Combating Adolescent Pregnancy in India

For Prelims: Child Marriages, NFHS-5, Stunted Growth, Higher Infant Mortality, Gender Inequality, ASHAs, Mental Well-Being, Bpl Families, Ayushman Bharat, Child Sex Ratio, Delay Marriage.

For Mains: Issues of child marriage, Significance of education and health care facilities in addressing issues related to Women.

Source: DTE

Why in News?

The study, **Teenage Pregnancy and Motherhood in India: Exploring Status and Identifying Prevention and Mitigation Strategies**, highlights the ongoing challenge of adolescent pregnancies in the country.

What are the Findings of the Study Regarding Adolescent Pregnancies in India?

- **Teenage Pregnancy and Child Marriage**: Teenage pregnancy in India is linked to **child marriage** and **gender inequality**.
    - While **child marriage rates have dropped (from 47% in 2005 to 24% in 2020)**, **teenage pregnancies remain high (6%),** especially in states like **West Bengal**, **Bihar**, and **Rajasthan**.
- **Societal and Economic Factors**: Key drivers of teenage pregnancies include **poverty**, **societal norms**, and **lack of reproductive education**.
    - Early marriage is often seen as a **financial solution**, and young brides face pressure for **early motherhood to prove marital success.**
- **Regional Variation**: The **National Family Health Survey (NFHS)-5** (2019-21) found that 6.8% of women aged 15-19 were pregnant or had given birth, with **West Bengal (16%)** and **Bihar (11%)** having the highest rates.
- **Lack of Support and Welfare Gaps**: Teenage mothers face **stigmatization** and lack **institutional support**, leading to **school dropout** and perpetuating **poverty**.
    - **Welfare schemes** often exclude them due to **age-based eligibility**, denying vital resources.
- **Policy Gaps**: Despite efforts, **policy bottlenecks** prevent effective services for teenage mothers.
    - **Exclusion** from welfare programs intended to reduce teenage pregnancies worsens their socio-economic situation.

What are the Impacts of Adolescent Pregnancy?

- **Maternal Health Risks**: Adolescent mothers face higher risks of **anaemia**, **preterm labor**,

and **maternal mortality**.
    - According to **NFHS-5**, many adolescent mothers lack access to essential **healthcare services**, exacerbating risks.
- **Child Health and Stunting**: Children born to adolescent mothers are at a higher risk of **low birth weight**, **stunted growth**, and **higher infant mortality** rates.
    - A study by the **International Food Policy Research Institute (IFPRI)** revealed that **stunting and underweight prevalence** was **11%** points higher among children born to teenage mothers.
- **Societal Consequences**: Teenage pregnancy poses **health risks** for both mother and child, such as **maternal complications** and **child malnutrition**, while severely limiting **economic** and **educational opportunities** for young mothers.
    - Teenage mothers often **drop out** of school, limiting their **economic opportunities** and perpetuating **poverty cycles (Intergenerational Poverty)**.
    - According to **2019 data**, **55%** of unintended pregnancies among adolescent girls result in abortions, many of which are unsafe in **low- and middle-income countries (LMICs)**.
- **Gender Inequality & Violence**: **Gender inequality** and patriarchal norms further marginalize adolescent mothers, denying them opportunities to rebuild their lives.
    - **Child marriage** leads to increased **domestic violence**, and perpetuates gender inequality. Also, these practices limit opportunities for young girls.

What are the Schemes for Maternity Health, Education, and Avoid Teenage Pregnancy?

- **Pradhan Mantri Matru Vandana Yojana (PMMVY):** **PMMVY** provides **Rs 5,000** to pregnant and lactating mothers **aged 19 years and above** for their first live birth, promoting better maternal health and nutrition.
    - The age requirement reinforces efforts to **combat adolescent pregnancies** and **child marriage**.
- **Janani Suraksha Yojana (JSY):** **JSY** promotes institutional deliveries by providing financial incentives to pregnant women **aged 19 years and above**, especially in rural areas, and **ASHAs.**
    - The age criterion is a significant measure to counter adolescent pregnancies and child marriage.
- **Rashtriya Kishor Swasthya Karyakram (RKSK):** **RKSK** targets **adolescents aged 10-19 years**, focusing on nutrition, **reproductive health**, and **mental well-being**, thereby directly addressing issues related to adolescent health and early marriages.
- **Balika Samriddhi Yojana: BSY** provides financial incentives to **BPL families** for **girl child education**, encouraging school retention and **delaying marriage**, thereby improving girls' socio-economic and **educational status**.
- **Integrated Child Development Services (ICDS):** **ICDS** provides **nutrition, immunization, health check-ups**, and pre-school education for children under six years of age, along with support for pregnant and lactating women.
- **School Health and Wellness Program:** Introduced in 2020 under **Ayushman Bharat**, it focuses on adolescent health for students **aged 6-18 years**, including sexual and **reproductive health education**, mental health counseling, and hygiene awareness.
- **Beti Bachao Beti Padhao Scheme:** It aims to prevent **gender-biased sex selection** and **promote education** and empowerment of girls up to 18 years of age, with a focus on improving the **child sex ratio** and ensuring **equal opportunities**.

Way Forward

- **Role of Education**: **Comprehensive reproductive education** must be integrated into school curriculums to address taboos and promote safe reproductive practices.
    - Programs like **Kanyashree Prakalpa** in West Bengal, offering financial incentives to **delay marriage**, should be scaled up nationwide.
- **Community Involvement**: Local committees can monitor and prevent **child marriages**, creating awareness about the **adverse impacts** of teenage pregnancies.
    - Active involvement of **parents, teachers, social workers** and healthcare workers in educating adolescents about **sexual and reproductive health (SRH)** is crucial.

    - Incentivizing local workers like **ASHA**, **Anganwadi workers**, and **Police Sakhi** is crucial in tackling **child marriage**.
    - A successful example of this approach is seen in **Assam**, where local workers have been effectively mobilized to combat child marriage.
- **Policy Recommendations**: Strengthen enforcement of laws such as the **Prohibition of Child Marriage Act 2006** to deter early marriages.
- **Improved Data Collection**: Establish a **national database** on teenage pregnancies and conduct **longitudinal studies** to design targeted interventions.

Drishti Mains Question:

How can India improve reproductive healthcare access and education in preventing teenage pregnancies?

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Prelims:

Q. Which of the following statements is/are correct regarding the Maternity Benefit (Amendment) Act, 2017? (2019)

1. Pregnant women are entitled for three months pre-delivery and three months post-delivery paid leave.
2. Enterprises with creches must allow the mother minimum six creche visits daily.
3. Women with two children get reduced entitlements.

Select the correct answer using the code given below.

(a) 1 and 2 only

(b) 2 only

(c) 3 only

(d) 1, 2 and 3

Ans: (c)

Mains:

Q. ''Empowering women is the key to control the population growth.'' Discuss.(2019)