



# Teenage Pregnancy in India: Impact and Interventions

“Children having Children”



## *Teenage Pregnancy in India; Impact and Interventions*

### *“Children having Children”*

#### **Background**

Adolescent pregnancy, defined as conception between the ages of 13–19 years, continues to pose a major public health challenge in India. Data from NFHS-5 indicates that 6.8% of adolescent girls aged 15–19 years have initiated childbearing, with a disproportionately higher prevalence in rural areas (7.2%) compared to urban regions (3.8%). State-level heterogeneity is considerable, with elevated rates in socioeconomically disadvantaged regions such as Tripura (22%) and West Bengal (16%), in contrast to lower prevalence in states such as Maharashtra (7.6%)<sup>[1]</sup>

Child marriage remains the strongest driver of teenage pregnancy in India.<sup>[2]</sup> Despite the Prohibition of Child Marriage Act (2006), early marriage persists, and studies demonstrate that girls married before 18 years are two to three times more likely to become pregnant during adolescence compared to those who marry later.<sup>[3,4]</sup>

Adolescent pregnancies carry significant health risks for the mother as well as baby including anemia, hypertensive disorders, eclampsia, preterm birth, low birth weight, and neonatal mortality.<sup>[5]</sup> Teenage mothers are less likely to receive adequate antenatal care and are at greater risk of unsafe abortions.<sup>[6,7]</sup> Their infants face increased risks of malnutrition, stunting, and developmental delays.<sup>[5]</sup>

The consequences extend beyond health. Teenage pregnancy contributes to school dropout, reduced career opportunities, financial dependence, and perpetuation of gender inequality.<sup>[8]</sup> It locks young girls into cycles of poverty, poor health, and limited empowerment.

#### **FOGSI statement**

FOGSI recognizes that teenage pregnancy is a major public health concern in India, with child marriage as its most significant determinant leading. Teenage pregnancy **is associated with increased risks of anemia, hypertensive disorders, eclampsia, preterm birth, low birth weight, and neonatal mortality**, along with higher rates of unsafe abortions

- FOGSI encourages its members to integrate adolescent-friendly practices into clinics and hospitals for ensuring confidentiality & respectful care through meaningful engagement.
- FOGSI also supports the development of **clear clinical protocols for identification and referral** of adolescents at risk and affected by child marriage.
- FOGSI recommends training gynecologists and service providers (Medical officers, Auxiliary Nurse Midwives, counsellors at Adolescent Friendly Health Clinics) to offer comprehensive clinical and counseling services addressing a wide range of adolescent issues that impact health outcomes.
- FOGSI recommends ensuring availability of a full range of contraceptive options, including modern methods, tailored to adolescent needs, with a focus on confidentiality and informed choice.
- Recognizing child marriage as a key driver of teenage pregnancy, FOGSI advocates for **community** and school-based awareness initiatives to educate adolescents, parents, and community leaders about the risks of early marriage and early childbearing.

- Through partnerships with grass root committees, civil society, Panchayati raj functionaries and media, FOGSI can promote positive narratives around delaying marriage, prioritizing girls' education, and reproductive rights.
- Promote comprehensive sexuality education (CSE) in schools and communities that is age-appropriate, culturally sensitive, and scientifically accurate.
- FOGSI endorses for life-skills training that empowers adolescents to make informed decisions and resist early marriage and unprotected sex.

FOGSI recognizes reducing teenage pregnancy or "children having children" in India is inseparable from the urgent need to address early marriages. Preventing early marriages will not only protect young girls from premature motherhood but also enables improved access to education, and enhanced opportunities for healthier and more empowered lives. This calls for sustained, multi-sectoral efforts from the government as well as the community from strengthening laws and policies to mobilizing communities, expanding educational and health services, and empowering adolescents to make informed choices.

## Reference

1. Ministry of Health and Family Welfare, Government of India. (2020–21). *India's National Family Health Survey (NFHS-5): Key findings*. <http://rchiips.org/nfhs/nfhs5.shtml>
2. Paul, P., & Chouhan, P. (2019). Association between child marriage and teenage pregnancy in India: Evidence from large-scale surveys. *BMJ Open*, 9(3), e026802. <https://doi.org/10.1136/bmjopen-2018-026802>
3. Jejeebhoy, S. J. (2019, December). *Ending child marriage in India: Drivers and strategies* [PDF]. UNICEF India. <https://www.unicef.org/india/media/2556/file/Drivers-strategies-for-ending-child-marriage.pdf>
4. Girls Not Brides. (2023, February 16). *Efficient solutions to end child marriage must go beyond outlawing this practice*. <https://www.girlsnotbrides.org/articles/efficient-solutions-to-end-child-marriage-must-go-beyond-outlawing-this-practice/>
5. Eliner, Y., Gulersen, M., Kasar, A., Lenchner, E., Grünebaum, A., Chervenak, F. A., & Bornstein, E. (2022). *Maternal and neonatal complications in teen pregnancies: A comprehensive study of 661,062 patients*. *Journal of Adolescent Health*, 70(6), 922–927. <https://doi.org/10.1016/j.jadohealth.2021.12.014>
6. Patra, S. (2016). *Motherhood in childhood: Addressing reproductive health hazards among adolescent married women in India*. *Reproductive Health*, 13, 52. <https://doi.org/10.1186/s12978-016-0171-7>
7. Chakole, S., Akre, S., Sharma, K., Wasnik, P., & Wanjari, M. B. (2022). *Unwanted teenage pregnancy and its complications: A narrative review*. *Cureus*, 14(12), e32662. <https://doi.org/10.7759/cureus.32662>
8. Dutta, K., Naskar, S., Das, D. K., & Banerjee, N. (2022). Exploring challenges of teenage pregnancy and motherhood from beneficiaries and providers' perspectives: A qualitative study in a rural area of Purba Bardhaman District, West Bengal. *Journal of Family Medicine and Primary Care*, 11(11), 7272–7279. [https://doi.org/10.4103/jfmmpc.jfmmpc\\_689\\_2](https://doi.org/10.4103/jfmmpc.jfmmpc_689_2)