2.61-6.83)	<.0001	9.74(5.65-16.78)	<.0001
For sex with male partner other	Yes	Unadj	4.40(1.71-11.34)	0.0022	4.38(1.64-11.67)	0.0032
than husband were you ever	(ref=No)					
offered money?	× ,	Adj	<u>16.01(3.65-70.31)</u>	0.0002	7.47(1.72-32.47)	0.0074
For sex with male partner other	Yes	Unadj	2.81(1.13-6.98)	0.0257	4.11(1.57-10.71)	0.0039
than husband ever accepted any	(ref=No)	۲. A	10 00/2 40 40 42	0.0020	15 00/2 50 01 01	0.0021
Suggest that the male say partner		Adj	10.88(2.40-49.42)	0.0020	15.08(2.50-91.01)	0.0031
suspect that the male sex partner		Unadj	3.18(1.28-7.90)	0.0129	9.17(3.25-25.93)	<.0001
sayual relations with famale say	Yes					
workers (ref-No)		Adi	7 97(2 24-28 40)	0.0014	13 03(3 16-53 74)	0 0004
In the last 6 months, no, of	1 to 2	Unadi	1 12(0 60-2 00)	0 7248	1 34(0 48-3 75)	0.5780
injection received from a	times	Adi	1.00(0.53-1.01)	0.9932	0.95(0.32_2.73)	0.9776
nurse/compounder/any health	More than	Unadi	1 77(0 88-3 54)	0.1069	1 44(0 46-4 52)	0.5322
worker? (ref=Never)	two times	Adj	1.58(0.77-3.23)	0.2128	1.08(0.33-3.60)	0.8981

Table 7k. Association between respondent's sexual behavior/experience and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Sexual behavior/experiences of the respondent Variables Categorie			Felt feverish and appetite for a pr duration	had poor olonged	Had nausea or episodes of vomiting for a prolonged duration		
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
	15 18	Unadj	1.01(0.71-1.44)	0.9482	1.15(0.83-1.58)	0.4020	
	13-18	Adj	1.12(0.77-1.62)	0.5687	1.04(0.74-1.46)	0.8187	
A go in years at first say $(raf - <15)$	10.25	Unadj	0.80(0.55-1.16)	0.2419	0.99(0.71-1.39)	0.9663	
Age in years at first sex (le1–<15)	19-33	Adj	1.26(0.81-1.98)	0.3079	0.90(0.60-1.34)	0.6052	
	25	Unadj	0.35(0.08-1.61)	0.1782	1.23(0.43-3.52)	0.7042	
	>33	Adj	0.47(0.10-2.25)	0.3457	1.59(0.51-4.98)	0.4222	
	N7	Unadj	1.14(0.78-1.66)	0.4955	1.25(0.88-1.78)	0.2192	
Had first sex before marriage? (ref=No)	res	Adj	1.32(0.89-1.95)	0.1683	1.25(0.87-1.80)	0.2213	
	Yes, by	Unadj	1.33(1.05-1.67)	0.0181	1.06(0.87-1.31)	0.5608	
E (f d h (f N)	husband	Adj	1.21(0.94-1.55)	0.1360	1.11(0.89-1.38)	0.3525	
Ever was forced to have sex (ref=No)	Yes, by	Unadj	2.22(1.24-3.98)	0.0077	0.83(0.47-1.46)	0.5069	
	someone else	Adj	2.16(1.17-3.99)	0.0144	0.93(0.52-1.68)	0.8159	
From had and som (mef. No.)	V	Unadj	1.81(1.45-2.27)	<.0001	1.07(0.88-1.30)	0.4954	
Ever had anal sex (rel=NO)	res	Adj	1.60(1.27-2.03)	<.0001	1.13(0.92-1.40)	0.2318	
Ever anyone had sex with you after	V	Unadj	1.16(0.93-1.44)	0.1896	0.96(0.78-1.16)	0.6464	
consuming alcohol (ref=No)	res	Adj	1.26(0.99-1.60)	0.0584	1.03(0.83-1.28)	0.7742	
Before planning for a baby, did your husband		Unadj	1.61(1.29-2.02)	<.0001	1.26(1.02-1.56)	0.0318	
use condoms during having sex with you?	Yes						
(ref=No)		Adj	1.60(1.27-2.02)	<.0001	1.32(1.06-1.64)	0.0134	
Have male sex partner other than husband	Vas	Unadj	2.36(1.50-3.70)	0.0002	0.50(0.32-0.79)	0.0029	
(ref=No)	168	Adj	1.86(1.15-3.00)	0.0116	0.58(0.36-0.93)	0.0223	
For sex with male partner other than husband	Vas	Unadj	1.25(0.51-3.05)	0.6260	0.30(0.12-0.75)	0.0100	
were you ever offered money? (ref=No)	165	Adj	1.06(0.34-3.35)	0.9208	0.25(0.07-0.87)	0.0293	
For sex with male partner other than husband	Vas	Unadj	1.22(0.51-2.96)	0.6567	0.45(0.18-1.11)	0.0814	
ever accepted any gifts/money (ref=No)	ies	Adj	1.71(0.50-5.85)	0.3896	0.54(0.15-1.91)	0.3389	
Suspect that the male sex partner who paid		Unadj	1.97(0.81-4.81)	0.1353	0.59(0.24-1.44)	0.2476	
money for sex has sexual relations with	Yes (ref=No)						
female sex workers		Adj	1.74(0.61-4.97)	0.3024	0.74(0.23-2.31)	0.5985	
In the last 6 months, no, of injustion received	1 to 2 times	Unadj	0.80(0.46-1.40)	0.4390	0.84(0.50-1.42)	0.5213	
from a nurse/compounder/any health werker?	1.02 times	Adj	0.64(0.35-1.16)	0.1376	0.75(0.43-1.32)	0.3207	
(ref-Never)	More than	Unadj	1.22(0.65-2.28)	0.5419	0.99(0.54-1.81)	0.9720	
	two times	Adj	0.94(0.48-1.84)	0.8508	0.90(0.47-1.70)	0.7393	

Table 7l. Association between respondent's sexual behavior/experience and having foul

smelling urethral discharge in last 6 months among recruited antenatal care attendees who

were sem-interviewed $(1)-10/0$, Norkata, west bengar, india, 2010	were self-interviewed	(N=1670),	Kolkata,	West Bengal	, India, 20	16
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Servel hehevier/erneriences	f the responden		Had foul smelling vaginal discharge					
Sexual behavior/experiences o	t the responden	IL	Once		More than or	nce		
Variables	Catagonias	OP		р		р		
v ai lables	Categories	UK	OR (95%CI)	value	OR (95%CI)	value		
	15 19	Unadj	1.49(0.95-2.34)	0.0809	0.98(0.65-1.48)	0.9187		
	13-16	Adj	1.70(1.06-2.74)	0.0287	1.00(0.65-1.54)	0.9897		
A as in years at first say $(raf - (15))$	10.25	Unadj	1.13(0.71-1.81)	0.6127	0.91(0.59-1.40)	0.6596		
Age in years at first sex (ref=<13)	19-55	Adj	1.79(1.02-3.16)	0.0427	0.94(0.56-1.57)	0.8032		
	> 25	Unadj	0.38(0.05-3.02)	0.3584	0.87(0.23-3.26)	0.8381		
	>55	Adj	0.61(0.07-5.04)	0.6478	0.90(0.23-3.53)	0.8839		
Had first sex before marriage?	Vac	Unadj	0.61(0.36-1.04)	0.0704	1.36(0.90-2.07)	0.1427		
(ref=No)	ies	Adj	0.63(0.37-1.08)	0.0933	1.32(0.86-2.01)	0.2036		
	Yes, by	Unadj	1.74(1.31-2.32)	0.0001	1.15(0.87-1.51)	0.3259		
	husband	Adj	1.58(1.17-2.14)	0.0028	1.12(0.84-1.50)	0.4424		
Ever was forced to have sex (ref=No)	Yes, by	Unadj	1.47(0.68-3.21)	0.3300	1.56(0.77-3.14)	0.2137		
	someone							
	else	Adj	1.38(0.62-3.08)	0.4292	1.54(0.75-3.16)	0.2425		
Ever had anal say (ref-No)	Vas	Unadj	1.27(0.98-1.64)	0.0742	0.96(0.74-1.24)	0.7367		
Ever had anal sex (le1-N0)	168	Adj	1.20(0.91-1.57)	0.1994	0.88(0.67-1.16)	0.3658		
Ever anyone had sex with you after	Vas	Unadj	1.34(1.04-1.73)	0.0258	1.20(0.92-1.56)	0.1778		
consuming alcohol (ref=No)	168	Adj	1.34(1.01-1.76)	0.0402	1.11(0.84-1.47)	0.4735		
Before planning for a baby, did your		Unadj	1.15(0.88-1.51)	0.3007	1.06(0.80-1.40)	0.6861		
husband use condoms during sex with	Yes							
you? (ref=No)		Adj	1.14(0.86-1.50)	0.3631	1.06(0.80-1.41)	0.6929		
Have male sex partner other than	Vas	Unadj	0.82(0.44-1.52)	0.5283	0.86(0.46-1.59)	0.6267		
husband (ref=No)	105	Adj	0.81(0.43-1.55)	0.5291	0.81(0.43-1.55)	0.5239		
For sex with male partner other than	Vas				10.76(1.31-			
husband were you ever offered	res $(ref-No)$	Unadj	1.05(0.31-3.52)	0.9421	88.47)	0.0272		
money?	(101–100)	Adj	4.56(0.54-38.97)	0.1653	-	-		
For sex with male partner other than	Vas				10.75(1.31-			
husband ever accepted any	(ref–No)	Unadj	0.56(0.16-1.93)	0.3585	88.44)	0.0272		
gifts/money	(101-110)	Adj	0.95(0.11-8.11)	0.9649	-	-		
Suspect that the male sex partner who		Unadj	0.57(0.17-1.93)	0.3673	0.30(0.08-1.08)	0.0657		
paid money for sex has sexual	Ves							
relations with female sex workers	105							
(ref=No)		Adj	0.68(0.10-4.67)	0.6955	0.07(0.01-0.73)	0.0262		

Table 7m. Association between respondent's sexual behavior/experience and having burning sensation while urinating in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Sexual behavior/e	experiences of t	he	Had burn	ing sensat	ion while urinating	ç
respo	ndent		Once		More than o	nce
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
	15 19	Unadj	0.97(0.62-1.50)	0.8729	1.25(0.80-1.96)	0.3362
	13-18	Adj	0.92(0.58-1.46)	0.7318	1.36(0.84-2.19)	0.2077
Age in years at first	10.25	Unadj	0.86(0.54-1.36)	0.5055	1.04(0.65-1.67)	0.8701
sex (ref=<15)	19-33	Adj	0.76(0.44-1.31)	0.3243	1.14(0.65-2.00)	0.6423
	>35	Unadj	0.85(0.18-4.07)	0.8352	1.89(0.55-6.46)	0.3130
	/33	Adj	0.98(0.19-4.94)	0.9788	2.47(0.68-8.95)	0.1697
Had first sex before	Ves	Unadj	1.09(0.68-1.76)	0.7216	1.06(0.67-1.68)	0.8062
marriage? (ref=No)	105	Adj	1.11(0.68-1.81)	0.6723	1.05(0.66-1.68)	0.8293
	Yes, by	Unadj	1.89(1.38-2.59)	<.0001	1.23(0.93-1.62)	0.1509
Ever was forced to	husband	Adj	1.91(1.37-2.66)	0.0001	1.29(0.96-1.73)	0.0946
have sex (ref-No)	Yes, by	Unadj	1.87(0.86-4.09)	0.1164	1.23(0.57-2.66)	0.5923
have sex (ici=ivo)	someone					
	else	Adj	2.00(0.90-4.46)	0.0912	1.37(0.62-3.02)	0.4416
Ever had anal sex	Ves	Unadj	1.37(1.03-1.81)	0.0294	1.18(0.90-1.53)	0.2291
(ref=No)	103	Adj	1.26(0.94-1.69)	0.1188	1.17(0.89-1.54)	0.2645
Ever anyone had sex		Unadj	1.47(1.11-1.93)	0.0065	1.18(0.91-1.54)	0.2204
with you after consuming alcohol	Yes					
(ref=No)		Adj	1.48(1.10-1.99)	0.0092	1.25(0.94-1.67)	0.1187
Before planning for a		Unadi	1.05(0.78-1.41)	0.7524	1.13(0.86-1.49)	0.3905
baby, did your		Childy		017021		010700
husband use condoms	Yes					
during having sex with			1.07(0.70.1.44)	0.0005	1.07(0.01.1.40)	0.0000
you? (ref=No)		Adj	1.0/(0.79-1.44)	0.6825	1.0/(0.81-1.42)	0.6396
Have male sex partner	V	Unadj	1.10(0.58-2.10)	0.//1/	1.60(0.93-2.75)	0.0928
(ref=No)	Tes	Adj	1.07(0.55-2.09)	0.8445	1.46(0.82-2.61)	0.1981
For sex with male		Unadj	1.10(0.31-3.94)	0.8836	1.70(0.56-5.20)	0.3507
partner other than	Yes					
husband were you ever	(ref=No)					
offered money?		Adj	0.92(0.14-6.26)	0.9342	1.14(0.27-4.80)	0.8626
For sex with male		Unadj	1.85(0.49-6.93)	0.3636	1.58(0.54-4.68)	0.4070
partner other than	Yes					
husband ever accepted	(ref=No)					
any gifts/money		Adj	6.71(0.41-109.21)	0.1808	1.16(0.27-5.02)	0.8441
Suspect that the male		Unadj	1.19(0.33-4.27)	0.7866	0.77(0.27-2.21)	0.6227
sex partner who paid						
money for sex has	Yes					
sexual relations with						
temale sex workers		A 11	1 1 ((0 10 7 00)	0.0707	0.59(0.15.0.22)	0.4072
(ref=No)		Adj	1.16(0.19-7.00)	0.8707	0.58(0.15-2.22)	0.4273

Table 7n. Association between respondent's sexual behavior/experience and having ulcer in

private parts in last 6 months among recruited antenatal care attendees who were self-

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Servel heherier/ernerienee	a of the respond	ant	Had	l ulcer in	private parts	
Sexual benavior/experience	s of the respond	ent	Once		More than o	nce
Variables	Cotogonios	OP		р		р
variables	Categories	UK	OR (95%CI)	value	OR (95%CI)	value
	15 19	Unadj	0.75(0.37-1.54)	0.4384	0.68(0.32-1.46)	0.3188
	15-18	Adj	0.73(0.34-1.55)	0.4157	0.65(0.29-1.45)	0.2899
A go in years at first say $(raf < 15)$	10.25	Unadj	0.75(0.35-1.60)	0.4573	0.60(0.27-1.36)	0.2231
Age in years at first sex ($rer = <13$)	19-55	Adj	0.63(0.26-1.54)	0.3140	0.79(0.30-2.12)	0.6433
	> 25	Unadj	-	-	2.62(0.52-13.32)	0.2459
	>55	Adj	-	-	2.86(0.51-16.19)	0.2346
Had first sex before marriage?	Vas	Unadj	0.62(0.22-1.72)	0.3549	1.41(0.63-3.17)	0.4036
(ref=No)	1 es	Adj	0.60(0.21-1.72)	0.3443	1.57(0.68-3.65)	0.2921
	Yes, by	Unadj	0.98(0.60-1.62)	0.9466	2.38(1.22-4.64)	0.0112
Ever was forced to have sex	husband	Adj	0.97(0.57-1.65)	0.9144	1.93(0.96-3.87)	0.0642
(ref=No)	Yes, by	Unadj	1.43(0.42-4.90)	0.5710	4.50(1.38-14.71)	0.0128
	someone else	Adj	1.49(0.41-5.36)	0.5464	4.01(1.16-13.89)	0.0283
Evenhad anal say (ref_Na)	Vaa	Unadj	1.00(0.62-1.61)	1.0000	2.35(1.30-4.25)	0.0049
Ever had anal sex (rel=No)	res	Adj	0.95(0.58-1.56)	0.8371	2.15(1.15-4.04)	0.0167
Ever anyone had sex with you	V	Unadj	1.32(0.82-2.12)	0.2518	1.01(0.60-1.72)	0.9679
after consuming alcohol (ref=No)	res	Adj	1.34(0.80-2.24)	0.2596	1.03(0.58-1.82)	0.9173
Before planning for a baby, did		Unadj	0.82(0.49-1.39)	0.4629	1.36(0.80-2.33)	0.2547
your husband use condoms during	Yes					
having sex with you? (ref=No)		Adj	0.70(0.40-1.22)	0.2066	1.33(0.77-2.31)	0.3080
Have male sex partner other than	Vas	Unadj	0.86(0.27-2.80)	0.8032	1.44(0.51-4.08)	0.4927
husband (ref=No)	168	Adj	0.59(0.17-2.06)	0.4113	0.91(0.30-2.74)	0.8631
For sex with male partner other		Unadj	1.52(0.13-17.56)	0.7355	-	-
than husband were you ever	Yes (ref=No)					
offered money?		Adj	-	-	-	-
For sex with male partner other		Unadj	1.61(0.14-18.54)	0.7026	2.42(0.24-24.30)	0.4543
than husband ever accepted any	Yes (ref=No)					
gifts/money		Adj	-	-	-	-
Suspect that the male sex partner		Unadj	-	-	0.81(0.11-6.02)	0.8326
who paid money for sex has	Ves					
sexual relations with female sex	105					
workers (ref=No)		Adj	-	-	-	-

 Table 70. Association between respondent's sexual behavior/experience and having itching

 sensation in urethra in last 6 months among recruited antenatal care attendees who were

Sovual babayiar/avparian	was of the respon	dont	Had it	tching sen	sation in urethra	
Sexual behavior/experien	ices of the respond	uent	Once	-	More than or	nce
Variables	Catagories	OR		р		р
v al lables	Categories	UK	OR (95%CI)	value	OR (95%CI)	value
	15.18	Unadj	1.15(0.74-1.80)	0.5374	1.29(0.80-2.06)	0.2952
	15-18	Adj	1.12(0.70-1.78)	0.6435	1.36(0.83-2.23)	0.2198
Age in years at first sex	10.25	Unadj	1.12(0.70-1.78)	0.6435	1.40(0.86-2.28)	0.1761
(ref=<15)	19-33	Adj	1.02(0.59-1.77)	0.9442	1.39(0.79-2.46)	0.2544
	>35	Unadj	0.36(0.05-2.89)	0.3380	0.85(0.18-3.99)	0.8328
	>55	Adj	0.35(0.04-2.85)	0.3243	1.05(0.21-5.10)	0.9568
Had first sex before	Vac	Unadj	1.12(0.70-1.77)	0.6453	1.07(0.67-1.72)	0.7641
marriage? (ref=No)	168	Adj	1.12(0.70-1.80)	0.6270	1.01(0.63-1.63)	0.9612
	Yes, by	Unadj	1.18(0.89-1.58)	0.2474	0.86(0.65-1.14)	0.2941
Ever was forced to have sex	husband	Adj	1.20(0.88-1.62)	0.2451	0.86(0.64-1.16)	0.3119
(ref=No)	Yes, by	Unadj	1.03(0.44-2.42)	0.9409	1.62(0.82-3.19)	0.1661
	someone else	Adj	0.93(0.37-2.33)	0.8726	1.65(0.82-3.32)	0.1602
Ever had anal say (ref-No)	Vac	Unadj	1.25(0.95-1.64)	0.1092	1.20(0.91-1.57)	0.1984
Ever had anal sex (rel=NO)	ies	Adj	1.26(0.94-1.67)	0.1172	1.15(0.87-1.53)	0.3261
Ever anyone had sex with	Vee (ref. Ne)	Unadj	1.43(1.09-1.87)	0.0089	1.19(0.91-1.56)	0.2060
you after consuming alcohol	res (rei=No)	Adj	1.46(1.10-1.95)	0.0099	1.26(0.94-1.68)	0.1252
Before planning for a baby,		Unadj	1.06(0.80-1.41)	0.7006	1.16(0.88-1.54)	0.2935
did your husband use	Vas (raf-No)					
condoms during having sex	$1 \in S(1 \in I = 1 \setminus O)$					
with you?		Adj	1.08(0.81-1.45)	0.6020	1.13(0.85-1.51)	0.4096
Have male sex partner other	Ves	Unadj	1.38(0.77-2.46)	0.2768	1.30(0.72-2.35)	0.3887
than husband (ref=No)	103	Adj	1.36(0.74-2.51)	0.3198	1.25(0.67-2.33)	0.4804
For sex with male partner		Unadj	1.42(0.45-4.51)	0.5520	2.34(0.66-8.36)	0.1898
other than husband were you	Yes (ref=No)					
ever offered money?		Adj	1.85(0.35-9.72)	0.4655	3.69(0.69-19.69)	0.1264
For sex with male partner		Unadj	1.81(0.57-5.73)	0.3157	4.33(1.09-17.25)	0.0375
other than husband ever	Yes (ref=No)					
accepted any gifts/money		Adj	3.81(0.59-24.76)	0.1610	25.09(1.65-381.54)	0.0203
Suspect that the male sex		Unadj	1.81(0.57-5.73)	0.3157	1.63(0.50-5.25)	0.4171
partner who paid money for	Yes					
sex has sexual relations with				0.400-		0.0705
female sex workers (ref=No)		Adj	3.02(0.60-15.23)	0.1809	2.33(0.51-10.55)	0.2733

self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

 Table 7p. Association between respondent's sexual behavior/experience and having pain in

 lower abdomen or lower back in last 6 months among recruited antenatal care attendees

who were self-interviewed	(N=1670),	Kolkata,	West	Bengal,	India,	2016
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Servel behavior/errorier.com	of the mean on d	la=+4	Had pain in l	ower abd	omen or lower ba	ek
Sexual benavior/experiences	of the respond	lent	Once		More than	once
Variables	Catagorias	OD		р		р
variables	Categories	UK	OR (95%CI)	value	OR (95%CI)	value
	15 19	Unadj	1.46(0.96-2.21)	0.0780	1.53(1.06-2.20)	0.0220
	13-10	Adj	1.55(1.00-2.41)	0.0504	1.52(1.04-2.22)	0.0292
Age in years at first sex	10.25	Unadj	1.29(0.83-2.00)	0.2518	1.57(1.08-2.29)	0.0188
(ref=<15)	19-55	Adj	1.56(0.92-2.64)	0.0964	1.59(1.02-2.49)	0.0403
	> 25	Unadj	0.68(0.17-2.64)	0.5734	0.57(0.17-1.94)	0.3697
	>55	Adj	0.84(0.20-3.46)	0.8081	0.65(0.18-2.29)	0.4974
Had first sex before marriage?	Vac	Unadj	0.76(0.47-1.25)	0.2808	1.20(0.82-1.75)	0.3576
(ref=No)	res	Adj	0.80(0.48-1.32)	0.3780	1.19(0.81-1.76)	0.3841
	Yes, by	Unadj	1.24(0.94-1.62)	0.1259	0.99(0.79-1.24)	0.9194
Even was forced to have say	husband	Adj	1.27(0.95-1.71)	0.1048	1.04(0.81-1.33)	0.7550
(rof-No)	Yes, by	Unadj	1.32(0.61-2.88)	0.4854	1.33(0.69-2.56)	0.4016
(lel-NO)	someone					
	else	Adj	1.17(0.52-2.65)	0.7065	1.40(0.71-2.74)	0.3299
Ever had anal say (ref-No)	Vas	Unadj	1.35(1.04-1.74)	0.0241	1.17(0.94-1.46)	0.1592
Ever had anal sex (rei-No)	1 es	Adj	1.28(0.98-1.69)	0.0741	1.21(0.96-1.52)	0.1085
Ever anyone had sex with you		Unadj	1.40(1.08-1.81)	0.0105	1.12(0.89-1.40)	0.3375
after consuming alcohol	Yes					
(ref=No)		Adj	1.59(1.20-2.10)	0.0013	1.24(0.97-1.57)	0.0856
Before planning for a baby, did	Ves	Unadj	1.20(0.91-1.58)	0.1882	1.23(0.97-1.56)	0.0837
your husband use condoms	(ref–No)					
during having sex with you?	(101=110)	Adj	1.21(0.91-1.60)	0.1961	1.21(0.95-1.54)	0.1316
Have male sex partner other than	Yes	Unadj	1.12(0.61-2.06)	0.7082	1.23(0.74-2.07)	0.4255
husband	(ref=No)	Adj	0.95(0.51-1.80)	0.8830	1.32(0.77-2.28)	0.3097
For sex with male partner other		Unadj	0.76(0.22-2.66)	0.6698	0.44(0.15-1.28)	0.1333
than husband were you ever	Yes					
offered money? (ref=No)		Adj	2.24(0.32-15.57)	0.4169	0.50(0.12-2.07)	0.3393
For sex with male partner other		Unadj	1.35(0.39-4.72)	0.6344	0.56(0.20-1.56)	0.2669
than husband ever accepted any	Yes					
gifts/money (ref=No)		Adj	7.20(0.76-68.31)	0.0856	0.66(0.15-2.86)	0.5829
Suspect that the male sex partner		Unadj	0.91(0.26-3.12)	0.8776	0.34(0.12-0.96)	0.0422
who paid money for sex has	Yes					
sexual relations with female sex				0.4 - 4-		0.4500
workers (ref=No)		Adj	3.72(0.55-25.02)	0.1763	0.38(0.09-1.55)	0.1790

Table 7q. Association between respondent's sexual behavior/experience and having

inflammation/swelling in groin in last 6 months among recruited antenatal care attendees

who were sen-intervieweu (11-10/0), Kuikata, west Dengai, Inula, 201	who were self-interviewed	(N=1670),	Kolkata,	West	Bengal,	India,	2016
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Sovual habaviar/ovnariances of the respondent			Had inflammation/swelling in groin					
Sexual behavior/experience	es of the respon	laent	Once		More than o	once		
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value		
	15 10	Unadj	1.97(0.69-5.60)	0.2030	0.88(0.38-2.05)	0.7713		
	15-18	Adj	2.68(0.79-9.08)	0.1136	0.96(0.40-2.31)	0.9275		
Age in years at first sex	10.25	Unadj	1.16(0.38-3.55)	0.7913	0.84(0.35-2.04)	0.7018		
(ref=<15)	19-35	Adj	1.53(0.37-6.35)	0.5597	0.77(0.27-2.18)	0.6211		
	> 25	Unadj	-	-	-	-		
	>55	Adj	-	-	-	-		
Had first sex before	Vac	Unadj	1.80(0.84-3.89)	0.1336	1.08(0.42-2.76)	0.8704		
marriage? (ref=No)	res	Adj	2.04(0.92-4.54)	0.0798	1.10(0.42-2.88)	0.8435		
	Yes, by	Unadj	0.95(0.54-1.67)	0.8622	0.87(0.49-1.54)	0.6205		
Ever was forced to have sex	husband	Adj	0.95(0.52-1.75)	0.8755	0.71(0.38-1.31)	0.2747		
(ref-No)	Yes, by	Unadj	1.89(0.54-6.60)	0.3194	3.15(1.13-8.79)	0.0286		
(101-100)	someone							
	else	Adj	1.92(0.52-7.01)	0.3264	2.72(0.89-8.32)	0.0791		
Ever had anal say (ref-No) Ves	Vac	Unadj	1.08(0.63-1.85)	0.7843	3.64(1.82-7.27)	0.0003		
Ever had anal sex (rei=100)	165	Adj	1.08(0.61-1.91)	0.7902	3.03(1.48-6.20)	0.0024		
Ever anyone had sex with		Unadj	1.04(0.61-1.79)	0.8829	2.08(1.21-3.59)	0.0085		
you after consuming alcohol	Yes							
(ref=No)		Adj	1.08(0.60-1.95)	0.7978	1.79(1.00-3.22)	0.0516		
Before planning for a baby,		Unadj	0.87(0.48-1.56)	0.6365	1.94(1.13-3.34)	0.0158		
did your husband use	Yes							
condoms during having sex	(ref=No)							
with you?		Adj	0.85(0.47-1.56)	0.6031	1.85(1.05-3.26)	0.0322		
Have male sex partner other	Yes	Unadj	2.18(0.84-5.65)	0.1074	4.36(2.05-9.27)	0.0001		
than husband	(ref=No)	Adj	2.33(0.85-6.41)	0.1012	2.79(1.21-6.40)	0.0158		
For sex with male partner		Unadj	1.01(0.16-6.47)	0.9895	0.84(0.21-3.43)	0.8123		
other than husband were you	Yes							
ever offered money?	100							
(ref=No)		Adj	-	-	0.36(0.05-2.79)	0.3298		
For sex with male partner		Unadj	1.08(0.17-6.88)	0.9376	0.57(0.14-2.33)	0.4381		
other than husband ever	Yes							
accepted any gifts/money						0.0011		
(ret=No)	-	Adj	-	-	0.31(0.04-2.64)	0.2861		
Suspect that the male sex		Unadj	0.51(0.08-3.25)	0.4748	0.38(0.09-1.66)	0.1983		
partner who paid money for	Yes							
sex has sexual relations with		A 1'			0.10/0.01.1.10	0.0704		
temale sex workers (ref=No)		Adj	-	-	0.12(0.01-1.19)	0.0704		

Table 8a. Association between husband's sexual behavior and having yellowish

discoloration of urine and eye/skin for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Had yellowis	h/dark	Yellowish discoloration of		
Sexual behavior o	f the husband		colored urin	e for a	eyes or skin for a prolonged		
			sustained p	eriod	duration		
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
Consumption of alcohol	Sometimes	Unadj	1.53(1.15-2.02)	0.0034	1.07(0.68-1.68)	0.7737	
by husband before having	Sometimes	Adj	1.67(1.23-2.27)	0.0011	1.35(0.81-2.23)	0.2469	
sex with you	Almost	Unadj	3.05(1.58-5.91)	0.0009	3.15(1.41-7.06)	0.0053	
(ref=Never/Very rare)	always	Adj	2.84(1.41-5.70)	0.0034	1.87(0.74-4.75)	0.1869	
During your pregnancy		Unadj	1.28(0.98-1.67)	0.0686	0.69(0.47-1.01)	0.0535	
did your husband have	Yes						
sex with you? (ref=No)		Adj	1.31(0.99-1.73)	0.0551	0.74(0.49-1.11)	0.1465	
Husband use slang		Unadj	2.55(1.79-3.62)	<.0001	8.92(5.98-13.32)	<.0001	
language/behave badly	Ves						
during sex with you	105						
(ref=No)		Adj	2.58(1.76-3.77)	<.0001	7.93(5.00-12.58)	<.0001	
While having sex,		Unadj	2.96(1.99-4.41)	<.0001	9.09(5.86-14.10)	<.0001	
physically assault/abuse	Yes						
by husband (ref=No)		Adj	2.82(1.84-4.31)	<.0001	7.08(4.32-11.59)	<.0001	
Suspect that husband		Unadj	2.42(1.71-3.43)	<.0001	7.53(5.04-11.25)	<.0001	
has/had sexual relations	Vos						
with other women	105						
(ref=No)		Adj	2.28(1.58-3.29)	<.0001	6.28(4.03-9.79)	<.0001	
Think that the other		Unadj	4.63(2.86-7.49)	<.0001	12.47(7.54-20.61)	<.0001	
woman with whom							
husband has/had sexual	Yes						
relation is a sex worker							
(ref=No)		Adj	4.65(2.80-7.73)	<.0001	10.58(6.03-18.56)	<.0001	

Table 8b. Association between husband's sexual behavior and having feverish feeling, poor appetite and having nausea and vomiting for a prolonged period in last 6 months among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Sexual behavior of the husband			Felt feverish and had poor appetite for a prolonged duration		Had nausea or episodes of vomiting for a prolonged duration	
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value
	Sometimes	Unadj	1.12(0.85-1.48)	0.4312	1.05(0.81-1.36)	0.7021
before having say with you	Sometimes	Adj	1.29(0.95-1.75)	0.1088	1.15(0.87-1.52)	0.3212
(ref=Never/Very rare)	Almost	Unadj	1.01(0.48-2.11)	0.9804	1.14(0.58-2.23)	0.7051
	always	Adj	0.96(0.44-2.07)	0.9134	1.45(0.71-2.97)	0.3075
During your pregnancy did your	Yes	Unadj	1.02(0.80-1.30)	0.8841	1.61(1.29-2.00)	<.0001
husband have sex with you? (ref=No)		Adj	1.05(0.81-1.36)	0.7184	1.49(1.19-1.87)	0.0005
Husband use slang language/behave	Vas	Unadj	1.93(1.36-2.74)	0.0002	1.01(0.72-1.43)	0.9492
badly during sex with you (ref=No)	168	Adj	1.58(1.08-2.31)	0.0185	1.18(0.82-1.72)	0.3746
While having sex, physically	Vas	Unadj	1.80(1.20-2.70)	0.0044	0.74(0.50-1.09)	0.1285
assault/abuse by husband (ref=No)	168	Adj	1.31(0.85-2.02)	0.2198	0.84(0.55-1.27)	0.4114
Suspect that husband has/had sexual	Vas	Unadj	1.67(1.18-2.38)	0.0039	0.81(0.58-1.14)	0.2225
relations with other women (ref=No)	165	Adj	1.40(0.97-2.04)	0.0743	0.92(0.64-1.30)	0.6235
Think that the other woman with whom		Unadj	1.86(1.14-3.01)	0.0122	0.76(0.47-1.21)	0.2478
husband has/had sexual relation is a sex worker (ref=No)	Yes	Adi	1.44(0.86-2.41)	0.1627	0.90(0.55-1.48)	0.6860

Table 8c. Association between husband's sexual behavior and having foul smelling vaginal

discharge in last 6 months among recruited antenatal care attendees who were self-

interviewed (N=1670), Kolkata, West Bengal, India, 2016

Served behavior of the l	Sexual behavior of the busband				Had foul smelling vaginal discharge				
Sexual behavior of the f	lusballu		Once		More than once				
Variables	Cotogorios	OP				р			
v ar lables	Categories	UK	OR (95%CI)	p value	OR (95%CI)	value			
Concumption of clocked by bushend	Somotimos	Unadj	1.50(1.10-2.06)	0.0112	1.12(0.80-1.59)	0.5046			
before having say with you	Sometimes	Adj	1.44(1.02-2.03)	0.0359	1.05(0.73-1.52)	0.7844			
(ref=Never/Very rare)	Almost	Unadj	0.49(0.15-1.64)	0.2463	1.81(0.87-3.78)	0.1114			
	always	Adj	0.47(0.14-1.62)	0.2316	1.51(0.69-3.29)	0.3001			
During your pregnancy did your	Vas	Unadj	1.62(1.19-2.21)	0.0024	1.41(1.04-1.89)	0.0257			
husband have sex with you? (ref=No)	105	Adj	1.51(1.10-2.08)	0.0116	1.47(1.08-2.00)	0.0156			
Husband use slang language/behave	Vas	Unadj	1.23(0.79-1.92)	0.3591	1.49(0.98-2.28)	0.0653			
badly during sex with you (ref=No)	168	Adj	1.24(0.78-2.00)	0.3658	1.47(0.93-2.32)	0.1014			
While having sex, physically	Vac	Unadj	1.22(0.73-2.04)	0.4473	1.55(0.95-2.51)	0.0784			
assault/abuse by husband (ref=No)	168	Adj	1.33(0.78-2.28)	0.2971	1.62(0.97-2.71)	0.0655			
Suspect that husband has/had sexual	Vac	Unadj	1.30(0.83-2.02)	0.2525	2.02(1.35-3.01)	0.0006			
relations with other women (ref=No)	res	Adj	1.34(0.84-2.13)	0.2150	2.04(1.34-3.11)	0.0009			
Think that the other woman with		Unadj	1.14(0.60-2.17)	0.6807	1.79(1.02-3.14)	0.0429			
whom husband has/had sexual relation	Yes								
is a sex worker (ref=No)		Adj	1.19(0.61-2.31)	0.6157	1.86(1.03-3.35)	0.0395			

 Table 8d. Association between husband's sexual behavior and having burning sensation

 while urinating in last 6 months among recruited antenatal care attendees who were self

Source hohorion of the	Sexual behavior of the bushand			Had burning sensation while urinating				
Sexual behavior of the	nusbanu		Once		More than once			
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value		
	Somotimos	Unadj	1.46(1.04-2.05)	0.0273	1.12(0.79-1.59)	0.5218		
before having sex with you (ref=Never/Very rare)	Sometimes	Adj	1.51(1.05-2.17)	0.0277	1.24(0.86-1.80)	0.2523		
	Almost	Unadj	0.67(0.20-2.25)	0.5116	2.33(1.14-4.78)	0.0209		
	always	Adj	0.63(0.18-2.18)	0.4685	2.25(1.05-4.86)	0.0382		
During your pregnancy did your	Yes	Unadj	1.47(1.07-2.02)	0.0192	1.87(1.35-2.60)	0.0002		
husband have sex with you? (ref=No)	ies	Adj	1.49(1.07-2.08)	0.0198	1.86(1.33-2.61)	0.0003		
Husband use slang language/behave	Vas	Unadj	1.36(0.85-2.18)	0.1946	1.76(1.16-2.67)	0.0079		
badly during sex with you (ref=No)	ies	Adj	1.29(0.77-2.14)	0.3303	1.73(1.11-2.71)	0.0161		
While having sex, physically	Vas	Unadj	1.29(0.74-2.25)	0.3667	2.05(1.29-3.26)	0.0023		
assault/abuse by husband (ref=No)	ies	Adj	1.23(0.68-2.22)	0.5029	1.92(1.17-3.13)	0.0098		
Suspect that husband has/had sexual	Vas	Unadj	1.08(0.66-1.75)	0.7711	1.55(1.02-2.35)	0.0400		
relations with other women (ref=No)	res	Adj	1.06(0.64-1.75)	0.8295	1.39(0.90-2.16)	0.1400		
Think that the other woman with		Unadj	1.09(0.54-2.20)	0.8097	2.02(1.17-3.50)	0.0121		
whom husband has/had sexual	Yes							
relation is a sex worker (ref=No)		Adj	1.09(0.52-2.25)	0.8265	1.88(1.06-3.36)	0.0324		

interviewed (N=1670), Kolkata, West Bengal, India, 2016

Table 8e. Association between husband's sexual behavior and having ulcer in private parts

in last 6 months among recruited antenatal care attendees who were self-interviewed

(N=1670), Kolkata, West Bengal, India, 2016

Served behavior of the	husbond		Had ulcer in private parts				
Sexual behavior of the	lusbanu		Once		More than once		
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	
	Somotimos	Unadj	1.96(1.15-3.36)	0.0140	0.77(0.36-1.64)	0.4983	
before having sex with you (ref=Never/Very rare)	Sometimes	Adj	2.26(1.24-4.12)	0.0080	0.85(0.38-1.91)	0.6910	
	Almost	Unadj	3.34(1.14-9.85)	0.0285	1.64(0.38-7.04)	0.5072	
	always	Adj	2.30(0.63-8.39)	0.2076	1.42(0.31-6.44)	0.6521	
During your pregnancy did your	Yes	Unadj	1.19(0.68-2.07)	0.5475	1.09(0.59-2.01)	0.7833	
husband have sex with you? (ref=No)		Adj	1.17(0.66-2.08)	0.5973	1.26(0.66-2.41)	0.4933	
Husband use slang language/behave	Vaa	Unadj	1.79(0.90-3.58)	0.0982	2.00(0.96-4.16)	0.0634	
badly during sex with you (ref=No)	168	Adj	1.60(0.75-3.43)	0.2237	1.45(0.65-3.23)	0.3619	
While having sex, physically	Vaa	Unadj	1.97(0.92-4.22)	0.0831	2.12(0.94-4.79)	0.0718	
assault/abuse by husband (ref=No)	res	Adj	1.55(0.67-3.55)	0.3041	1.42(0.59-3.41)	0.4380	
Suspect that husband has/had sexual	Vaa	Unadj	1.19(0.53-2.64)	0.6744	3.76(2.04-6.94)	<.0001	
relations with other women (ref=No)	res	Adj	0.75(0.31-1.85)	0.5358	2.92(1.50-5.69)	0.0016	
Think that the other woman with whom		Unadj	0.31(0.04-2.23)	0.2415	1.16(0.35-3.80)	0.8076	
husband has/had sexual relation is a sex	Yes						
worker (ref=No)		Adj	0.19(0.03-1.47)	0.1118	0.73(0.21-2.54)	0.6236	

Table 8f. Association between husband's sexual behavior and having itching sensation in

urethra in last 6 months among recruited antenatal care attendees who were self-

Servel behavior of the bus	Sexual behavior of the husband				Had itching sensation in urethra				
Sexual behavior of the hus	spand		Once		More than once				
Variables	Cotogorios	OP				р			
v al lables	Categories	UK	OR (95%CI)	p value	OR (95%CI)	value			
Consumption of alcohol by husband before having sex with you (ref=Never/Very rare)	Sometimes	Unadj	1.85(1.34-2.56)	0.0002	1.50(1.07-2.10)	0.0197			
	Sometimes	Adj	1.98(1.39-2.82)	0.0002	1.64(1.14-2.35)	0.0079			
	Almost	Unadj	2.72(1.24-5.99)	0.0128	2.34(1.04-5.29)	0.0406			
	always	Adj	3.06(1.35-6.92)	0.0072	2.18(0.91-5.22)	0.0789			
During your pregnancy did your husband have sex with you? (ref=No)	Yes	Unadj	1.55(1.13-2.13)	0.0070	2.17(1.54-3.06)	<.0001			
		Adj	1.52(1.10-2.12)	0.0120	2.26(1.58-3.23)	<.0001			
Husband use slang language/behave badly	Vas	Unadj	1.64(1.06-2.53)	0.0263	1.65(1.07-2.55)	0.0238			
during sex with you (ref=No)	res	Adj	1.66(1.04-2.66)	0.0337	1.61(1.01-2.57)	0.0467			
While having sex, physically assault/abuse	Vac	Unadj	1.42(0.84-2.40)	0.1882	1.91(1.18-3.09)	0.0083			
by husband (ref=No)	res	Adj	1.37(0.78-2.40)	0.2721	1.94(1.17-3.22)	0.0108			
Suspect that husband has/had sexual	Vac	Unadj	1.42(0.91-2.23)	0.1225	1.91(1.26-2.89)	0.0022			
relations with other women (ref=No)	res	Adj	1.40(0.88-2.23)	0.1601	1.90(1.23-2.94)	0.0037			
Think that the other woman with whom		Unadj	1.86(1.04-3.33)	0.0376	1.64(0.89-3.01)	0.1127			
husband has/had sexual relation is a sex	Yes								
worker (ref=No)		Adj	1.82(0.98-3.37)	0.0565	1.65(0.87-3.11)	0.1239			

interviewed (N=1670), Kolkata, West Bengal, India, 2016

Table 8g. Association between husband's sexual behavior and having pain in lower

abdomen or lower back in last 6 months among recruited antenatal care attendees who

were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Served haberien of th	Savual behavior of the bushand				Had pain in lower abdomen or lower back				
Sexual behavior of the	e nusband		Once		More than once				
Variables	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value			
Commution of clockel by buchend	Comotimos	Unadj	1.29(0.92-1.81)	0.1407	1.29(0.96-1.73)	0.0929			
consumption of alcohol by husband before having sex with you (ref=Never/Very rare)	Sometimes	Adj	1.50(1.04-2.17)	0.0310	1.46(1.07-2.01)	0.0185			
	Almost	Unadj	2.43(0.98-6.02)	0.0543	1.98(0.85-4.63)	0.1148			
	always	Adj	2.26(0.87-5.85)	0.0940	2.24(0.94-5.34)	0.0688			
During your pregnancy did your		Unadj	1.26(0.95-1.66)	0.1114	1.86(1.44-2.39)	<.0001			
husband have sex with you?	Yes								
(ref=No)		Adj	1.31(0.98-1.76)	0.0722	1.93(1.49-2.50)	<.0001			
Husband use slang language/behave	Vos	Unadj	1.11(0.71-1.74)	0.6475	1.06(0.72-1.58)	0.7557			
badly during sex with you (ref=No)	105	Adj	0.97(0.60-1.57)	0.8881	1.15(0.76-1.74)	0.5201			
While having sex, physically	Vas	Unadj	0.85(0.50-1.46)	0.5653	1.04(0.67-1.62)	0.8502			
assault/abuse by husband (ref=No)	ies	Adj	0.74(0.42-1.30)	0.2885	1.08(0.68-1.72)	0.7549			
Suspect that husband has/had sexual	Vas	Unadj	1.26(0.82-1.93)	0.3030	1.00(0.68-1.49)	0.9858			
relations with other women (ref=No)	ies	Adj	1.11(0.70-1.75)	0.6594	1.01(0.67-1.52)	0.9668			
Think that the other woman with		Unadj	1.11(0.63-1.98)	0.7172	0.66(0.37-1.16)	0.1470			
whom husband has/had sexual	Yes								
relation is a sex worker (ref=No)		Adj	0.96(0.52-1.77)	0.8962	0.67(0.37-1.21)	0.1818			

Table 8h. Association between husband's sexual behavior and having

inflammation/swelling in groin in last 6 months among recruited antenatal care attendees

Served behavior of the	Sevual behavior of the husband			Had inflammation/swelling in groin					
Sexual behavior of the	liusballu		Once		More than once				
Variables	Categories	OR	OR (95%CI) p value		OR (95%CI)	p value			
	Somatimas	Unadj	1.64(0.88-3.06)	0.1168	2.12(1.14-3.96)	0.0176			
consumption of alcohol by husband before having sex with you (ref=Never/Very rare)	Sometimes	Adj	1.66(0.82-3.38)	0.1592	2.32(1.17-4.60)	0.0158			
	Almost	Unadj	1.03(0.14-7.73)	0.9776	7.45(2.91-19.07)	<.0001			
	always	Adj	1.02(0.13-8.06)	0.9867	7.04(2.48-19.95)	0.0002			
During your pregnancy did your	Vac	Unadj	1.34(0.69-2.61)	0.3873	1.66(0.81-3.36)	0.1639			
husband have sex with you? (ref=No)	ies	Adj	1.18(0.60-2.35)	0.6322	2.70(1.21-6.05)	0.0158			
Husband use slang language/behave	Vac	Unadj	1.11(0.43-2.82)	0.8338	3.85(2.04-7.25)	<.0001			
badly during sex with you (ref=No)	ies	Adj	0.91(0.31-2.69)	0.8641	2.83(1.40-5.76)	0.0040			
While having sex, physically	Vac	Unadj	0.85(0.26-2.78)	0.7921	2.20(0.97-4.99)	0.0593			
assault/abuse by husband (ref=No)	ies	Adj	0.87(0.26-2.97)	0.8233	1.14(0.45-2.90)	0.7893			
Suspect that husband has/had sexual	Vac	Unadj	1.03(0.41-2.64)	0.9439	2.35(1.16-4.76)	0.0182			
relations with other women (ref=No)	res	Adj	0.97(0.36-2.57)	0.9462	1.73(0.81-3.70)	0.1579			
Think that the other woman with		Unadj	1.34(0.41-4.42)	0.6262	2.91(1.20-7.04)	0.0180			
whom husband has/had sexual	Yes								
relation is a sex worker (ref=No)		Adj	1.30(0.37-4.54)	0.6800	1.72(0.66-4.49)	0.2686			

who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Table 9.a. Distribution of the past history of having symptoms of sexually transmitted

infections among husbands of the recruited antenatal care attendees who were self-

interviewed (N=1670), Kolkata, West Bengal, India, 2016

Cotogonical variables	Catagoniag	NI	%	95%CL	
Categorical variables	Categories	1		Lower	Upper
In the last 6 months, did your husband/male partner have any burning	Never	1415	84.73	83.00	86.46
	Once	160	9.58	8.17	10.99
sensation/pain/irritation while urinating or inflammation in the groin?	More than	95	5.69	4.58	6.80
	once				

Table 9.b. Association of husband's sexual behavior and their history of having sexually transmitted infections in last six months as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			During last 6 months' husband had some symptoms of sexually transmitted infection (ref=No)				
Husband's sexual behavior	Categories	OR	Once		More than once		
			OR (95%CI)	p value	OR (95%CI)	p value	
Husband consumes alcohol	Sometimes	Unadjusted	1.84(1.25-2.69)	0.0018	1.26(0.74-2.16)	0.3929	
before having sex with you	Sometimes	Adjusted	2.00(1.33-3.01)	0.0010	1.11(0.63-1.97)	0.7137	
(ref=very rare or never	Almost always	Unadjusted	1.50(0.52-4.37)	0.4549	3.62(1.45-9.05)	0.0060	
consumes.)	Allilost always	Adjusted	1.40(0.47-4.21)	0.5480	2.55(0.90-7.23)	0.0779	
Husband had sex with you during pregnancy (ref=No) An	Onal car on other	Unadjusted	1.44(0.64-3.24)	0.3743	0.40(0.05-3.08)	0.3814	
	Oral sex or other	Adjusted	1.51(0.66-3.42)	0.3280	0.44(0.06-3.44)	0.4362	
	Anal sex	Unadjusted	2.16(1.05-4.47)	0.0377	3.51(1.45-8.51)	0.0054	
		Adjusted	2.27(1.08-4.78)	0.0301	3.96(1.59-9.88)	0.0032	
	Manimal and	Unadjusted	1.29(0.87-1.90)	0.2039	1.93(1.12-3.32)	0.0179	
	vaginal sex	Adjusted	1.35(0.90-2.02)	0.1427	2.06(1.16-3.65)	0.0136	
Husband use slang		Unadjusted	1.71(1.04-2.81)	0.0348	1.33(0.67-2.63)	0.4128	
language/behave badly during	Yes (ref=No)						
sex with you		Adjusted	1.66(0.97-2.83)	0.0635	1.23(0.59-2.53)	0.5825	
While having sex, physically	Vos (rof-No)	Unadjusted	1.93(1.12-3.35)	0.0189	1.50(0.70-3.19)	0.2984	
assault/abuse by husband	1 es (1 e1 - 1 to)	Adjusted	1.81(1.01-3.27)	0.0481	1.20(0.52-2.79)	0.6736	
You suspect that husband		Unadjusted	1.63(0.98-2.70)	0.0584	2.31(1.31-4.09)	0.0040	
has/had sexual relations with	Yes (ref=No)						
other women		Adjusted	1.52(0.89-2.59)	0.1220	2.46(1.32-4.59)	0.0046	
Think that the other woman		Unadjusted	1.51(0.76-3.00)	0.2454	0.49(0.12-2.02)	0.3204	
with whom husband has/had	Ves						
sexual relation is a sex worker	100						
(ref=No)		Adjusted	1.35(0.65-2.81)	0.4286	0.45(0.10-1.94)	0.2806	

Table 10.a. Distribution of the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Catagorical variables	Catagorias	N	0/	95%CL	
Categorical variables	Categories	IN	-70	Lower	Upper
If any woman has pain in the lower abdomen,	No	346	20.72	18.77	22.66
burning sensation/pain/irritation while urinating or inflammation of the groin, do you think she should inform her husband/male partner about it?	Yes	1324	79.28	77.34	81.23
In the last 6 months if you had pain in the lower	No	442	37.36	34.60	40.12
abdomen, burning sensation/pain/irritation while urinating or inflammation of the groin, did you inform your husband/male partner about it?	Yes	741	62.64	59.88	65.40

Table 10.b. Association of socio-demographic factors with the approach towards partner notification during having symptoms of sexually transmitted infections among antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

			Woman having syn	mptoms of	In last 6 months if	you had	
			sexually transmitte	d infection	symptoms of se	xually	
Socio-demograp	hic factors	OD	should inform	n her	transmitted info	ections	
		UK	husband/male part	tner about	informed husbar	nd/male	
			it? (ref=n	0)	partner about it? (ref=no)		
Continuous variables			OR (95%CI)	p value	OR (95%CI)	p value	
Age of the participant in c	completed years	Unadj	1.01(0.98-1.04)	0.6934	1.01(0.98-1.04)	0.5335	
Age of the participant in c	ompleted years	Adj	0.97(0.92-1.02)	0.1868	1.01(0.96-1.06)	0.7960	
Δ ge at marriage		Unadj	1.04(1.00-1.08)	0.0842	1.03(0.99-1.07)	0.1458	
		Adj	0.99(0.94-1.04)	0.6967	1.00(0.96-1.06)	0.8735	
Husband's age		Unadj	1.02(1.00-1.05)	0.0381	1.00(0.98-1.03)	0.8432	
Thusballe 5 age		Adj	1.05(1.01-1.08)	0.0107	1.00(0.96-1.03)	0.8235	
Per capita family income		Unadj	1.03(1.01-1.05)	0.0013	1.01(1.00-1.02)	0.3967	
Ter cupita family meone		Adj	1.02(0.99-1.06)	0.0605	1.01(0.97-1.05)	0.7862	
Categorical variables	1						
Religion (ref=Hindu) Muslim		Unadj	0.85(0.67-1.08)	0.1756	0.94(0.74-1.19)	0.5777	
Tengion (rei-Timeu)	Mushin	Adj	0.96(0.72-1.27)	0.7630	1.04(0.78-1.37)	0.8104	
	Primary	Unadj	1.05(0.60-1.85)	0.8534	0.99(0.52-1.89)	0.9772	
		Adj	0.93(0.52-1.65)	0.7921	0.93(0.48-1.81)	0.8264	
Educational level	High-school Graduation and above	Unadj	2.00(1.26-3.16)	0.0032	1.26(0.74-2.13)	0.3940	
(ref=No education)		Adj	1.92(1.17-3.16)	0.0104	1.23(0.70-2.17)	0.4680	
		Unadj	6.45(2.96-14.05)	<.0001	2.72(1.33-5.53)	0.0060	
		Adj	5.87(2.54-13.56)	<.0001	2.52(1.16-5.48)	0.0194	
	Primary	Unadj	0.89(0.58-1.37)	0.6023	1.11(0.71-1.72)	0.6441	
		Adj	0.76(0.48-1.19)	0.2300	0.97(0.61-1.55)	0.8947	
Husband's educational	High-school	Unadj	1.37(0.94-2.01)	0.0990	1.12(0.77-1.64)	0.5580	
level (ref=No education)	ingh sensor	Adj	0.98(0.65-1.49)	0.9404	0.95(0.62-1.44)	0.8092	
	Graduation and	Unadj	2.30(1.29-4.11)	0.0051	2.23(1.27-3.91)	0.0053	
	above	Adj	1.23(0.64-2.37)	0.5298	1.69(0.88-3.22)	0.1130	
Currently working?	Yes (ref–No)	Unadj	1.40(0.72-2.69)	0.3199	1.05(0.61-1.82)	0.8529	
Currentity working.	105 (101–110)	Adj	1.15(0.58-2.30)	0.6877	0.84(0.47-1.50)	0.5510	
	Skilled Worker	Unadj	1.56(1.08-2.25)	0.0184	1.66(1.13-2.43)	0.0099	
	Skilled Wolker	Adj	1.34(0.91-1.96)	0.1389	1.56(1.05-2.32)	0.0279	
	Business	Unadj	1.77(1.17-2.67)	0.0068	1.68(1.10-2.57)	0.0156	
Husband's occupation	Dubiness	Adj	1.20(0.78-1.87)	0.4093	1.49(0.95-2.34)	0.0799	
(ref=Unskilled worker)	Service	Unadj	1.73(1.06-2.82)	0.0286	1.73(1.06-2.82)	0.0278	
		Adj	1.01(0.59-1.71)	0.9842	1.27(0.75-2.17)	0.3795	
	Self-employed	Unadj	1.23(0.72-2.11)	0.4536	1.15(0.66-2.01)	0.6295	
	/Professional	Adj	0.98(0.56-1.73)	0.9426	1.13(0.63-2.03)	0.6757	
	Sometimes	Unadj	1.48(0.64-3.45)	0.3604	1.65(0.72-3.80)	0.2361	
Due to work, husband	Sometimes	Adj	1.79(0.74-4.33)	0.1937	1.66(0.70-3.92)	0.2513	
stays away from	Few times	Unadj	3.68(1.11-12.24)	0.0338	2.57(0.95-6.98)	0.0644	
you/family at a stretch	i ew times	Adj	3.97(1.16-13.61)	0.0281	2.14(0.76-5.98)	0.1479	
tor ≥ 6 months?	Never (ref=Most	Unadj	1.28(0.68-2.44)	0.4461	1.15(0.61-2.16)	0.6718	
	of the time)	Adj	1.40(0.72-2.73)	0.3239	1.08(0.56-2.08)	0.8282	
Residential area	Rural	Unadj	0.93(0.73-1.19)	0.5627	0.79(0.62-1.01)	0.0589	
	(ref=Urban)	Adj	0.93(0.70-1.24)	0.6417	0.79(0.60-1.05)	0.1030	

Table 10.c. Association of knowledge regarding sexually transmitted infections including HIV with the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Knowledge among respondents regarding sexually transmitted infections including HIV	Categories	OR	If any woman has pain lower abdomen, burni sensation/pain/irritatie urinating or inflamma groin, do you think sh inform her husband/m about it (ref=no) OR (95%CD)	in the ngIn the last 6 months if you had pain in the lower abdomen, burning sensation/pain/irritation while urinating or inflammation of the groin, did you inform your husband/male partner about it (ref=no)n valueOR (95%CI)n value		
Knowledge regarding	A.v.ano.co	Unadj	1.77(1.32-2.37)	0.0001	1.68(1.16-2.43)	0.0066
symptoms of sexually	Average	Adj	1.76(1.30-2.39)	0.0003	1.68(1.14-2.46)	0.0081
transmitted infections		Unadj	4.22(2.97-5.97)	<.0001	3.41(2.31-5.04)	<.0001
including HIV	Good					
(ref=Poor)		Adj	3.87(2.70-5.55)	<.0001	3.18(2.13-4.75)	<.0001
Knowledge regarding	Average	Unadj	2.41(1.71-3.39)	<.0001	1.74(1.25-2.42)	0.0012
transmission of sexually	Average	Adj	2.32(1.63-3.30)	<.0001	1.72(1.22-2.42)	0.0021
transmitted infections		Unadj	1.93(1.48-2.51)	<.0001	1.88(1.42-2.50)	<.0001
including HIV	Good					
(ref=Poor)		Adj	1.86(1.41-2.45)	<.0001	1.96(1.46-2.63)	<.0001
Knowledge regarding	Average	Unadj	1.53(1.11-2.12)	0.0095	1.08(0.79-1.49)	0.6177
complications of	Twetage	Adj	1.36(0.97-1.90)	0.0743	1.04(0.75-1.44)	0.8361
sexually transmitted		Unadj	1.39(1.06-1.81)	0.0165	1.39(1.06-1.81)	0.0160
infections including HIV	Good					
(ref=Poor)		Adj	1.38(1.05-1.83)	0.0222	1.39(1.05-1.83)	0.0208
Overall knowledge	Average	Unadj	2.33(1.77-3.07)	<.0001	1.79(1.32-2.42)	0.0002
regarding sexually	Tivelage	Adj	2.23(1.68-2.96)	<.0001	1.75(1.28-2.39)	0.0004
transmitted infections		Unadj	3.25(2.36-4.47)	<.0001	2.84(2.04-3.95)	<.0001
including HIV	Good					
(ref=Poor)		Adj	3.06(2.19-4.27)	<.0001	2.73(1.94-3.84)	<.0001

Table 10.d. Association of husband's sexual behavior and own perception of HIV and other sexually transmitted infection risk with the approach towards partner notification during having symptoms of sexually transmitted infections among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Husband's sexual behavior and own perception of HIV and other sexually transmitted infection risk			Woman have symptoms of successful transmitted in should inform	ving exually fection n her	In last 6 months if had symptoms of sexually transmitted infections informed husband/male		
			husband/male	partner	partner abo	ut it?	
			about it? (re	ť=no)	(ref=no))	
					OR (95%CI)	p value	
Husband consumes alcohol before	Sometimes	UnAdj	1.20(0.86-1.66) 1.20(0.01, 1.82)	0.2822	1.03(0.76-1.40) 1.00(0.72, 1.28)	0.8296	
having sex with you (ref=very rare or		Auj	1.29(0.91-1.83)	0.1370	1.00(0.72 - 1.38)	0.9780	
never consumes.)	Almost always	Adi	0.33(0.27-1.11) 0.74(0.35, 1.55)	0.0908	0.03(0.31-1.30) 0.63(0.30, 1.34)	0.2101	
		Huj Un Adi	0.74(0.35-1.35)	0.4217	1.80(0.98-3.34)	0.2280	
	Oral sex or other	Adi	0.72(0.42-1.20) 0.70(0.39-1.25)	0.2323	1.80(0.96-3.04) 1.82(0.96-3.04)	0.0598	
Husband had sex with you during		∐n∆di	1.06(0.59-1.25)	0.2303	1.52(0.90-3.44)	0.0047	
pregnancy (ref-No)	Anal sex	Δdi	0.94(0.52-1.72)	0.8450	1.37(0.87-2.30) 1 47(0 80-2 70)	0.1307	
pregnancy (rer=ro)		UnAdi	1 36(1 04-1 76)	0.0430	1 42(1 08-1 87)	0.0120	
	Vaginal sex	Adi	1.24(0.94-1.63)	0.1318	1.36(1.02-1.80)	0.0363	
Husband use slang language/behave		UnAdi	0.43(0.30-0.62)	<.0001	0.69(0.47-1.03)	0.0723	
badly during sex with you	Yes (ref=No)	Adi	0.59(0.40-0.88)	0.0090	0.80(0.52-1.23)	0.3143	
While having sex, physically		UnAdj	0.49(0.32-0.74)	0.0008	0.61(0.38-0.97)	0.0365	
assault/abuse by husband	Yes (ref=No)	Adj	0.66(0.42-1.03)	0.0696	0.71(0.43-1.16)	0.1648	
You suspect that husband has/had	V (C N)	UnAdj	0.75(0.51-1.11)	0.1448	0.93(0.62-1.40)	0.7291	
sexual relations with other women	Yes (ref=No)	Adj	0.93(0.61-1.40)	0.7126	1.00(0.65-1.52)	0.9891	
Think that the other woman with		UnAdj	0.67(0.39-1.13)	0.1328	0.76(0.42-1.36)	0.3517	
whom husband has/had sexual	Yes						
relation is a sex worker (ref=No)		Adj	0.93(0.53-1.63)	0.7934	0.86(0.47-1.57)	0.6137	
Do you think you might have	Ves	UnAdj	1.12(0.82-1.53)	0.4925	1.14(0.85-1.54)	0.3823	
HIV/AIDS? (ref=no)	yes	Adj	1.19(0.86-1.65)	0.2824	1.16(0.86-1.58)	0.3346	
Do you think you might have any		UnAdj	1.65(1.27-2.14)	0.0002	1.42(1.11-1.81)	0.0054	
sexually transmitted disease other	yes						
than HIV/AIDS? (ref=no)		Adj	1.66(1.27-2.17)	0.0002	1.46(1.13-1.88)	0.0036	
Do you think your husband might	yes	UnAdj	1.25(0.90-1.75)	0.1842	1.39(1.01-1.91)	0.0445	
nave HIV/AIDS? (reI=no)	-	Adj	1.5/(0.9/-1.93)	0.0/4/	1.41(1.02-1.96)	0.0387	
boyou think your husband might	yes	UnAdj	1.58(1.17-2.14)	0.0026	1.58(1.19-2.08)	0.0014	
nave any S11? (rel=no)		Auj	1.03(1.20-2.22) 1.61(1.17,2.22)	0.0019	1.04(1.23-2.18)	0.0008	
	average	UnAdj	1.01(1.1/-2.22) $1.65(1.10, 2.20)$	0.0035	1.01(0.75-1.36) 1.05(0.77, 1.42)	0.9020	
Overall risk (ref=low)		Auj Un Adi	1.05(1.19-2.30) 1 59(1 19 2 11)	0.0030	1.03(0.77-1.42) 1 48(1 11 1 04)	0.////	
	good	Adi	1.50(1.10-2.11) 1.65(1.22.2.24)	0.0024	1.40(1.11-1.90) 1.54(1.15.2.07)	0.0070	
		Auj	1.03(1.22-2.24)	0.0012	1.34(1.13-2.07)	0.0040	

Table 11.a. Distribution of the general and sexually transmitted infection related healthcare-seeking among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Continu	Moon	95%	CL		
Continu	Mean	Lower	Upper		
About how much time (minutes	s) does it take to reach hospital		81.63	79.02	84.24
Catagorical variables	Cotogorios	NI	0/	95%	CL
Categorical variables	Categories	1 N	70	Lower	Upper
How to do you yought travel	Public transport	1535	91.92	90.61	93.22
to the hospital?	Walk	65	3.89	2.96	4.82
	Personal/reserved transport	70	4.19	3.23	5.15
	Government hospital's	1160	60.04	67 71	72.14
	doctor	1108	09.94	07.74	12.14
If you had or have any of the	Private				
conditions we talked about so	hospital/NGO/qualified	151	9.04	7.67	10.42
far, who have you gone to or	private practitioner				
are likely to go to for	Nonqualified practitioners				
treatment?	/medicine from pharmacy or	110	6.59	5.40	7.78
	medicine shop				
	Not like to see anybody	241	14.43	12.74	16.12

Table 11.b. Distribution of the antenatal healthcare-seeking among recruited antenatal

care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Catagoriaal variables	Catagorias	NI	0/	95%CL	
Categorical variables		IN	70	Lower	Upper
After registering for the baby come to the hospital for a che	1670	3.54	3.44	3.64	
Where have you thought of	Planned for institutional delivery	1612	96.53	95.65	97.41
delivering this child?	Not planned for institutional delivery	58	3.47	2.59	4.35

Catagorical variables	Catagoria	N	0/	95%CL	
Categorical variables	Categories		70	Lower	Upper
Do you think you might	No	1364	81.68	79.82	83.53
have HIV/AIDS?	Yes	306	18.32	16.47	20.18
Do you think you might	No	1055	63.17	60.86	65.49
have any sexually transmitted disease other than HIV/AIDS?	Yes	615	36.83	34.51	39.14
Do you think your husband	No	1394	83.47	81.69	85.26
might have HIV/AIDS?	Yes	276	16.53	14.74	18.31
Do you think your husband	No	1262	75.57	73.51	77.63
might have any STI?	Yes	408	24.43	22.37	26.49
Perceived overall risk of	Low	882	52.81	50.42	55.21
acquisition of sexually	Moderate	350	20.96	19.00	22.91
including HIV	High	438	26.23	24.12	28.34

Table 12a. Distribution of the perception of risk for acquisition of sexually transmitted infections and HIV among antenatal care attendees and their husbands in Kolkata, West Bengal, India, 2016

Table 13a. Distribution of health perception, husband's medical history and own medical
history among recruited antenatal care attendees who were self-interviewed (N=1670),
Kolkata, West Bengal, India, 2016

Domain	Omestions	Response	N	0/	95%	95% CL	
Domain	Questions	Category	IN	70	Lower	Upper	
	What is your concrel origina	Good	954	57.13	54.75	59.50	
Health Perception	about your own basth?	Average	599	35.87	33.57	38.17	
	about your own health?	Poor	117	7.01	5.78	8.23	
	Has your husband ever had	No	1657	99.22	98.80	99.64	
	Hepatitis- B?	Yes	13	0.78	0.36	1.20	
Husband's medical	Has your husband ever had	No	1665	99.70	99.44	99.96	
history	Syphilis?	Yes	5	0.30	0.04	0.56	
	Has your husband undergone	No	1043	62.46	60.13	64.78	
	circumcision	Yes	627	37.54	35.22	39.87	
	In the last 6 months, have you had	No	1652	98.92	98.43	99.42	
	any blood transfusions?	Yes	18	1.08	0.58	1.57	
	Have you ever been vaccinated	No	1463	87.60	86.02	89.19	
Own Medical	for Hepatitis- B?	Yes	207	12.40	10.81	13.98	
History	Have you over had Henetitic P?	No	1632	97.72	97.01	98.44	
	Have you ever had nepatitis- B?	Yes	38	2.28	1.56	2.99	
	Have you over had Suphilie?	No	1662	99.52	99.19	99.85	
	nave you ever nau syphins?	Yes	8	0.48	0.15	0.81	

Table 13b. Association of sociodemographic factors and health perception with husband's medical history as reported by the recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Socio-demographic factors and			Husband ever s	uffered	Husband ever s	uffered	Husband's had un	dergone
health perc	ondent	OR	(ref=no)	IIS-B	from Syphilis (ref=no)		circumcision (re	f=no)
Continuo	us variables	1	OR (95%CI)	p value	OR (95%CI)	p value	OR (95%CI)	p value
Age of the partic	cipant in	Unadj	1.05(0.92-1.20)	0.4992	1.08(0.88-1.33)	0.4698	0.96(0.93-0.98)	0.0017
completed years		Adj	0.84(0.68-1.05)	0.1326	0.90(0.62-1.32)	0.5848	1.03(0.98-1.09)	0.2494
		Unadj	1.03(0.87-1.23)	0.7017	1.20(0.99-1.46)	0.0700	0.89(0.86-0.92)	<.0001
Age at marriage		Adj	0.93(0.72-1.18)	0.5352	1.37(0.93-2.01)	0.1123	0.95(0.90-1.01)	0.0767
TT 1 12		Unadj	1.09(1.01-1.19)	0.0331	1.04(0.90-1.21)	0.5611	0.95(0.93-0.97)	<.0001
Husband's age		Adj	1.20(1.06-1.37)	0.0051	1.02(0.82-1.27)	0.8684	0.99(0.96-1.02)	0.5537
Dan agnita famile	income	Unadj	1.00(0.99-1.01)	0.9623	1.00(1.00-1.01)	0.8378	1.02(1.01-1.03)	<.0001
Per capita family	meome	Adj	1.00(0.98-1.02)	0.8351	1.00(0.99-1.01)	0.9793	1.02(0.99-1.04)	0.1830
Categorical	Categories	OR	OR (95%CI)	p value	OR (95%CI)	p value	OR (95%CI)	p value
Religion	Muslim	Unadj	0.56(0.18-1.71)	0.3087	0.60(0.10-3.59)	0.5732	14.60(11.17-19.10)	<.0001
(ref=Hindu)	WIUSIIII	Adj	0.54(0.13-2.26)	0.3984	0.62(0.08-4.59)	0.6421	15.40(11.22-21.15)	<.0001
	Primary	Unadj	0.31(0.03-3.47)	0.3416	-	-	0.73(0.43-1.24)	0.2391
Educational	1 Illiar y	Adj	0.28(0.02-3.71)	0.3351	-	-	0.37(0.19-0.73)	0.0040
level (ref–No	High-school	Unadj	0.24(0.05-1.17)	0.0765	-	-	0.74(0.48-1.13)	0.1634
education)	ingh senoor	Adj	0.21(0.03-1.30)	0.0932	-	-	0.36(0.20-0.64)	0.0005
cuucuuon)	Graduation and	Unadj	0.97(0.16-5.92)	0.9741	-	-	0.43(0.25-0.76)	0.0035
	above	Adj	3.12(0.33-29.54)	0.3213	-	-	0.39(0.18-0.83)	0.0152
	Primary	Unadj	-	-	-	-	1.45(1.00-2.12)	0.0514
Husband's		Adj	-	-	-	-	1.54(0.98-2.43)	0.0602
educational	High-school Graduation and	Unadj	-	-	0.17(0.02-1.19)	0.0737	0.71(0.51-0.99)	0.0408
level (ref=No		Adj	-	-	0.10(0.01-1.01)	0.0513	1.37(0.91-2.07)	0.1314
education)		Unadj	-	-	0.54(0.05-6.03)	0.6175	0.52(0.33-0.83)	0.0059
	above	Adj	-	-	0.49(0.02-13.43)	0.6725	1.87(0.99-3.50)	0.0523
Currently	Yes (ref=No)	Unadj	1.95(0.25-15.19)	0.5246	-	-	1.07(0.66-1.76)	0.7796
working?	100 (101 110)	Adj	2.02(0.21-19.35)	0.5410	-	-	0.93(0.50-1.74)	0.8247
	Skilled Worker	Unadj	1.38(0.17-11.52)	0.7669	0.69(0.07-6.64)	0.7454	1.12(0.80-1.55)	0.5123
		Adj	1.94(0.20-18.51)	0.5667	0.58(0.05-6.63)	0.6612	1.04(0.70-1.56)	0.8433
Husband's	Business	Unadj	1.81(0.20-16.33)	0.5959	0.45(0.03-7.23)	0.5728	0.81(0.56-1.17)	0.2564
occupation		Adj	1.26(0.10-15.31)	0.8543	0.27(0.01-6.53)	0.4239	1.12(0.71-1.78)	0.6214
(ref=Unskilled	Service	Unadj	-	-	-	-	0.37(0.23-0.59)	<.0001
worker)		Adj	-	-	-	-	1.06(0.59-1.93)	0.8388
	Self-employed	Unadj	1.63(0.10-26.28)	0.7316	-	-	0.85(0.52-1.38)	0.4998
	/Professional	Adj	2.03(0.11-37.02)	0.6337	-	-	0.89(0.49-1.61)	0.6917
Due to work,	Sometimes	Unadj	0.63(0.04-10.35)	0.7483	-	-	1.25(0.61-2.56)	0.5512
husband stays		Adj	0.64(0.03-12.31)	0.7662	-	-	1.18(0.47-2.95)	0.7186
away from	Few times	Unadj	-	-	-	-	0.79(0.34-1.82)	0.5793
you/family at a		Adj	-	-	-	-	0.65(0.23-1.85)	0.4225
stretch for ≥ 6	Never (ref=Most	Unadj	0.37(0.05-2.93)	0.3475	-	-	1.01(0.57-1.80)	0.9755
monuns?	of the time)	Adj	0.30(0.03-2.79)	0.2889	-	-	0.84(0.40-1.//)	0.6456
Residential	Rural	Unadj	1.11(0.36-3.41)	0.8543	1.04(0.17-6.24)	0.9653	2.91(2.35-3.61)	<.0001
area	(rei=Urban)	Adj	1.14(0.29-4.55)	0.8538	1.64(0.20-13.61)	0.6479	1.08(0.80-1.44)	0.6258
Perception	Average	Unadj	1.60(0.46-5.54)	0.4603	-	-	1.13(0.92-1.40)	0.2498
about own		Adj	1.00(0.25-3.94)	0.9988	-	-	1.11(0.86-1.44)	0.4326
general health	Poor	Unadj	5.00(1.18-21.18)	0.0290	5.51(0.91-33.34)	0.0630	1.23(0.83-1.82)	0.3037
(rei=good)		Adj	2.33(0.39-13.96)	0.3552	8.81(1.06-73.44)	0.0443	0.93(0.57-1.52)	0.7792

Table 13c. Association of husband's sexual behavior with husband's medical history as reported by the recruited antenatal care attendees who were self-interviewed (N=1670),

Sexual behavior of the husband	Categories	OR	Husband ever s from Hepati (ref=no)	suffered tis-B	Husband ever suffered from Syphilis (ref=no)		
			OR(95%CI)	p value	OR(95%CI)	p value	
Consumption of alcohol by	Sometimes	Unadj	1.54(0.41-5.71)	0.5215	1.53(0.16-14.79)	0.7120	
husband before having sex	Sometimes	Adj	2.54(0.55-11.80)	0.2329	1.59(0.15-17.07)	0.7023	
with you (ref=Never/Very	Almost	Unadj	4.11(0.51-33.32)	0.1854	12.39(1.26-122.01)	0.0310	
rare)	always	Adj	4.56(0.39-52.97)	0.2248	14.93(1.26-177.54)	0.0324	
	Oral sex or	Unadj	-	-	6.84(0.42-110.63)	0.1757	
During your program of did	other	Adj	-	-	5.98(0.34-104.69)	0.2211	
your husband have sex with you? (ref=No)	Anal sex	Unadj	-	-	6.38(0.40-103.08)	0.1919	
		Adj	-	-	6.66(0.37-119.24)	0.1979	
	Vaginal	Unadj	1.01(0.31-3.30)	0.9846	0.90(0.08-9.94)	0.9308	
	sex.	Adj	0.91(0.24-3.45)	0.8917	0.69(0.06-8.26)	0.7665	
Husband use slang	Vas	Unadj	0.87(0.11-6.73)	0.8930	7.04(1.17-42.49)	0.0333	
language/behave badly	ref-No)						
during sex with you	(101–110)	Adj	1.07(0.11-10.20)	0.9524	16.51(1.67-163.24)	0.0165	
While having sex,		Unadj	1.22(0.16-9.47)	0.8495	-	-	
physically assault/abuse by	Yes						
husband (ref=No)		Adj	1.52(0.16-14.86)	0.7210	-	-	
Suspect that husband		Unadj	0.84(0.11-6.53)	0.8705	6.83(1.13-41.22)	0.0361	
has/had sexual relations	Yes						
with other women (ref=No)		Adj	0.70(0.08-6.56)	0.7571	9.43(1.33-66.86)	0.0247	
Think that the other woman		Unadj	-	-	5.61(0.62-50.87)	0.1251	
with whom husband has/had	Ves						
sexual relation is a sex	103						
worker (ref=No)		Adj	-	-	10.32(0.84-127.19)	0.0685	

Kolkata, West Bengal, India, 2016

Table 13d. Association of sociodemographic factors with respondent's medical history among recruited antenatal care attendees who were self-interviewed (N=1670), Kolkata, West Bengal, India, 2016

Socio-demographic factors			Ever suffered fron	n Hepatitis-B	Ever suffered from Syphilis		
Socio-demogra	apilie factors	OR	(ref=no)	(ref=no)		
Continuous	variables		OR(95%CI)	p value	OR(95%CI)	p value	
Age of the particip	ant in completed	Unadj	1.10(1.02-1.18)	0.0165	1.27(1.10-1.47)	0.0010	
years		Adj	0.97(0.86-1.09)	0.6002	1.28(0.97-1.69)	0.0790	
Ago at marriago		Unadj	1.08(0.98-1.18)	0.1154	1.11(0.93-1.34)	0.2489	
Age at marriage		Adj	1.05(0.93-1.17)	0.4415	1.01(0.82-1.26)	0.9089	
Husband's age		Unadj	1.11(1.06-1.17)	<.0001	1.15(1.05-1.27)	0.0031	
Thusballu's age		Adj	1.12(1.04-1.20)	0.0016	1.07(0.90-1.26)	0.4651	
Dor conito familu i	200720	Unadj	1.00(0.98-1.02)	0.7132	1.00(0.99-1.01)	0.5073	
Fer capita failing in	icome	Adj	1.00(0.97-1.02)	0.4847	1.00(0.98-1.02)	0.8891	
Categorical	Categories						
Religion	Muslim	Unadj	0.82(0.66-1.03)	0.0905	0.82(0.66-1.03)	0.0905	
(ref=Hindu)	Musiiii	Adj	0.39(0.17-0.89)	0.0256	7.62(1.15-50.50)	0.0352	
	Derimagent	Unadj	1.27(0.23-7.06)	0.7878	0.62(0.09-4.51)	0.6407	
F 1	Primary	Adj	1.57(0.27-9.05)	0.6147	0.83(0.10-6.98)	0.8630	
Educational level	II als ashe al	Unadj	1.08(0.25-4.57)	0.9204	0.10(0.02-0.62)	0.0130	
(rel=ino	Hign-school	Adj	1.28(0.29-5.69)	0.7487	0.20(0.03-1.44)	0.1110	
education)	Graduation	Unadj	0.32(0.03-3.57)	0.3536	0.32(0.03-3.57)	0.3536	
	and above	Adj	0.34(0.03-4.14)	0.3951	0.87(0.05-15.86)	0.9240	
	Primary	Unadj	1.42(0.27-7.37)	0.6799	0.56(0.08-4.02)	0.5646	
Husband's		Adj	1.43(0.25-8.36)	0.6900	1.70(0.19-15.57)	0.6382	
educational level	TT' 1 1 1	Unadj	2.30(0.54-9.76)	0.2589	0.08(0.01-0.92)	0.0426	
(ref=No	Hign-school	Adj	2.36(0.51-10.97)	0.2726	0.39(0.03-5.51)	0.4863	
education)	Graduation	Unadj	2.21(0.40-12.21)	0.3648	1.64(0.27-9.97)	0.5887	
	and above	Adj	3.41(0.54-21.51)	0.1915	19.74(1.32-295.50)	0.0307	
Currently	Vec (ref Ne)	Unadj	0.62(0.08-4.60)	0.6415	_	-	
working?	res (rei=ino)	Adj	0.74(0.09-6.01)	0.7796	-	-	
_	Cl-:11- J Western	Unadj	1.38(0.40-4.75)	0.6050	1.15(0.13-9.88)	0.9004	
	Skilled worker	Adj	1.46(0.41-5.20)	0.5610	1.31(0.13-13.04)	0.8200	
Husband's	Ducinees	Unadj	1.52(0.41-5.58)	0.5308	0.45(0.03-7.23)	0.5728	
occupation	Dusiness	Adj	1.28(0.33-4.99)	0.7263	0.47(0.02-11.15)	0.6433	
(ref=Unskilled	C	Unadj	0.63(0.10-3.84)	0.6206	-	-	
worker)	Service	Adj	0.47(0.07-3.01)	0.4231	-	-	
	Self-employed	Unadj	2.21(0.48-10.05)	0.3065	1.63(0.10-26.28)	0.7316	
	/Professional	Adj	2.53(0.53-12.03)	0.2436	3.42(0.17-68.24)	0.4202	
Husband stays		Unadj	-	-	-	-	
away from family	Como d'incom						
at a stretch for ≥ 6	Sometimes						
months?		Adj	1.42(0.71-2.83)	0.3223	-	-	
Desidential and	Rural	Unadj	0.85(0.45-1.63)	0.6321	0.69(0.17-2.78)	0.6040	
Residential area	(ref=Urban)	Adj	1.30(0.61-2.78)	0.4909	0.41(0.08-2.15)	0.2893	

 Table 13e. Association of respondent's sexual behavior/experience with respondent's

 medical history among recruited antenatal care attendees who were self-interviewed

(N=1670), Kolkata, West Bengal, India, 2016

Sexual	Catagoria	OP	Ever suffered from		Ever suffered	from
the respondent	Categories	UK		n voluo	OP(05%CI)	n voluo
the respondent		Unadi	1 26(0 37-4 33)	0 7107	0.42(0.04-4.63)	0 4771
	15-18	Δdi	1.20(0.37-4.33)	0.9381	0.42(0.04-4.03)	0.7297
$\Delta \sigma e$ in years at first sex		Unadi	1.68(0.48-5.82)	0.4160	1.56(0.18-13.43)	0.6862
(ref=<15)	19-35	Adi	1 16(0 29-4 69)	0.4100	2.40(0.16-36.38)	0.5280
		Unadi	4.02(0.39-41.08)	0.2404		-
	>35	Adi	2.28(0.20-26.46)	0.5089	-	-
Had first sex before		Unadi	0.90(0.27-2.96)	0.8616	_	-
marriage? (ref=No)	Yes	Adi	0.97(0.29-3.30)	0.9673	_	-
	Yes. by	Unadj	1.33(0.65-2.72)	0.4398	0.58(0.14-2.32)	0.4400
	husband	Adj	1.20(0.56-2.56)	0.6346	0.68(0.14-3.30)	0.6344
Ever was forced to have sex	Yes, by	Unadj	2.12(0.46-9.83)	0.3370	-	-
(rei=ino)	someone	y				
	else	Adj	1.76(0.35-8.81)	0.4885	-	-
Evenhad anal say (ref_Na)	Vas	Unadj	0.86(0.45-1.64)	0.6515	1.30(0.31-5.45)	0.7208
Ever had anal sex (rel=No)	res	Adj	0.94(0.47-1.87)	0.8589	0.91(0.19-4.40)	0.9066
Ever anyone had sex with		Unadj	1.47(0.77-2.80)	0.2413	1.46(0.36-5.85)	0.5942
you after consuming	Yes					
alcohol (ref=No)		Adj	1.43(0.71-2.87)	0.3118	1.35(0.29-6.36)	0.7020
Before planning for a baby,		Unadj	0.39(0.16-0.94)	0.0366	2.14(0.53-8.57)	0.2845
did your husband use	Yes					
condoms during having sex	100					
with you? (ref=No)		Adj	0.50(0.20-1.23)	0.1327	2.03(0.42-9.94)	0.3800
Have male sex partner	37	Unadj	1.71(0.51-5.67)	0.3824	-	-
other than husband	Yes	:L A	222(0, 0, 0, 10)	0 2222		
(rel=ino)		Aaj	2.22(0.00-8.19)	0.2333	-	-
For sex with male partner		Unadj	1.39(0.12-16.00)	0.7911	-	-
vou ever offered money?	Yes					
(ref-No)		Adi	8 81(0 03-2539 00)	0 4514	_	_
For sex with male partner		Unadi	1 55(0 13-17 76)	0.7268	-	-
other than husband ever		Ondaj	1.55(0.15 17.16)	0.7200		
accepted any gifts/money	Yes					
(ref=No)		Adj	2.22(0.02-225.30)	0.7353	-	-
Suspect that the male sex		Unadj	1.80(0.16-20.73)	0.6354	-	-
partner who paid money for						
sex has sexual relations	Yes					
with female sex workers						
(ref=No)		Adj	1.42(0.02-81.18)	0.8647	-	-

Table 13f. Association of husband's sexual behavior and relevant medical history with respondent's medical history among recruited antenatal care attendees who were self-

Sexual behavior and			Ever suffered Henatitis-B (re	from (f=no)	Ever suffered from Syphilis		
history of the	bistory of the Categories		перация-в (rel=no)		(101-110)		
husband			OR(95%CI)	p value	OR(95%CI)	p value	
Consumption of	Comptimor	Unadj	1.23(0.56-2.71)	0.6063	2.77(0.66-11.67)	0.1641	
alcohol by husband	Sometimes	Adj	1.28(0.55-2.97)	0.5668	3.70(0.59-23.34)	0.1632	
before having sex with		Unadj	-	-	-	-	
you (ref=Never/Very	Almost always						
rare)		Adj	-	-	-	-	
	Oral sex or other	Unadj	0.67(0.08-5.32)	0.7058	6.84(0.42-110.70)	0.1755	
During your programa		Adj	0.80(0.10-6.57)	0.8363	5.67(0.26-121.90)	0.2676	
did array hash and have	Anal sex	Unadj	0.63(0.08-4.96)	0.6571	6.38(0.39-103.10)	0.1918	
sex with you? (ref-No)		Adj	0.73(0.09-6.01)	0.7678	4.37(0.20-93.38)	0.3449	
sex with you: (iei=i(o)	Vectoral	Unadj	1.17(0.56-2.45)	0.6710	2.25(0.26-19.35)	0.4587	
	v agillal sex.	Adj	1.43(0.65-3.17)	0.3784	3.73(0.40-35.12)	0.2492	
Husband use slang		Unadj	1.23(0.43-3.53)	0.6940	10.70(2.65-43.26)	0.0009	
language/behave badly	Ves						
during sex with you	105						
(ref=No)		Adj	1.18(0.33-4.18)	0.8023	10.66(1.50-75.71)	0.0179	
While having sex,		Unadj	0.81(0.19-3.40)	0.7714	-	-	
physically	Yes						
assault/abuse by	105						
husband (ref=No)		Adj	1.06(0.23-4.93)	0.9370	-	-	
Suspect that husband		Unadj	0.56(0.13-2.34)	0.4239	3.41(0.68-17.05)	0.1350	
has/had sexual	Yes						
relations with other		4 11	0.50(0.14.2.55)	0.470.6		0 4654	
women (ref=No)		Adj	0.59(0.14-2.55)	0.4786	1.96(0.32-11.84)	0.4654	
Think that the other		Unadj	-	-	3.20(0.39-26.37)	0.2793	
woman with whom	37						
nusband has/had sexual	res						
relation is a sex worker $(ref-N_{0})$		A 4:			1 05(0 10 11 56)	0.0660	
(IEI=INO)		Auj	-	- 0.2102	1.05(0.10-11.56)	0.9000	
has your nusband ever	VAC	Unadj	5.05(0.40-28.80)	0.2195	-	-	
(ref-no)	yes	Adi	3 16(0 35-28 87)	0 3083		_	
Has your husband ever		Unadi	5.10(0.55-20.07)	0.5005	184 30(25 95-1309 00)	< 0001	
had Synhilis? (ref-no)	yes	Adi			568 30(30 78-10492 00)	< 0001	
Husband had		Unadi	0 59(0 28-1 22)	0 1527	2 79(0 66-11 70)	0.1615	
undergone	ves	Onauj	0.57(0.20-1.22)	0.1527	2.17(0.00-11.70)	0.1015	
circumcision (ref=no)	,	Adi	0.84(0.32-2.20)	0.7228	2.48(0.39-15.77)	0.3353	
circumcision (ref=no)	, .	Adj	0.84(0.32-2.20)	0.7228	2.48(0.39-15.77)	0.3353	

Table 14a. Distribution of currently experienced symptoms of sexually transmitted infections, Hepatitis B and HIV among antenatal care attendees and their husbands in Kolkata, West Bengal, India, 2016

Catagorical variables	Cotogorios	N	0/_	95%CL	
Categorical variables	Categories	19	/0	Lower	Upper
Abnormal vaginal discharge	No	1029	61.99	59.65	64.33
(color/odor/amount)	Yes	631	38.01	35.67	40.35
	No Discharge	1298	77.72	75.73	79.72
	White	361	21.62	19.64	23.59
Color	Others (green, yellow, no color, other)	11	0.66	0.27	1.05
	No discharge	1615	96.71	95.85	97.56
Odor	Absent	26	1.56	0.96	2.15
	Present	29	1.74	1.11	2.36
	No discharge	1084	64.91	62.62	67.20
Amount	Low/occasional	339	20.30	18.37	22.23
Amount	Moderate	91	5.45	4.36	6.54
	Heavy	156	9.34	7.94	10.74
Burning sensation during	No	1473	88.57	87.04	90.11
urination	Yes	190	11.43	9.89	12.96
Conital places or some	No	1622	97.71	96.99	98.43
Genital ulcers of soles	Yes	38	2.29	1.57	3.01
Itahing in conital area	No	1355	81.48	79.61	83.35
itening in genital area	Yes	308	18.52	16.65	20.39
Lower chdominal nain	No	1274	76.70	74.67	78.74
Lower abdominar pain	Yes	387	23.30	21.26	25.33
Swalling in grain	No	1601	96.33	95.42	97.23
Sweining in groin	Yes	61	3.67	2.77	4.58
Yellow-colored	No	1503	90.38	88.96	91.80
urine/skin/eyes	Yes	160	9.62	8.20	11.04
Fever/loss of	No	1493	89.78	88.32	91.24
appetite/nausea	etite/nausea Yes		10.22	8.77	11.68
Pain during sexual	No	1450	87.56	85.97	89.15
intercourse	Yes	206	12.44	10.85	14.03

Table 15a. Distribution of Hepatitis B among self-interviewed antenatal care attendees in

Kolkata, West Bengal, India, 2016

Categorical	Categories	N	0/	95%CL		
variables		11	70	Lower	Upper	
	Negative	1563	97.26	96.46	98.06	
Hepatitis B	Positive	44	2.74	1.94	3.54	

Table 15b. Socio-demographic distribution of self-interviewed (N=1607) antenatal careattendees across Hepatitis B status in Kolkata, West Bengal, India, 2016

Continuous variables		Hepatitis B Positive (N=44)			Hepatitis B Negative (N=15630				
		Mean		95%CL		Maria		95%CL	
				Lower	Upper		Mean	Lower	Upper
What is your present age?		23.14		21.85	24.42		22.32	22.13	22.51
Per head family income (INR)		2696.48		1734.53	3658.44	2614.81		2478.43	2751.18
At what age, did you	get married?	19.21		18.02	20.40	18.50		18.35	18.64
What is your husband's age in completed years			30.32	28.42	32.21		28.32	28.06	28.59
Catagorian		N	0/	95%CL		N	0/.	95%CL	
Categoricai	Categories	IN	70	Lower	Upper	IN	70	Lower	Upper
	No education	3	6.82	0.00	14.57	80	5.12	4.02	6.21
Till what level	Primary	7	15.91	4.66	27.16	126	8.06	6.71	9.41
have you studied?	High-school	31	70.45	56.42	84.49	1226	78.44	76.4	80.48
	Graduation and above	3	6.82	0.00	14.57	131	8.38	7.01	9.76
What is your	Hindu	27	61.36	46.39	76.34	733	46.96	44.48	49.44
religion?	Muslim	17	38.64	23.66	53.61	828	53.04	50.56	55.52
What is your	Currently not working	44	100	100	100	1496	95.71	94.71	96.72
occupation?	Currently working	-	-	-	-	67	4.29	3.28	5.29
	Unskilled Worker	4	9.3	0.26	18.35	168	10.79	9.25	12.33
	Skilled Worker	23	53.49	37.96	69.02	732	47.01	44.53	49.50
	Business	8	18.6	6.49	30.72	374	24.02	21.90	26.14
What is your	Service	4	9.30	0.26	18.35	178	11.43	9.85	13.01
husband's	Self-employed /Professional	4	9.30	0.26	18.35	105	6.74	5.5	7.99
occupation?	No education	3	6.82	0.00	14.57	163	10.43	8.91	11.95
	Primary	10	22.73	9.84	35.62	283	18.11	16.2	20.02
	High-school	27	61.36	46.39	76.34	967	61.87	59.46	64.28
	Graduation and above	4	9.09	0.25	17.93	150	9.60	8.14	11.06
Due to your	most of the time	1	2.27	0.00	6.86	49	3.13	2.27	4.00
husband's work, does he need to	sometimes	2	4.55	0.00	10.95	76	4.86	3.79	5.93
	Few times	-	-	-	-	42	2.69	1.88	3.49
stay away from you/family at a	N	4.1	02.10	95.42	100	1200	00.22	07.70	00.97
stretch for 6 months or more?	Never		93.18	85.43	100	1396	89.32	87.78	90.85
Where do you live?	Urban	16	36.36	21.57	51.16	637	40.75	38.32	43.19
	Rural	28	63.64	48.84	78.43	926	59.25	56.81	61.68
Table 15c.i. Distribution of obstetric history of self-interviewed (N=1607) antenatal care attendees across Hepatitis B status in Kolkata, West Bengal, India, 2016)

		Hepatitis B Positive					Hepatitis B Negative			
Categorical variables	Categories			95%	6CL			95%	CL	
		Ν	%	Lower	Upper	Ν	%	Lower	Upper	
In the last 6 months, have you	No	43	97.73	93.14	100.00	1546	98.91	98.40	99.43	
had any blood transfusions?	Yes	1	2.27	0.00	6.86	17	1.09	0.57	1.60	
Have you ever been vaccinated	No	40	90.91	82.07	99.75	1368	87.52	85.88	89.16	
for Hepatitis- B?	Yes	4	9.09	0.25	17.93	195	12.48	10.84	14.12	
In the last 6 months, how many	Never	1	2.27	0.00	6.86	55	3.52	2.60	4.43	
times have you taken an	1 to 2 times	38	86.36	75.81	96.92	1351	86.44	84.74	88.14	
injection from a										
nurse/compounder/any health	More than two times									
worker?		5	11.36	1.60	21.12	157	10.04	8.55	11.54	

Table 15c.ii. Distribution of own medical events of self-interviewed (N=1607) antenatal care attendees across Hepatitis B status in Kolkata, West Bengal, India, 2016

			Нера	titis B Positiv	ve		Нера	titis B Negativ	ve
Continuous vari	ables	•	1	95%	CL	M	[95%	- CL
		IV	Tean	Lower	Upper	IVI	lean	Lower	Upper
Till now how many babies given birth to?	have you		0.48	0.26	0.7	0.48		0.44	0.51
How many years ago was born?	your last child		2.00	1.07	2.93		2.17	2.02	2.33
How many male children	do you have?		0.18	0.06	0.30		0.20	0.18	0.22
Catagoriaal variables	Catagorias	N	0/	95%(CL	NI 9/		95%	bCL
Categorical variables	Categories	10 /0	Lower	Upper	14	/0	Lower	Upper	
Including this time, how	1st time	25	56.82	41.58	72.05	785	50.22	47.74	52.71
many times have you	2nd time	12	27.27	13.58	40.97	461	29.49	27.23	31.76
become a mother?	3rd time	4	9.09	0.25	17.93	223	14.27	12.53	16.00
	4 or more	3	6.82	0.00	14.57	94	6.01	4.83	7.19
In the past, have you	No	36	81.82	69.96	93.68	1218	77.93	75.87	79.99
ever had an abortion or miscarriage?	Yes	8	18.18	6.32	30.04	345	22.07	20.01	24.13
Were any of your babies	No	42	95.45	89.05	100	1374	87.91	86.29	89.53
born prior to their due date?	Yes	2	4.55	0.00	10.95	189	12.09	10.47	13.71
Have you ever given	No	42	95.45	89.05	100	1525	97.57	96.8	98.33
birth to a stillborn child?	Yes	2	4.55	0.00	10.95	38	2.43	1.67	3.20

Socio-demographic factors Hepatitis B sero-positivity OR Continuous OR (95%CI) p value Unadj 1.05(0.98-1.13)0.1682 Age of the participant in completed years 0.97(0.86-1.09)0.5986 Adj Unadj 1.07(0.98-1.17)0.1348 Age at marriage Adi 1.08(0.96-1.21) 0.1863 Unadj 1.06(1.01-1.11) 0.0167 Husband's age Adi 1.06(0.99-1.14) 0.1000 Unadj 1.01(1.00-1.02)0.8335 Per capita family income Adj 1.01(0.99-1.02) 0.3399 Categorical Categories 0.56(0.30-1.04) 0.0651 Unadj Religion? (ref=Hindu) Muslim 0.47(0.23-0.97)0.0416 Adj 0.5798 Unadj 1.48(0.37-5.88) Primary Adj 1.49(0.36-6.19) 0.5803 0.68(0.20-2.27)0.5316 Unadj Educational level (ref=No education) High-school Adj 0.59(0.17-2.12) 0.4192 Unadj 0.61(0.12-3.11) 0.5556 >Graduation Adj 0.52(0.09-2.99) 0.4659 Unadj 1.93(0.52-7.09) 0.3251 Primary Adi 2.39(0.60-9.54) 0.2174 Husband's educational level (ref=No Unadj 1.52(0.46-5.06) 0.4966 High-school education) Adj 1.81(0.50-6.56) 0.3685 Graduation and Unadj 1.45(0.32-6.58) 0.6315 above 2.03(0.38-11.00) 0.4104 Adj Unadj -Currently working? Yes (ref=No) Adj 0.6200 Unadj 1.31(0.45-3.85) Skilled worker 0.4288 Adj 1.56(0.52-4.72)Unadi 0.89(0.27-3.01) 0.8559 Business 0.91(0.26-3.28) Husband's occupation (ref=Unskilled Adj 0.8905 worker) 0.93(0.23-3.79) 0.9231 Unadj Service 0.88(0.20-3.90) 0.8667 Adj Self-employed Unadj 1.60(0.39-6.54) 0.5127 /Professional Adj 2.05(0.48 - 8.70)0.3319 Unadj 1.29(0.11-14.61) 0.8373 Sometimes Adj 1.47(0.12-17.45) 0.7593 How often husband needs to stay away from Unadj _ you/family at a stretch for 6 months or Few times Adj -more? (ref=most of the time) Unadj 1.43(0.19-10.64) 0.7244 Never Adj 1.64(0.21-12.73)0.6353 Unadj 1.22(0.65-2.27) 0.5385 Residential area (ref=Urban) Rural Adj 1.85(0.90-3.78) 0.0937

 Table 15d. Association of socio-demographics with Hepatitis B sero-positivity among antenatal care attendees in Kolkata, West Bengal, India, 2016

Table 15e. Association of obstetric history and health perception with Hepatitis B sero-

Obstetric history and health perc	eption	OD	Hepatitis B sero-po	sitivity
Continuous		UK	OR (95%CI)	p value
Till now how many babies have you		Unadj	1.00(0.64-1.57)	1.0000
given birth to?		Adj	1.00(0.49-2.06)	0.9956
How many years ago was your last		Unadj	0.98(0.89-1.09)	0.7291
child born?		Adj	0.88(0.75-1.03)	0.1185
How many male children do you have?		Unadj	0.91(0.44-1.86)	0.7933
Thow many male emildren do you have?		Adj	0.83(0.36-1.92)	0.6581
Categorical	Categories			
Including this time, how many times have you become a mother? (ref=1st time)	2nd time	Unadj	0.82(0.41-1.65)	0.5808
	2liu tille	Adj	0.68(0.28-1.65)	0.3922
	3rd time	Unadj	0.56(0.19-1.62)	0.2842
		Adj	0.39(0.10-1.51)	0.1734
(inite)		Unadj	1.00(0.30-3.36)	0.9957
	4 01 11010	Adj	0.67(0.14-3.27)	0.6217
In the past, have you ever had an	Vas	Unadj	0.78(0.36-1.70)	0.5383
abortion or miscarriage? (ref=no)	105	Adj	0.82(0.37-1.85)	0.6341
Were any of your babies born prior to	Vas	Unadj	0.34(0.08-1.43)	0.1427
their due date? (ref=no)	105	Adj	0.30(0.07-1.34)	0.1153
Have you ever given birth to a stillborn	Vas	Unadj	1.92(0.45-8.23)	0.3788
child? (ref=no)	105	Adj	2.08(0.46-9.45)	0.3436
	Average	Unadj	0.38(0.16-0.87)	0.0216
Perception about own general health	Avelage	Adj	0.38(0.16-0.88)	0.0248
(ref=Good)	Poor	Unadj	2.28(1.02-5.11)	0.0457
	1 001	Adj	2.08(0.86-5.01)	0.1050

 Table 15f. Association of Respondent's sexual behavior and experience with Hepatitis B

 sero-positivity among antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's sexual behavior and	Catagorias	OB	Hepatitis B sero-	positivity
experience	Categories	UK	OR (95%CI)	p value
	15-18	Unadj	1.65(0.49-5.55)	0.4166
	13-10	Adj	1.49(0.43-5.14)	0.5324
Ago in years at first say $(raf - < 15)$	10.35	Unadj	1.74(0.50-6.01)	0.3812
Age in years at first sex (iei=<15)	19-33	Adj	1.11(0.28-4.38)	0.8803
	>25	Unadj	-	-
	~55	Adj	-	-
Had first say before marriage? (ref-No)	Vac	Unadj	0.50(0.12-2.10)	0.3453
Had first sex before marriage? (ref=100)	168	Adj	0.46(0.11-1.97)	0.2972
	Vac by byshand	Unadj	1.13(0.59-2.17)	0.7190
Even was formed to have say (ref_Na)	res, by husband	Adj	1.00(0.50-2.01)	0.9939
Ever was forced to have sex (ref=ind)	Yes, by someone	Unadj	2.68(0.74-9.68)	0.1320
	else	Adj	2.19(0.57-8.43)	0.2566
Even had anal any (nof-No)	Vac	Unadj	1.71(0.90-3.25)	0.1019
Ever had anal sex (rei=NO)	res	Adj	1.78(0.90-3.54)	0.0980
Ever anyone had sex with you after	Vac	Unadj	1.01(0.55-1.85)	0.9819
consuming alcohol (ref=No)	res	Adj	0.91(0.47-1.76)	0.7869
Before planning for a baby, did your		Unadj	0.33(0.14-0.79)	0.0126
husband use condoms during having sex	Yes			
with you? (ref=No)		Adj	0.39(0.16-0.93)	0.0338
Have male sex partner other than	Vaa	Unadj	3.34(1.37-8.15)	0.0082
husband (ref=No)	res	Adj	3.72(1.35-10.22)	0.0109
For sex with male partner other than		Unadj	3.88(0.43-34.89)	0.2270
husband were you ever offered money?	Yes			
(ref=No)		Adj	-	-
For sex with male partner other than		Unadj	1.64(0.28-9.54)	0.5813
husband ever accepted any gifts/money	Yes			
(ref=No)		Adj	-	-
Suspect that the male sex partner who		Unadj	0.92(0.17-4.87)	0.9208
paid money for sex has sexual relations	Yes			
with female sex workers (ref=No)		Adj	-	-
During last 6 months, received injection	1 to 2 times	Unadj	1.60(0.22-11.83)	0.6473
from a nurse/compounder/any health	1 to 2 times	Adj	1.59(0.21-12.32)	0.6563
worker? (ref-Never)	More than two times	Unadj	1.82(0.21-15.87)	0.5899
	whole than two times	Adj	1.63(0.18-15.00)	0.6642
	Good	Unadj	1.51(0.78-2.91)	0.2206
	0000	Adj	1.81(0.90-3.62)	0.0943
How is your sexual experience with your	Average	Unadj	0.87(0.35-2.19)	0.7695
husband? (ref=excellent)	Avelage	Adj	0.93(0.36-2.39)	0.8830
	Door	Unadj	0.52(0.07-3.95)	0.5296
	FUUI	Adj	0.53(0.07-4.18)	0.5495

Table 15g. Association of husband's sexual behavior with Hepatitis B sero-positivity among antenatal care attendees in Kolkata, West Bengal, India, 2016

Ilushand's samuel heherion	Catagorias		Hepatitis B sero-	Hepatitis B sero-positivity			
Husbanu's sexual benavior	Categories	UK	OR (95%CI)	p value			
	Somotimos	Unadj	0.77(0.32-1.86)	0.5656			
Husband consumes alconol before	Sometimes	Adj	0.76(0.30-1.90)	0.5518			
naving sex with you (rel=very rare of	Almost always	Unadj	3.27(0.96-11.18)	0.0587			
never consumes.)	Annost always	Adj	3.27(0.88-12.22)	0.0781			
	Onel eeu en ethen	Unadj	1.24(0.27-5.72)	0.7834			
Husband had sex with you during pregnancy (ref=No)	Oral sex or other	Adj	1.41(0.30-6.74)	0.6647			
	Ameloom	Unadj	0.59(0.08-4.66)	0.6187			
	Anal sex	Adj	0.63(0.08-5.10)	0.6610			
	Variation	Unadj	1.21(0.60-2.45)	0.5867			
	vaginai sex.	Adj	1.44(0.68-3.05)	0.3392			
Husband use slang language/behave	Vac	Unadj	1.68(0.70-4.05)	0.2475			
badly during sex with you	res	Adj	1.37(0.49-3.87)	0.5521			
While having sex, physically	Vac	Unadj	1.50(0.53-4.29)	0.4460			
assault/abuse by husband	res	Adj	1.57(0.50-4.94)	0.4392			
You suspect that husband has/had	Vac	Unadj	0.74(0.23-2.41)	0.6132			
sexual relations with other women	res	Adj	0.76(0.23-2.57)	0.6589			
Think that the other woman with		Unadj	0.53(0.07-3.91)	0.5338			
whom husband has/had sexual	Yes						
relation is a sex worker (ref=No)		Adj	0.50(0.07-3.90)	0.5100			

Table 15h. Association of respondent's attitude towards partner notification and current symptoms with Hepatitis B sero-positivity among antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's attitude towards partner	Catagoniag		Hepatitis B sero-positivity			
notification for symptoms suggestive of	Categories	es OR				
sexually transmitted infections			OR (95%CI)	p value		
If any woman has symptoms of sexually		Unadj	0.37(0.20-0.68)	0.0014		
transmitted infections, she should inform	yes					
her husband/male partner about it (ref=no)		Adj	0.35(0.18-0.68)	0.0020		
Respondent's history of having current	Catagonia	OD	Hepatitis B sero-positivity			
symptoms	Categories	UK	OR (95%CI)	p value		
Vallow colored uring/skin/avas (ref-no)	NOC	Unadj	6.36(3.38-11.95)	<.0001		
renow-colored unne/skni/eyes (le1–llo)	yes	Adj	10.00(4.80-20.84)	<.0001		
Fever/loss of appetite/nausea (ref=no)	Noc	Unadj	3.82(1.96-7.44)	<.0001		
	yes	Adj	4.51(2.16-9.40)	<.0001		

Table 16a. Distribution of HIV-1 among self-interviewed (N=1623) antenatal care attendees

in Kolkata, West Bengal, India, 2016

Categorical	Catagonia	NI	N %		CL
variables	Categories IN		70	Lower	Upper
TITE 1	Negative	1596	98.34	97.71	98.96
HIV-1	Positive	27	1.66	1.04	2.29

Table 16b. Socio-demographic distribution of self-interviewed (N=1623) antenatal care

attendees across HIV-1 status in Kolkata, West Bengal, India, 2016

		HIV Positive (N=27)			HIV Negative (N=1596)				
Continu	ous variables	•	1	95%	6CL	м		95%	6CL
		IV	iean	Lower	Upper	IVI	ean	Lower	Upper
What is your present a	age?		25.15	23.31	26.98		22.29	22.1	22.47
Den hand familia in anna (INID)		-	207 04						2743.2
Per nead family incom	ne (INR)	2	.387.84	1715.21	3060.48	2	2607.62	2471.98	5
At what age, did you	get married?		19.52	17.42	21.61		18.49	18.35	18.64
What is your husband	's age in completed years		32.74	30.17	35.32		28.30	28.04	28.56
Categorical	Catagorias	N	0/	95%	6CL	Ν	%	95%	6CL
variables	Categories	IN	70	Lower	Upper			Lower	Upper
	No education	9	33.33	14.33	52.34	79	4.95	3.88	6.02
Till what level have	Primary	3	11.11	0.00	23.78	133	8.33	6.98	9.69
you studied?	High-school	14	51.85	31.71	71.99	1253	78.51	76.49	80.53
	Graduation and above	1	3.7	0.00	11.32	131	8.21	6.86	9.56
What is your	Hindu	20	74.07	56.41	91.74	745	46.74	44.29	49.19
religion?	Muslim	7	25.93	8.26	43.59	849	53.26	50.81	55.71
What is your	Currently not working	25	92.59	82.04	100	1529	95.80	94.82	96.79
occupation?	Currently working	2	7.41	0.00	17.96	67	4.20	3.21	5.18
	Unskilled Worker	2	7.41	0.00	17.96	171	10.76	9.24	12.29
	Skilled Worker	16	59.26	39.45	79.07	749	47.14	44.68	49.59
	Business	5	18.52	2.86	34.18	381	23.98	21.88	26.08
What is your	Service	4	14.81	0.49	29.14	179	11.26	9.71	12.82
what is your	Self-employed	-	-	-	-				
nusbanus	/Professional					109	6.86	5.62	8.10
occupation	No education	4	14.81	0.49	29.14	165	10.34	8.84	11.83
	Primary	8	29.63	11.22	48.04	294	18.42	16.52	20.32
	High-school	12	44.44	24.41	64.48	986	61.78	59.39	64.17
	Graduation and above	3	11.11	0.00	23.78	151	9.46	8.02	10.9
Due to your	Most of the time	3	11.11	0.00	23.78	48	3.01	2.17	3.85
husband's work,	sometimes	5	18.52	2.86	34.18	75	4.70	3.66	5.74
does he need to stay	Few times	1	3.70	0.00	11.32	42	2.63	1.85	3.42
away from									
you/family at a	Never								
stretch for 6 months		10		17	05.65	1 4 2 1	00.55	00.17	01.16
or more?		18	66.67	47.66	85.67	1431	89.66	88.17	91.16
Where do you live?	Urban	20	/4.07	56.41	91.74	644	40.35	37.94	42.76
5	Rural	1	25.93	8.26	43.59	952	59.65	57.24	62.06

Table 16c. Socio-demographic distribution of obstetric history of self-interviewed (N=1623)antenatal care attendees across HIV status in Kolkata, West Bengal, India, 2016

			HIV	Positive			HIV Negative			
Continuous var	iables		Maan	95%	o CL	N	Maan	95% CL		
			Mean	Lower	Upper	IN	wream	Lower	Upper	
Till now how many babies	have you given									
birth to?			0.74	0.42	1.06		0.47	0.44	0.51	
How many years ago was	your last child									
born?			3.46	1.89	5.03		2.16	2.00	2.31	
How many male children d	lo you have?		0.33	0.11	0.55		0.19	0.17	0.21	
Categorical variables	Categories	N	0/0	95%	6CL	Ν	0/0	95	%CL	
	Categories	11	70	Lower	Upper	1	70	Lower	Upper	
Including this time, how	1st time	10	37.04	17.57	56.5	807	50.56	48.11	53.02	
many times have you	2nd time	9	33.33	14.33	52.34	471	29.51	27.27	31.75	
become a mother?	3rd time	6	22.22	5.46	38.98	223	13.97	12.27	15.68	
	4 or more	2	7.41	0.00	17.96	95	5.95	4.79	7.11	
In the past, have you	No	18	66.67	47.66	85.67	1248	78.20	76.17	80.22	
ever had an abortion or	Yes		22.22	14.22	50.04	240	21.00	10.70	22.02	
miscarriage?		9	33.33	14.33	52.34	348	21.80	19.78	23.83	
Were any of your babies	No	24	88.89	76.22	100	1406	88.10	86.5	89.69	
born prior to their due date?	Yes	3	11.11	0.00	23.78	190	11.90	10.31	13.5	
Have you ever given	No	27	100	100	100	1555	97.43	96.65	98.21	
birth to a stillborn child?	Yes	-	-	-	-	41	2.57	1.79	3.35	

Table 16d. Association of socio-demographic factors with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Socio-demographic factors			HIV-1 sero-positivity			
Continuous		OK	OR (95%CI)	p value		
A as of the neutroinent in completed years		Unadj	1.17(1.08-1.27)	0.0002		
Age of the participant in completed years		Adj	1.04(0.90-1.20)	0.6271		
A as at marriage		Unadj	1.00(1.00-1.00)	0.6752		
Age at marriage		Adj	1.00(1.00-1.00)	0.5373		
Husband's age		Unadj	1.10(0.99-1.22)	0.0776		
Husballd's age		Adj	1.00(0.88-1.12)	0.9593		
Per capita family income		Unadj	1.12(1.06-1.19)	<.0001		
		Adj	1.08(0.99-1.18)	0.0837		
Categorical	Categories	OR	OR (95%CI)	p value		
Religion? (ref-Hindu)	Muslim	Unadj	0.31(0.13-0.73)	0.0076		
	Widshill	Adj	0.56(0.20-1.54)	0.2614		
	Primary	Unadj	0.20(0.05-0.75)	0.0175		
	1 milar y	Adj	0.14(0.03-0.61)	0.0086		
Educational level (ref=No education)	High-school	Unadj	0.10(0.04-0.23)	<.0001		
	Ingii-school	Adj	0.11(0.04-0.31)	<.0001		
	SGraduation	Unadj	0.07(0.01-0.54)	0.0110		
		Adj	0.05(0.01-0.49)	0.0105		
	Drimary	Unadj	1.12(0.33-3.78)	0.8522		
	1 milar y	Adj	2.82(0.70-11.45)	0.1467		
Husband's educational level (ref=No	High school	Unadj	0.50(0.16-1.58)	0.2376		
education)	Tingii-school	Adj	0.97(0.25-3.72)	0.9636		
	Graduation	Unadj	0.82(0.18-3.72)	0.7966		
	and above	Adj	2.17(0.35-13.70)	0.4090		
Currently working? (ref=No)	Yes	Unad	1.83(0.42-7.87)	0.4192		
		Adj	2.43(0.49-12.12)	0.2805		
	Skilled	Unadj	1.83(0.42-8.02)	0.4248		
	worker	Adj	4.41(0.83-23.51)	0.0827		
	Ducinosa	Unadj	1.12(0.22-5.84)	0.8912		
Husband's accumation (ref-Unskilled	Dusiness	Adj	2.84(0.43-18.63)	0.2773		
worker)	Samilaa	Unadj	1.91(0.35-10.57)	0.4581		
worker)	Service	Adj	3.97(0.56-28.22)	0.1688		
	Self-	Unadj	-	-		
	employed					
	/Professional	Adj	-	-		
How often husband people to stay away	Sometimes	Unadj	1.07(0.24-4.67)	0.9317		
from you/family at a stratch for 6 months	Sometimes	Adj	1.33(0.27-6.56)	0.7296		
or more? (ref-most of the time)	Fow times	Unadj	0.38(0.04-3.80)	0.4110		
	rew unles	Adj	0.48(0.04-5.45)	0.5572		

	Novor	Unadj	0.20(0.06-0.71)	0.0123
	Inever	Adj	0.20(0.05-0.80)	0.0229
Residential area (ref=Urban)	Dural	Unadj	0.24(0.10-0.56)	0.0011
	Kurai	Adj	0.39(0.14-1.07)	0.0683

Table 16e. Association of socio-demographic factors with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Obstetric history and health perception		OD	HIV-1 seropositivity			
Continuous		UK	OR (95%CI)	p value		
Till now how many babies have you given		Unadj	1.59(1.03-2.45)	0.0382		
birth to?		Adj	1.06(0.48-2.31)	0.8915		
How many years ago was your last child		Unadj	1.12(1.01-1.24)	0.0391		
born?		Adj	0.91(0.75-1.10)	0.3188		
How many male children do you have?		Unadj	1.78(0.90-3.54)	0.0994		
		Adj	1.19(0.51-2.76)	0.6923		
Categorical	Categories	OR	OR (95%CI)	p value		
		Unadj	1.54(0.62-3.82)	0.3497		
	2nd time			0.6151		
Including this time, how		A .1:	0.74(0.23-2.41			
many times have you become	3rd time	Auj	2 17(0.79, 0.04)	0 1274		
a mother? (ref=1st time)		Unadj	2.1/(0.78-0.04)	0.13/4		
		Adj	0.04(0.16-2.63)	0.5342		
	4 or more	Unadj	1.70(0.37-7.87)	0.4980		
In the most hard area and had		Adj	$\frac{0.37(0.05-2.78)}{1.70(0.80,4.02)}$	0.3327		
In the past, have you ever had	V	Unadj	1./9(0.80-4.03)	0.15/1		
an abortion or miscarriage?	res	A .1:	1 1 4 (0 47 2 77)	0 7764		
(rei=no)		Auj	1.14(0.47-2.77)	0.7704		
were any of your bables born	37	Unadj	0.93(0.28-3.10)	0.8995		
prior to their due date?	res	A .1:	0.45(0.12, 1.72)	0 2444		
(rel=no)		Auj	0.45(0.12-1.72)	0.2444		
Have you ever given birth to a	Yes	Unadj	-	-		
stillborn child? (ref=no)		Adj	-	-		
	Average	Unadj	1.23(0.54-2.82)	0.6283		
Perception about own general		Adj	1.14(0.47-2.76)	0.7782		
health (ref=Good)	Poor	Unadj	2.53(0.81-7.90)	0.1097		
		Adj	1.55(0.43-5.59)	0.4998		

Table 16f. Association of own knowledge about sexually transmitted infections including HIV and attitude towards HIV patients with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's knowledge about			HIV-1 sero-positivity		
Sexually transmitted infections including HIV, their acquisition and management	Categories	OR	OR (95%CI)	p value	
	Average	Unadj	0.63(0.23-1.75)	0.3774	
Regarding symptoms (ref-Poor)	Tronuge	Adj	0.87(0.28-2.68)	0.8111	
Regarding symptoms (ref=1001)	Good	Unadj	0.87(0.32-2.38)	0.7906	
	Good	Adj	1.06(0.34-3.30)	0.9249	
	Average	Unadj	0.85(0.24-3.02)	0.7974	
Regarding transmission (ref-Poor)	Average	Adj	0.98(0.25-3.90)	0.9815	
Regarding transmission (rei-1001)	Good	Unadj	1.73(0.68-4.42)	0.2518	
	0000	Adj	2.63(0.93-7.40)	0.0677	
	Average	Unadj	0.69(0.22-2.17)	0.5203	
Regarding complication		Adj	0.95(0.29-3.20)	0.9399	
(ref=Poor)	Good	Unadj	1.20(0.53-2.74)	0.6665	
	Good	Adj	1.79(0.72-4.44)	0.2100	
	Average	Unadj	0.82(0.28-2.37)	0.7114	
Overall knowledge (ref-Poor)	Average	Adj	1.15(0.36-3.72)	0.8102	
Overall knowledge (le1–1 001)	Good	Unadj	1.88(0.71-4.99)	0.2044	
	Good	Adj	3.02(0.99-9.25)	0.0530	
Respondent's attitude towards H	IV patients	OR	OR (95%CI)	p value	
	Average	Unadj	1.29(0.45-3.70)	0.6364	
Overall attitude (ref=Poor)	Average	Adj	1.17(0.38-3.60)	0.7805	
	Good	Unadj	2.43(0.96-6.12)	0.0610	
	Guu	Adj	1.68(0.62-4.54)	0.3095	

Table 16g. Association of own sexual behavior/experience with HIV-1sero-positivity amongself-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's sexual behavior/experience	Catagorias	OP	HIV-1 sero-pos	itivity
and other risk factors	Categories	UK	OR (95%CI)	p value
	15-18	Unadj	0.52(0.18-1.49)	0.2256
	15-18	Adj	0.67(0.21-2.21)	0.5140
Again years at first say $(raf - < 15)$	10.35	Unadj	0.55(0.18-1.66)	0.2877
Age in years at first sex (161–<13)	19-33	Adj	0.42(0.10-1.78)	0.2392
	> 25	Unadj	-	-
	>55	Adj	-	-
Had first say hafara marriaga? (raf-Na)	Vac	Unadj	0.40(0.05-2.95)	0.3665
Had first sex before marriage? (ref=No)	ies	Adj	0.33(0.04-2.73)	0.3062
	Yes, by	Unadj	0.58(0.26-1.29)	0.1799
	husband	Adj	0.58(0.24-1.39)	0.2197
Ever was forced to have sex (ref=No)	Yes, by	Unadj	3.01(0.82-11.04)	0.0965
	someone			
	else	Adj	3.36(0.72-15.67)	0.1227
Even had anal any (not Na)	Vac	Unadj	0.61(0.28-1.31)	0.2069
Ever had anal sex (rel=No)	Yes 1	Adj	0.63(0.28-1.44)	0.2725
Ever anyone had sex with you after	V	Unadj	3.52(1.53-8.09)	0.0030
consuming alcohol (ref=No)	Yes	Adj	2.83(1.15-6.98)	0.0241
Before planning for a baby, did your		Unadj	0.74(0.31-1.76)	0.4983
husband use condoms during having sex	Yes			
with you? (ref=No)	Yes	Adj	0.89(0.36-2.25)	0.8090
Have male sex partner other than husband	Vac	Unadj	1.58(0.37-6.78)	0.5397
(ref=No)	res	Adj	1.46(0.30-7.03)	0.6401
For sex with male partner other than		Unadj	0.67(0.04-11.18)	0.7829
husband were you ever offered money?	Yes			
(ref=No)		Adj	-	-
For sex with male partner other than		Unadj	0.75(0.05-12.44)	0.8409
husband ever accepted any gifts/money	Yes			
(ref=No)		Adj	-	-
Suspect that the male sex partner who paid	Vas(raf-N	Unadj	0.88(0.05-14.55)	0.9277
money for sex has sexual relations with				
female sex workers	0)	Adj	-	-
During last 6 months received injection	1 to 2 times	Unadj	0.11(0.04-0.31)	<.0001
from a nurse/compounder/any health	1 to 2 times	Adj	0.18(0.05-0.60)	0.0053
worker? (ref=Never)	More than	Unadj	0.55(0.17-1.76)	0.3128
	two times	Adj	1.08(0.28-4.21)	0.9116
	Good	Unadj	0.59(0.21-1.63)	0.3068
How is your sexual experience with your	0000	Adj	0.79(0.27-2.34)	0.6728
husband? (ref=excellent)	Average	Unadj	0.79(0.26-2.40)	0.6763

	Adj	0.81(0.25-2.68)	0.7336
Door	Unadj	2.16(0.61-7.63)	0.2319
FUUI	Adj	1.49(0.36-6.14)	0.5845

Table 16h. Association of husband's sexual behavior with HIV-1sero-positivity among selfinterviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

			HIV-1 sero-positivity		
Husband's sexual behavior	Categories	OR	OR (95%CI)	p value	
Unchand concurred clashel hefere	Sometimes	Unadj	2.92(1.31-6.50)	0.0087	
having say with you (ref-yery rare	Sometimes	Adj	2.24(0.91-5.48)	0.0788	
or never consumes)	Almost always	Unadj	2.23(0.29-17.28)	0.4424	
of never consumes.)	Annost always	Adj	0.95(0.09-9.88)	0.9636	
	Oral cay or other	Unadj	0.55(0.07-4.31)	0.5699	
Husband had sex with you during pregnancy (ref=No)	Oral sex of other	Adj	0.48(0.06-4.09)	0.5010	
	Anal sex	Unadj	0.54(0.07-4.18)	0.5510	
		Adj	0.58(0.07-4.96)	0.6164	
	Vacinal any	Unadj	0.47(0.21-1.04)	0.0633	
	v aginai sex.	Adj	0.65(0.28-1.53)	0.3253	
Husband use slang language/behave	Vac	Unadj	1.81(0.62-5.30)	0.2803	
badly during sex with you	105	Adj	1.51(0.43-5.32)	0.5188	
While having sex, physically	Vac	Unadj	1.16(0.27-4.96)	0.8417	
assault/abuse by husband	105	Adj	0.97(0.20-4.70)	0.9664	
You suspect that husband has/had	Vas	Unadj	1.81(0.62-5.30)	0.2803	
sexual relations with other women	105	Adj	1.39(0.40-4.79)	0.6032	
Think that the other woman with		Unadj	-	-	
whom husband has/had sexual	Yes				
relation is a sex worker (ref=No)		Adj	-	-	

Table 16i. Association of own and husband's medical history and past history of symptoms suggestive of sexually transmitted infections with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Demondentie and has broken die medical history Categories		OD	HIV-1 seropositivity		
Respondent's and her husband's medical history	Categories	OK	OR (95%CI)	p value	
In the last 6 months, have you had any blood	V	Unadj	7.90(1.72-36.20)	0.0078	
transfusions? (ref=no)	res	Adj	7.92(1.30-48.36)	0.0250	
Have you ever been vaccinated for Hepatitis- B?	V	Unadj	0.89(0.27-2.98)	0.8469	
(ref=no)	res	Adj	1.11(0.30-4.06)	0.8782	
Unit and the differentiation D2 (and and)	V	Unadj	3.57(0.81-15.66)	0.0917	
Have you ever had Hepatitis- B? (rel=no)	res	Adj	2.71(0.51-14.37)	0.2424	
Have you even had Symbilic? (ref_no)	Vac	Unadj	12.24(1.38-108.45)	0.0244	
Have you ever had Syphins? (rel=ho)	res	Adj	-	-	
Unchand over had Henstitic D2 (ref-no)	Vac	Unadj	5.54(0.69-44.52)	0.1072	
husband ever had nepatitis- b? (lel=no)	res	Adj	2.93(0.26-32.52)	0.3819	
Hughand undergone aircumaision (ref_no)	Vas	Unadj	0.82(0.37-1.83)	0.6230	
Husband undergone circumcision (rei–no)	168	Adj	1.49(0.54-4.09)	0.4371	
Respondent's and her husband's past history of		OR	HIV-1 seroposit	ivity	
having symptoms suggestive of sexually	Categories		OP (05%CI)	n voluo	
transmitted infections			OK (95/0C1)	p value	
In the last 6 months, did you ever have		Unadj	0.40(0.12-1.33)	0.1335	
yellowish/dark colored urine for a sustained period?	Yes	Adj			
(ref=no)			0.42(0.12-1.48)	0.1776	
In the last 6 months, were your eyes or skin	Yes	Unadj	0.41(0.06-3.04)	0.3831	
yellowish for a prolonged duration? (ref=no)	105	Adj	0.37(0.05-2.98)	0.3521	
In the last 6 months, did you feel feverish or have a	Yes	Unadj	1.84(0.85-3.99)	0.1250	
low appetite for a prolonged duration? (ref=no)	105	Adj	2.08(0.88-4.91)	0.0933	
In the last 6 months, did you feel nausea or have		Unadj	0.34(0.15-0.76)	0.0083	
episodes of vomiting for a prolonged duration of	Yes	Adj			
time? (ref=no)			0.41(0.18-0.97)	0.0430	
	Once	Unadj	0.99(0.36-2.71)	0.9893	
In the last 6 months, did you have any foul smelling		Adj	1.05(0.36-3.07)	0.9226	
discharge from your urethra? (ref=no)	More than once	Unadj	1.05(0.39-2.88)	0.9201	
		Adj	1.09(0.37-3.22)	0.8700	
	Once	Unadj	0.90(0.31-2.66)	0.8494	
In the last 6 months, did you ever have any burning		Adj	0.81(0.25-2.01)	0.7213	
sensation while urinating? (rel=no)	More than once	Unadj	0.60(0.18-2.04)	0.4104	
		Auj	0.37(0.10-2.00)	0.3933	
In the last (months, did over smoothers in some	Once	Onauj	4.4/(1.49-13.43)	0.0077	
ni ule last o montifs, did you any dicer in your		Auj	4 02(1 16 12 04)	0.0394	
private parts? (rer=no)	More than once	Onauj	4.02(1.10-13.94)	0.0282	
		Auj	2.39(0.38-11.38)	0.2121	
In the last (months, did own have see it his a	Once	Onauj	0.87(0.29-2.38)	0.6009	
in the last o months, did you have any fichning		Auj	0.79(0.24-2.33)	0.0000	
sensation in your ureuna? (rei–no)	More than once	Adi	0.88(0.30-2.02)	0.8223	
		Auj	0.80(0.27-2.73)	0.8013	
In the last 6 months, did you over have noin in your	Once	Adi	0.92(0.36-2.23)	0.8380	
In the last 0 monulus, the you ever have pain in your		Auj	0.03(0.31-2.23) 0.30(0.15.1.04)	0.7100	
	More than once	Adi	0.39(0.13-1.04)	0.0000	
In the last 6 months, did you have any		Hunadi	3 58(1 05 12 27)	0.1409	
inflammation/swelling in your groin? (ref-no)	Yes	Adi	3.30(1.03-14.27) 3.67(0.02, 14.29)	0.0443	
minamination/swenning in your groun: (iei–iio)		Auj	3.02(0.92-14.28)	0.0000	

In the last 6 menths, did your hyshend have any	Onee	Unadj	1.20(0.36-4.05)	0.7703
In the last 6 months, did your husballd have any huming consistion/print/irritation while wrighting or	Once	Adj	1.22(0.33-4.44)	0.7675
burning sensation/pain/irritation while urinating or inflammation in the groin? (ref-never)	More than once	Unadj	1.40(0.32-6.04)	0.6531
innanination in the group: (lef-never)		Adi	1.47(0.27-7.87)	0.6538

Table 16j. Association of attitude towards partner notification for symptoms suggestive of sexually transmitted infections and perception regarding risk of sexually transmitted infections including HIV with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

Respondent's attitude towards partner			HIV-1 sero-positivity		
notification for symptoms suggestive of	Categories	OR			
sexually transmitted infections			OR (95%CI)	p value	
If any woman has pain in the lower		Unadj	1.51(0.52-4.40)	0.4495	
abdomen, burning					
sensation/pain/irritation while urinating or	Ves				
inflammation of the groin, do you think	105				
she should inform her husband/male					
partner about it? (ref=no)		Adj	1.73(0.55-5.44)	0.3458	
In the last 6 months if you had pain in the		Unadj	1.31(0.45-3.79)	0.6195	
lower abdomen, burning					
sensation/pain/irritation while urinating or	Ves				
inflammation of the groin, did you inform	105				
your husband/male partner about it?					
(ref=no)		Adj	1.16(0.35-3.81)	0.8048	
Respondent' perception regarding risk of sexually tra-		itted			
infections including HIV	ſ	1			
Do you think you might have HIV/AIDS?	Yes	Unadj	11.71(5.08-27.03)	<.0001	
(ref=no)	105	Adj	14.50(5.57-37.74)	<.0001	
Do you think you might have any		Unadj	1.38(0.64-2.96)	0.4147	
sexually transmitted disease other than	Yes				
HIV/AIDS? (ref=no)		Adj	1.31(0.58-2.97)	0.5147	
Do you think your husband might have	Ves	Unadj	6.76(3.13-14.62)	<.0001	
HIV/AIDS? (ref=no)	103	Adj	7.13(2.98-17.07)	<.0001	
Do you think your husband might have	Ves	Unadj	1.57(0.70-3.53)	0.2722	
any STI? (ref=no)	105	Adj	1.56(0.65-3.79)	0.3213	
	Moderate	Unadj	2.59(0.64-10.41)	0.1806	
Overall perceived risk (ref=Low)	witherate	Adj	2.13(0.50-9.10)	0.3068	
	High	Unadj	10.08(3.41-29.81)	<.0001	
		Adj	12.04(3.77-38.43)	<.0001	

Table 16k. Association of having current symptoms suggestive of sexually transmitted infections with HIV-1sero-positivity among self-interviewed (N=1623) antenatal care attendees in Kolkata, West Bengal, India, 2016

spondent's history of having current			HIV-1 sero-positivity		
symptoms suggestive of sexually transmitted	Categories	OR			
infections			OR (95%CI)	p value	
Abnormal vaginal discharge	Vas	Unadj	0.38(0.14-1.01)	0.0516	
(color/odor/amount) (ref=no)	res	Adj	0.42(0.15-1.18)	0.1000	
Color (ref—no Discharge)	White	Unadj	0.61(0.21-1.78)	0.3640	
Color (lei–lio Discharge)	white	Adj	0.71(0.23-2.18)	0.5442	
Amount (ref=no Discharge)	Low to	Unadj	-	-	
	moderate	Adj	-	-	
	Heavy	Unadj	0.57(0.20-1.67)	0.3086	
		Adj	0.67(0.21-2.09)	0.4863	
Durning congetion during uringtion (ref_ne)	Yes	Unadj	-	-	
Builling sensation during urmation (ref=10)		Adj	-	-	
Conital ulcors or soras (raf-no)	Yes	Unadj	0.30(0.04-2.25)	0.2422	
Genital dicers of soles (lei–no)		Adj	0.28(0.04-2.19)	0.2234	
Itabing in gonital area (raf-no)	Vac	Unadj	0.65(0.15-2.77)	0.5594	
itening in genital area (161–110)	105	Adj	0.59(0.12-2.91)	0.5166	
I own abdominal pain (raf_na)	Vac	Unadj	3.70(0.84-16.26)	0.0834	
Lower abdommar pain (ref=no)	res	Adj	2.66(0.45-15.79)	0.2814	
Swalling in grain (raf_na)	Vac	Unadj	1.60(0.67-3.84)	0.2937	
	1 85	Adj	1.47(0.57-3.79)	0.4285	

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