



Teenage Pregnancy and Early Motherhood in India: An Overview

Neelima, Research Scholar, Malwanchal University, Indore.

Dr Anu V Kumar, Research Supervisor, Malwanchal University, Indore.

Introduction

Teenage pregnancy and early motherhood are significant public health concerns in India, where the issues are deeply intertwined with social, economic, and cultural factors. The phenomenon not only poses risks to the health and well-being of young mothers but also has far-reaching implications for the country's socio-economic development. In this essay, we will explore the prevalence, causes, consequences, and potential solutions to teenage pregnancy and early motherhood in India.

Prevalence of Teenage Pregnancy in India

India is home to the largest adolescent population in the world, with an estimated 253 million adolescents. Among these, teenage pregnancy remains a pressing issue. According to the National Family Health Survey (NFHS-5) conducted in 2019-2021, around 7.9% of women aged 15-19 had already begun childbearing, with 6.8% having had a live birth and 1.1% being pregnant with their first child. Although this represents a decline from previous years, the numbers are still significant, indicating that teenage pregnancy remains a persistent challenge.

The prevalence of teenage pregnancy in India varies widely across states, regions, and rural-urban settings. States like West Bengal, Bihar, and Jharkhand have some of the highest rates of teenage pregnancies, while states like Kerala and Tamil Nadu report relatively lower rates. This disparity can be attributed to differences in socio-economic development, education levels, cultural practices, and access to healthcare services.

Causes of Teenage Pregnancy in India

Several factors contribute to the high rates of teenage pregnancy in India, ranging from socio-economic conditions to cultural norms and inadequate access to education and healthcare.



1. **Early Marriage:** One of the primary drivers of teenage pregnancy in India is the practice of early marriage. Despite legal restrictions, child marriage remains prevalent in many parts of the country. According to the NFHS-5, 23.3% of women aged 20-24 were married before the age of 18. Early marriage often leads to early pregnancy, as young brides are expected to bear children soon after marriage.
2. **Lack of Comprehensive Sexuality Education:** Many adolescents in India lack access to comprehensive sexuality education, leaving them uninformed about sexual and reproductive health. This knowledge gap increases the likelihood of unintended pregnancies among teenagers. In many cases, young girls are unaware of contraceptive methods or are unable to access them due to cultural taboos or lack of availability.
3. **Poverty and Socio-Economic Factors:** Poverty is another significant factor contributing to teenage pregnancy in India. Poor families may view marriage and childbearing as a way to secure the future of their daughters, leading to early marriages and pregnancies. Additionally, socio-economic pressures often force young girls to leave school early, limiting their opportunities and increasing their vulnerability to early motherhood.
4. **Gender Inequality and Patriarchal Norms:** Deep-rooted gender inequality and patriarchal norms in Indian society also play a crucial role in teenage pregnancy. Women and girls often have limited autonomy over their bodies and reproductive choices, with decisions about marriage and childbearing frequently made by male family members. This lack of agency contributes to early pregnancies and the perpetuation of cycles of poverty and marginalization.
5. **Limited Access to Healthcare Services:** Inadequate access to healthcare services, particularly in rural areas, exacerbates the issue of teenage pregnancy. Many adolescents do not have access to contraceptives, reproductive health services, or information about safe sex practices. Even when services are available, stigma and cultural barriers may prevent young girls from seeking the care they need.

Consequences of Teenage Pregnancy

Teenage pregnancy and early motherhood have profound and far-reaching consequences for the health and well-being of young mothers, their children, and society as a whole. These consequences can be categorized into health, social, and economic impacts.



1. **Health Consequences:** Teenage pregnancy is associated with several health risks for both the mother and the child. Adolescent mothers are more likely to experience complications during pregnancy and childbirth, including anemia, preeclampsia, and obstructed labor. These complications can lead to maternal mortality or long-term health problems. Additionally, infants born to teenage mothers are at a higher risk of low birth weight, preterm birth, and neonatal mortality.
2. **Social Consequences:** Teenage mothers often face social stigma and discrimination, which can lead to social isolation and mental health challenges. They are more likely to drop out of school, limiting their educational and employment opportunities. This, in turn, perpetuates cycles of poverty and marginalization, as young mothers are unable to secure stable employment or achieve financial independence.
3. **Economic Consequences:** The economic consequences of teenage pregnancy extend beyond the individual to affect families and communities. Teenage mothers are more likely to live in poverty, and their children are also at a higher risk of experiencing economic hardship. This contributes to the intergenerational transmission of poverty, limiting opportunities for social mobility and economic development.
4. **Impact on Child Development:** Children born to teenage mothers often face developmental challenges due to the lack of resources and support available to their mothers. These children may experience poor health, inadequate nutrition, and limited access to education, all of which can hinder their cognitive and emotional development. The cycle of disadvantage can thus continue into the next generation.

Addressing Teenage Pregnancy in India: Potential Solutions

Addressing the issue of teenage pregnancy in India requires a multi-faceted approach that tackles the root causes while providing support and resources to young mothers. The following strategies could help reduce the incidence of teenage pregnancy and mitigate its impact:

1. **Strengthening Laws and Policies:** While India has legal frameworks in place to prevent child marriage and protect the rights of adolescents, there is a need for stronger enforcement of these laws. Efforts should be made to ensure that child marriage is prevented and that violators are held accountable. Additionally, policies should be



designed to provide support and resources for teenage mothers, including access to education, healthcare, and social services.

2. **Promoting Comprehensive Sexuality Education:** Implementing comprehensive sexuality education (CSE) in schools is crucial to equip adolescents with the knowledge and skills they need to make informed decisions about their sexual and reproductive health. CSE should cover topics such as contraception, consent, gender equality, and healthy relationships. It is important that CSE is culturally sensitive and tailored to the specific needs of different communities.
3. **Improving Access to Reproductive Healthcare:** Expanding access to reproductive healthcare services, including contraception and safe abortion services, is essential to reducing teenage pregnancy rates. Efforts should be made to ensure that these services are accessible, affordable, and youth-friendly. Additionally, healthcare providers should be trained to provide non-judgmental and confidential care to adolescents.
4. **Empowering Girls and Women:** Empowering girls and women to make informed choices about their bodies and futures is key to addressing teenage pregnancy. This can be achieved through initiatives that promote gender equality, provide education and vocational training, and create opportunities for economic empowerment. Programs that engage men and boys in promoting gender equality are also important for challenging patriarchal norms and reducing the pressure on young girls to marry and bear children early.
5. **Community Engagement and Awareness Campaigns:** Engaging communities in efforts to reduce teenage pregnancy is crucial, as cultural norms and practices often drive early marriage and motherhood. Awareness campaigns should be conducted to educate communities about the risks associated with teenage pregnancy and the importance of delaying marriage and childbirth. Religious and community leaders can play a vital role in changing attitudes and promoting positive behaviors.
6. **Support for Teenage Mothers:** Providing support to teenage mothers is essential to help them overcome the challenges they face and improve their prospects for the future. This support can include access to healthcare, education, and childcare services, as well as counseling and mental health support. Social protection programs, such as cash transfers or scholarships, can also help alleviate the economic burden on teenage mothers and their families.



7. **Monitoring and Research:** Continuous monitoring and research are needed to track progress in reducing teenage pregnancy and to identify emerging trends and challenges. Data collection should be disaggregated by age, gender, and location to provide a comprehensive understanding of the issue. Research can also inform the development of evidence-based interventions and policies.

Conclusion

Teenage pregnancy and early motherhood remain significant challenges in India, with far-reaching consequences for individuals, families, and society. While progress has been made in recent years, much work remains to be done to address the root causes and mitigate the impact of early pregnancies. A comprehensive approach that includes legal enforcement, education, healthcare, and community engagement is essential to reducing teenage pregnancy rates and supporting young mothers in India. By empowering girls and women, promoting gender equality, and ensuring access to essential services, India can create a future where every adolescent has the opportunity to lead a healthy and fulfilling life.

Reference

1. Chahande MS, Jadhao AR, Wadhwa SK, Ughade S. Study of some epidemiological factors in teenage pregnancy-A hospital-based case comparison study. *Indian J Community Med.* 2002;27:106–8.
2. Ending Child Marriage:Progress and Prospects. New York: UNICEF; 2013. Available from:<https://data.unicef.org/resources/ending-child-marriage-progress-and-prospects/>
3. WHO U, Bank W, Filippi V, Chou D, Ronsmans C. Reproductive, Maternal, Newborn, and Child Health:Disease Control Priorities. Geneva: Washington, DC; 2015. Trends in maternal mortality:1990 to 2015:Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
4. Herrman JW, Nandakumar R. Development of a survey to assess adolescent perceptions of teen parenting. *J Nurs Meas.* 2012;20:3–20.



5. Aparicio E, Pecukonis EV, O'Neale S. "The love that I was missing": Exploring the lived experience of motherhood among teen mothers in foster care. *Child Youth Serv Rev*. 2015;51:44–54. [
6. Crugnola R, Ierardi C, Gazzotti E, Albizzati S. Motherhood in adolescent mothers: Maternal attachment, mother-infant styles of interaction and emotion regulation at three months. *Infant Behav Dev*. 2014;37:44–56.
7. Kagawa RM, Deardorff J, Domínguez Esponda R, Craig D, Fernald LC. The experience of adolescent motherhood: An exploratory mixed methods study. *J Adv Nurs*. 2017;73:2566–76.
8. Neal S, Matthews Z, Frost M, Fogstad H, Camacho AV, Laski L. Childbearing in adolescents aged 12-15 years in low resource countries: A neglected issue. New estimates from demographic and household surveys in 42 countries: Childbearing in adolescents aged 12-15 years. *Acta Obstet Gynecol Scand*. 2012;91:1114–8.
9. [Last accessed on 2022 Jan 19]; NFHS-5 India Fact sheet [Internet]. Rchiips.org. 2019 Available from: http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf.
10. [Last accessed on 2022 Jan 19]; NFHS-5 Bengal W. State fact sheet [Internet]. Rchiips.org. 2019 Available from: http://rchiips.org/nfhs/NFHS-5_FCTS/West_Bengal.pdf.
11. [Last accessed on 2022 Jan 19]; NFHS-5 District fact sheet. Rchiips.org. 2019 Available from: http://rchiips.org/nfhs/NFHS-5_FCTS/WB/Purba%20Bardhaman.pdf. [Google Scholar]
12. Mangeli M, Rayyani M, Cheraghi MA, Tirgari B. Exploring the challenges of adolescent mothers from their life experiences in the transition to motherhood: A qualitative study. *J Family Reprod Health*. 2017;11:165–73.
13. Siddharth, Kirubamani NH. Awareness about consequence of teenage pregnancy. *J Evol Med Dent Sci*. 2019;8:2672–6.
14. Oringanje C, Meremikwu MM, Eko H, Esu E, Meremikwu A, Ehiri JE. Interventions for preventing unintended pregnancies among adolescents. In: Oringanje C, editor. *Cochrane Database of Systematic Reviews*. Chichester, UK: John Wiley & Sons, Ltd; 2009.



15. Krugu JK, Mevissen FE, Prinsen A, Ruiter RA. Who's that girl? A qualitative analysis of adolescent girls' views on factors associated with teenage pregnancies in Bolgatanga, Ghana. *Reprod Health*. 2016;13:39