



## Reproductive Health and Adolescent Fertility in India

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Reproductive behavior of adolescents has been a concern especially during recent decades. The fertility pattern and contraceptive use among adolescents help us to understand the implications for adolescent reproductive health in a society; it also gives insight to the future reproductive health situation as this group traverses through the reproductive span.

In India, the extent of adolescent fertility (defined as number of births per 1000 women in the 15-19 age group) declined from 100 per 1000 in 1971 to 52 per 1000 in 1999. Adolescent fertility in rural India is 58 per 1000 as compared to 30 in urban India. While the total fertility rate decreased from 5.2 per woman to 3.2 during 1971-1999 (a decrease of 2 births per woman or a decrease of 38.5 percent), that among adolescents decreased from 0.5 to 0.3 births per adolescent (a decrease of 0.2 births or 40 percent) [total fertility among adolescents in the age group is obtained as 5 x adolescent fertility]. Comparing the share of adolescent fertility to total fertility, it can be seen that contribution of this age group declined only marginally; during the 28 years from 1971, the percentage of adolescent fertility to total fertility rate decreased from 9.7 percent to 8.1 percent.

Geographical variations in adolescent fertility are substantial. The highest fertility of 142 per 1000 adolescents is observed in the central state of Madhya Pradesh followed by 132 in Andhra Pradesh (southern region) and 129 in Maharashtra (western region). The lowest teen-age fertility among larger states is in Kerala (39 per 1000) while among all states the lowest is in Goa (21 per 1000). Such a huge range signifies the differences in age at marriage and the status of fertility transition across Indian states. A noteworthy feature is the absence of any regional feature in the pattern of adolescent fertility. The contribution of adolescent fertility to the total fertility in individual states also varies considerably; the highest contribution is in Andhra Pradesh (29.3 percent) closely followed by Karnataka (26.3 percent) in the southern region and Maharashtra (25.6 percent) in the western region. The feature of high share of adolescent fertility in these states is significant and indicates the co-existence of low marriage age and a compressed reproductive span.

The younger cohorts have better chances to attain some education and so can be expected to have a better contraceptive use. At the same time, the recent interest in adolescent reproductive health should have resulted in more adolescents using contraception. The lowered reproductive span is also characterized by lower waiting time by couple, which means sooner intentional conceptions. Ever use of contraception among adolescents is very low in India; only 13.4 percent use any method including traditional methods of contraception. When it comes to modern method of contraception, only 8.2 percent of adolescents have ever used contraception. This is a dismal situation and tells us about their awareness, control on their reproductive health, potential health problems and also the effect on fertility. Current use is still low; the use of any method is 8 percent and the use of modern method is only 4.7 percent. Thus, married adolescents in the country are destined to face reproductive health problems; their sheer number indicates the magnitude of the issue to be confronted.

The national situation defies geographical variations; for instance the use of modern contraceptive methods among adolescents ranges from 2.5 percent in Bihar to 22.6 percent in Delhi. These variations are in some way associated with the indicators of development. The economically most advanced state of Punjab has a contraceptive use of 11.4 percent, and the socially most advanced state of Kerala has a use percentage 15.5 percent West Bengal, characterized by its traditional political consciousness but lower levels of other development indicators fairs better with 21.5 percent of adolescents using modern methods of contraception.

The future situation of adolescent reproductive health seems to be bleak unless focused attempts are initiated to cater their needs. The unmet need among adolescents is very high (27 percent) as compared to all women (16 percent). Even when we have observed that the use of contraception among teenagers is very low, their demand for spacing (which is preferable) is 31 percent of which is only 5.6 percent is met by any facility available through government or private facilities in the nation.

As contraceptive use is important for a better reproductive health in adolescent years (when pregnancy and child birth should be avoided as far as possible). Important variables affecting contraceptive use among adolescents are education, age at marriage, media exposure, standard of living and experience of physical violence.

For one thing, adolescent fertility is still high in India though its contribution to total fertility is on the decline. Second, the wide spatial variations show that state or district level strategies are needed to cater the reproductive health needs of adolescent in India. Use of contraception among married adolescents in India is sadly low among all groups.

While the conventionally important factors are still relevant in explaining contraceptive use among today's adolescents, their significance seems to be less as compared to older cohorts. Given that the age at marriage in all Indian states is increasing, the high extent of adolescent pregnancies among certain Indian states needs special attention, the higher extent of adolescent fertility among some of the states with low fertility is certainly disturbing. It is also necessary to mention that while this paper examined only the fertility and contraception among married adolescents in India, the trends show that

percentage of those with pre-marital sexual experience and adolescent pregnancy outside marriage in India are also on the increase making the situation worse and requiring urgent attention from policies and programmers.

There is an urgent and ongoing need to address young people's sexual and reproductive health using a preventive, rights-based, gender-responsive and empowering approach. Relevant efforts should build on the creative energies of youth and respect their rights and capacities for participation and leadership in decisions that affect their lives. Sexual and reproductive health—tied to emotional, mental and physical health as part of the holistic concept of overall well-being—is an essential component of young people's ability to become well-adjusted, responsible and productive members of society.

### Reference

National Family Health Survey

*Arvind Singh* is working on Govt. Of India's Dept. of Biotechnology's research project. He is Master's in Biomedical Sciences and Doctoral Fellow in Microbiology. His areas of interests are novel human contraceptive development, gene expression study and human sperm study. He is also a prose and poetry writer and manage his own research group and working as research adviser also.