

Teenage marriage and fertility in India

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Abstract

Teenage marriage is widespread in India and so are the problems related to early childbearing. Early childbearing put the girls at risk of adverse health outcomes. So the study examines the magnitude of teenage marriage between the ages of 15-19 years and fertility based on Census results. It also identifies the socio-economic and demographic correlates of entry into early motherhood in India and assesses the undesirable health outcomes of teenage childbearing on the mother and child using NFHS-4 data. A marked decline is observed in fertility in the 15-19 components of 76 percent from the period of 2008 to 2016, a much desired decline which can be attributed to the family welfare programmes, especially after the beginning of NHM that offered numerous benefit through the JSSK, JSY, RBSK programmes and etc. for MCH and adolescent health. Yet the huge number of teenage mothers exposed to risk of adverse health outcomes is a concern. Child marriages do occur in India wicket India's policies. One third of ever married teens in the states of Rajasthan, West Bengal, Bihar and one fourth of them in Jharkhand, Assam, and MP are already in their first parity. The teenage fertility to be low in a few Northern states like Sikkim, Delhi, Punjab, Uttarakhand J&K, Goa and the southern State of Kerala contrary with higher proportion of teenage motherhood include the North eastern states of Arunachal Pradesh, Assam, WB and Tripura and the northern states of Bihar and Jharkhand. The analysis reveal OBC women at lesser risk than SC/ST, urban residents, those with higher levels of education, those placed higher in the socio economic status and working women at lower risk of such.

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I. INTRODUCTION

Across the world, 15 million girls are married each year before the age of 18. The prevalence of teenage pregnancy varies widely in the world from a high of 14.3 per 100 for Nigeria to extremely low ones like 0.3 per 100 for South Korea [Trefers, 2003, UNICEF 2001]. Teenage marriage continues to be a public health concern in India. Although the law specifies marriage before 18 years to be punishable, India has a huge female population marrying before attaining 18 years of age. The slow declining trend is attributed much to the differential decline in fertility among the states in India. While there was a declining trend in fertility rates in 14 States, northern and central parts of the country continue to have persistently high TFRs ranging from 3 to 3.9 per cent. Among the factors that impede the declining tempo, the higher rates of child marriages and the consequent teenage motherhood undoubtedly cannot be ignored.

Marriage before 18 years is considered to be a harmful practice because it denies girls the right to the highest attainable standard of general, sexual, and reproductive health, and to a life free from violence (UN, 2014; UN 1948). So, in India, huge numbers are being exposed to the risk of early childbearing and its negative health outcomes. Studies have documented the problems of teenage pregnancy. The physical, emotional, and personal maturity of teenage mothers are impaired and affects the safe and successful transition to adulthood (UN, 1989; Lloyd, 2005).

Teenage pregnancies have been shown to be mainly associated with social problems rather than physical or medical problems. Nili et. al, 2002 opined that a considerable proportion of teenage mothers originate from working-class families and ethnic minorities.

Given the higher rates of teenage fertility in India, and the projected consequences of teenage motherhood as elucidated from various studies all over the world, a deeper inquiry into the problem in India should be of vital importance. Hence the present study analyses the correlates and consequences of teenage pregnancy or motherhood in India.

II. OBJECTIVES:

The main objectives of the study are

1. To examine the degree of teenage marriage and fertility as discernible from the Census of India 2011 facts and
2. To identify the socio-economic and demographic relatesto entry into early motherhood in India.

III. Data and Method

Census of India 2011 publications are the main data source. Information available from the National Family Health Survey – 4 (NFHS-4) is used to draw a picture of patterns of teenage fertility in India, the State wise differentials and to identify the correlates and consequences of teenage pregnancy and fertility in India. The concept of teenage pregnancy or motherhood considered here are the women with at least one live birth or who were pregnant at the time of survey. For study, the States are also classified into regions; North (Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Rajasthan and Uttarakhand), Central (Chhattisgarh, Madhya Pradesh, Uttar Pradesh), East (Bihar, Jharkhand, Orissa and West Bengal), Northeast (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura), West (Goa, Gujarat and Maharashtra) and South (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu and Telangana).

The background characteristics that influence the likelihood of entering motherhood in the teens include the economic status and the social setup in which the women live. Among the socio-economic factors, the place of residence, religion and caste, the marital status, education and work status of the mother and the standard of living expressed as the wealth index are considered. With regard to the proximate factors that probably influence fertility in India, like use of contraceptive use and timing of first sexual activity among the teenagers, unlike other developed countries, sexual activity begins only after marriage and child bearing outside marriage is seldom encouraged in India. In NFHS-4 data the proportion of fertility outside marriage among the teenagers is negligible. Also the proportion of teenagers using contraceptives is only around five percent. So these two proximate determinants of fertility documented as major risk factors of teenage fertility have limited relevance in the present context.

Teenage women who have experienced teenage fertility are coded as ‘1’ and those who have not are coded as ‘0’. The independent variables considered are place of residence, religion and caste, the marital status, education and work status of the mother and husband and the standard of living expressed as the wealth index. The reference categories for the independent variables are as follows:

Independent Variables	Coding	Reference Category
Place of residence	Rural = 0 Urban = 1	Rural
Religion	Hindus = 0 Other religion = 1	Hindus
Caste	SC/ST = 0 OBC = 1 Other Castes = 2	SC/ST
Wealth Index	Poor = 0 Middle = 1 Rich = 2	Poor
Marital Status	Never Married = 0 Currently Married = 1	Never Married
Mother’s Education	Illiterate/Primary = 0 Secondary/Higher = 1	Illiterate/Primary
Mother’s Work Status	Unemployed = 0 Employed = 1	Unemployed
Husband’s Work Status	Unemployed = 0 Employed = 1	Unemployed
Region	South = 0 Central = 1 East = 2 North East = 3 West = 4	South

The interstate variations in teenage pregnancy/motherhood and the consequences are also portrayed. The consequences or negative health outcomes of teenage fertility is measured in terms of the percentage of teenage mothers who are malnourished, anemic, pregnancy complications, pregnancy wastage or abortion/still birth and child loss in terms of child deaths during the one year preceding the survey. Negative health outcomes on children are identified as malnourishment among children born to teenage mothers, low birth weight and childhood anemia among children 6-59 months old.

IV. FINDINGS AND DISCUSSION

An understanding of the contribution of teenage fertility to total fertility is first attempted here. Information provided by the Sample Registration System in India is used.

4.1 Contribution of Teenage Fertility to Total fertility

TFR in India has been declining although the pace of decline has been varying during the past decades. It's well known that fertility is concentrated mostly in the 20-29 year age group of women in any population. In India also the changes in fertility has been much influenced by fertility of women in the 20-29 age group. Nair S B and Padmadas, (1999) pointed out that the relative contribution of fertility of women in the 15-19 year age group over the past few decades has been marked which has influenced the fertility decline.

To continue on this finding the latest available information on Age Specific Fertility Rates is used to draw inference on teenage fertility from the Sample Registration System Reports of 2016. Since the National Population Policy targets confine to the year 2000, the declining trend since the year 2000 is examined. The declining trend from the beginning of the present century (2000-2016), points to India's TFR declining from 3.0 in 2000 to 2.3 in 2016. The declining trend has been varying as it is observed that TFR declined in India by 18.8 percent during 2000-08 and slowed down to 11.5 percent decline during 2008-16.

Table 1: Contribution of teenage fertility to TFR in India, 2000-16

	Total Fertility Rate			Percentage change	
	2000	2008	2016	2000-2008	2008-2016
ASFR 15-19 years*	0.0551	0.0416	0.0107	24.5	74.3
TFR*	3.2	2.6	2.3	18.8	11.5
Components of TFR (15-19)	0.26	0.21	0.05	19.2	76.2
Contribution of 15-19 years to TFR)	8.01	7.95	2.37	0.7	70.2

*Source: Sample Registration System, Office of the Registrar General of India, New Delhi

Since it is well established that fertility decline was first observed in the older age groups and then manifested in the younger age groups, when the TFR is decomposed into different components based on the ASFR, the decline in the 15-19 year component is obviously slower. As India is approaching the replacement levels of fertility and fertility in the younger age groups determines its pace, a marked decline observed in fertility in the 15-19 components of 76 percent during 2008-16 compared to 19 percent during 2000-08 is a much desired decline.

The contribution of teenage fertility when expressed in percentage also portrays this declining trend. During 2000-08 less than 1 percent decline in contribution of fertility in the teenage is observed. This proportion rose drastically to 70 percent during 2008-16. This is evidence to the fact that although child marriages do occur in India violating India's policies that stipulate legal age at marriage of 18 years for girls, the programmes to limit teenage childbearing is having the desired effect. So the future fertility decline in terms of TFR will depend heavily on the decline in teenage fertility.

An assessment of state wise differentials in TFR is made here (Table 2). Uttar Pradesh topped the list of states with TFR of 4.7 in 2000. Other states with higher TFR were Bihar, Rajasthan, Madhya Pradesh, Jharkhand and Chhattisgarh.

Table 2: State wise differentials in TFR in India, 2000-16

	Total Fertility Rate			Percentage change	
	2000	2008	2016	2000-2008	2008-2016
Jammu & Kashmir	2.4	2.2	1.7	9.5	22.2
Himachal Pradesh	2.3	1.9	1.7	15.6	13.4
NCT of Delhi	2.1	2.0	1.6	8.1	18.7
Punjab	2.4	1.9	1.7	22.1	12.4
Kerala	1.9	1.7	1.8	8.6	-2.5
Chhattisgarh	3.4	3.0	2.5	11.7	16.3
Odisha	2.8	2.4	2.0	15.6	17.1
Tamil Nadu	2.1	1.7	1.6	21.7	2.5
Uttar Pradesh	4.7	3.8	3.1	19.6	18.5
Haryana	3.2	2.5	2.3	19.8	10.5
Maharashtra	2.5	2.0	1.8	20.8	9.4
Gujarat	2.9	2.5	2.2	13.2	12.2
Karnataka	2.4	2.0	1.8	16.0	11.6
Andhra Pradesh	2.3	1.8	1.7	21.4	9.6
Madhya Pradesh	4.0	3.3	2.8	18.8	14.0
Assam	3.1	2.6	2.3	16.4	9.9
Jharkhand	3.5	3.2	2.6	9.8	17.5
Bihar	4.5	3.9	3.3	15.1	14.0
West Bengal	2.4	1.9	1.6	21.6	15.0
Rajasthan	4.1	3.3	2.7	19.1	19.4
Uttarakhand	--	--	1.9		

By 2000, fertility dropped to 3.1 births per woman in UP a decline faster than Bihar which has the highest TFR in 2016. Among the major 21 states, 11 states have already reached replacement levels of fertility and four more states are nearing the target.

In the present context the interstate variation in decline in teenage component to fertility decline as discernible from Table 3 indicates that the decline in fertility to lower levels and also in those states to replacement levels especially during 2008-16 have been associated with decline in teenage fertility. All the states in India have been witnessing declining teenage fertility, the success of which may be attributed to the family welfare programmes that laid specific stress on adolescent health. The Rastriya Kishor Swasthya Karyakram (RKSK) under NHM is one such programme which emphasizes good health through counseling services, tracks RTI/STI management etc.

The teenage components to TFR changed drastically during 2008-16 compared to 2000-08. Over 80 percent change in teenage component has been registered in Delhi, Odisha, Maharashtra, Karnataka, AP, Jharkhand and Bihar; 60 to 70 percent decline in the rest of the states except HP where the decline has been higher during 2000-08.

Table 3: State wise differentials in components of TFR (15-19 years) in India, 2000-16

	Components of TFR (15-19)			Percentage change	
	2000	2008	2016	2000-2008	2008-2016
Jammu & Kashmir	0.05	0.05	0.02	7.7	64.6
Himachal Pradesh	0.12	0.07	0.05	35.8	29.6
NCT of Delhi	0.12	0.08	0.02	31.0	79.9
Punjab	0.08	0.07	0.03	18.5	61.3
Kerala	0.12	0.09	0.03	26.4	66.2
Chhattisgarh	0.27	0.24	0.08	10.1	68.1
Odisha	0.19	0.20	0.04	-4.3	79.8
Tamil Nadu	0.16	0.10	0.03	38.4	67.9
Uttar Pradesh	0.20	0.16	0.04	19.4	73.4
Haryana	0.22	0.19	0.04	16.7	79.4
Maharashtra	0.25	0.21	0.04	14.8	80.3
Gujarat	0.12	0.16	0.04	-36.4	75.4
Karnataka	0.29	0.24	0.03	18.3	85.6
Andhra Pradesh	0.50	0.30	0.06	39.5	81.7
Madhya Pradesh	0.37	0.24	0.07	35.5	71.7
Assam	0.30	0.27	0.10	10.2	64.2
Jharkhand	0.34	0.27	0.05	21.7	79.9
Bihar	0.33	0.24	0.05	28.5	80.5
West Bengal	0.34	0.35	0.12	-3.1	64.6
Rajasthan	0.33	0.24	0.07	25.8	70.0
Uttarakhand			0.01		

Table 4 which portrays the contribution of teenage fertility to TFR also derives the same results. It is thus quite evident that teenage fertility has been declining in India and almost all the major states have experienced drastic decline during the 2008-16 period.

Table 4: State wise TFR (15-19 years) in India, 2000-16

	Components of TFR (15-19)			Percentage change	
	2000	2008	2016	2000-2008	2008-2016
Jammu & Kashmir	2.11	2.15	0.98	-1.9	54.5
Himachal Pradesh	5.01	3.81	3.10	23.9	18.7
NCT of Delhi	5.71	4.29	1.06	25.0	75.2
Punjab	3.38	3.53	1.56	-4.5	55.8
Kerala	6.64	5.35	1.76	19.4	67.0
Chhattisgarh	7.95	8.10	3.09	-1.9	61.9
Odisha	6.95	8.59	2.09	-23.6	75.6
Tamil Nadu	7.76	6.10	2.01	21.4	67.1
Uttar Pradesh	4.28	4.29	1.40	-0.2	67.3
Haryana	7.07	7.35	1.69	-3.9	77.0
Maharashtra	10.08	10.85	2.36	-7.5	78.2
Gujarat	4.11	6.45	1.81	-57.1	71.9
Karnataka	12.14	11.81	1.92	2.7	83.7
Andhra Pradesh	21.39	16.46	3.33	23.0	79.8
Madhya Pradesh	9.26	7.37	2.42	20.5	67.1
Assam	9.82	10.56	4.20	-7.5	60.2
Jharkhand	9.62	8.35	2.03	13.1	75.7
Bihar	7.28	6.13	1.39	15.9	77.4
West Bengal	14.22	18.69	7.79	-31.5	58.3

Rajasthan	7.90	7.25	2.70	8.2	62.8
Uttarakhand			0.65		

If we observe the percentage of women in their marital union, we find that in those states where fertility is comparatively higher; around one in four women aged 15-19 years are in their marital union (Table 5). Rajasthan, West Bengal, Bihar and Jharkhand are examples of such states with higher fertility and higher proportion of teenage marriages.

Table 5: Total Ever Married and Currently Married women aged 15-19 years, India, 2011

States	Total Women 15-19 years	Total Ever Married		Total Women 15-19 years	
			Percentage		Percentage
India	5,65,44,053	1,12,29,274	19.9	1,10,11,012	19.5
Jammu & Kashmir	5,97,100	52,222	8.7	51,117	8.6
Himachal Pradesh	3,03,732	27,979	9.2	27,402	9.0
Punjab	12,47,503	1,30,206	10.4	1,26,632	10.2
Uttarakhand	5,35,627	55,898	10.4	54,675	10.2
Haryana	11,89,842	1,97,917	16.6	1,95,222	16.4
NCT of Delhi	7,42,257	72,613	9.8	71,384	9.6
Rajasthan	34,24,143	9,86,742	28.8	9,76,040	28.5
Uttar Pradesh	1,07,32,807	17,65,543	16.4	17,33,517	16.2
Bihar	41,82,114	10,88,156	26.0	10,74,562	25.7
Sikkim	32,939	5,552	16.9	5,447	16.5
Arunachal Pradesh	77,295	11,476	14.8	11,219	14.5
Nagaland	1,11,628	10,506	9.4	10,221	9.2
Manipur	1,42,513	14,666	10.3	14,204	10.0
Mizoram	54,436	6,795	12.5	6,412	11.8
Tripura	1,76,693	45,437	25.7	44,359	25.1
Meghalaya	1,61,472	29,145	18.0	27,422	17.0
Assam	14,73,092	3,34,661	22.7	3,27,521	22.2
West Bengal	43,55,706	12,38,946	28.4	12,13,992	27.9
Jharkhand	14,90,381	3,73,522	25.1	3,66,341	24.6
Odisha	19,52,714	2,90,089	14.9	2,83,091	14.5
Chhattisgarh	12,80,391	1,86,262	14.5	1,80,799	14.1
Madhya Pradesh	34,66,717	741,735	21.4	7,28,511	21.0
Gujarat	27,19,650	5,51,513	20.3	5,38,132	19.8
Maharashtra	49,16,867	9,79,330	19.9	9,50,949	19.3
Andhra Pradesh	38,97,440	8,18,109	21.0	8,01,013	20.6
Karnataka	27,85,229	5,70,088	20.5	5,58,787	20.1
Goa	53,800	6,883	12.8	6,710	12.5
Kerala	12,82,253	1,62,983	12.7	1,60,130	12.5
Tamil Nadu	30,23,954	4,57,314	15.1	4,48,560	14.8

Table 6 divulges information on distribution of married teenage women aged 15-19 years by parity. The gravity of the problem when huge numbers are exposed of teenage fertility is evident here (Figure 4.1.2) as we find almost one in three ever married teens in the states of Rajasthan, West Bengal, Bihar and one in 4 in Jharkhand, Assam, and MP already in their first parity. Early child bearing is infact evident in all the low fertility states too although of a lesser magnitude compared to high fertility states.

Table 6: Total Ever Married women aged 15-19 years by parity, India 2011

States	Total Ever Married Women 15-19 years			
	Parity 1	Parity 2	Parity 3	Parity 4
India	20.0	5.4	1.9	2.5
Jammu & Kashmir	16.5	5.5	2.5	4.3
Himachal Pradesh	18.5	4.6	1.6	2.0
Punjab	14.9	5.1	2.3	2.5
Uttarakhand	17.5	4.6	1.9	3.2
Haryana	19.9	5.3	1.7	1.8
NCT of Delhi	16.8	4.7	1.7	2.2
Rajasthan	15.5	4.1	1.4	1.8
Uttar Pradesh	15.4	5.0	2.4	4.2
Bihar	18.3	5.5	2.4	3.5
Sikkim	30.0	5.4	1.1	1.6
Arunachal Pradesh	21.6	5.5	2.0	3.2
Nagaland	20.0	5.0	1.6	3.4
Manipur	22.2	4.7	1.9	3.7
Mizoram	31.9	6.7	1.8	1.6
Tripura	34.6	5.4	1.3	1.9
Meghalaya	28.6	6.2	1.7	3.1
Assam	24.7	4.9	1.6	2.4
West Bengal	30.5	6.2	1.5	1.9
Jharkhand	23.9	5.7	2.1	2.7
Odisha	22.5	4.2	1.5	1.9
Chhattisgarh	22.2	4.5	1.8	2.5
Madhya Pradesh	18.8	5.1	2.0	2.9
Gujarat	16.7	5.8	2.6	2.9
Maharashtra	19.4	5.7	2.2	2.3
Andhra Pradesh	22.1	7.2	1.6	1.3
Karnataka	18.3	5.5	1.7	1.7
Goa	11.0	3.9	1.5	1.5
Kerala	21.4	3.3	0.9	0.9
Tamil Nadu	19.0	5.6	1.4	1.0

As regards teenagers in their second parity, the percentage of married teens varies between 7.2 percent in Rajasthan (Table 6) to 3.3 percent in J&K. All the other states exhibit a similar pattern as observed among women in their first parity.

Table 6 shows the percentage ever married teens in their third and fourth parity respectively. Although the percentage is comparatively lesser, 2.5 percent of ever married teenagers in third parity is equivalent to 2.8 lakh in sheer numbers.

4.2 Correlates of Teenage motherhood

Analysis so far highlighted the magnitude of teenage fertility in India and the interstate variations. It is now worthwhile to examine the possible background factors that influence teenage fertility in India as derived from NFHS-4 data. The levels of teenage fertility in India and the interstate variations as portrayed by the third and fourth rounds of NFHS are also assessed here.

Table 7: Percentage distribution of Teenage marriage by background characteristics 2015-16

Characteristics	2015-16	
	Currently married/Guana not performed	Total No. of Women
Place of Residence		
Rural	18.9	16050
Urban	10	3677
Religion		
Hindu	16.6	15914
Muslims	15.9	3166
Christians	10.1	242
Caste		
SC/ST	18.4	6919
OBC	15.6	8447
Others	14.5	4360
Women's Education		
Illiterate	38.3	3180
Primary	28.3	2396
Secondary	14.0	13561
Higher	7.1	588
Wealth Index		
Poor	21.0	11022
Middle	16.9	4376
Rich	10.1	4328

During the survey period 2015-16, the prevalence of child marriage amongst 15-19 years old and 20-24 years old is 11.9 percent and 26.8 percent respectively for girls in India, highlighting a declining trend in child marriage. Child marriage prevalence in rural and urban India is 14.1 percent and 6.9 percent respectively for age group 15-19 years and 31.5 percent and 17.5 percent respectively for rural and urban areas for age group 20-24 years. If viewed by single years, 2.7 percent of the girls aged 15 years got married, which doubles with every age, i.e to 5.6 percent at age 16 years, 11 percent at age 17 and 19.8 percent at age 18 years.

Overall, in India, 7.9 percent of the women aged 15-19 years have begun child bearing during 2015-16 which is a decline from 16 percent during 2005-06 (Table 7). Of this 5.2 percent already have had a live birth a decline from 12 percent in 10 years and about 2.7 percent were pregnant with their first child at the time of survey 2015-16 as against 3.9 percent during 2005-06.

Teenage motherhood declined during 2006-16. Child bearing at the age of 15 years, dropped to 0.5 percent from 2.5 percent. This proportion is 4.3 percent among women aged 17 years and 12 percent of the women aged 18 years began child bearing by the stipulated legal age at marriage of 18 years.

Table 8: Socio economic characteristics of ever married women aged 15-19 years who have begun child bearing 2005-06 and 2015-16

	2005-06*		2015-16	
	Percentage women aged 15-19 years who have begun childbearing	Total No. of Women	Percentage women aged 15-19 years who have begun childbearing	Total No. of Women
Place of Residence***				
Rural	19.1	17348	9.2	84596
Urban	8.7	7463	5.0	36936
Religion***				
Hindu	16.4	17795	7.8	95848
Muslims	17.0	3153	9.0	19914
Christians	7.8	462	6.4	2390
Others	14.3	3198	6.9	3379
Caste***				
SC/ST	20.2	6981	9.3	37511
OBC	16.0	10020	7.0	54030
Others	12.1	7810	7.8	29992
Marital Status***				
Never married	0	17969	0.03	102822
Currently Married	58.2	6726	51.5	18492

Widowed/Divorced/Separated/Deserted	31.4	115	33.5	218
<i>Women's Education***</i>				
Illiterate/Primary	28.0	9200	17.3	16799
Secondary or Higher	8.9	15609	6.4	104734
<i>Women's Work Status***</i>				
Non-Working	17.2	18160	8.1	18190
Working	12.7	6601	5.4	2865
<i>Wealth Index***</i>				
Poor	23.4	9503	10.6	52611
Middle	16.3	5390	8.3	26001
Rich	8.6	9919	4.4	42921

* Findings from Nair S B, 2010

Religion undisputedly has been a major factor having a strong bearing on marital and fertility behaviours of women in India and differentials by religion are noticeable with regard to teenage fertility among the present group of women too. The proportion of teenagers who have entered motherhood in India shows only slight variation among the Muslims and the Hindus. During 2015-16 teenage child bearing is higher among Muslims (9 percent) which has almost halved from 17 percent during 2005-06. Hindus closely follow in this regard. Caste wise break up points to higher teenage childbearing among SC/ST group where one in ten women aged 15-19 years are teenage mothers or are currently pregnant, in comparison to 7.8 percent among castes other than SC/St and OBC.

Break up of teenage fertility by marital status of women reflects the Indian tradition where fertility outside marriage is not encouraged as the rigid customs do not allow such practices. Fertility among never married teenagers is negligible. Over half of the currently married women have already begun childbearing bearing during 2015-16 which is a decline from 58 percent in 2005-06. One in three teenagers who are widowed/divorced/deserted /separated are already in their motherhood and a two percent increase is noted during the ten year period.

Education especially among women is the single most important tool that can alter the fertility pattern directly or indirectly as propounded in many theories of fertility. Here we find that, the proportion of women with either illiterate or with primary level education experiencing teenage pregnancy or motherhood is almost three times greater than those women with secondary or higher levels of education. This observation was true ten years before too.

Working women often delay marriage and child bearing and this picture is true with regard to teenage fertility pattern too. When 8.1 percent of the non-working teenage women are already mothers, only about 5.4 percent of the working women have begun child bearing. Same pattern was discernible during the previous survey period 2005-06.

Motherhood is influenced greatly by economic situation as one school of fertility theories hold that increasing number means increasing income while the second school of economic thinkers feels increasing numbers means poverty until resources expand. Here the proportion of poor women who have begun child bearing is more than double than the rich counterparts and also higher than the middle income group and this pattern is the same during 2005-06.

V. CONCLUSIONS

There is teenage fertility has declined in India during the ten year period between 2005-06 and 2015-16. The study provides evidence to the fact that the programmes to limit teenage childbearing is having the desired effect although child marriages do occur in India violating India's policies that stipulate legal age at marriage of 18 years for girls. So the future fertility decline in terms of TFR will depend heavily on the decline in teenage fertility.

Since fertility outside marriage is not encouraged in India, the fact that overall 16 percent of the women in India have begun childbearing is itself evidence to the phenomenon of child marriages especially before the legal age at marriage. All the states in India has been witnessing declining teenage fertility the success of which may be attributed to the family welfare programmes, that laid specific stress on adolescent health. The Rastriya Kishor Swasthya Karyakram (RKSK) under NHM is one such programme which emphasizes good health through counseling services, tracks RTI/STI management etc. Overall, in India, 7.9 percent of the women aged 15-19 years have begun child bearing during 2015-16 which is a decline from 16 percent during 2005-06 based on information laid down by the two rounds of NFHS.

Regression analysis identifies education and work status of the mother to be the important contextual factors that explain the risk of teenage fertility. The argument that higher levels of education lessens the possibility of early marriages and associated fertility as documented in many studies holds true here. The association between the socio economic status of the women expressed here as the Wealth index and teenage fertility shows the much expected picture in India.

The negative health outcomes on the mother and the children manifest in the form of malnutrition and anemia among mother and children, pregnancy wastage, low birth weight babies. Although positive correlation coefficients indicate that prevalence of malnutrition, anemia and pregnancy wastage to teenage mothers are more in those states where teenage fertility is more, the strength of the association has faded. This is attributed to the findings that some of the states continue to bear greater burden of malnutrition, anemia, pregnancy wastage etc. although teenage fertility has declined. Children born to teenage mothers have low birth weight; tend to be more malnourished and anemic in those regions where teenage fertility is more rampant and also where teenage fertility has declined.

So teenage fertility has declined in India and so is the burden of maternal health issues associated with teenage pregnancy but the huge numbers continue to be a concern as India is the second most populous country. The impact of various mother and child care programmes specifically after the implementation of NHM in 2005 are visible. The introduction of the grass root level workers ASHA to support the ANM programmes like Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), the 108 ambulance services etc. all of which improved ANC and institutional deliveries. So programmes and policies have had success in decreasing the rate of teenage fertility and increasing girls' participation in education which is very much relevant in the present situation. But teenage marriages are happening in India and a huge population is still at risk of early childbearing in their teens. Although lesser number of children are born, the biological factors that determine the growth of a child born to a teen mother is seldom tackled as evident from the prevalence of anemia and malnutrition among children less than 5 years. Education, poor nutritional status and poverty especially in rural areas is a marker of several inter-related gender-specific vulnerabilities that lead to teen marriages. The opportunity cost that teenage pregnancy represents for development is immense. Estimations suggest the enforcement of even existing - laws on minimum marriage age in South West Asia would increase girls' schooling by 15% (Delprato et. al. 2015). So new policies need to be designed so as to integrate prevention of teenage marriages. It is true that disentangling the interwoven socio-cultural norms in an Indian society to address the predictors of early marriage is a challenge in itself, but if policies ensure greater opportunities for the young girls to delay their marriage, the multiple health consequences of teen childbearing can be addressed. The targets set by the Sustainable Development Goals can be achieved only if India can mitigate the effects of early pregnancy through care and protection because there is already a huge cohort paying the price of immature childbearing.

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