



## 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.

**Drishhti 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)**