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Teenage Pregnancy and Motherhood in India

Exploring Status and Identifying Prevention and Mitigation Strategies

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Foreword

Teenage pregnancy and motherhood are significant issues worldwide, with notable impacts on young mothers and their children. Globally, teenage pregnancy is associated with social, economic, and health challenges, as young mothers often face limited educational and job opportunities, increased health risks, and social stigmatization. Health complications include a higher risk of maternal and infant mortality, premature birth, and low birth weight. Teenage mothers often lack adequate access to healthcare, nutrition, and mental health support, which can adversely affect both the mother and child.

In the Global South, the issue is often exacerbated by socio-economic factors such as poverty, inadequate sexual education, and limited access to contraceptives. Cultural norms and practices, including early marriages, also contribute significantly to teenage pregnancies. These factors often lead to a cycle of poverty and marginalization, as young mothers are more likely to drop out of school and face limited employment opportunities. Countries in Sub-Saharan Africa and South Asia report some of the highest rates of teenage pregnancies, highlighting a need for targeted interventions that address both cultural and structural determinants.

In India, teenage pregnancy remains a significant concern. Nearly one-third of the world's child brides reside here, and adolescent pregnancy remains a complex challenge tied to poverty, gender inequality, and lack of education. Although legal protections against child marriage exist, enforcement is often weak, and societal pressures still lead many young girls to marry and bear children early. This increases health risks and limits their personal and professional growth. Recent initiatives in India have aimed to improve reproductive healthcare access, but the social stigma around teenage motherhood remains a barrier. Comprehensive sex education, economic empowerment, and accessible healthcare services are essential to address teenage pregnancy and promote healthier futures for young mothers and their children.

This report: *Teenage Pregnancy and Motherhood in India: Exploring Status and Identifying Prevention and Mitigation Strategies*' developed in collaboration with the Global Partnership Network (GPN), seeks to examine the policy barriers that exacerbate adolescent pregnancy and to offer practical strategies to mitigate its impacts. The GPN is a collaboration of higher education institutions and civil

society groups for research, teaching and workshops around the SDG 17: "Global Partnership for Sustainable Development".

We are grateful to the GPN for collaborating in this research which seeks to understand the drivers of adolescent pregnancy, and through the publication of this report inspire policymakers, civil society organisations, and global partners to take meaningful actions to protect vulnerable adolescent girls and ensure their access to healthcare, education, and economic opportunities.

We extend our gratitude to the communities, researchers, enumerators, volunteers, interns, and colleagues who contributed to this study, and we hope this work will help catalyse positive change in the lives of adolescent mothers and their families across India.

Sandeep Chachra
President & Secretary
ActionAid Karnataka Projects

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Chapter 1

Introduction

Adolescent pregnancy refers to pregnancies that occur among girls aged 10-19 years and is a significant public health concern according to the World Health Organisation (WHO)(WHO, 2024). While adolescent pregnancy is a global phenomenon, it affects developing countries disproportionately. Each year, around 21 million girls aged fifteen to nineteen from low- and middle-income countries become pregnant, and births to adolescent mothers account for 16 per cent of all births globally. Teenage pregnancies often have detrimental immediate and long-term implications. Child mothers are more likely to be exposed to forced marriage, higher levels of sexual violence by a partner, poor mental health, and interrupted education than those who give birth as an adult (UNFPA, 2022b). Additionally, girls between the ages of 15 and 19 are twice more likely to die from complications of childbirth than adult women. Together, the various medical conditions associated with early childbearing form the second leading cause of mortality among girls in this age group (UNICEF, 2024). The adverse medical, social, and financial effects of teenage pregnancy are widely recognised. Yet the global menace of adolescent motherhood persists and underscores the necessity of informed and effective policy.

Unlike in high-income European countries and North America, teenage pregnancy in developing countries most commonly occurs within the institution of marriage. 650 million girls and women alive today had been married before they turned eighteen (UNICEF, 2018). Adolescent motherhood is therefore inextricably linked with the issue of child marriage.

Every year, 12 million girls are married before their eighteenth birthday (UNFPA, 2020). Child marriage and adolescent pregnancy are a violation of human rights because they pose an increased risk to children's education, safety from domestic and sexual abuse, and health (Harrison, 2022). The structural forces leading to teenage pregnancy and child marriage overlap and are found to exist on several levels - individual, family, community, and societal. These factors include poverty, gender inequality, lack of access to education and health care, and traditional practices and beliefs. Teenage pregnancy is not only caused by these factors but also perpetuates them in turn, as it reinforces gender norms, enables the continuation of regressive traditions, and often leads to poor health and lack of educational opportunities for both mother and child. While these issues manifest

differently across different regions on a global as well as national level, they invariably contribute to the continuation of girls' exploitation. Teenage pregnancy disproportionately affects the most vulnerable in a given society, and only serves to further limit the opportunities and rights that a girl can enjoy (UNFPA, 2022b).

Global efforts to combat teenage pregnancy have gone hand-in-hand with the widespread campaign to end child marriage. At the United Nations Summit for Sustainable Development in New York in 2015, the goal was set to eradicate child marriage by 2030. Globally, the most successful intervention strategies have been those that strengthened income (e.g. cash transfers, vocational training), taught life skills through schools and educational programmes, and championed sexual health and rights through education and medical services (UNICEF-UNFPA, 2022). Keeping girls in education for longer is considered one of most effective tools in preventing child marriage and pregnancy: girls who complete secondary school are 66 per cent more likely to be unmarried when they reach adulthood (Harrison, 2022). While progress has been slow, the efforts of governments and NGOs have had some effect, as child marriage has declined from affecting 25 per cent to 19 per cent of girls between 2008 and 2022 (Harrison, 2022). Measures to combat adolescent pregnancy include those that are geared towards destigmatising and providing access to contraceptives and safe abortions. Achieving success in these tasks is elusive because newer challenges continue to arise, including the effects of climate change, violent conflict, and economic crises (Harrison, 2022).

There are around 290 million girls and women in South Asia who were married before their eighteenth birthday, or nearly half of the global total. One in eight South Asian girls commence pregnancy before adulthood (UNFPA, 2021a). Each year, the region witnesses 2.2 million adolescent births and the death of over 6,500 child mothers (WHO, 2024). These pregnancies and maternal deaths are a manifestation of the scourge of gender inequalities, poverty, and underdevelopment that persist in South Asia. South Asian girls are less financially independent than their male peers, with pervasive gender norms dictating that women are meant for marriage and childbearing rather than education and a career (Pourtaheri et al., 2024). Yet, South Asia has simultaneously seen the sharpest decline in the number of adolescent mothers and child pregnancies in any global region since the 1980s. While in 1985, 63 per cent of underaged girls were married, this had dropped to 30 per cent by 2016. In the last two decades, child and adolescent marriages have dropped by 60 per cent in South Asia, despite the persistence of issues around oppressive social norms, education, healthcare, and financial instability, which all perpetuate the exploitation of girls (UNICEF, 2017).

India

Compared to the rest of South Asia, child marriage is declining rapidly in India. As of 2020, 24 per cent of Indian girls were affected by child marriage as compared to 47 per cent in 2005 (UNICEF, 2024, B). However, despite progress over the last few decades, the country is still home to one in three of the world's child brides, including adult women who were married in childhood (UNFPA, 2022b). India faces a considerable challenge with adolescent pregnancy, boasting an adolescent population of 253 million people, combined with a significant prevalence of early childbearing. India's high rates of adolescent pregnancy can be attributed to its deeply entrenched practice of child marriage, poor access to health care, poverty, and low literacy levels (Medhi R, Das B, et al., 2016). Despite considerable regional variation in the rate of adolescent pregnancy across India, there is an unfortunate lack of detailed demographic evidence.

In 2013, the United Nations Population Fund (UNFPA) stated that India could add 7.7 billion dollars to its economic productivity every year if young girls in the country were able to study and work into their twenties instead of becoming adolescent mothers (UNFPA, 2013). In India, the lifetime opportunity cost related to adolescent pregnancy is measured by the mother's foregone annual income over her lifetime, and was calculated to be 12 per cent of annual GDP (Economic Times, 2013).

Estimates from the 4th National Family Health Survey (NFHS) indicate that 7.9 per cent of women aged 15-19 were either pregnant or had already given birth at the time of the survey in 2015-2016 in India while in the 5th NFHS, it was reduced to 6.8 per cent. Teenage pregnancy in India has lifelong and intergenerational health costs, which substantially affect the lives of a major chunk of the adolescent girl population. This highlights the necessity of an in-depth examination of the factors determining adolescent pregnancy and its outcomes.

According to the fifth NFHS, the national average of underage marriages has decreased. 23.3 per cent of women married before the legal age of 18, compared to 26.8 per cent in the NFHS-4. The rate of underage marriage among men has dropped from 20.3 per cent to 17.7 per cent (NFHS-5, 2021). Eight states have a higher prevalence of child marriage than the national average: West Bengal, Bihar, and Tripura top the list, with more than 40 per cent of women aged 20 to 24 married before the age of 18. The remaining five states are Jharkhand, Assam, Andhra Pradesh, Rajasthan, and Telangana.

According to the fifth NFHS, the proportion of women aged 20-24 who married before the age of 18 remained high in West Bengal, at 41.6 per cent, compared to

23.3 per cent nationally. Bihar saw a marginal decrease from 42.5 per cent to 40.8 per cent for women, and from 35.3 per cent to 30.5 per cent for men (NFHS-4, 2016; NFHS-5, 2021). Rajasthan and Madhya Pradesh are both large Indian states with a high rate of female child marriage. However, during NFHS-4 and NFHS-5, these neighbouring states made significant progress: the frequency of child marriage in Rajasthan fell from 35.4 per cent to 25.4 per cent, and in Madhya Pradesh from 32.4 per cent to 23.1 per cent. Odisha had an overall decrease in the prevalence of child marriage, from 21.3 per cent in the NFHS-4 to 20.5 per cent in NFHS-5. Teenage pregnancies came down from 7.9 per cent to 6.8 per cent. Tripura had the highest proportion of adolescent pregnancies among all states and union territories (22 per cent), followed by West Bengal (16 per cent), Andhra Pradesh (13 per cent), Assam (12 per cent), Bihar (11 per cent), and Jharkhand (10 per cent).

Comprehensive understanding of the factors contributing to adolescent pregnancy is necessary for designing effective interventions and policies to address this complex issue. Traditional norms and expectations surrounding gender roles, marriage, and family often influence adolescent pregnancy rates. Early marriage is the norm in many countries, leading to early childbearing among adolescent girls. Traditional beliefs regarding fertility and family honour contribute to pressure on young brides to conceive soon after marriage, increasing their vulnerability to adolescent pregnancy (Singh and Samara, 2020).

Chapter 2

Literature Review

In recent years, numerous studies have come out that delve into the causes of child marriage in India. Teenage pregnancy is often studied as a consequence of child marriage, rather than in its own right. (UNFPA, 2013). Research that has focused on teenage pregnancy itself has debated its causes, and researchers disagree about the extent to which poverty is the primary driver of teenage pregnancy, as opposed to 'cultural' factors (Goli, 2016). Amidst debates about the overarching drivers of adolescent motherhood, certain topics have been overlooked. These include motherhood among prepubescent girls (under the age of 15) and the attitudes of boys and men regarding sexual and reproductive health. This study seeks to address another blind spot: the experiences of teenage mothers as reported by themselves, their family, and community members.

Factors Influencing Teenage Pregnancy

While poverty is inextricably linked to child marriage and teenage pregnancy, Srinivas Goli argues that "the continuation of the practice of child marriage has more to do with traditions and customs' than poverty, and that these are 'intertwined with religious and patriarchal notions" (Goli, 2016).

Caste and Religion

While legally discontinued and punishable in practice, India's historical caste system still exerts a strong influence on Indian society and continues to contribute to the marginalisation of those who are traditionally considered 'lower caste'. In India, 'socially backward classes' are socio-economically marginalised populations that encompass groups like Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Castes (OBCs) (Sanneving et al., 2013). Due to the socio-economic nature of caste, these groups struggle with cultural and geographic marginalisation along with economic poverty. Female members of the lower castes are at a higher risk of becoming pregnant during adolescence than their upper caste counterparts.

One 2023 study found a significant association between being lower caste and experiencing adolescent pregnancy (Shukla et al., 2023). This study explores the predictors of adolescent pregnancy among young girls in the state of Maharashtra (2023). 55.2 per cent of Maharashtra's population belongs to the so-called lower

castes, and 11.2 per cent of the population is Muslim. The researchers analysed 3,049 teenage girls' vulnerability to adolescent pregnancy by considering household, behavioural, and societal factors, as well as the COVID-19 pandemic. It uncovered that those who are considered "lower caste" were much more likely to become pregnant during adolescence. Additionally, the study found a significant association between being non-Muslim and experiencing adolescent pregnancy. Although caste and religion align in the context of cultural marginalisation, the study concluded that the two factors could influence adolescent pregnancy outcomes differently.

Religious beliefs and practices also play a role in shaping attitudes towards adolescent pregnancy in India. In conservative religious communities, premarital sex and contraception may be stigmatised, leading to limited access to reproductive health information and services (Stanger-Hall, 2011). The authors of the study, while controlling for socioeconomic status, educational attainment, etc, also noted that religious teachings emphasising abstinence and procreation without adequate education about contraception contribute to higher rates of unintended pregnancies among unmarried adolescents, (Stanger-Hall, 2011).

Multiple studies across the world have found that religious environments are associated with higher rates of teenage pregnancy (Kappe, 2016; Whitehead, 2001). Religious norms often negatively affect attitudes towards and the availability of contraceptives (Averett et al., 2002; Jones et al., 2005). Additionally, religious environments are often characterised by a lack of comprehensive sexual education and consequently, knowledge about the (correct) usage of contraceptives (Kirby, 2008; Santelli et al., 2006; Studer and Thornton, 1987). Both lead to an increase in unintended pregnancies and teenage childbirth, and multiple studies show a negative relationship between religiosity and contraceptive use both in general (Goldscheider and Mosher, 1991) and among adolescents (Studer and Thornton, 1987). While the majority of these studies have taken place in the West, anecdotal evidence indicates that fervent religiosity has a similar effect on contraceptive use in the Global South.

Entrenched Marital Values

By implementing the Prohibition of Child Marriage Act of 2006, India raised the minimum age of marriage to 18 years for females. However, 23 per cent of all marriages in India involved girls under 18 years of age (NFHS-5). Teenage pregnancy is socially condoned within marriages (Patra 2016). Along with early marriages, there is a cultural norm of age-based marriages. It is believed that husbands should be older than their wives. The average spousal age gap between men and women in India is around 5.2 years. This pattern has remained relatively stable over decades, with some regions experiencing an increase in spousal age gaps (Singh 2023).

A study by Shri et al., explores how entrenched marital values contribute to adolescent pregnancies in two Indian states, Uttar Pradesh and Bihar, where teenage pregnancy is particularly prevalent. The study sampled 4,897 married adolescent girls between the ages of 15 and 19, using data from the Population Council's 'Understanding the Lives of Adolescents and Young Adults' (UDAYA) survey. The study found that "adolescents who married before the age of 18 years were 1.79 times more likely to experience pregnancy and 3.21 times more likely to experience motherhood." Adolescents with a spousal age gap of 5-10 years were "52 per cent more likely to be pregnant", with the odds of pregnancy and motherhood rising as the spousal age gap increased. The study established the relationship between early marriage, age gap relationships, and adolescent pregnancy, with a large sample size from rural and urban localities.

Socio-cultural and economic factors play a significant role in adolescent pregnancy. Access to social, economic, and cultural capital can enhance the competencies of adolescent girls to prevent pregnancy or cope with it better (Ahorlu, 2015).

Sexual and Reproductive Health Education

A scoping review by Panda et al. (2023) explored 40 studies on perceptions, practices, and understanding related to teenage pregnancy among adolescent girls in India. The paper emphasised the importance of knowledge of sexual and reproductive health (SRH) with regard to improved adolescent fertility outcomes. As the paper revealed, it remains taboo to discuss reproductive health, pregnancy, and conception related information with adolescents in school, in the Indian context. Knowledge of safe sex among Indian adolescents was found to primarily come from discussion amongst friends or social media, and to a lesser extent, from parents, health workers, and school teachers. Inadequate education regarding contraceptives and the difficulty in accessing contraceptives resulted in insufficient contraceptive knowledge and use. This trend was found to be particularly prominent amongst married adolescent girls. Limited understanding of pregnancy, intercourse, and abortion led to unwanted pregnancies, sexual health complications, and delays in abortion (Panda et al, 2023).

Lack of comprehensive sex education in India has been identified as a significant factor influencing adolescent pregnancy. The absence of a comprehensive curriculum in schools has resulted in a lack of understanding among adolescents about pubertal changes, menstrual hygiene, reproductive tract infections, contraception, and sex due to stigma, lack of curriculum, and misinformation from peers and mothers. It also includes the lack of knowledge about sexually transmitted infections (STIs) among young girls and the concerning rates of early marriage

and childbirth, especially among girls from poorer socio-economic backgrounds (Thirunavukarasu, 2013).

Sex education during adolescence is crucial for building a strong foundation for lifelong sexual health. Adolescents are highly likely to engage in risky behaviour that can influence their health and survival. The sexual and reproductive health needs of adolescents in India are currently either overlooked or not understood by the healthcare system (Ismail et al.2015).

Socio-Economic Status

A study by Nguyen et al. (2019) collated and synthesised data from over 14,000 adolescent mothers using India's NFHS-4 survey, to explore the relationship between teenage pregnancy and socio-economic status (SES). It was found that rates of women who gave birth during adolescence were higher in households characterised by lower SES. The findings suggested that teenage pregnancy perpetuates cycles of inter-generational poverty, where women who gave birth during adolescence were less likely to have paid jobs or have agency over household money.

A 2023 study by Bhakat and Kumar analysed all five rounds of the NFHS, aiming to explain the factors that contribute to teenage pregnancy in India. Their findings revealed that women residing in rural areas of India exhibit a higher probability of experiencing teenage pregnancy than their urban peers. The study characterises rural areas as more 'pronatalist', meaning they promote having children, which contributes to higher rates of adolescent pregnancies in these regions than urban areas. While this is also due to many other factors such as socio-economic status, migration, and family structures, etc., the study underscores the urgent need to educate parents and communities in rural areas about the challenges associated with teenage pregnancy.

Rural adolescents also face heightened risks due to limited access to reproductive health services, higher prevalence of child marriage, and socio-cultural norms that perpetuate early childbearing (Mistry et al., 2009). In contrast, urban adolescents confront challenges such as peer pressure, exposure to risky behaviours, and inadequate sexual education in schools (Begum et al., 2017). Bridging the urban-rural divide in adolescent pregnancy rates requires targeted interventions addressing contextual factors, and promoting access to youth-friendly services (Srivastava et al., 2012).

Gender inequality and discrimination significantly influence adolescent pregnancy in India. The imbalanced sex ratio at birth in India, and the deeply entrenched

patriarchal norms contribute to preference for a son and gender discrimination. This is further exacerbated by lack of women's autonomy and control over fertility and contraception, as well as their attitudes and abilities (Agrawal, 2007). There is a necessity for collective efforts to change the social perception of the value of girls and greater dissemination of knowledge about various legislations aimed at decreasing gender discrimination towards the girl child (Chakravarty, 2022).

Climate Change

In recent times, climate change has been found to be a significant factor contributing towards early marriage, and subsequently, teenage pregnancy. Due to extreme weather events, many families in lower socio-economic classes in South Asia face immense struggle for livelihoods and survival. These weather events can cause a loss of crops, livelihood means, habitat, cultural practices, and even death of members of the family. Sudden changes and losses often result in the young girls of the families affected being married off at young ages, often with large age gaps between them and the person to whom they are married. This is illustrated through the case of Pakistan, where after the devastating floods in 2022, the number of child brides has increased suddenly, after years of steady decline. A village elder was quotes as saying:

"They would grow many vegetables, but the plants are all dead now because the water in the ground is poisonous. This has happened especially after 2022.

The girls were not a burden on us before then. At the age girls used to get married, they now have five children, and they come back to live with their parents because their husbands are jobless."

Village elders and rights workers have been quoted as saying that prior to the floods, there was no economic need for survival, but now, given the economic insecurity, they felt the need to get money in any way possible, including marrying off their daughters, in exchange for hefty sums of money (NDTV World 2024).

The current body of literature concerning adolescent pregnancy in India primarily concentrates on factors like societal, economic, and cultural, influencing adolescent pregnancy and lack of sex education and resulting health consequences because of adolescent pregnancy. There is a notable lack of in-depth studies exploring the experiences of pregnant adolescents from marginalised communities (religious minorities, ethnic minorities, tribal populations, rural areas). There is a need for longitudinal studies in research. Existing research often relies on cross-sectional data that limits insights into the long-term consequences of adolescent mothers and their offspring. More research is needed to understand the attitudes and

behaviour of boys and men regarding sexual and reproductive health (SRH) and their role in preventing adolescent pregnancy.

Health Consequences of Teenage Pregnancy

Adolescent pregnancy in India is a complex issue, with a need for diverse points of access to reproductive healthcare (Ralph, 2010). However, there is a lack of comprehensive programmes addressing the needs of adolescents, leading to limited knowledge and awareness of reproductive health issues (Maqbool, 2019).

Early marriage and the societal expectation of early pregnancy contribute to high rates of adolescent pregnancy in India. The age-specific fertility rate for married Indian women aged 15-19 years ranged between 83 and 89 in the last decade (Goyal, 1994). This is particularly prevalent among tribal populations, where pregnant adolescents often suffer from health issues such as anaemia, low body mass index, and dietary deficiencies. Additionally, a significant proportion of the girls were in the third trimester of pregnancy, with some experiencing malpresentation or cephalopelvic disproportion (Sharma, 1992).

Teenage pregnancy tends to occur within marriages, often arranged by parents, but few pregnancies also occur among unmarried teenagers. Adolescent pregnancies had significantly higher perinatal and neonatal mortality rates and other adverse outcomes compared to pregnancies in older women. The perinatal and neonatal mortality rates were significantly higher among teenage first births to high-risk mothers under 18 years old, with associated risk factors contributing to even greater mortality rates (Pratinidhi, Shrotri, Shah 1990).

Teenage women in India have been found to be at a significantly higher risk for various obstetric complications compared to women aged 20 or older. These complications included severe anaemia, eclampsia, preterm labour, intrauterine growth retardation, and low birth weight. Additionally, assisted delivery was more common and caesarean delivery was less common in teenagers. Moderate anaemia, mild pregnancy-induced hypertension, preeclampsia, premature rupture of membranes, antepartum haemorrhage, and post-date pregnancy were all significantly higher in the group of women aged 20 or lower (Trivedi, 2007). The risk of maternal death for mothers under the age of 15 years is double that of older women in low- and middle-income countries, and this demographic group faces a significantly higher risk of obstetric fistulas as well (UNFPA, 2013). Infants born to adolescent mothers are also at higher risk for adverse outcomes, including low birth weight and preterm delivery.

Pregnant and parenting teens lack adequate health and social services, leading to chaotic and traumatic lives with frequent crises and few resources. A majority of these teens reported symptoms consistent with clinical depression, yet very few received mental health services. There are patterns of unfulfilled needs in various sectors of services, leading to dissatisfaction and anger among at-risk young women (Sarri, 2004). Early marriage can lead to repeated child birth within less than 24-month intervals, multiple unwanted pregnancies, pregnancy terminations and sterilisation at an early age due to lack of access to modern contraceptives, along with having a higher risk of intimate partner violence, HIV/STIs, maternal morbidity, mortality, and depression (Raj et al 2009).

Community-based interventions have been effective in improving access to contraception and pregnancy care for young married couples, but there is a need for further research on strategies to delay first pregnancy (Sarkar, 2015). Mehra et al., in 2018 found that community-based interventions such as Youth Information Centres as an intervention strategy resulted in a significant decrease in early marriages along with an increase in the number of school retentions.

Many studies have shown that the health consequences of teenage pregnancies also extend to the children in the form of a poor start in life for them. These children are also more likely to experience other social and health penalties (Nair 2018). There is almost a 20 per cent likelihood of the child being stunted and underweight experiencing under-nutrition in early life, leading to poorer brain, cognitive and emotional development, and capabilities and subsequent physical and mental health and human capital consequences in adulthood. Preterm and low birth weight infants and higher infant mortality rates were shown to be the outcomes of teenage pregnancy (Nair 2018).

Adolescent pregnancy remains a major public health challenge in India, with social, economic, and health implications for individuals, families, and the nation. Socio-economic disadvantage, limited education, rural residence, and cultural norms contribute to higher pregnancy rates. Although there are various education initiatives and programmes, challenges such as resistance to sex education, lack of awareness, gender inequality, and limited reach amongst marginalised communities hinder progress. Pregnant adolescents often face stigma, highlighting the need for a supportive family and community environment

Chapter 3

Legal Framework, Policies and Schemes

In India, the policy and programme framework regarding child marriage has expanded considerably over the last few decades. National policies such as the National Population Policy 2001, the National Youth Policy 2014, the National Policy for the Empowerment of Women, and most importantly, the Prohibition of Child Marriage Act (PCMA) 2006, are the result of special programmatic attention to help young girls delay marriage and achieve better enforcement of existing laws against child marriage. Additionally, several national flagship programmes, including the Beti Bachao Beti Padhao (BBBP), the Scheme for Adolescent Girls (SAG), the Rashtriya Kishor Swasthya Karyakram (RKSK) programme, various national and state level conditional cash transfer (CCT) programmes for girls, as well as many civil society programmes have been implemented to prevent child marriage. Additionally, India has committed to achieving Sustainable Development Goal (SDG) 5 that calls for the elimination of child and forced marriage by 2030.

There are many schemes and initiatives in place to support youth in the country, as well as pregnant women and new mothers. These schemes cover educational benefits, nutritional benefits, skilling opportunities, etc. An example is the Pradhan Mantri Kaushal Vikas Yojana (PMKVY), designed to equip youth with relevant industry skills to enhance their employability and earn their livelihoods. The gap that comes in is where these schemes fail to account for the unique situation in which adolescent mothers and pregnant adolescents find themselves. Many schemes that provide nutritional benefits to pregnant women are age based in their eligibility criteria, excluding girls who need that support. While the age-based criteria is seen as a deterrent to teenage pregnancy and child brides, it actually serves to reduce support available to girls who are in a difficult situation through no fault of theirs. The argument to exclude teenage mothers from welfare schemes is that it ensures that teenage motherhood is not encouraged through policy. Yet it must be noted that some policy schemes, such as those implemented by the Leicester City Council in the United Kingdom, have proven effective in reducing the negative outcomes associated with teenage pregnancy, particularly the risks of multiple pregnancies, reducing the psychological distress of teenage pregnancies, and allowing for teenagers to return to education and work more easily

(Good progress but more to do: Teenage pregnancy and young parents). While such policy interventions are relatively few in number, and thus drawing conclusions from them is difficult, it is an important argument to consider in favour of including teenage mothers and pregnant teenagers in welfare schemes, to ensure that they are able to better support themselves and their child, and reduce the cycle of poverty.

Some important laws, schemes and programmes:

Sl. No	National/State	Laws, Schemes and Programmes
1	National	Prohibition Of Child Marriage Act, 2006
2	National	Protection of Children from Sexual Offences Act (POCSO) Act, 2012
3	National	Beti Bachao Beti Padhao (BBBP)
4	National	Scheme for Adolescent Girls (SAG)
5	Bihar	Mukhyamantri Kanya Utthan Yojna
6	Bihar	Bihar Kishori Shakti Yojna
7	Odisha	ADVIKA
8	Rajasthan	Mukhyamantri Rajashree Yojna
9	West Bengal	Rajasthan Lado Protsahan Yojna
10	West Bengal	Kanyashree Prakalpa
11	West Bengal	Rupashree Prakalpa

Laws Preventing Child Marriage and Teenage Pregnancy

There are many laws and policies that have been implemented in India to mitigate the phenomena of child marriage and teenage pregnancy. Some of these are explored below, to facilitate a strong background in understanding access to policies for adolescent girls, implementation of child protection laws, and welfare schemes.

Prohibition of Child Marriage Act, 2006

The Government of India enacted 'the Prohibition of Child Marriage Act, 2006' (PCMA) to reduce child marriages and carry out punitive action against those associated with it. Section 16 of the Prohibition of Child Marriage Act (PCMA) empowers the state governments to appoint an officer or officers known as the 'Child Marriage

Prohibition Officers (CMPO)' with jurisdiction over the area or areas specified in the notification. The functions to be discharged by CMPOs, which also include preventing solemnisation of child marriages by taking such action as they may deem fit; collecting evidence for the effective prosecution of persons contravening the provisions of the Act; advising individuals or counselling the residents of the locality not to indulge in promoting, helping, aiding, or allowing the solemnisation of child marriages; to create awareness about the ill effects of child marriages; and these authorities report to the relevant state governments/UT administrations. As a result, they have responsibility for implementing the Act's provisions into action.

Protection of Children from Sexual Offences Act (POCSO) Act, 2012

The POCSO Act went into force on November 14, 2012, following India's adoption of the UN Convention on the Rights of the Child in 1992. The purpose of this special legislation is to address offences of sexual exploitation and sexual abuse of minors that have not been explicitly defined or sufficiently penalised. The Act defines a child as any individual under the age of eighteen. The Act prescribes penalties based on the degree of the offense. The Act was reviewed and updated in 2019 to include more severe punishments, including the death sentence, for sexual offenses against minors to deter criminals and prevent such crimes against children. The Government of India has also notified the POCSO Rules, 2020. Under the POCSO Act, the spouse of an individual under the age of 18 can be prosecuted. A person who has sexual contact with a person under the age of 18 may face punishment, regardless of whether the marriage was contracted voluntarily.

Key Schemes and Programmes

Beti Bachao Beti Padhao

This scheme was launched by the Prime Minister of India on 22 January 2015 in Panipat, Haryana. The Beti Bachao Beti Padhao (BBBP) scheme aims to address the issue of decline in the child sex ratio throughout the country and to encourage development related to the empowerment of women.

The main objectives of this scheme are to improve the child-sex ratio, prevention of gender-biased sex-selective elimination, ensuring the survival and protection of the girl child, ensuring education and participation of the girl child, and protecting rights of girl children. The Government of India, in collaboration with the Ministries of Women and Child Development (MoWCD), Health and Family Welfare (MoH&FW), and Human Resources Development (MoHRD), launched BBBP in 2015 with the key quantitative objectives of improving the Sex Ratio at Birth (SRB) in selected gender critical districts by two points per year, reducing gender differentials in under

five child mortality rates from 7 points in 2014 to 1.5 points per year, and boosting enrolment of girls in secondary education to 82 per cent by 2018-19.

The system was initially implemented in 161 districts before expanding to all 640 districts across the country. The BBBP plan has been cited as a proactive approach for combating gender-based discrimination against girl children since 104 of the 161 districts involved in the system's initial implementation have shown an improvement in SRB.

The Beti Bachao Beti Padhao project has raised awareness about female infanticide, lack of education, and loss of girls' rights throughout their lives. Beti Janmotsav is an important programme celebrated in each district. Poor utilisation of funds is one of the major challenges facing this programme. The overall budgetary allocation under the BBBP plan from its start in 2014-15 to 2019-20 was Rs. 848 crore, excluding the COVID-19-stricken fiscal year 2020-21. During this time, Rs. 622.48 crore was disbursed to the states, however only 25.13 per cent of the money was used by the states and the union territories. A shocking 80 per cent of funding from the flagship BBBP initiative was used for publicity campaigns.

Scheme for Adolescent Girls (SAG)

The Ministry of Women and Child Development launched the Scheme for Adolescent Girls (SAG) in 2010, which is being implemented through existing Anganwadi Centres (AWCs) as part of the Integrated Child Development Scheme. The primary goal of the programme is to facilitate, educate, and empower adolescent girls (AGs) so that they can become self-sufficient and aware citizens. The target group was out-of-school females aged 11 to 18. The project attempts to encourage out-of-school females to return to formal study or vocational/skill training. The scheme's components include provisions for supplying AGs with a prescribed quantity of calories, protein, and micronutrients, as well as health checkups, mainstreaming out-of-school girls into the school system, iron and folic acid (IFA) supplements, life skill education, and so on.

A Rapid Reporting System and Kishori (adolescents) Health Cards are major features of this scheme. To this end, a special day known as 'Kishori Diwas' is observed once every three months. This is normally the day that the girls' overall health is checked. On this day, information, education, and communication (IEC) are provided to the community, parents, and others. In March 2021, this scheme was included under the Mission POSHAN 2.0. The Mission incorporates multiple schemes under one heading and system for greater effect, focusing on convergence, behavioural change, and incentives. Despite several achievements, challenges remain, as seen by high

malnutrition rates and India's 116th ranking in the Human Capital Index. Rashtriya Poshan Maah, Poshan Vatika, and technology initiatives all help the cause. Despite this there are major lacunae in regards to the proper implementation, monitoring, partial coverage, funding, and evaluation of the scheme.

Advika in Odisha

A path for adolescent empowerment: To combat child marriage, the state has devised a multifaceted approach that includes tracking girls' absence from schools and communities, counselling, and the use of a website called "Advika" to link all projects aimed at girls aged 10 to 19. It has set criteria for declaring communities to be child-marriage-free, and there are monetary incentives for the most vulnerable ethnic tribes. The tactics for preventing child marriages vary by district, with some maintaining a database of adolescent females and others requiring the provision of an Aadhaar number in all marriages. Various districts have devised their approaches to addressing the issue, such as including a Kathak performance in a local festival to raise awareness about child marriage. The emphasis is on involving the community, particularly females aged 15 to 18 who are dropouts, and keeping them in school. The Odisha police have also been participating in the endeavour, holding monthly community meetings to address dropout rates and child marriages with panchayat leaders, parents, and children. Police stations have been made child-friendly so that females feel confident to contact officers. Several community leaders from various castes, tribes, and religious groups have been recruited to raise awareness against child marriage.

Kanyashree Prakalpa in West Bengal

This scheme was launched in 2013, and incentivises young girls between the ages of 13 and 18 to attend school while discouraging child marriage. According to the West Bengal Budget for 2023-24, 81 lakh girls have benefited from the plan. In 2017, the scheme got worldwide recognition from the United Nations Public Service Award. While girls' school enrolment rate has grown in the state, doubts have been raised over whether the system has met its goal of preventing child marriage, based on National Family Health Survey data and a Lancet research.

Rupashree Prakalpa in West Bengal

In addition to Kanyashree, the state government runs Rupashree Prakalpa, which offers monetary incentives for girls' weddings, only if the girl is 18 years of age or above. This incentivises families to keep their daughters unmarried for longer, reducing the numbers of pregnant adolescents, as pregnancies out of wedlock are frowned upon. Some families make use of both schemes, arranging weddings immediately after receiving school-related advantages.

Mukhyamantri Kanya Utthan Yojna in Bihar

This initiative intends to urge girls to pursue an education and will give them financial assistance from the time they are born until they graduate, allowing them to lead a better life. On the birth of a girl child, Rs. 2,000; on the first vaccination, Rs. 1,000; on passing the intermediate or +2 exam, Rs. 10,000; and on completing a graduation degree, Rs. 25,000 will be given. As a result, families with a girl child will receive a total of 40,000. Under this initiative, the government would grant financial help of Rs. 25,000 to any female who completes a degree in 2018 or later.

Mukhyamantri Kishori Swasthya Yojana in Bihar

This initiative was launched by the Bihar government under the Chief Minister Kanya Utthan Yojana. This scheme aims to ensure the well-being of female students studying in government schools to safeguard their health during a crucial period of their lives. Under this programme, students from Class 7 to Class 12 in government schools in Bihar are provided assistance. The Mukhyamantri Kishori Swasthya Yojana primarily provides financial assistance to girls to purchase sanitary napkins, ensuring that they do not have any health problems during menstruation. The Bihar government pays qualifying females with 300 rupees each year to help them meet their menstrual hygiene needs.

Mukhyamantri Rajashree Yojana in Rajasthan

The major goal of the Mukhyamantri Rajshree Yojana is to eliminate child mortality and marriage in society. This initiative aims to enhance the female child ratio and encourages girls' education in the state. It is applicable in both rural and urban settings. Under this initiative, the Rajasthan government would grant financial aid totalling Rs. 50,000 from birth until the completion of graduate education. The government will deposit the subsidy into the recipients' accounts within the time range specified. The government provides financial help to parents with the birth of their first girl child. The beneficiaries of this plan will get the funds in their accounts within the time range specified by the government. The state government has allocated Rs. 2221 crore for the execution of this project, which would assist the state's girl children.

Rajasthan Lado Protsahan Yojna

Lado Protsahan Yojana is an upcoming scheme due to be implemented by the Government of Rajasthan. It will also be called "Rajasthan Girl Child Incentive Scheme," or "Rajasthan Lado Incentive Scheme". The Rajasthan government would grant a saving bond of Rs. 2,00,000 after the birth of a girl child under the Lado Protsahan Yojana. The money of the savings bond would be transferred to the female beneficiaries at various stages of her life. The Saving Bond Amount of

Rs. 2,00,000 would be distributed to girl beneficiaries at the following stages: Rs. 6,000 in Class 6, Rs.8,000 in Class 9 (the requisite fee), Rs. 10,000 in Class 10 (again the requisite fee), Rs. 12,000 in 11th grade, Rs. 14,000 in 12th grade, Rs. 25,000 for the first year of a professional degree course And Rs. 25,000 in the last year of a professional degree course. Rs. 1,00,000 would be given when the girl reaches the age of 21 years. This money will assist the girl child in managing her educational expenditures.

The Lado Protsahan Yojana will not benefit all girls of Rajasthan but only those from Other Backward Classes, Economically Weaker Sections, Schedule Castes, and Schedule Tribes are eligible to benefit from the scheme.

Our health care, education, and social security systems are neither well equipped nor oriented to respond to the specific requirements of pregnant teenagers and adolescent mothers. The psychological and socio-economic consequences of adolescent pregnancy are often neglected in policy. Adolescent pregnancy often means the end of a girls' education as motherhood brings with it a totally different set of responsibilities that preclude the possibility of education.

Adolescent mothers and pregnant girls need support to return to school, to access economic opportunities, and to access justice and support services to navigate their new role as mothers. Adolescents rescued from child marriage are to some extent aided by different schemes and programmes. However, child brides are being neglected and are deprived of such benefits.

Chapter 4

Research Design and Methodology

This study intends to achieve the following objectives:

- To map and examine current legal frameworks, government policies, programmes, and data sources concerning child marriage and teenage pregnancy in India.
- To evaluate the effectiveness of current strategies for avoiding child marriage and lowering adolescent pregnancy.

Area of Coverage

The study was carried out in 4 states in India, namely: Bihar, Odisha, Rajasthan, and West Bengal. Two districts with high prevalence of teenage pregnancy and two with

Sl. No	Name of the State	Name of the districts (4 districts per state). The percentage mentioned as against the district is the percentage of teenage pregnancy as per NFHS - 5)
1	Bihar	Purnia (21.4%) Samastipur (14.9%) Nawada (9.4%) Muzaffarpur (8.2%)
2	Rajasthan	Karauli (7.0%) Banswara (5.2%) Barmer (2.0%) Jaisalmer (1.0%)
3	Odisha	Mayurbhanj (17.2%) Boudh (13.7%) Jharsuguda (1.0%) Kendrapada (1.8%).
4	West Bengal	Coochbehar (27.3%) Purba Medinipur (22.0%) North 24 Parganas (11.5%) Kolkata (4.9%)

low prevalence of teenage pregnancy were identified in each state and sampling was done in these districts. The data available in National Family Health Service – 5 was taken as the basis of selection of the districts. The selected districts are as mentioned on page 21.

About the States

Keeping in view the poor maternal and child health outcomes and higher adolescent populations in Indian states, this study aims to understand the contextual factors determining adolescent pregnancy and motherhood. It additionally seeks to identify policy gaps so that relevant issues might be addressed more effectively. It focuses on four states that have a relatively high incidence of adolescent pregnancy: West Bengal, Rajasthan, Bihar, and Odisha. Taken together, these states reveal regional variety in the attitudes to and the challenges of teenage mothers.

Bihar

The state of Bihar is characterised by strict gender roles. Discrimination towards women in the state is obvious when considering data from the Census survey of 2011, which revealed that the sex ratio for children (0-19 years) in Bihar was 897 girls per 1,000 boys. This, along with lower literacy rates in women (53.57 per cent total, with a mere 39.6 per cent in rural areas) points towards heavily skewed gender roles in the state. The NFHS-5 found that 40.8 per cent of women aged 20-24 years were married before the age of 18 in Bihar. The split was 27.9 per cent in urban areas, and 43.4 per cent in rural areas. This figure had reduced from the time of the NFHS-4 survey (2015-2016), when it was 42.5 per cent. Similarly, the percentage of women aged 15-19 years who already had a child by the time of the survey got reduced from 12 per cent to 11per cent in Bihar, showing incremental progress. The percentage remains higher than the average in India, however, where it is 6.8 per cent, reduced from 8 per cent in NFHS-4.

It has been well documented that increased crimes against women and children lead to higher instances of child marriage in the concerned region, as family members are afraid of violence being inflicted on their adolescent daughters, and marriage is seen as an institution that can protect against such violence. As per data released by the National Crimes Records Bureau (NCRB) in 2022, Bihar reported 8,122 crimes against children for the year, with a rate of 17.1 cases per lakh of population. 527 cases of missing children deemed as kidnapped were reported. Notably, 4,070 cases of kidnapping and abduction of minor girls to compel them for marriage were reported. 296 children were reported as being trafficked in the state, and 2,139 cases under the Protection of Children against Sexual Offences (POCSO)

were reported, with all 749 cases under Section 4 (penetrative sexual assault) being reported against girls. All 1,014 cases under Section 8 of POCSO (sexual assault by people in a position of trust or authority) were reported against girls. Merely 13 cases were registered under the Prohibition of Child Marriages Act (PCMA), a drastic underreporting compared to the on-ground reality, as is corroborated by other sources of data such as the NFHS survey.

Odisha

According to the 2011 Census, the child sex ratio in Odisha (ages 0-19) stood at 966 girls for every 1,000 boys. This, coupled with a female literacy rate of only 64 per cent, highlights significant gender disparities in the state. The NFHS-5 revealed that 20.5 per cent of women aged 20-24 in Bihar were married before 18, with 14.5 per cent in urban areas and 21.7 per cent in rural regions. This represents a decline from the 21.3 per cent recorded in the NFHS-4 (2015-2016). Additionally, the proportion of women aged 15-19 who were either mothers or pregnant remained unchanged at 7.6 per cent, with slight variations between urban (6.1%) and rural (7.9%) areas. This figure is higher than the national average of 6.8 per cent, which had been higher at 8per cent in the previous NFHS.

Data from the National Crimes Records Bureau (NCRB) for 2022 indicated that Odisha recorded 8,240 crimes against children, resulting in a rate of 57.2 cases per lakh of the population. Among these, 5,681 cases involved missing children classified as kidnapped. Notably, only four cases of kidnapping for forced marriage were reported, along with eight cases of trafficking. There were 2,423 reports under the Protection of Children against Sexual Offences (POCSO) Act, with all 1,720 penetrative sexual assault cases (Section 4) involving girls. Similarly, all 669 cases under Section 8 (sexual assault by individuals in positions of trust) also involved girls. Alarmingly, only 46 cases were recorded under the Prohibition of Child Marriages Act (PCMA), indicating significant underreporting compared to the actual situation, as supported by other data sources like the NFHS survey.

Rajasthan

According to the 2011 Census, Rajasthan had a child sex ratio of 888 girls for every 1,000 boys. This, combined with a female literacy rate of just 52.2 per cent, highlights significant gender imbalances in the state. The NFHS-5 found that 25 per cent of women aged 20-24 were married before turning 18, a decline from 35 per cent in the NFHS-4 survey (2015-2016). Furthermore, 4 per cent of women aged 15-19 were either mothers or pregnant, down from 6per cent in the previous survey. This rate is lower than the national average of 6.8 per cent, which decreased from 8 per cent in NFHS-4.

In 2022, data from the National Crimes Records Bureau (NCRB) reported 9,370 crimes against children in Rajasthan, resulting in a rate of 33.3 cases per lakh of the population. Among these, 1,820 cases involved missing children categorised as kidnappings. Notably, there were 457 cases of minor girls being kidnapped for forced marriage and six instances of trafficking. The state also reported 3,734 cases under the Protection of Children against Sexual Offences (POCSO) Act, with all 1,694 penetrative sexual assault cases (Section 4) involving girls. Of the 1,358 cases under Section 8 (sexual assault by individuals in positions of trust), only one case involved a boy. Alarmingly, just 10 cases were registered under the Prohibition of Child Marriages Act (PCMA), revealing a significant underreporting of the issue, as supported by other data sources like the NFHS survey.

West Bengal

According to the 2011 Census, West Bengal had a child sex ratio of 949 girls for every 1,000 boys. This, along with a female literacy rate of 71.6 per cent, underscores ongoing gender imbalances in the state. The NFHS-5 reported that 41.6 per cent of women aged 20-24 were married before the age of 18, a figure that has remained stable since the NFHS-4 survey (2015-2016). Additionally, 16.4 per cent of women aged 15-19 were either mothers or pregnant at the time of the survey, down from 18.3 per cent in NFHS-4. This rate is significantly higher than the national average of 6.8 per cent, which decreased from 8 per cent in the earlier survey.

In 2022, the National Crimes Records Bureau (NCRB) documented 8,950 crimes against children in West Bengal, resulting in a rate of 29.8 cases per lakh of the population. Among these, 1,684 cases involved missing children categorised as kidnappings. Notably, there were 372 reported cases of kidnapping and abduction of minor girls for forced marriage, along with 49 instances of trafficking. The state also recorded 2,820 cases under the Protection of Children against Sexual Offences (POCSO) Act, with 1,699 cases of penetrative sexual assault (Section 4) involving girls and 28 involving boys. Additionally, 798 cases under Section 8 (sexual assault by individuals in positions of trust) were reported against girls, with seven against boys. Alarmingly, only 122 cases were registered under the Prohibition of Child Marriages Act (PCMA), highlighting significant underreporting of the issue, as confirmed by other data sources like the NFHS survey.

Theoretical Framework

The study was informed by the Socio-Ecological Model (SEM) of health (Krug 2002). This is a multi-level approach that is widely used to understand and explore systemic effects in health-related issues, and to inform intervention points. Given the study's focus on teenage pregnancy and adolescent motherhood, using a health-based

model that heavily factored in socio-ecological factors was considered appropriate. The use of this model in the context of teenage pregnancy has a long history of precedence, notably being used in the Strategy to End Child Marriage and Teenage Pregnancy in Uganda 2022/23-2026/27, as well as informing a large-scale meta-synthesis of qualitative research on the topic of child marriage and its associated events.

The use of SEM is important as it accounts for the norms, beliefs, social and economic systems, and the risk factors that create, sustain, and propagate the conditions under which teenage pregnancy and adolescent motherhood exist and thrive. The model also accounts for the roles different stakeholders play such as officials, family, elders in the community, etc., in creating a protective environment for adolescents. The model specifies that all stakeholders have various responsibilities at various levels of operation to influence the course of the life of a child. It allows for inclusion of risk factors and protective factors from multiple spheres, as grounds for understanding the complex interaction of individual, socio-cultural, political, and environmental factors that drive teenage pregnancy and adolescent motherhood. SEM discusses four levels of factors that influence a child's life namely: the individual, interpersonal, community, and societal.

The individual level factors work at the micro-level and include personal history issues that predispose a girl to teenage pregnancy. These can include elopement, desire to have a child early, etc. The interpersonal level influences are factors that increase the risk of early pregnancy for a girl due to how she relates with family members, peers, and teachers. The community level influences are factors that affect risk through community and social environments, especially schools and neighbourhoods. Societal level influences are larger, macro-level factors that influence teenage pregnancy and child marriage and include gender inequality, religious or cultural belief systems, societal norms, and economic or social policies.

Development of Tools

The tools for data collection like interview schedules, guidelines for FGDs and case study collections were developed after conducting extensive research into existing qualitative studies on the topic, as well as related topics such as child marriages. Questions were drafted keeping in mind cultural sensitivities as well as ease of translation into local languages, and were designed to cover as many aspects of the SEM model as possible. The tools were designed in a participatory manner, with multiple rounds of feedback collected from the researchers, field researchers, experts, etc. The tools were also shared with the University of Kassel for their feedback. The final tools are annexed herewith.

Pilot Testing of the Tools

The testing was organised in different districts in different states, according to the selection criteria of the districts as laid out for the study itself. The interview schedules were piloted with the support of field researchers in the identified districts of West Bengal whereas the tools for case studies were piloted in Odisha and the tools for FGDs were tested in Rajasthan. The field researchers provided extensive feedback after the pilot testing in a joint meeting and all the tools were revised according to the feedback but keeping the aims of the study in mind. As per the requirements, the tools were also translated into local languages.

After finalisation of the tools, another round of orientation was organised to discuss the project tools and the process of data collection. This discussion involved briefing the research team on the changes to the tools, the planned data collection timeline, any foreseen challenges to the process, the content and aims of the tools themselves, as well as briefing the team members on the processes that informed the development of the study tools.

Sampling

The sampling process for this study was conceptualised and conducted with the inputs of field researchers belonging to the districts in which the study was conducted. Purposive, snowball sampling was used as a methodology, as the sensitive nature of the topic meant that once rapport was established with one or two community members, it was easier to get an introduction or referral to other community members who had relevant experiences to share. This process allowed for organic rapport building and rich data collection. The details of the number of participants are given below:

- Adolescents: 10 from each district
- Pregnant teenagers: 10 from each district
- Parents of adolescents: 10 from each district
- Chairperson of Child Welfare Committee (CWC): 1 from each district
- District Child Protection Officer (DCPO): 1 from each district
- Special Juvenile Police Unit (SJPU): 1 from each district
- Medical Officer: 1 from each district
- Member Secretary – District Legal Services Authority (DLSA): 1 from each district

Data Collection

Given the sensitive nature of the research topic and the varied samples we surveyed, the data collection process was a drawn out one. The field researchers were chosen specifically because of their connections with the communities surveyed, their fluency in the local language, and their ability to convey essential information with sensitivity and nuance. They were trained in the steps to be taken regarding confidentiality, data collection, how to use the tools, as well as points to look out for, regarding the data that was collected. All names and identifying information were omitted or edited right at the data collection stage to ensure anonymity. Office-holders were identified and approached through public records. All participants were informed of the purpose and scope of the study, informed of their rights regarding privacy, withdrawal during the study, and care was taken to ensure comfort and safety of all participants.

The focus group discussions and the interviews with adolescents and their parents were completed by the 10th of June, 2024, while the last interview with an official was completed by the 25th of June, 2024. All four states carried out the data collection process simultaneously, and provided regular updates throughout the process.

Chapter 5

Study Findings

The study first addressed child marriage as the primary catalyst of adolescent pregnancy, before moving on to explain the different cultural and practical factors that lead to high fertility among young brides and unwed girls. Having gained an understanding of some of the factors that caused adolescent pregnancy, the primary challenges teenage mothers face are laid out. The experiences shared by teenage girls, parents, and adolescent mothers from the four states under study offer a glimpse into the threats young mothers face when it comes to their health and wellbeing, education and employment, social standing, and their ability to run a household. Finally, the impact of legal and policy frameworks currently in place are discussed. Regional variations and anomalies are highlighted where appropriate.

Child Marriage as the Primary Cause of Adolescent Pregnancy

As previously discussed, most adolescent pregnancies in India take place after marriage, rather than out of wedlock. Child marriage is therefore the primary driver of teenage pregnancy (UNFPA, 2021b). The findings suggest that girls who were married before the age of 18 are disproportionately affected by early pregnancies, a consequence of their premature entry into marital life. These pregnancies not only pose severe health risks to young mothers and children alike but also perpetuate cycles of poverty and limit educational and economic opportunities.

Arranged Child Marriage

Arranged marriage has a long history in India, and has unfortunately extended to children. It typically involves the establishment of a marriage deal between two families, initiated by the parents of a potential spouse. There are various reasons for why a family might choose to arrange a marriage for their underage daughter.

Although research has found that arranged child marriage also occurs among higher socio-economic groups (Goli, 2016), many respondents pointed to poverty as an explanation for child marriage. For parents, marrying off a daughter means there are fewer mouths to feed, and larger families are therefore especially prone to

child marriage. Child marriage is considered economically advantageous because the dowry that is often required for arranged matches tends to be lower if the bride-to-be is young. Additionally, the prevailing belief among the communities surveyed is that once a girl reaches puberty, she should get married quickly; otherwise, she might miss out on a good match. While child marriage is thought of as a way to break the cycle of poverty, it actually tends to perpetuate it, as will be explored later.

The perceived economic 'incentives' of child marriage are based on a complex set of cultural beliefs that perceive girls as a burden rather than an asset to the family. This manifests most extremely in the practice of selective abortion and underpins the decision to marry daughters off at a young age, influencing decision-making on all class levels (UNFPA, 2013). The cultural norms that underpin 'economic' considerations dictate that marriage is seen as a girl's primary destiny, thereby sidelining her aspirations and potential beyond the domestic sphere.

Early marriage is considered a normal stage of life in many communities, particularly because it has been practiced for generations. Kali and Jorji, in-laws to a seventeen-year-old girl in Odisha, felt that "there is not much of a problem with marriage at a young age," affirming that "we too were married at a young age and everything is fine." Some parents dismiss the problems surrounding adolescent marriage and pregnancy based on how they recall their own experiences, as well as the sense that something that has been done for generations cannot be wrong. Some girls internalise such narratives. Sixteen-year-old Asha from Bihar, recently married at the time of her interview, explained that while "getting married at a young age does cause some problems, whatever the family decides has to be accepted, and a tradition that has been going for years should not be refused." Saraswati from Odisha recounted how she "had seen her sisters marry young and knew that her mother and grandmother were married off in their teens," thus justifying her own teenage marriage as traditional and normative. Yet seeing other girls marry and have children at a young age can also convince a girl of the undesirability of adolescent pregnancy. First-hand experiences can convince girls and parents alike of the negative effects of child marriage and adolescent pregnancy, but this is similarly true for those who observe from afar. Aarti from Bihar said that "when I see teenage mothers around me, I think that they should not have been married now, they should have studied now."

Indeed, in some cases, marriage is perceived as a form of protection for the young bride. Marriage might be perceived as a way of ensuring that an orphan is taken care of, a form of protection against sexual violence, or even protection against a girl's own rash decisions. Aarti from Bihar went on to explain: "If there is an unmarried girl

in the house, then people of the society hear a lot of things, they say bad things to the family members. Some girls elope and get married on their own will, due to this also the parents are scared and get their daughter married early so that their name does not get besmirched". Parents fear defamation as a result of their daughter getting pregnant out of wedlock. To avoid potential humiliation, parents arrange marriages for their daughters at a young age. In the case of Rubina from West Bengal, it was the fear of bad name rather than actual extramarital sexual activity that led her parents to marry her off to a man almost twenty years her senior.

CASE STUDY

Rubina (24) *from Kolkata, West Bengal*

Rubina is twenty-four years old and has three daughters. She started working at a printing factory at age eleven but was sexually harassed by many of her colleagues. When she spoke out about this, she was fired and was threatened not to return. She started working at another factory, where her colleagues spread the rumour that she was in a relationship with another worker who was eighteen years older than her and had four children. When the news reached her parents, they reported the man to the police but still forced her to marry him to prevent the family from being dishonoured. Although she refused and protested against marrying him, her parents beat her up to make her agree to the marriage. She reluctantly agreed to get married to him but felt devastated about her parents' attitude and behaviour towards her. She was hurt that her parents, instead of listening to her and believing her, chose to listen to the words of people who belittled her in front of them.

Rubina's story speaks to young girls' sexual vulnerability, and how they are held responsible for (rumoured) extramarital sexual interactions from a very young age. It also illustrates the importance parents adhere to their daughter's, and by extension their own, reputation. While Rubina's parents recognised that her co-worker should be held responsible for his alleged relationship with their daughter (as evidenced by the fact that they contacted the police), they still helped to perpetuate girls' sexual exploitation by violently forcing her to marry that man for the sake of the family honour.

Parents might additionally arrange an early marriage to prevent an elopement, which could similarly hurt their reputation. Girls are considered prone to falling in love with boys once they reach puberty, after which the wish to marry becomes almost inevitable in the minds of many participants. Dukhan and Dhauli from Bihar, in-laws to a teenage mother, explained that parents arrange matches because if "marriage is not done before the age of fifteen or sixteen, boys and girls get married on their own."

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

"Marriage at an early age is the main factor behind teenage pregnancy. Some families arrange marriages of teenage girl members forcefully and then further force the teenage girl to conceive."

~Sonia Khatun, *Balasi, West Bengal*

"Financial constraints are a significant cause of teenage pregnancy. Due to poverty, parents often feel compelled to marry their daughters early, believing this will ease the financial burden on the family. The lack of resources and economic opportunities limits the options available to young girls, pushing them towards early marriage and motherhood as a means to secure their future."

~Mamachari FGD, *Karauli, Rajasthan*

'Self-Arranged' Marriages and Elopement

Indeed, child marriage can be the result of the child bride's own choice. In some cases, teenagers choose their partners and convince their parents to let them marry, known as 'self-arranged' marriages. When teenagers anticipate that their match will not be accepted by their families, either due to their youth or their partner's social background, they often choose to elope. Some teenagers elope out of fear of arranged marriage, eager to avoid being married off to someone who 'doesn't like them or know them', according to a group of girls from Odisha. They opt to elope with someone of their own choice after establishing relationships through school, work, or social media. Both adolescent elopement and self-arranged marriages can be seen as a child's attempt to regain agency over choosing their own spouse. However, both perpetuate the normalisation of child marriage.

Elopements and self-arranged marriages are typically the result of an adolescent couple's wish to marry. Thus, simply empowering girls to choose when or who to marry is not enough to prevent child marriage. For example, Indra's family in Rajasthan opposed her wish to marry her boyfriend at fifteen and tried to stop her from seeing him. Yet Indra reasoned that "in the village, it is common for girls above fifteen years of age to get married, so it was natural for our attraction towards each other to grow," and to want to get married as well. Having grown up in a society that shuns premarital sex and only accepts romantic relationships within the context of marriage, teenagers like Indra conflate love with marriage and do not consider that a union can wait until adulthood.

Such a quest for love and stability of marriage can also be the result of an unstable home life. A group of girls from Odisha argued that girls from vulnerable families "seek love and care from outside the family, leading them to marry someone who

cares about them besides their family. A traumatic childhood can trigger teenage pregnancy." Kali from Rajasthan, for example, sought to escape her father, an alcoholic, and eloped with her boyfriend and soon she was pregnant. In these cases, the choice to marry at a young age may be seen as an attempt to exercise agency not only over a choice of partner but also a choice of home and family life.

In most states under study, elopement was reported to result in extreme stigmatisation of the married couple, regardless of their age. Yet in Odisha, where the practice is especially prevalent, teenage couples who had eloped were able to reestablish themselves in their community with little stigma, depending on the district. A study conducted in the district of Kandhamal, Odisha found that 27.6 per cent of the male participants interviewed conceded to having eloped with their partner, while 50.6 per cent said that their marriage had been arranged for them. Within this sample, 37.7 per cent of the brides were reported to have been under eighteen at the time of marriage (Singh and Jashwal, 2022). A group of adolescent girls from Mayurbhanj, Odisha noted parents' common acceptance of elopements and highlighted familial conflict as a trigger for these run-away marriages. They also explained why couples who have eloped try to conceive quickly:

"Of late, the numbers of organised child marriage have been few. Adolescent boys and girls are more interested in going for love marriages. They want to select their life partner themselves. In most cases, parents and relatives disagree with this, so they prefer running away to be together in another state, where they stay for about six months to a year. The girl then becomes pregnant, after which the couple returns to the house hoping that the earlier disagreement on their marriage will be resolved. In these cases, the family may accept them and this is one of the reasons for teenage pregnancy. Parents and families contribute to adolescent motherhood because they are really excited about grandchildren."

This group thus explained elopement as the result of teenagers' own romantic desires and their lack of agency in relation to their parents. Parents contribute to child marriage through their non-acceptance of love matches, as teenagers then feel that they have no choice but to elope, certain that they will be married off at a young age anyway. Additionally, they highlight that for eloped couples, pregnancy can be used to override their family's previous disapproval of the union. Thus, eloped couples can leverage pregnancy for parental and community acceptance. Saraswati from Odisha, for example, experienced much opposition to her marriage from her parents but they changed their minds once she became pregnant.

CASE STUDY

Saraswati from *Jharsuguda, Odisha*

Saraswati is the second-youngest child in a family of six children and comes from a poor family that survives on daily wage labour. Over lockdown during the COVID-19 pandemic, Saraswati became attracted to a boy named Manchu in her village. After some months, they decided to elope. Her family members contacted the police and Childline, and Manchu was put in prison for six months. Yet Saraswati got pregnant and their families agreed to get them married. When she got pregnant, her family members were supportive and accepted her, and none of them suggested an abortion. She gave birth in 2021 and started a new life with her husband at her in-law's house, giving birth to another child two years later. Now she lives peacefully in her in-law's home and neither the villagers nor her family are causing her any trouble. Her husband works in Goa and sends them money, although the amount is not sufficient.

Unlike most parents, Saraswati's parents contacted law enforcement agencies about their daughter's elopement. While it is unclear why exactly they were opposed to Saraswati's marriage, it seems that it was only the principle of elopement that was unacceptable: they supported the marriage when it became clear that Saraswati was pregnant. The above example reinforces the argument that child brides are able to reintegrate into local society in Odisha after their elopement, which is unheard of in other states under study.

Thus, elopement and subsequent pregnancy emerge as strategies to gain agency over the choice of a partner, particularly when parents are opposed to a particular match. Yet, while elopement offers teenage girls the opportunity to make decisions for themselves, child marriage still limits their agency by creating barriers to education, employment, and good health in the long term.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

"The tendency to get involved in love affairs with boys is very common in the area, and families are against it, so girls prefer to run away and get married."

~Arpita Sarkar, *North 24 Parganas*

Pregnancy Outside of Wedlock

Not all adolescent pregnancies occur within child marriage. 'Pregnancy outside of wedlock' here refers to pregnancies where the expecting couple was unmarried at the time of conception. Oftentimes, a marriage is arranged between two parties before childbirth to avoid the embarrassment and ostracism that accompanies single or unmarried motherhood. An adolescent mother from a Mahadalit community in Bihar said that:

"If a girl becomes a mother without being married, she is seen as a disgrace in society. Everyone thinks badly of her, and it becomes difficult for her and her

CASE STUDY

Ramtu (18) *from Rajasthan*

After school, Ramtu went to Gujarat with her parents during summer vacations and started working as an agricultural labourer. Many people from their village used to live and work in the same area. While there, Ramtu would weed, water, and farm the crops during the day and at night. She worked together with a boy from her village, Nirmal, and they used to roam around and visit the market together. They became friends and gradually started having physical relations, she was forced initially and later consented to the relationship.

After returning to their village, Nirmal started coming by her family's house. Ramtu had no knowledge of safe sex. She had not been taught about it in school, no one talked about it at home, and she felt embarrassed to talk to him about such things. She does not know when she got pregnant but told her mother when she found out, who hurriedly arranged for her to marry Nirmal. Ramtu became a mother after four months of marriage.

Ramtu's story is somewhat typical – various girls reported meeting the father of their child while working away from their hometown, where they may have had more freedom than at home. Similarly, Ramtu's lack of knowledge about safe sex and her arranged marriage after conception to avoid social ostracism are common in her community. Hence, while child marriage can lead to adolescent pregnancy, a pregnancy outside of wedlock can also lead to child marriage. Only a small number of girls gave birth while still unmarried, usually in cases where their parents opposed the marriage or they were not sure who the father was. This may also have been a result of sexual violence.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

family to live in society. An unmarried mother holds the lowest position in society. Everyone despises her, and she is subjected to abuse."

Such severe ostracism is typically the result of disdain for pregnancy out of wedlock. It is unsurprising that these kinds of pregnancies are rarely, if ever, intended – as was the case for Ramtu from Rajasthan.

In explaining teenage pregnancy out of wedlock, parents pointed to children's disobedience while teenagers cited a lack of parental oversight, particularly when parents or teenage girls themselves had temporarily migrated for work. Both narratives put the blame on individuals for their 'irresponsible' behaviour. Respondents, particularly in West Bengal, also noted the use of mobile phones in allowing teenagers to subvert their parents' authority and have clandestine sexual relationships. Some respondents even pointed to alcohol as the culprit, even though this does not feature in any of the stories of teenage mothers. While such explanations may be valid to some extent, they point fingers at individuals

rather than structural causes, and thereby perpetuate the intense stigmatisation unmarried (teenage) mothers often face in their communities.

While parental absence and social media undoubtedly play their role in enabling teenage pregnancy, the persistent social stigma around premarital sex leads to both child marriage and unsafe sex out of wedlock, and may therefore be identified as the primary culprit. Adolescent pregnancy outside of wedlock is rarely, if ever, a conscious choice and can be largely attributed to a lack of knowledge of and access to contraception and other sexual health services.

How Child Marriage Leads to Adolescent Pregnancy

The practice of child marriage does not inherently explain teenage pregnancy. The following sets out some of the most pertinent factors that contribute to high fertility among child brides, including cultural norms that pose maternity as a symbol of success, a lack of sexual education, and the stigmatisation of contraceptives and abortion. These factors also contribute to teenage pregnancy out of wedlock.

Maternity as a Symbol of Marital Success

In many communities, maternity is a symbol of success. It is believed to be auspicious to give birth to a child in the first year after marriage, leading to pressure from a girl's in-laws, parents, and community, as a baby is "expected" in the first year after marriage. Social pressure to have children was noted across all states but commented on at length by various respondents from Bihar. One older couple in Bihar reflected that teenagers "are in a hurry to have children after marriage. But what can [they] do? Our society is such that after marriage, everyone starts asking again and again when the good news will come." When Kajal from Bihar got married at fourteen, "everyone wanted me to become a mother soon", and when she did, "everyone treated me with great respect".

The pressure on (child) brides to have children quickly partially stems from the devaluation of girls' worth. They are thought of as a burden to their family, and their primary job is considered to be to bear and raise children. A group of adolescent mothers from Kharat, Bihar explained that if a girl refuses to have children quickly after marriage, her husband and in-laws tell her that they will decide how many children she carries, because they think she does not contribute to the household in any other way. In some cases, they even tell girls who do not want to get pregnant quickly to go back to their maternal homes. Indeed, for young wives, giving birth to a child is seen as a way to secure her place in the family and be accepted by her in-

laws. A group of girls from Odisha explained that a 'delay' in pregnancy would lead a girl's in-laws and neighbours to think that she might be infertile.

If a girl does not get pregnant quickly after marriage, it is viewed as her own fault and she is vilified. Puja, also from Bihar, got pregnant at fifteen, a year after being married, but "until the news of the child had come, everyone looked at me with bad eyes, no one respected me, and I felt very bad." Multiple pregnancies often occur as families who want sons. The girl is expected to keep having children until a son is born. Twenty-year-old Anita from Bihar, mother to two daughters, explained that the time after giving birth was a "hellish period", partially because she had to "bear the harsh words from my in-laws, who said that I am a failure who couldn't give birth to a male baby who could carry forward the lineage and be a bread-earner." Pressure to have a son can result in a teenage girl being burdened by multiple pregnancies at a young age.

"Once their children get married, parents have a natural expectation to become grandparents. Yet another factor is that delay in motherhood is not considered well within the community. So there is pressure on the newly married couple to have a child. Mother, mother-in-law and other motherly persons usually give their own examples and insist newly married brides to plan for a child. The guidance and parenting is very crucial in making decisions. In case of child marriages, the teenage pregnancy is very much expected and considered natural."

~Anita Dehuri, *Adolescent Parent, Mayurbhanj, Odisha*

Lack of Sexual Education and the Stigmatisation of Contraceptives and Abortion

In India, the rate of usage of contraceptives has increased to 67 per cent according to the NFHS-5, while the unmet need for family planning has been reduced to 9 per cent (NFHS-5, 2021). However, the use of contraception greatly depends on region, community, access to resources, and other socio-economic factors, meaning that entire communities can be bereft of access to contraceptives. The social importance ascribed to having children quickly after marriage leads girls, as well as their husbands and families, to shun contraception and abortion. In many communities, there is a lack of knowledge about contraception, which is part of a greater issue regarding sexual education in the family and at school.

Contraception and Sexual Education

The reasons why sexually active teenage girls might not use contraception are varied. For unmarried girls, the stigmatisation of premarital sex means that using contraception is considered scandalous. For child brides, the previously discussed

cultural significance of becoming a mother quickly, and the importance ascribed to the 'first child' in particular, contribute to an environment that is hostile towards contraception. However, not using contraception is not always a matter of girls' own choice.

In Bihar, a group of teenage mothers reported that their husbands had refused to use contraception because there was no guarantee that the lineage would continue otherwise. Eighteen-year-old Soni from Bihar said:

"Call pregnancy a choice or a compulsion because people do not listen. My in-laws say that having a child is a gift from God and that it would be a sin to stop it. My husband says, I will feed you and the child, so why are you refusing?"

Soni's explanation highlights that child brides often have little agency in decisions related to the use of contraception – instead, the decision is made by her parents and husband. Her parents' belief that contraceptive measures are sinful, and her husband's lack of understanding as to why a girl might want to prevent a pregnancy, left Soni unable to choose. In the context of the especially patriarchal nature of Bihar's society, if a girl's husband decides against the use of contraceptives, girls have no choice in the matter.

Women and girl's agency when making decisions about the use of contraceptives is limited further by financial and educational barriers to access. Some respondents cited the price of contraceptives as a barrier to access. While most participants were aware that contraceptives are available at local health clinics, they reported a distinct lack of information regarding contraceptives and their use.

Many women and girls have little knowledge of either contraceptives or reproductive and sexual health in general. Bansha from Rajasthan unknowingly became pregnant with her cousin's child, and said that she "did not know about safe sex. It is not taught in school and my friends and parents did not tell me about it either." This demonstrates that a lack of knowledge about safe sex leads, in part, to pregnancies outside of wedlock, as girls do not realise the potential consequences ofsexual liaisons.

The taboo on conversation regarding sex and sexual health leads to a lack of sexual education at school. Adolescent girls recounted how teachers tend to skip relevant chapters in their biology books, and how conversation was actively discouraged. Others noted that, while they were taught about sex education in school, many girls in their community did not go to school and therefore did not receive such

information. Girls who are out of education are most at risk of child marriage and therefore arguably have the most immediate need for sex education (UNFPA, 2013).

The taboo on talking about sexual matters is also felt in families. Kantu and Maadi, parents to a teenage mother in Rajasthan, agreed that 'parents' guidance and conversation can be effective in preventing adolescent pregnancy but, in tribal societies, such conversations do not take place between parents and children. Firstly, it is a matter of shame and self-respect and secondly, there is no custom of having such a conversation'. Such a lack of open conversation hinders girls' sexual education. While various adolescent mothers noted that female family members had informed them about sex after they had been engaged or married, it seems that contraception was rarely discussed. Additionally, parents might share misinformation with their children either out of ignorance or to influence their daughters' decisions. For example, a group of girls from Odisha shared that they would not be allowed to use contraception before their first child because their families said that it could cause permanent infertility. Since girls and their communities often lack accurate information about contraceptives, girls are unable to make informed decisions about their bodies.

While most participants attested to a lack of access to contraception, a group of teenagers and adolescent mothers in Kolkata, West Bengal, said that there "is considerable use of contraception among both men and women in their community" and that there is little stigma. Yet they also shared that there had been instances where doctors and nurses had administered IUDs without patients' consent. Girls' empowerment is ensured not only through access to contraceptives but, more importantly, by empowering them with the ability to make an informed decision about whether and how to use them. This can only be achieved through comprehensive sexual education.

"The availability of sex education in schools and the community is severely lacking. Schools do not provide information about sex and there is a cultural silence on the subject. No one talks openly about sexual health or contraception, leaving adolescents uninformed and unprepared to make safe reproductive choices."

~Mamachari FGD, *Karauli, Rajasthan*

Unwillingness or Inability to Terminate a Teenage Pregnancy

Contraception and sexual education can prevent teenage pregnancy, while abortion can prevent adolescent motherhood. India's abortion law is relatively liberal and allows women and girls to terminate a pregnancy until twenty weeks of gestation.

However, girls under the age of eighteen need parental consent to carry out an abortion and many women are not aware of their reproductive rights (WHO, 2019). Since the subject of this study is adolescent motherhood, our observations about abortion are based on instances where abortion was not carried out.

According to teenage mothers' accounts, abortion was generally suggested either by a medical professional or by their parents/in-laws. Medical professionals usually cited the physical weakness of the child mother as a reason for abortion. Girls whose parents were in favour of their daughter getting an abortion were usually unmarried or in a union that was considered transgressive. For example, Bansha's family from Rajasthan attempted to force her to have an abortion because the father of her child was her cousin.

While Bansha successfully asserted her unwillingness to terminate her pregnancy, not all girls are able to exercise full agency in this regard. Girls' lack of knowledge about their reproductive systems not only means that they don't know how to prevent pregnancy, but are also unable to recognise the symptoms of one. Various girls reported that they were unable to have an abortion because they found out that they were pregnant after the legal timeframe for abortion had passed. Their inability to recognise a pregnancy early on directly eliminates their ability to choose whether to have an abortion.

Additionally, teenage girls depend on their parents' consent to have a legal abortion (WHO, 2019). Parents tend to oppose abortion, particularly of the firstborn child. Jhuma from West Bengal, for example, unknowingly became pregnant after she got married and wanted to 'spoil' the pregnancy, but her mother told her to keep the first child. When Jauna from Odisha got pregnant, her husband suggested she have an abortion because he wanted her to be able to continue studying, yet her in-laws told her not to terminate her first pregnancy. This emphasis on the first pregnancy as one that should not be terminated is a result of the importance ascribed to the first child, as also the belief that abortion can lead to fertility issues later on. Additionally, many parents and adolescent girls alike believe that pregnancy is a gift from God, and that abortion is a sin.

Unlike medical professionals, parents' opinion on abortion stemmed from emotional rather than practical factors. For example, Sukri from Odisha was only thirteen when her mother, her only surviving parent, got seriously ill and decided to arrange a marriage for her. When Sukri got pregnant shortly after the union, an ASHA worker advised her to terminate the pregnancy on account of her youth. Sukri made up her mind to agree to the abortion but her mother dissuaded her, saying: "I am not sure how much longer I will live. I wish to see my grandchild, so let's continue the

pregnancy." Sukri's mother seems to have been led by sentimental reasons, which she used to persuade her daughter to keep her baby.

Only one interviewee acknowledged the illegal, but still prevalent, practice of sex-selective abortion, whereby a pregnancy is terminated when the foetus is female (Evans et al., 2022). Thirty-five-year-old Malati from Kolkata, whose oldest daughter is seventeen, shared that "many families support teenage pregnancy in hopes of having a son but if it's a girl, then abortion is chosen."

Thus, parents and in-laws play a big role in the decision-making process. While their views on abortion are varied, it is clear that parents who are in favour of abortion hope the termination of a specific pregnancy will lead to a more normative or 'ideal' family later on (e.g. by avoiding unmarried motherhood, an unwelcome love match, or the birth of a daughter). Girls' lack of knowledge about and access to contraceptives, sexual education, and abortion disempower them from making decisions about their own bodies and futures. In some cases, they are unknowingly thrown into adolescent motherhood, wholly unprepared.

Issues and Challenges Faced by Teenage and Adolescent Mothers

Having gained an understanding of the factors that lead to teenage pregnancy in the Indian context, we now turn to the challenges that result from it. The study explored the threat that teenage pregnancy poses to a girl's physical and mental health, before turning to the ostracism and lack of support that some experience from their families and communities. These factors further exacerbate their struggle to raise their children, continue their education, and find employment, which will also be discussed. The conscious exclusion of teenage mothers from government welfare schemes does little to help these women, and legal interventions are selective at best.

"They shared that they couldn't really understand the impact that pregnancy would have on them later on in life, didn't know when conception happened, didn't have much awareness about this matter."

~ Participants from a Focus Group Discussion in Kolkata

Health and Wellbeing

Girls who become pregnant before adulthood are at an increased risk of compromised mental and physical health because of their young age: their mental health suffers from the ostracism they face and the stress they experience, while their physical

health deteriorates from carrying, birthing, and breastfeeding a child before their body is fully developed. Non-pregnant teenagers from various states observed the ill-health of young mothers in their community and noted their sympathy for them. Sajan from Bihar, for example, said she felt bad for teenage mothers around her because their "mental and physical development is not proper."

Maternity-related medical issues affected various respondents before, during, and after childbirth. Tulsi from Rajasthan, for example, gave birth prematurely and her baby weighed only 800 grams at birth, while Mamtaz from West Bengal had a miscarriage after the birth of her first child. Medical issues related to early maternity can be exacerbated by multiple pregnancies in quick succession (UNFPA, 2022b). Tulsi's doctor inserted an IUD after she gave birth to prevent further instances of pregnancy as she was too weak to bear a child again anytime soon. Various other girls also reported the efforts of front-line social and medical workers to prevent a second or third pregnancy, though usually through advice rather than medical intervention.

Several parents, non-pregnant teenagers, and adolescent mothers stressed the importance of the provision of nutritious food to pregnant girls. Alongside an adolescent mother's youth, lack of nutrition poses a significant threat to her health. Often, due to paucity of resources, girls are unable to regularly access the nutritious food that is required to remain healthy during pregnancy and to support the development of the foetus. Eighteen-year-old Koyel from West Bengal was breastfeeding her first child at the time of her interview, and said, "I try to eat well so that I am able to feed my daughter properly, but our financial condition is not sufficient to ensure nutritious and adequate food every time." Koyel's statement illustrates the importance of provision of nutrition not only to adolescent mothers, but also their children. Aside from financial issues leading to poor nutrition, some families are unaware of the many nutritional requirements of pregnant women, leading to a lack of focus on their nourishment.

Threats to adolescent mothers' health are further exacerbated because they often struggle to access healthcare services, even basic ones. Participants highlighted the distance to their local hospital and the high cost of transportation as major barriers. The lack of reliable ambulance services further aggravates these challenges.

Participants additionally reported a lack of awareness regarding healthcare provision schemes available to them, but highlighted the positive presence of Anganwadi and ASHA workers in their villages, which they claimed offered most of the basic healthcare services they needed. Some participants in Rajasthan noted availability of healthcare services with the caveat of it being unaffordable sometimes.

"Health services, including contraception and reproductive health care, are technically available to all, but they are not tailored to the specific needs of adolescents. If a pregnant teen goes to a hospital, she will receive the same treatment as any other patient. However, there is no specialised support or counselling to address the unique challenges teen mothers face."

~Focus Group Discussion in Mamachari, *Karauli, Rajasthan*

Distrust of medical professionals, especially in government hospitals, can further pose an additional barrier to a teenage mother's ability to access the healthcare she needs. In West Bengal, a number of girls, both those who had been pregnant and those who had not, noted the sometimes judgmental attitude of medical professionals towards teenage mothers. Sixteen-year-old Priyanka reported that "most of the time health centres do not support pregnant teenagers and do not want to give vaccines," while nineteen-year-old Fatema opined that adolescent mothers "need healthcare professionals who behave properly with them" because most "doctors and nurses have a very bad attitude towards them". In Bihar, participants noted that most deliveries take place at home despite the availability of government hospitals. A Bihar-based doctor noted that teenage mothers sometimes refused to take medicine they had been prescribed, saying that their family had told them it would harm their child. Both are illustrative of the distrust teenage mothers and their families sometimes feel towards medical professionals.

"Child marriage results in the loss of freedom to choose a marriage partner. Teenage mothers give birth to weak children, because they are not physically strong, so they are unable to give birth to healthy children. These unhealthy children are often malnourished and the mothers are unable to care for their children properly as they are not mentally fully developed."

~Assistant Director, *DCPU, Karauli, Rajasthan*

Maternity-related health issues extend beyond the physical. While the causes of mental health issues among teenage mothers are varied, teenage mothers reported mental health difficulties as a result of isolation, stigmatisation, pressure to conceive early, pressure to have a male child, and stress as a result of domestic chores. A group of girls from North 24 Parganas in West Bengal stated that their mental health had been affected by their pregnancy because "they repent their decisions and actions when they see their friends go to school; they feel frustrated when they can't handle the baby; they feel that they won't be able to complete their education or find a job in the future." Eighteen-year-old Sunita pointed to her exclusion from society in Rajasthan after her out-of-wedlock pregnancy as the cause of her unhappiness, saying that she "had to bear the loss of face with

my parents and in society; I had to bear the loss even if I didn't want to, and I am at fault." While teenage mothers' mental health struggles do not have one root cause, the above statements attest to a sense of personal failure and responsibility for an untimely pregnancy.

Bad physical and mental health are intimately related and can mutually exacerbate each other, as with Lali from Rajasthan.

CASE STUDY

Lali (18) *from Udaipur district, Rajasthan*

During the COVID-19 pandemic, school was closed and Lali had to do household work. She moved to Gujarat with her parents to work there and dropped out of school at sixteen. Lali's parents then arranged a marriage with a boy called Pawan. She did not know anything about pregnancy and safe sex. Girls used to talk about it but she never paid attention and had not studied it in school. Six months after she got married, Lali began to feel tired during work, felt hungry and in pain. She went to a doctor in Tetepur, Gujarat, who told her that she was pregnant. She got scared because she did not know much about prenatal care. The doctor gave her some medication and her sister- and mother-in-law told her about pregnancy. Lali's hands and legs were blue, so she underwent a blood transfusion for anaemia. She was very worried but the delivery went smoothly and everything went back to normal. But now she has to take care of the child, finances, and household chores. Her physical and mental health is suffering. Because of her pregnancy, Lali's education was interrupted and she has no plan for the future. Now, she is pregnant again and is so tired all the time that she needs to rest in between doing household chores.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

Lali's story underscores the lack of agency (pregnant) teenage girls have over their bodies – her arranged marriage at sixteen and lack of knowledge about sexual and reproductive health deprived her of the ability to make informed decisions about her body. While she eventually received professional medical care, her anaemia continued to drain her out. Additionally, Lali's mental health suffered as a result of her stress about her physical health, which was similarly reported by other young mothers. Like other young mothers, she also noted stress as a result of shouldering the full burden of domestic chores

Support from the Local Community and Family

There is considerable variety in the level of ostracism and support that girls experience during their pregnancy from both their community and their family. These differences can sometimes be ascribed to regional variation in how teenage

pregnancy and child marriage are perceived, but in other cases largely depend on a girl's particular personal circumstances (i.e. her relationship with her husband, family, and in-laws). Overall, almost all participants reported a sense of isolation and stigmatisation as a result of being pregnant as a teenager, along with a sense of shame, even if they were so while being married. This implies a lack of social and community support for pregnant adolescents and young mothers, which further has negative effects on their mental wellbeing and health.

The Local Community

The 'community' features in the stories of (pregnant) teenage girls and parents as an important factor in how and why decisions about child marriage and teenage pregnancy are made. The custom of child marriage, fear of defamation, the importance of becoming pregnant quickly, and even the practice of elopement are intimately related to what the community will think of a teenage mother and her family. In most states, married adolescent mothers generally faced little discrimination, while teenagers who were unmarried at the time of childbirth were almost universally ostracised. In most cases, disapproval from the community manifests in gossip and social exclusion, and while there are more extreme examples of ostracism, there were no reports of adolescent mothers experiencing physical violence at the hands of neighbours.

Alongside these broader trends exist some regional variations. The general tolerance for elopement in Odisha has been touched on already: while a few participants reported discrimination, elopement is very common in the state and especially accepted in Mayurbhanj, a district characterised by its many tribal communities. However, things are different in the other states. Seventeen-year-old Soniya from Bihar explained that "in our society it is considered wrong for a girl to marry a man of her own choice and if she becomes a mother without marriage, the society boycotts her. If parents support their daughter, then people in the community harass them too." Families often push girls who get pregnant out of wedlock to get married before they give birth, in order to limit the stigma they face. For example, in order to avoid defamation, Sunita from Rajasthan married a man she did not know when she was eight months pregnant at sixteen.

Specific to Rajasthan was the frequent involvement of village elders, particularly the Sarpanch, in resolving problems surrounding a marriage. Seventeen-year-old Seema approached her local Sarpanch about her marriage, which her parents opposed, but he refused to help her due to her age. However, when she went to live with her husband despite their disapproval, her community and village elders helped her to resolve the conflict with her parents. Kamli similarly received support from local leaders when she found out she was seven months pregnant but did not know

who the father was. The village elders convinced her brother-in-law to pretend to be the father of the child and arranged a marriage between them despite the fact that she was underage. Overall, adolescent mothers reported little ostracism from their communities in Rajasthan but feared defamation in case of a childbirth out of wedlock.

Severe discrimination is directed mainly at girls who give birth out of wedlock, like Sonali, whose attempts to hide her pregnancy from her community almost claimed her life.

CASE STUDY

Sonali *from Kendrapara, Odisha*

When Sonali was just three years old, her father left her mother, now a domestic maid who often returns from work late in the evening. At seventeen, Sonali was enrolled at a government school and fell in love with a twenty-year-old mason. An avid user of social media, she asked for his contact details and they began talking online. Within a couple of months, Sonali realised she was pregnant but did not tell anyone. Her mother only noticed the pregnancy at eight months. When her mother found out, she left her job and they moved out of their rented house. They tried to hide the pregnancy as her mother feared that she would lose her new job and their new room. Sonali received no antenatal care and gave birth at home without a medical practitioner present. When their new landlord heard the newborn cry, he contacted ASHA and AWW, who brought the young mother and her baby to a government hospital because they were in a critical condition. Sonali experienced a lot of stress not just from her medical issues, but from the many questions she was asked regarding the father of her baby. Her mother suffered for her mistake: she lost her job, was thrown out by the landlord, and treated very badly by the service providers once they found out the truth. Instead of helping them, the workers judged her and her mother.

Sonali and her mother attempted to hide her pregnancy because of fear of discrimination, preferring to move house and job rather than to face the judgment of their community. Their effort to hide the pregnancy, by not visiting any doctors prior to and during childbirth, almost became fatal for Sonali. Yet, unfortunately, their fears of community judgment were not unfounded, and their landlord, her mother's employer, and even social workers showed them little sympathy because of Sonali's unwed motherhood.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

Communities in West Bengal are unique in their general ostracism of teenage mothers irrespective of the girl's marital status, and Bengali participants reported severe stigmatisation. Yet this state also serves as an example of the regional variety of community attitudes across districts. Respondents from the districts of Kolkata,

North 24 Parganas, and East Medinipur all reported high levels of stigmatisation of teenage mothers and their families, regardless of whether the birth had taken place within an (arranged) marriage. Parents, teenagers, and young mothers alike reported that adolescent mothers were judged, excluded from conversations, banned from schools, and berated by health workers. According to Bhumi from North 24 Parganas, those in her community that wanted to help teenage mothers were unable to do so because of community pressure.

Yet a number of girls from the district of Cooch Behar reported a lack of social stigma and even positive experiences. Adori from Dewanhat, a village in Cooch Behar, said that when she got pregnant at fourteen, "I found the experience to be pleasing as everyone cared about me" and she did not face "any form of obstacle" in seeking support from her family or community. Rejina from the same village affirmed this, saying that she was "not aware of any stereotypes or stigmas surrounding teenage pregnancy as it is quite common around me." Various girls from the village of Dakshin Balasi, about sixty kilometres from Dewanhat, painted a similar picture of the general acceptance and support for teenage mothers in their community. Thus, girls' experience of community support and ostracism can differ widely even within a single district.

"Community people tend to get highly offended by teenage pregnant girls. They don't even want to keep any relation with these teenage pregnant girls. - Sonia Khatun, Balasi, West Bengal. The peers and neighbours pass comments but even the ASHA workers pass comments such as "you are just 17, you could have waited for one more year." Apart from only immediate family members, no one else is really supportive of them as teenage pregnant and adolescent mothers."

~Focus Group Discussion, *Kolkata*

"The tribal community accepts teenage pregnancy without any kind of discrimination."

~Anita Dehuri, *Adolescent Parent, Mayurbhanj, Odisha*

Family

Girls' experiences of maternal and marital family support are less clearly delineated along geographical lines as they are more circumstantially specific.

Many girls report positive experiences of support from their family and in-laws, especially after getting pregnant. Parents are especially happy with a pregnancy that results from an approved and solemnised marriage and are pleased to see their lineage continued. Rupa and her mother from Bihar were initially happy when she became pregnant as just a twelve year old, but Rupa quickly became unwell. However, she got the support of her family. "She came back to her parent's house

where her mother and grandmother took full care of her." Adolescent mothers commented on the antenatal advice they received from female family members, the extra care that they got, and described their family members accompanying them to the hospital for check-ups and childbirth.

Some adolescent mothers, regardless of the circumstances in which they became pregnant, report a lack of understanding and sympathy from family members. A group of girls from Odisha complained that while "we did receive support from our family, it was not adequate. The older women in our family only told us that childbirth is not that difficult, without telling us about the exact thing." They thus describe a family environment in which they feel unable to their family openly, especially about sexual health and reproductive matters. Girls and parents alike acknowledged the importance of open conversation within the family, with Maha and Khadija from West Bengal stressing that "children should be treated as friends so that they can tell their parents everything." The inability to openly communicate with family can contribute to a teenage mother's sense of isolation.

Adding to this sense of isolation is the potential lack of connection and belonging with the in-laws. Like with a girl's own family, the inability to talk about personal matters openly may not be that easy with in-laws, with one teenage girl from Odisha explaining that "being new in a family, teenage mothers cannot share their problems during the pregnancy." Most teenage mothers lived with their in-laws while pregnant and after giving birth. Participants generally reported receiving some support from their in-laws, though some observed that in-laws sometimes exploited them by making them do all the domestic chores. One group of girls from Odisha stated that while their family and in-laws were "very supportive during childbirth and after that, we have to do all the household chores during the pregnancy, up to the date of delivery." A group of girls in Bihar observed that families treat daughters-in-law badly as compared to their daughters, and highlighted young wives and mothers' vulnerability to domestic violence at the hands of their in-laws. A single mother from West Bengal shared that her teenage daughter was 'tortured' by her in-laws to the extent that she fell ill during pregnancy and had to move back home.

Not all parents are willing to welcome their daughter back home if she does not get along with her in-laws. Gudiya from Rajasthan expressed frustration about the lack of support she got from both families, saying that "my parents left me to my own devices, and at my in-laws' house, my mother-in-law and father-in-law isolated me." Strained family relationships and health issues can mutually exacerbate each other, as illustrated by the story of Mamtaz Bibi.

CASE STUDY

Mamtaz Bibi (23) *from West Bengal*

After becoming pregnant, Mamtaz married her boyfriend at fifteen despite conflict with her family. While the first few months of married life were good, conflicts began to erupt in her husband's family. Her in-laws despised her, which caused tension between Mamtaz and her husband too. She stopped feeling as though they were in a relationship and had gotten married out of choice. While she was pregnant, her husband and in-laws often beat her. Her in-laws also tormented her mentally by looking for another wife for their son, though he did not want to separate from her. Mamtaz, forced to do all household chores throughout her pregnancy and not receiving proper nutrition, started coughing up blood during her pregnancy. When the doctor advised her not to work, her in-laws suggested that she should be sent back to her maternal home. But her parents declined to accept her in their house. Her husband decided that she should move out and they stopped speaking until she birthed their first child. She is now struggling to raise her child by herself.

As young girls, teenage mothers rely on the assistance of their parents, in-laws, and husband. As a teenager with little support from her parents, Mamtaz depended on her in-laws and husband to provide a stable environment in which to raise children. Instead, her in-laws' personal dislike of her made Mamtaz's marital home a place of anxiety and threatened her position as wife to her husband, underscored by their efforts to arrange another marriage for their son. Mamtaz's difficulty in performing her 'duty' as daughter-in-law, that of taking on the majority of domestic chores and birthing a healthy baby, further weakened her position in the family. Her marriage could not handle such pressures, leaving Mamtaz deprived of all support from her biological family, in-laws, and husband. Vimla from Bihar recounted with tears in her eyes how her sister was also abandoned by her in-laws and husband when she struggled to fulfil her duties.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

"After getting engaged, Rani started getting quieter and less social. When she was married at fourteen, she became lean and thin but no one noticed the changes in my sister's behaviour. When she got pregnant, she became mentally stressed, irritable and malnourished, and as a result had a miscarriage which her husband and in-laws blamed her for. It crushed my sister and she remained ill. Rani was dumped at my parents' house and her husband got married to someone else in secret. Now my sister is neither divorced nor has a husband."

Mamtaz and Rani's stories underline the vulnerability of teenage mothers, and the importance of familial support regardless of girls' ability to 'properly' perform what is perceived as their maternal duty.

Marital Support

Some women report receiving support from their husband, like Tulsi from West Bengal whose husband accompanied her to all her hospital appointments during pregnancy. While teenage mothers often recounted the way they had met their husband, they are peculiarly absent in their accounts of married life and parenthood. This reflects how women are held primarily responsible for the rearing of children and management of the household, as previously noted.

Some of the interviewed adolescent mothers commented on their husband's literal absence. Sudeshna from Bihar, an unmarried girl studying in class ten, pointed out that a teenage mother's husband may fall in love with another woman in the future, but such abandonment is the exception rather than the rule in the narratives of teenage mothers. One such exception is the aforementioned Rubina from West Bengal, whose forty-two-year-old husband is not only largely absent, but also a violent alcoholic. "He chooses to remain away from the family and does not care to inform me as to where he is or when he will return. He shows up at intervals of three to four months and stays with me and the children for a few days. Those few days become tormenting for me as my young children have to witness their mother being brutally beaten by their father."

More commonly, husbands were said to be away from home due to migrant work, in which case a teenage mother typically remains with her in-laws. During a focus group discussion with a group of girls from Odisha, for example, an unnamed teenage mother shared that her husband had migrated to Goa to earn money, leaving her behind to care for their child. Sixteen-year-old Tulsi from Bihar, five months pregnant at the time of interviewing, said that in her condition, "it is important for my husband to be around but he is in another state at a brick kiln, so sometimes I get irritable and quarrels break out."

Education and Employment

When eighteen-year-old Sana from West Bengal was asked how adolescent mothers could be helped to achieve future goals despite their pregnancy, she replied that "there is no point because teenage mothers do not think about their future." Manisha, aged seventeen and also from West Bengal, replied to the same question: "I don't feel that such resources are required here because teenage mothers' only job is to rear and care for their babies." Seventeen-year-old Jainab agreed, saying that "no one thinks about their future here once they become mothers." Indeed, girls' educational and career goals often dissipate upon getting pregnant. Adolescent mothers report the sense that they need to be at home to ensure their children have a good future. They prioritise their children over their own lives, not considering that their personal and professional development could positively impact their children's

opportunities in the future. Adolescent mothers' lack of education and employment deprives them of future opportunities and serves to perpetuate the cycle of poverty many of them are in.

As previously discussed, girls who drop out of school are at a higher risk of getting married young and having an adolescent pregnancy. Disrupted education as the result of the devaluation of girls' learning or lack of family resources can lead to child marriage and teenage pregnancy because when a girl is no longer in school, she is considered to be of marriageable age (UNFPA, 2013). Parents whose daughter has dropped out of school due to poverty or a lack of motivation "think it is better to get her married while she is sitting idly at home" as explained by Jyoti, an unmarried nineteen-year-old from Bihar. A stunted education can thus trigger child marriage and pregnancy.

However, early marriage and/or pregnancy can also cause the disruption of a girl's education. Many adolescent mothers interviewed for this study reported being unable to continue their education after getting married and/or pregnant. Most participants were educated up to lower levels than typical for their ages, and frequently were only able to study up until 6th or 8th standard, with few completing their matriculation. Seventeen-year-old Sulekha from Bihar got married after she finished the 9th standard. She said she "wanted to pursue further education, but my family arranged my marriage due to a good proposal, and my education was interrupted," concluding that "family and society decide our fate."

Many girls seem to take it for granted that they cannot return to education after marriage. Fifteen-year-old Priyanka from Rajasthan said she wants "to study but maybe I will not be able to study. But my pregnancy had to happen one day or another," thereby considering the disruption of her education caused by her pregnancy as basically inevitable. Yet others remain optimistic, like Jauna from Rajasthan who dropped out after the ninth standard. Now mother to a two-year-old, she "still believes that she will be able to continue her studies and complete matriculation" and "is very hopeful that the situation will change in the future."

Low educational attainment among adolescent mothers is partially explained by the persistence of the view in society that it is not proper for married and/or pregnant girls to be in school, and that they must stay at home to care for their children. Girls additionally cited their responsibility to take care of domestic chores and said they felt uncomfortable in educational settings while pregnant because of social stigma, a lack of facilities, and a lack of understanding from teachers. Shreya from West Bengal affirmed this, explaining that pregnant girls "are not admitted to school because nobody wants to talk to them, and even the teachers do not accept their

pregnancy." Numerous other participants in West Bengal reported that adolescent mothers were banned from school by teachers on account of their pregnancy. As a result, few teenage mothers return to school after giving birth.

"Educational opportunities exist, but many parents do not prioritise educating their daughters. This lack of emphasis on girls' education stems from deep-rooted gender biases and the belief that investing in girls' education is less valuable. As a result, building parental capacity and awareness about the importance of girls' education is vital to change these perceptions and provide better opportunities for young girls."

~Focus Group Discussion, *Kanchanpur, Karauli, Rajasthan*

"Lack of resources and time due to looking after the children, is a cause of inability to access for higher education. At present there is the absence of an enabling environment in our educational system for the teenage pregnant or adolescent mother to continue her higher education. Lack of proper facilities for teenage mothers and pregnant adolescents is discouraging the girls from continuing education."

~Soumyashree Rey, *Jharsuguda*

"It is difficult for a pregnant teenager to attend regular classes in school or in college. Her friends and teachers may ask her a lot of questions about her marriage and pregnancy. She may not feel comfortable to answer all these unwanted questions. It is also difficult for a pregnant teenager to stay in a hostel in case of residential school. The sensitisation of the community on the problems of teenage pregnancy is necessary."

~Anita Dehuri, ***Adolescent Parent, Mayurbhanj, Odisha***

The picture that emerges with regards to employment is slightly more varied. Some participants stated that it is uncommon for girls to engage in paid work after getting married, while others stated that they did not stop working throughout their pregnancy. However, a common theme across all four states under study is that women are expected to engage in some kind of work throughout their pregnancy and very soon after delivering their baby. Married girls are expected to shoulder domestic tasks, often in the house of their in-laws. While various parents talked about the importance of teenage mothers' access to healthcare and nutrition, few acknowledged the importance of rest during pregnancy, even shortly before childbirth. A group of married adolescents in Odisha explained that:

"We suffer during and after pregnancy but we never get enough rest. We have to do all the daily household chores and that is the main cause of our physical and

mental weakness. We are not in any position to think about any future goals in such a situation."

Thus, these girls linked lack of rest and the burden of domestic duties to their inability to think about their personal goals for the future.

Women from Bihar were especially likely to continue to do paid work during as well as after pregnancy, yet their reported occupations were invariably low-paid and physically draining. Sapna, a Mahadalit from Bihar, got married at thirteen and returned to household chores just days after having a miscarriage. Now, at nineteen, she has two children, runs the household, and roams "around many villages on foot with a child on my waist and a tattoo instrument in a bucket on my head." Soni from Bihar never went to school and got married when she was fourteen years old. Now pregnant with her second child at eighteen, she continues to work at a brick kiln and explained that her employer deducts the cost of antenatal checkups from women's wages. She said: "I am pregnant and feel very weak; I get tired quickly. Sometimes I don't feel like doing anything, but if I rest during work, my wages for that day will also be lost." A group of adolescent mothers who also work at brick kilns in Bihar said they "don't feel like working. We feel weak but due to financial constraints we have to tolerate everything." They reported that female workers at the brick kiln typically return to work six days after childbirth, and that newborn babies often die there because of the heat and the long distance to the hospital. Thus, the paid work that these women are usually engaged in is physically intense, potentially detrimental to their health, and can be fatal to their children.

Adolescent mothers face barriers to continuing education and finding suitable employment. The belief that married or pregnant girls should not attend school, coupled with the expectation that they take on most domestic chores, often prevents them from continuing their education. While some young mothers engage in paid work, they often face physically demanding conditions and low pay. They have to balance work with household duties and do not get adequate rest or healthcare, particularly during the time right before and immediately after childbirth.

"Regarding mental health, we do believe that we feel more depressed, worried and also realise that life and health was better when we were studying at school."

~Focus Group Discussion, *Kolkata*

They acknowledged the importance of work opportunities for women and suggested that earning money would help them support themselves and their children. However, the responsibilities of motherhood often curtailed their educational and employment

aspirations. Being a teen mother posed several challenges to employment or career advancement. Participants noted that the need to care for their children and the lack of supportive services limited their ability to find work.

~Focus Group Discussion *at Bhawali Block Masalpur District Karauli*

Parenting

The ill-health, incomplete education, poverty, and ostracism has to be dealt with by many teenage mothers and this adversely affects their ability to raise children. The challenges that teenage mothers face, whether it comes to accessing medical care and education, finding suitable employment, or receiving adequate support from their family and community, all complicate the child-rearing with which they are tasked. The aforementioned issues cannot be seen as separate from the challenge of parenting, yet interviewed teenage mothers commented especially on their youth and lack of support as challenges to their ability to raise their children.

Teenage mothers are generally inexperienced when it comes to raising children and complain about an absence of resources with information about parenting. A group of teenage mothers from Kolkata shared that "they were not able to access parenting resources or support services. They had to ask other mothers how to take care of their child, like how to feed them properly, and what to do if the baby falls ill," demonstrating the lack of basic knowledge of childrearing and parenting among some adolescent mothers.

Young mothers rely on the guidance of elders and peers to inform their parenting decisions, and many share the sense that they are too young to parent. Jaya from Rajasthan got pregnant "in a hurry" after her arranged marriage around the age of thirteen. She recounts that she "was worried about how I would take care of my child when I could not even take care of myself at such a young age, but my parents and in-laws were happy that I was pregnant and they worked together to help me." The aforementioned Rupa from Bihar, now the fourteen-year-old mother to a one-year-old, acknowledged that she is "still a little young so it is difficult to take care of the child, and sometimes I get very angry that I had a child at such a young age." Vanita from Rajasthan similarly shared that she was scared when she became pregnant, saying she was worried about "how I would take care of myself and my child." until "my mother-in-law helped me by giving me tips and taking care of me." She said that she gets "support from the whole family and society." Yet, as previously mentioned, not all girls have support networks that help to compensate for their inexperience, and such girls are largely left to figure out parenthood for themselves.

When it came to teenage mothers' hope for their children's future, many expressed that they were committed to preventing their own children from entering into a marriage when underage, and said that they considered it important to keep them in school for as long as possible. For example, adolescent mothers from North 24 Parganas in West Bengal said that they "want their children, especially girls, to complete their studies and become independent instead of repeating their mistakes of early marriage and pregnancy." Such statements speak volumes about these girls' recognition of the damaging effects of teenage pregnancy, as well as a commitment to break the often generational cycle of early marriage.

Legal and Policy Framework Impacting Adolescent Mothers

The following section offers an analysis of how some of the laws and policies that are currently in place function in practice, and highlights how they are utilised by the beneficiaries and also limit teenage mothers and their families. The twenty-first century has seen a surge in concern for the issue of adolescent motherhood in India, with laws and policies focusing on its prevention. However, the laws and policies that are currently in place fail to adequately support the needs of existing pregnant adolescents and underaged mothers.

The Law in Practice

Thirty-three-year-old Saban from West Bengal stated that "teenage pregnancy is not legal in India. Hence, community people and families do not support this." identifying relevant laws as directly deterring the general acceptance of teenage pregnancy. While teenage pregnancy itself is not illegal, child marriage and sex with a minor are, meaning that adolescent pregnancies are against the law because of their timing. Most adolescent mothers and community members who participated in the study were aware that girls under the age of eighteen cannot legally marry. Despite their awareness of illegality of child marriage, many displayed a sense of resignation to the phenomena of teenage pregnancy and child marriage.

Various groups of girls in Odisha said they had noticed significant change in child marriage practices in the recent past, with the numbers of arranged child marriages falling dramatically. One group of girls explained that parents had stopped arranging child marriages for fear of legal trouble, but that they had noticed a rise in self-arranged marriages and elopements. Marriage through elopement enabled parents to avoid blame while continuing to allow child marriage.

"Parents don't want to get into legal conflict because of an early marriage. They are aware of the fact that if they organise a child marriage at their village or in

any temple then they would have to face a lot of problems, so they do not take the initiative for such a marriage. At the same time, they accept love marriages – some are ceremonial, some traditional, and most are cases of elopement."

Thus, these parents continue to allow child marriage but attempt to avoid blame for it themselves. The above suggests that while law enforcement has been effective in this community in preventing parents from arranging marriages for fear of legal repercussions, it has not yet been effective in convincing parents that child marriage is inherently wrong and should be done away with. Thus, awareness of the law is not enough to prevent child marriage and, in turn, teenage pregnancy.

Law enforcement was involved directly in the stories of five out of the 106 adolescent mothers that were individually interviewed for this study. Close scrutiny of these cases reveals that parents use the law to enforce their own authority, rather than to take a stand against child marriage. In the event that authorities were contacted to prevent child marriage or impose a punishment for teenage pregnancy, parents were usually the ones to contact local law enforcement. In most cases, parents were opposed to their daughter's pregnancy and/or marriage because of their partner's social background, whether he was from a different caste, religion, or town.

CASE STUDY

Nirupa (18) *from Kendrapara, Odisha*

Nirupa met her boyfriend over Instagram and ran away from home to be with him when she was just sixteen. Her parents opposed their relationship because her boyfriend was a Muslim, and they brought her back home. They enrolled her in a college, during which Nirupa stayed in the college hostel. When she finished her degree, her parents sent her different marriage proposals and refused to let her marry her boyfriend. Thus, Nirupa ran away from the hostel and married her boyfriend, who was working as a plumber in Hyderabad. There, they lived in a slum together and Nirupa disconnected from her family. When she became pregnant, Nirupa hoped that her parents would accept their union, but her father instead lodged a complaint of kidnapping and rape against her husband. The boy was sent to jail and Nirupa resides at a child care institution. While pregnant, she tried to break the glass in her bathroom to escape on multiple occasions. Her parents told her that if she had an abortion, they would take her home and arrange a marriage for her, which she refused.

Nirupa did not receive any help from the government. As a resident of Kendrapara, she was not eligible for schemes run in Hyderabad. She was also hiding her identity to escape from her family, which further prevented her from receiving benefits. After Nirupa was interviewed, she was enrolled into the MAMATA scheme and provided with an MCP card. She was of the opinion that

if the government started a programme with parents of adolescents, no girl would run away from her home and suffer this type of pain in life.

Nirupa's parents encouraged her to marry while she was underage. Their opposition to her marriage was based on her boyfriend's religious identity rather than Nirupa's age. Furthermore, they attempted to leverage Nirupa's state-backed confinement at the child care institution to force her into another marriage. Her parents thus utilised law enforcement to reassert their parental authority over their daughter. Saraswati, from Odisha, eloped with her boyfriend after her parents expressed disapproval of their union. They contacted the police and her boyfriend was sent to jail for six months. Yet, Saraswati's parents' legal intervention was not founded on an essential objection to child marriage: when it emerged that she was pregnant, they arranged a union between Saraswati and her boyfriend. In Bihar, Soniya was severely abused by her father after he discovered her relationship with her boyfriend, which he opposed. Her father was not against child marriage in principle: he attempted to force her to marry a boy of his choice before she ran away with her boyfriend. Her father found them, abused her, told her to have an abortion and attempted to force her to enter into an arranged marriage, which she refused. Soniya's boyfriend is now in jail. This case again suggests that parents are well-aware of the illegality of child marriage and how to get the authorities involved, yet only contact the police or child services when it serves to reassert their parental authority.

The names in the case studies have been changed to ensure non-disclosure of identity and protect privacy.

There was one instance in which the police got involved as a result of a teenage girl's own complaint. Asha, a Dalit orphan from Bihar, was just seventeen when she became pregnant with the child of the son of her upper caste employers, for whom she was working as a maid. While the father of her child wanted to marry her, his family members forbade the union on grounds of Asha's perceived untouchability. She sought the help of the local panchayat and received no assistance, although she eventually complained to the police with the help of her neighbours. She testified in the special POCSO court in August 2023 and the man was sent to jail. Her former boyfriend was out on bail at the time of her interview. While Asha was thus able to exercise agency through the law, her motivations were similar to those of the parents previously discussed. Rather than being opposed to child marriage out of principle, she only approached the police when she had been denied a union with her baby's father. In all these cases, it becomes obvious that parents and their daughters alike have not internalised the anti-child marriage values the POCSO Act is meant to promulgate.

Policy in Practice

Many of the issues that teenage mothers face could be alleviated by accessible and effective policy. As previously set out, there are government schemes for

poor mothers that provide access to healthcare, food, and financial assistance. Underaged mothers are excluded from many of these schemes as a way to deter teenage pregnancy. Yet, the stories of adolescents who are or have been pregnant underscore that such exclusion primarily leads to the further marginalisation of the most vulnerable. Indra, an eighteen-year-old mother of two from Rajasthan, said that "work and health and food are very important matters" but that she struggled to attain these because "I have not got my MAMTA card made" due to her age. Such statements illustrate how adolescent mothers are deprived of the bare necessities of life, being punished for a pregnancy they rarely had the agency to prevent.

While mothers below the age of eighteen are purposely excluded, even adult women who gave birth while underage continue to struggle to access government schemes. Rubina from West Bengal explained that she was unable to access cash benefits from Janani Suraksha Yojna because she did not have a bank account: "I never opened a bank account because I am not able to save a single penny. All the money is spent immediately because I need to keep my children's bellies full." Manisha, a seventeen-year-old girl from West Bengal, explained that young mothers in her area were unable to access schemes because of spelling errors in their identity and bank documents. The aforementioned nineteen-year-old Sapna, who belongs to the Nat community in Bihar and is mother to a two-year-old, explained that she was unable to access government scheme benefits because she and her family are nomads. The above examples illustrate that those who are least visible to governmental institutions and NGOs, for example because of their faint paper trail or their nomadic lifestyle, suffer from alienation when attempting to access welfare schemes. Their inability to claim benefits keeps them in their position on the fringes of society.

While legislators are actively attempting to eradicate child marriage and teenage pregnancy through law enforcement, their efforts have not had the desired effect. The police become involved in select cases, typically pregnancies that are perceived to be transgressive, irrespective of the mother's young age. That parents and even teenage mothers contact the police very selectively demonstrates that recent laws have not fundamentally changed people's attitudes to child marriage and adolescent motherhood. Policy makers have similarly attempted to prevent adolescent motherhood by excluding teenage mothers from welfare schemes, thereby completely abandoning teenage girls who are already mothers.

Chapter 6

Conclusion

Adolescent pregnancy in India continues to be a multifaceted issue that intersects with deep-rooted social, cultural, and economic factors. This report has examined the primary drivers of adolescent pregnancy, including child marriage, poverty, lack of education, and gender inequality, all of which disproportionately affect vulnerable communities. While national and state-level policies have made strides towards reducing early marriages and pregnancies, these efforts remain insufficient to address the complex realities faced by teenage mothers.

The findings of this report underscore that child marriage remains the foremost contributor to adolescent pregnancy in India. Despite legal frameworks like the Prohibition of Child Marriage Act, early marriages persist, particularly in rural and marginalised communities where cultural norms and economic hardships reinforce this practice. The economic pressure on families, combined with entrenched gender norms that limit opportunities for girls, perpetuates a cycle where adolescent pregnancy is viewed as inevitable rather than preventable. Moreover, the normalisation of early childbearing within marriage places immense pressure on young brides to conceive soon after marriage, leading to heightened health risks for both the mother and the child.

One of the most significant challenges is the exclusion of teenage mothers from crucial government welfare schemes. While these policies aim to deter early pregnancies by setting age limits on beneficiaries, they unintentionally neglect the urgent needs of adolescent mothers who require support to break free from poverty and ensure their children's well-being. For instance, programmes providing nutritional aid, healthcare access, or educational opportunities for women often exclude those under the age of 18, leaving young mothers without essential resources. This exclusion perpetuates the cycle of poverty and denies these young women the opportunity to rebuild their lives.

Additionally, the stigma surrounding adolescent pregnancy further isolates teenage mothers, preventing them from accessing healthcare, continuing their education, or securing employment. This report has highlighted the need for more inclusive policies that prioritise the well-being of teenage mothers by offering comprehensive support systems, including healthcare, legal protection,

and economic empowerment. Schools and vocational training centres need to play a more proactive role in ensuring that teenage mothers have pathways to continue their education and develop skills that allow them to become financially independent.

The recommendations provided in this report emphasise a holistic approach to tackling adolescent pregnancy, which must include the active involvement of families, communities, and the government. It is clear that interventions focused on increasing access to education, especially for girls, are essential. Studies have shown that keeping girls in school is one of the most effective ways to delay marriage and pregnancy. Therefore, policies must prioritise educational initiatives that make secondary education accessible and attractive for young girls, especially in rural and economically disadvantaged areas.

In addition to education, there is an urgent need to address the socio-cultural norms that perpetuate early marriage and pregnancy. Community-led initiatives that engage local leaders, parents, and adolescents themselves can help challenge the harmful practices that continue to bind young girls to lives of domesticity and childbearing. Public awareness campaigns and programmes that destigmatise the use of contraceptives and reproductive health services are critical for empowering girls to make informed choices about their bodies and futures.

The role of men and boys in preventing adolescent pregnancy is another critical aspect that cannot be overlooked. Shifting gender dynamics and creating supportive environments where girls can exercise their autonomy require that men and boys be part of the conversation. Engaging them in discussions around sexual and reproductive health, gender equality, and the ill-effects of early marriage can contribute to changing long-standing patriarchal attitudes that place the burden of early motherhood solely on girls.

Moreover, targeted economic interventions are essential for breaking the cycle of poverty that often drives families to marry off their daughters early. Programmes that provide financial support, such as cash transfers or scholarships for girls, have proven effective in delaying marriage and promoting education. Vocational training and job creation initiatives that empower girls to earn an income can further reduce the economic pressure on families and give girls the freedom to pursue opportunities outside of marriage.

In conclusion, this report demonstrates that addressing adolescent pregnancy requires a multifaceted and sustained effort from all sectors of society. Governments, civil society organisations, community leaders, and families must

work together to create an environment where girls are free to pursue their education, access healthcare, and make choices about their own futures. Ensuring that young mothers receive the support they need is not only a matter of human rights but also a vital investment in the social and economic well-being of the nation. By focusing on education, healthcare access, and economic empowerment, we can break the cycle of poverty and give adolescent mothers and their children the opportunity to lead healthier, more prosperous lives.

Chapter 7

Recommendations

The persistent and widespread occurrence of adolescent pregnancy in India confirms that more needs to be done to prevent child marriage and unsafe sex. However, adolescent girls who are or have already been pregnant should not be forgotten about. We need policy that not only opposes adolescent pregnancy but is simultaneously in solidarity with pregnant teenagers and adolescent mothers.

Preventing adolescent pregnancy

Keep girls in school for longer

Our data from different ends reflects that while transitioning at different levels like from pre-primary to primary, primary to secondary and secondary to higher secondary, there is a gap in enrolment, showing that children are dropping out at these crucial junctions. As being out of school has been shown to be a major factor in child marriage, tracking dropouts at all levels and ensuring every child is in school will reduce teenage pregnancy and adolescent motherhood. It should be the responsibility of the authority at the previous level to ensure complete enrolment at the next level. And the authority at the next level should be accountable for the retention and completion of the course at that level.

Teach life skills to adolescents

All adolescents should be mobilised to attend ADVIKA. Necessary importance should be given to make ADVIKA functional and effective so that adolescents get the skills of critical thinking and build up their negotiation skills along with other such life skills.

Every district must organise counselling camps involving health, livelihood, education, and psycho-social themes. Engaging men and boys, ensuring confidentiality and non-disclosure of identity and building their self-confidence, hope and dignity should be the key approach while organising the camps. Based on the findings the system must provide handholding support for each identified case to leverage them with education and other socio-economic schemes.

Map and track children through the Village Level Child Protection and Welfare Committees (VLCPWCs)

The village level child protection and welfare committee should prepare a list of all children under the age of 18 with the support of the front-line workers. The children in need of care and protection (CNCP) as defined in JJ Act need to be identified and tracked. The VLCPWC should update the status of such CNCP children to block level committees and district level committees.

The VLCPWC along with the Panchayati Raj institutions and local self-help groups can play a larger role to build awareness on the consequences of teenage pregnancy. The Gram Panchayat may call a special gram sabha to discuss the issue with special emphasis.

Prosecuting offenders

Building awareness about the POCSO Act

An awareness campaign on the salient features of POCSO Act needs to be implemented. Parents and teenagers alike need to be made aware of the legal consequences of child marriage. Yet, mere building awareness of the Act is not enough – such a campaign should also focus on instilling innate opposition to child marriage.

Speedy disposal of cases under POCSO Act

Necessary attempts and arrangements should be ensured to dispose of cases under POCSO within the time limit prescribed under the Act. This will give strength to the victim and create an enabling and non-hostile environment.

Maintain a sensitive approach in cases of elopement

The Protection of Children from Sexual Offences Act (POCSO), 2012 has stringent provisions of punishment for sexual offenses with children under the age of 18. As the Act shall be in addition to and not in derogation of the provisions of any other law, in cases of conflict between provisions of POCSO Act and any other law, the former will override. Hence, may it be child marriage or elopement, aggravated penetrative sexual assault under the POCSO Act is being charged, criminalising the children who elope, regardless of the full consent of both the underage parties.

Recently, the 22nd Law Commission has submitted a report on lowering the age of consent based on a request from Karnataka and Madhya Pradesh High Courts. The High Court of Madhya Pradesh had requested the Commission to suggest an amendment to the POCSO Act, vesting discretionary power in the special judge to

not impose the statutory minimum sentence in cases, where de facto consent is apparent on part of the girl child or where such a relationship has culminated in marriage, with or without children.

The Commission returned with a statement saying that it considers it necessary that certain amendments need to be brought in the POCSO Act to remedy the situation in cases wherein there is tacit approval though not consent in law on part of the child aged between 16 to 18 years. This is so because in [it's] considered opinion, such cases do not merit to be dealt with the same severity as the cases that were ideally imagined to fall under the POCSO Act. The Commission deemed it fit to introduce guided judicial discretion in the matter of sentencing in such cases. This will ensure that the law is balanced, thus safeguarding the best interests of the child. The example of many European countries can be taken here, such as the United Kingdom, where the age of consent is 16 years, as it was lowered in response to increased sexual activity among minors. This benefitted adolescents as it meant that they would not be criminalised for consensual sexual activity.

Hence, all complaints of sexual contact with or among children should not be treated as rape and proceeded with as per POCSO Act unless they clearly and unambiguously fall within it.

Discrimination and stigmatisation as a crime

Pregnant teenagers and adolescent mothers are often victimised by eve teasing, stigma, and other such discrimination. This makes their life miserable. Many of them found it very difficult to get socially rehabilitated. Hence such derogatory activities should be considered as a crime and the offender should be prosecuted with immediate effect.

Provide interim compensation

Though it is mentioned in the POCSO Rules that if the child has suffered loss or injury because of the offense, the special court should recommend award of compensation (both interim and final). However, the provisioning of interim compensation is low in many districts. To protect the child and family who report child sexual abuse from external pressure and support them in their journey within the criminal justice system, award for interim compensation must be ensured.

Robust campaigning and strong messaging

There is a need for a cultural change in views about premarital sex and marriage. Strong national campaigns should take place that address and include parents, teachers, and religious leaders on sexual education and awareness campaigns

Supporting adolescent mothers

Remove age-specific barriers to accessing government welfare schemes for pregnant women and mothers

It is believed that providing support to a pregnant minor will promote the practice of child marriage. As a result, some schemes like Pradhan Mantri Matrutwa Vandan Yojana (PMMVY) that have the mandate to provide financial support to pregnant women, are debarring the girls who are below the age of 19. As a result of this, teenage pregnant and adolescent mothers, whether because of child marriage or elopement, are deprived of these facilities putting them at greater risk and vulnerability. Such reasoning assumes that girls are directly responsible for their marriage, while in reality they often have no role in it. The unintended cruelty of this policy of deterrence is illustrated most clearly by girls who became pregnant as a result of sexual violence, who are also denied support. Simultaneously, girls who are pregnant or have become mothers are deprived of support during pregnancy and are placed at further risk. Also, because of the strategy of deterrence, underaged survivors of sexual violence who are pregnant are also being deprived of support.

The objective of these schemes is to provide support to pregnant women for good health and to reduce mortality rates of women and infants, which underaged women also have a right to. These bottleneck exclusions from support need to be removed and welfare schemes need to be extended to all pregnant women irrespective of age. In attempting to eradicate child marriage, underage victims must not be punished by withholding essential services and benefits.

Widen access to available government welfare schemes for pregnant women and mothers

Teenage mothers encounter obstacles to receiving support beyond the age-specific and intentional barriers teenage mothers face. The system needs to be made sensitive to the causes of teenage pregnancy to be more gender responsive. The Anganwadi Workers and the Village Level Child Protection Committees should be instructed to identify cases as Child in Need of Care and Protection and link them with schemes and programmes. There should be a separate tracking mechanism established under the District Child Protection Unit to get updated information in a regular interval.

The district administration should undertake special camps involving officials from health, education, livelihood, and psycho-social counselling for the identified teenage pregnant and adolescent mothers. Experience says that this will help them to access health services, building their ability to bargain for contraception and

spacing, opting for education and the like. Counselling and social security measures will improve the life of the married girls.

Improve welfare services for adolescent mothers

Anganwadi Centres, ASHA workers, and healthcare facilities need to be greatly improved to account for the unique challenges faced by pregnant teenagers and adolescent mothers. More local health facilities must be set up to reduce the need to travel long distances, emergency services must be better equipped and increased in number to allow for consistent use. Training of all staff in healthcare spaces to be sensitive to challenging situations and informed regarding welfare schemes must be increased. Health services must be tailored to the specific needs of adolescent mothers. This includes regular check-ups, nutritional support, and mental health services to address the emotional challenges associated with early motherhood. Community based programmes need to be more robust and inclusive, providing not only nutritional support but also educational resources, parenting classes, and emotional counselling.

Support teenage mothers in continuing their education

Many pregnant minors and adolescent mothers want to go back to schools and vocational training institutions. Existing policies are supportive of this. However, due to stigma and lack of infrastructure, many of them are not able to resume education. In such cases, innovative approaches such as provisioning of crèche facilities in certain schools and support for a caregiver can be provided to them to encourage and to enable them to continue in rebuilding their life. Another method is to facilitate online schooling for such girls, identified and facilitated with the help of Anganwadi workers, along with provision of flexible schedules. Provisions ought to be made to provide these girls with the facilities required to complete education, and they can be enrolled in an online, open school programme. This would help their future and livelihood greatly, further empowering them.

Creation of national guidelines

It is important to create guidelines that can be dissected at state-level to facilitate re-entry of girls into schools after giving birth, with special provisions for childcare, breastfeeding, social sensitisation, family counselling, subsidised support, options for homeschooling, etc. (National Strategy to End Child Marriage, Uganda).

Identify pregnant teenagers and adolescent mothers and create a database

At present MAMATA is the only source of data related to teenage pregnancy and motherhood. But this is not inclusive as many do not register themselves under

MAMATA. To build up a detailed database, each pregnant adolescent and adolescent mother must be identified, and the details need to be captured at Anganwadi / ASHA level. This data needs to be aggregated at block, district, and state level at regular intervals to help the government to plan, review, and monitor.

Ensure psycho-social support and legal aid wherever necessary

Very often, teenage mothers and pregnant girls require psycho-social counselling and legal aid because of their difficult circumstances. There should be enough dissemination of information about the facilities available. The AWW/ ASHA should also be capacitated enough to provide first aid.

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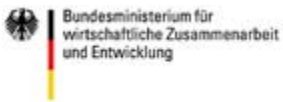

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