

Teenage Pregnancy in India: Addressing Ethical Dilemmas

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ABSTRACT

Teenage pregnancy remains a significant public health and social concern in India. This article examines the prevalence, contributing factors, and consequences of teenage pregnancy in India and explores the important ethical dilemma associated in context of pregnancy care in public health program and teenage pregnancy. Key factors for the teenage pregnancy include early marriage, lack of education, poverty, limited contraceptive use, and cultural norms. Teenage pregnancies are associated with higher maternal and infant mortality, pregnancy complications, and poor socioeconomic outcomes. While national programs address maternal health broadly, there is a lack of targeted interventions for teenage pregnancies, creating an ethical dilemma where this vulnerable group is left exposed to adverse events and outcomes. Additionally, teenagers under 18 are often excluded from key support programs, like conditional cash transfers, leaving them without essential resources. This article highlights the need for comprehensive strategies, including improved adolescent sexual education, behavior change communication, and specific support programs for pregnant teenagers. Addressing teenage pregnancy requires a multifaceted approach targeting social determinants, healthcare access, and cultural attitudes.

KEYWORDS

Teenage Pregnancy; Ethical Dilemma; Conditional Cash Transfer; India.

INTRODUCTION

Globally, maternal conditions are among the leading causes of disability-adjusted life years (DALYs) and death among girls aged 15-19.(1) According to the National Family Health Survey-5 (NFHS-5), conducted from 2019 to 2021, 6.8% of women aged 15-19 in India had begun childbearing .(2) Although teenage childbearing declined from 16% in 2005-06 to 7.9% in 2015-16, it remains a significant concern for the public health programs of India.(3) India, with the world's largest adolescent population of 253 million, of which 47% (120 million) are females, contributes to nearly 11% of the world's teenage pregnancies.(4,5) Teenage pregnancies in India constitute 8-14% of total pregnancies. Teenage pregnancies contribute significantly to population growth, especially in developing countries. In India there is a fertility rate

of 43 births per 1,000 women in the age group of 15-19 years.(5) Such high fertility rates among adolescents contribute to a progressive birth curve, as teenage mothers tend to have more children over their lifetime compared to women who delay childbearing. Controlling teenage pregnancies can help to slow population growth rates.

Teenage pregnancies in India are influenced by factors such as early marriage, sexual violence, low contraception use, low socioeconomic status, lack of education, and rural or backward caste backgrounds.(5) NFHS-5 data reveals higher teenage pregnancy rates in rural areas, among backward castes, and less educated teens. Despite high contraceptive awareness (87.8% females, 94.8% males), only 28% of married women aged 15-19 use any method.(2) The median age at first marriage for women aged 25-49 is 18.8 years,

closely aligned with the median age at first sexual intercourse at 18.9 years. Notably, 10% of women aged 25-49 had sex before age 15, and 39% before age 18. While the current legal age of marriage for girls in India is 18 years, there are ongoing efforts to raise it to 21 years. These statistics highlight the complex interplay of social, economic, and cultural factors contributing to teenage pregnancies in India.

According to NFHS-5, the percentage of pregnancies ending in non-live births in the 15-19 years age group is 9.9%, exceeding the overall mean of 8.8%. Neonatal, post-neonatal, infant, and under-five mortality rates are also higher in this age group compared to those aged 20-39 years. A study at a tertiary care center in northern Karnataka, India, revealed that nearly one-fifth (19.16%) of teenage mothers were of short stature, compared to only 7.02% of adult mothers.⁽⁵⁾ Teenage mothers were also more likely to be underweight.⁽⁵⁾ Maternal and fetal complications were higher among teenage mothers, underscoring the need for targeted healthcare interventions, including improved prenatal care, nutritional support, and education, to improve outcomes for both mothers and infants.⁽⁵⁾

The government of India has implemented various promising health packages to address maternal and child health, however, it's reach and access may not cover teenage pregnancy. Maternal health programs such as Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK), and Pradhan Mantri Matru Vandana Yojana (PMMVY) primarily focus on maternal health (6–9). The ethical challenge lies in the fact that, while public health initiatives prioritize long-term efforts to reduce teenage pregnancies, there is insufficient support for those who are already pregnant. This vulnerable population faces a heightened risk of maternal and fetal complications and urgently requires social support, destigmatization, and enhanced healthcare awareness. Prompt action is needed to address their specific needs and improve their health outcomes.

The Rashtriya Kishor Swasthya Karyakram (RKSK) addresses adolescent health, including sexual and reproductive health, but there is no active teenage pregnancy-specific intervention (10). Medical Termination of Pregnancy (MTP) can be performed under 18 years of age with guardian consent (11). Globally, each year, an estimated 3.2 million unsafe abortions take place among adolescent girls ages 15–19 (12). Comprehensive counselling about MTP

options should be provided during the first prenatal visit, enabling informed decision-making. Public awareness campaigns should educate about safe, legal MTP procedures and all available options. This approach can reduce unsafe abortions and empower individuals with knowledge about their reproductive choices, ultimately improving overall reproductive health outcomes.

Developed countries have successfully implemented comprehensive strategies to tackle teenage pregnancies. These include robust sex education emphasizing contraception, sexual health, and healthy relationships, access to integrated healthcare services, and confidential contraceptive availability for adolescents. By focusing on prevention, education, and empowerment, these countries enable young people to make informed decisions about their sexual health. Public health programs in India have made some efforts to prevent teenage pregnancies by improving contraceptive access, enhancing sexual and reproductive health education, and addressing early marriages, these measures fall short of comprehensive care.

THE WAY FORWARD

A) Social Behaviour change communication- While preventing underage marriage is crucial, greater focus should be placed on social behavior change communication to raise awareness about the dangers of child marriage and shift social norms around early marriage and teenage pregnancy. This issue also underscores gender inequality, as many adolescents lack control over decisions related to marriage and pregnancy. Implementing effective communication strategies is essential to tackle these deeper social and cultural challenges. .

B) Sensitization of healthcare workers- Healthcare workers are often the first point of contact for teenage pregnancies, making it vital to sensitize them on how to handle these situations effectively. The pregnant teens, being under 18, are not enrolled in health programs that offer key benefits. Therefore, maternal health programs must provide clear guidelines and ensure community health workers are adequately trained. This should include targeted healthcare interventions, enhanced social support systems, and efforts to reduce the stigma surrounding teenage pregnancy.

C) Adolescent sexual education- While adolescent health education is covered in RKSK, there should be a robust effort to promote comprehensive sexual education, prioritize girls' schooling, and enhance women's autonomy. The drive to educate about contraception, sexual health, consent, and breaking the stigma are crucial for empowering

women to make well-informed choices regarding their reproductive health and pregnancy decisions. By focusing on these areas, we can create a foundation for better sexual and reproductive health outcomes, ultimately reducing the incidence of teenage pregnancies and their associated risks.

CONCLUSION

Public health programs must urgently address these gaps by implementing targeted programs focusing on prevention and care. This includes providing comprehensive education on safe sexual practices and initiating social behaviour change communication. Without such initiatives, the cycle of teenage pregnancies will likely continue, perpetuating high maternal and neonatal mortality rates. Decisive action must be taken, and the health and future of its adolescent population must be prioritized, learning from the successful models of developed countries while adapting them to the Indian context. The question remains: How can we, as a community, work together to address this issue while preventing teenage pregnancies? By addressing teenage pregnancies comprehensively, India can make significant strides in improving maternal and child health outcomes, reducing gender inequities, and empowering its youth to make informed decisions about their reproductive health.

AUTHORS CONTRIBUTION

All authors have contributed equally.

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CONFLICT OF INTEREST

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