The Early Transition from Adolescence to Motherhood in India: a Socio-Demographic and Reproductive Health Approach

In response to 'population momentum', adolescents constitute a major share to total population in India. The terms 'adolescence' means as 'grow to maturity', therefore this period is generally understood as transitional phase from childhood to adulthood with physical and mental maturity, in addition, from socio-economic dependence towards relative independence. The exposure to adulthood increases the significant risk of social and sexual and reproductive vulnerability among adolescents specially to girls. In India, girls are experienced puberty early and married at younger age (Jeejeebhoy and Sebastian 2003). Moreover, the age at fist birth is also low in the country. This shows that reproductive life adolescent girls in India initiates early and they experience burden of motherhood at tender ages.

There are three distinct phases of transition from adolescence to adulthood. Early adolescence (19-13 years): mainly characterized with physical maturity with onset of puberty, mid adolescence (14-15 years): with development of separate identity from parents and opposite sex, and finally the late adolescence (16-19 years): denoted as fully developed physical characteristics, formed a distinct identity and well developed opinion and ideas (Pandey *et al*., 1999). It is clear that the mid and late phases of transition are more important because pace of mental and physical development is rapid in these stages. Therefore, social scientists and researchers are mainly focused on adolescents aged 15-19 years to understand the transition.

Due to certain social and cultural norms and prevalence of wide illiteracy, woman's age at marriage in India is still low and one-forth of adolescent girls had married by reaching at legal marriageable age i. e., 18 years (India, Registrar General, 2008). The early entry to the sexual union exposes them to the risk of childbearing. The National Family Health Survey-3, 2005-06 estimates that overall teenage pregnancy (15-19 years) is 16.0 percent in India (IIPS and Macro-International, 2007). Even, the Sample Registration System (SRS) estimates also second the view (India Registrar General, 2007). According to SRS, the second highest Age Specific Marital Fertility Rate (ASMFR) is found among married

adolescents. The District Level Household Survey, 2002-04 estimates that pregnancy complications is the highest among adolescents mothers. Similarly, any delivery and post delivery complications are also the highest among teenage mothers in the country (IIPS, 2006). It clearly shows that risk of maternal morbidity is the highest in adolescents and further enhances the risk of maternal death. Moreover, peri-natal mortality rate is also high (66.8) among infant with adolescent mother (IIPS and macro-International, 2007). There is an additional burden to under nutrition among adolescent girls and further exposure to motherhood has and cumulative effect on their health.

Since the International Conference on Population and Development (ICPD), Cairo in 1994, more emphasis is paid to adolescent's reproductive health and also on their reproductive rights. To improve the reproductive health and to avoid the childbearing at early ages, informed choice of contraception is introduced by Government of India through Reproductive and Child Health Programme in early 1990s. The programme gave importance to use of temporary method for spacing and also ensure quality of care to all eligible couple on family planning. However, the knowledge on contraceptive is high among adolescents but the KAP-GAP still persists. The unmet need of contraceptive is the highest (25.1 percent) among adolescent women in India (IIPS and Macro-International, 2007). The course of transition from adolescence to motherhood is an important phase which exposes girls to risk of reproduction at early ages, therefore the present paper examines the socio-economic and demographic factors that may influence on this early transition among adolescent girls (15-19 years) and their reproductive health status in India.

Objectives

The main goal of the study is to examine the transition of adolescent girls to motherhood. Therefore, to explore the goal of the study the following objectives are:

1. To study the socio-economic and health status of adolescent in India.
2. To examine the life course of adolescent through entry to sexual union, sexual health, motherhood, relationship with family, and decision making process.

3. To seek the socio-economic and demographic factors influence on transition to early motherhood among Indian adolescent girls.

Data source and Methodology:

The study is divided into two major parts. Firstly, the aggregate analysis is carried out on aggregate level data from different sources to show the socio-economic status of adolescent in India. Secondly, it examines the socio-economic and demographic factors influence on the transition to motherhood from adolescence at individual level. The Indian Census provides data on major socio-economic indicators like education, work status, proportion married for adolescents. Further, the Sample Registration System (SRS) estimates the Age Specific Fertility Rates (ASFRs) for 15-19 years. The health status of adolescents are examined from the Nutrition data from the District Level Household Survey (DLHS-RCH), conducted by the International Institute for Population Sciences (IIPS), Mumbai, 2002-04 and for communicable diseases among adolescents like TB from the National Family Health Survey-3 (NFHS-3), 2005-06. The health status of married adolescents on reproductive morbidities also computed from the NFHS-3.

A detailed analysis on every stage of transition from adolescents to motherhood had carried out on adolescents from the NFHS-3 data at individual level. The survey captured 1, 24, 385 ever married and never married women in age group of 15-49 in India. However, the present study includes only 23955 women aged between 15-19 years and among them 19044 is unmarried. To examine the factors influence risk of entry to sexual union i.e., marriage ***Cox regression*** analysis was carried out and further the influence of socio-economic and demographic factors on age at marriage among adolescents is examined through ***Multiple regression*** analysis. The reproductive heath status among married adolescents is also extensively explored from the data. Early motherhood has negative impact on health of adolescent girls, specially on pregnancy, delivery, and post delivery complications, therefore, a set of ***Logistic regression*** analysis shows the effect of age and other factors on obstetric morbidity among adolescents. To space the child bearing contraceptive practice with temporary method is used among adolescents. The ***Multinomial Regression*** analysis has carried out to understand the influence of socio-

economic and demographic factors on methods of current contraceptive practice among adolescent married girls.

Results and conclusions

The study reveals that adolescents constitute almost one tenth of county's population. The health status of adolescent girls is poor in India. There are 27.2 percent adolescent girls are severely anaemic. In addition, 2.3 percent adolescent girls are suffering from TB. Almost one forth (24.9 percent) of girls are entered in sexual union in their adolescence and Age Specific Marital Fertility Rate is also high among adolescents in India (249.1). The survival analysis through Cox regression pointed out the risk of marriage is higher at adolescence and it faded away with increase of age. Age at marriage is low among illiterate, poor and women with minority membership. Further, results from the NFHS-3 data shows the teenage pregnancy is high, specially among poor, illiterate, Muslims and who belongs to rural areas. The early entry to sexual union lead to several health hazards among married adolescent girls and the obstetric morbidity rates are high among them. The regression results show that age has significant effect on maternal morbidity and it is high among adolescent mothers. However, early marriage is in our culture, but without achieving physical maturity early child birth may lead to maternal death. Therefore, postponed the childbirth with proper knowledge of family planning may reduce unwanted or unintended birth which perhaps fatal to an adolescent mother. The knowledge of contraception is high among adolescent but it is not translated into practice. The contraceptive prevalence rate among currently married adolescent is low in the country and it is significantly low among women from rural areas, with below secondary level of education, belong to poor and poorer section of the society. It clearly pointed out that the initiation of Reproductive and Child Health (RCH) programme followed to ICPD has not reached to the masses. Moreover, the reproductive rights of choice of timing and means of regulation of timing of childbirth are violated. The adolescence period of a girl in the country has forcibly compressed and early entry to motherhood become a burden to them. The study further highlighted that the adolescent married girls do not take active part in decision making in household. Only 40.4 percent adolescent married girls have rights to take decision on her own healthcare and freedom

of movement is also restricted among adolescents compared to married women in higher ages. Women have reported that sexual violence occurred mostly in adolescence (32.2 percent) compared to other ages. The incidence of sexual violence or physical violence is high among poor and illiterate adolescents. Therefore, low educational status and economic conditions with young age make women more vulnerable. To raise age at marriage and education with provide quality of care through target oriented programme to adolescents may improve the status of adolescents in our country.

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