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TRACKING CHANGES IN ADOLESCENT MOTHERHOOD IN BIHAR BETWEEN 1992-93 AND 2015-16

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Adolescentmotherhoodis a global problem and is more apparent in marginalised communities, usuallyled by poor economic condition, illiteracy and paucity of employment opportunities. It leads to maternal and child mortality (Kamal 2012; Reynolds et 2006), and intergenerational cycles of ill-health and poverty (Sethuraman et al 2007). In most of the cases, adolescent pregnancy is not a deliberate and informed choice of these girls (Hindin and Fatusi 2009). They often have little say over decisions affecting and changing their lives, forever (Kundu 2007). Such pregnancies result in radical changes in a girl's life as end ofschooling, diminished future job prospects, increased vulnerability to poverty, ill health and mostly domestic violence (Blanc et al 1998; Hindin and Fatusi 2009; Kundu 2007).They also become more prone to pregnancy-related complications owing to their tender age. It is widely known that such complications are the number one reason of death among adolescent girls.

India has one of the world's highest numbers of teenage mothers. Around 11 percent of the world's teenage pregnancies occur in India. This translates to around 16 million women in the age group of 15-19 embracing motherhood each year. And though over past decade, India has witnessed the significant decline in the proportion of pregnancy for15-19 years from 16 percent during NFHS 3 (2005-06) to 7.9 percent during NFHS 4 (2015-16), we still have this a major problem in many states.It becomes even more crucial as India is expected to have the largest national adolescent girl population by 2030 at 95 million. So, the present study examines the status of adolescent pregnancy in Bihar – oneof the most populous state but also with highest undernourished adolescent population. Women in the age group 15-49 years are widely affected by anaemia. As high as about 60 percent pregnant women (15-49 years) were anaemic during 2005-06 which declined by only about 2 percent in a decade (NFHS 4). Bihar has been notoriously famous for all the worrying indicators as population growth rate, early marriages followed by teenage pregnancy, undernourishment and anaemia for almost since the government started to capture the population health data through NFHS in 1992-93. Even after more than two decades, about two-fifths of women marry before reaching the legal minimum age at marriage and around 12 percent become mother in their teenage. So, it becomes important to understand the nature of the adolescent pregnancy in Bihar and changes in the same over the decades before planning to tackle the issue effectively.

Datasource and Methodology

The article examines the prevalence of the adolescent pregnancy in Bihar from 1992-93, the time first NFHS survey conducted to 2015-16, the latest one i.e., NFHS 4. A comparative study of the changes that has occurred in the nature of adolescent pregnancy from 1992-93 to 2015-16 has been done using the bivariate and univariate analyses. The outcome variable – age at first birth has only been

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considered for the currently married women in the age group 15 – 49 years. Binary logistic regression was employed to understand the factors contributing to the adolescent pregnancy in the state.

Findings

Background of adolescent mothers

Figure 1 shows that Bihar has observed a significant decline in the percentage of adolescent mothers amongst the currently married women. In 1992-93 around 65 percent women were mother to one or more child by the age of 19 years, it declined to 49 percent in 2015-16. Although, the percentage is still alarmingly high representing around half of the currently married women (15-49 years) in the state. The proportion of women preferring to have child between 20-24 years age has increased during the given time period.

Figure1: Adolescent motherhood in Bihar in 1992-93 and 2015-16

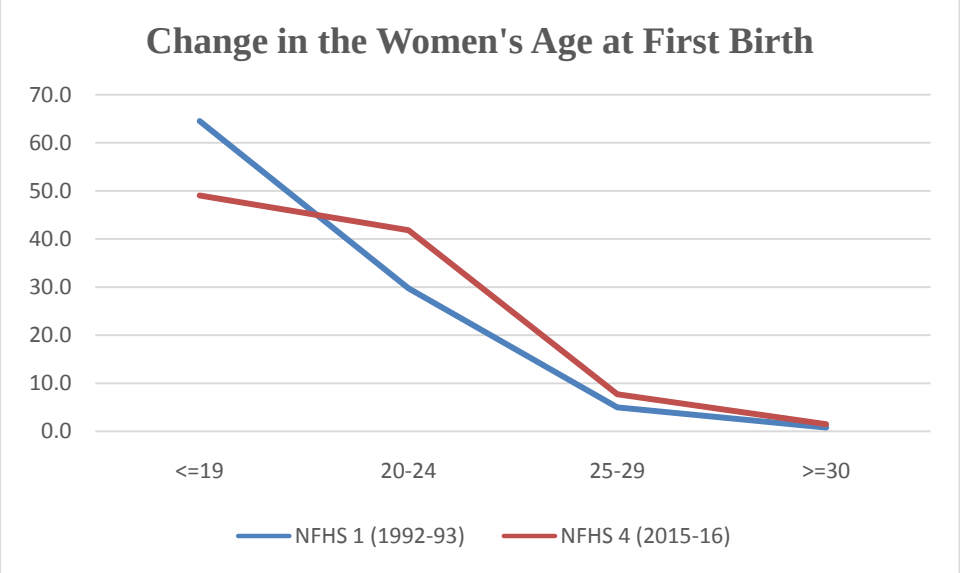

Table 1 informs about the changes in the composition of the adolescent mothers in Bihar in past two decades. Majority of the adolescent mothers reside in rural location and lack any education. Around three-fourth of them belong economically poorest group in the society with only 3.6 percent of them belonging to richest category. The representation of rural women in the overall percentage of adolescent mother is very apparent from the table. The data also informs about a unique pattern uncovering in respect of educational composition of the adolescent mothers in Bihar. More than one-fourth of the adolescent mothers have secondary and above education. In fact, the share of such women who have secondary and above education has increased by more than twice over the time.

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Table 1: Background characteristics of adolescent mothers

Background characteristics	Adolescent Mothers	
Place of residence	**NFHS 1 (1992-93)**	**NFHS 4 (2015-16)**
Urban	21.6%	12.5%
Rural	78.4%	87.5%
Literacy level		
No education	69.4%	59.1%
Primary	16.6%	12.0%
Secondary	13.5%	26.6%
Higher	.5%	2.3%
Religion		
Hindu	83.9%	84.8%
Muslim	13.5%	15.1%
Christian	1.4%	.0%
Sikh	1.2%	.1%
Economic group		
Poorest	*	75.3%
Middle	*	21.1%
Richest	*	3.6%

Variation across socio-economic variables

Table 2 shows the variation in the phenomenon of teenage motherhood across major socio-economic factors between NFHS 1 and NFHS 4 surveys. The rural urban difference in the percentage of adolescent women becoming mother was very significant during 1992-93 (NFHS 1), with higher share of rural women becoming mother before turning 19 years of age. However, over the time this difference has faded away. In both rural and urban locations, a shift can be noticed in pregnancy towards later years. In contrast to expected trajectory of change,this shift is more apparent in rural areas as compared to that of urban areas. The rural Bihar has also witnessed notably higher decline in the percentage of adolescent mothers between 1992-93 to 2015-16. During 1992-93, the linear relation between literacy level and the adolescent pregnancy was very apparent. As the literacy level increases the percentage of adolescent pregnancy decreases. It was mostly women lacking education undergoing marriage and later pregnant in their teenage. As, around 72 percent currently married women lacking education gave birthto their first child before the age of 19 years. Whereas, more than 90 percent women who have had

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higher education gave birth after the age of 20 years. In contrary to this, in 2015-16 (NFHS 4), the decline in the percentage of adolescent mothers is not as linear as in 1992-93. As, about one-fourth of the currently married women with higher education have also reportedly given birth before turning 19 years old. On the other hand, the data shows a major decline of more than 20 percent in the proportion of uneducated women becoming mother in their teenage. Somewhat similar is the case for women with only primary level of education. Both the groups have witnessed a shift in their age at first birth, now mostly in the age bracket of 20-24 years.The incidence of adolescent pregnancy in past two decades has seen a decline across all the major religions except Sikhs. Muslims have observed the highest decline, however both Hindus and Muslims still have about half of the currently married women becoming mother in their adolescence. The incidence of pregnancy at an early age is widely prevalent across all the economic groups, richest have the lowest share though.In respect of adolescent motherhood, both the poorest and middle economic class have around half of the currently married women giving birth in their teenage.

Table 2: Variation in the age at first birth of women and adolescent mothers

Variables	Age at first birth (NFHS 1)				Age at first birth (NFHS 4)			
Place of residence	<=19	20-24	25-29	>=30	<=19	20-24	25-29	>=30
Urban	52.7%	37.2%	8.6%	1.5%	48.5%	41.1%	9.0%	1.4%
Rural	68.8%	27.0%	3.7%	.5%	49.1%	41.9%	7.5%	1.5%
Literacy level								
No education	72.2%	24.4%	3.0%	.5%	49.8%	40.5%	7.8%	1.8%
Primary	66.2%	29.5%	3.8%	.5%	52.2%	40.2%	6.7%	.8%
Secondary	47.4%	43.2%	8.0%	1.4%	49.1%	43.8%	6.4%	.7%
Higher	8.8%	56.3%	30.5%	4.4%	28.3%	51.5%	17.6%	2.7%
Religion								
Hindu	64.9%	29.5%	4.8%	.8%	49.0%	42.0%	7.6%	1.3%
Muslim	71.5%	24.8%	3.3%	.4%	49.4%	40.5%	7.9%	2.2%
Christian	39.0%	42.9%	15.6%	2.4%	25.0%	68.8%	6.3%	0.0%
Sikh	40.2%	50.5%	8.7%	.5%	57.1%	28.6%	14.3%	0.0%
Economic group								
Poorest	*	*	*	*	49.2%	41.1%	7.9%	1.7%
Middle	*	*	*	*	51.4%	41.1%	6.7%	.8%
Richest	*	*	*	*	33.7%	49.2%	14.8%	2.2%

*data not available

Factors contributing to the adolescent pregnancy

Adolescence motherhood can be an outcome of various factors ranging from the socio-economic condition to the place of residence. To understand the same, binary

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logistic regression has been employed with adolescent motherhood as an outcome variable and factors as place of residence, economic group, religion and literacy level as independent variables. Table 3 shows the results of the regression. A married woman residing in urban location has higher odds than their rural counterparts of getting pregnantin their teenage.Whereas, women from richest class are 1.7 times more likely to be mother only after 19 years of age as compared to the poorest women. Religion is not a statistically significant factor contributing to the adolescent motherhood in Bihar. Whereas, literacy does have an impact to delay the likelihood of becoming mother. As, women with higher education are 2.3 more likely to be mother after attaining the age of 20 years or more as compared to that of illiterate women.

Table 3: Factors contributing to the likelihood of adolescent motherhood

Independent variables	B	OR	Sig.
Location			
Urban	-.253	.777	.000
Economic group			.000
Middle	-.094	.910	.009
Richest	.571	1.771	.000
Religion			.292
Hindu	-.033	.968	.342
Christian	.996	2.709	.105
Sikh	-.134	.875	.799
Literacy level			.000
Primary	-.058	.944	.162
Secondary	.002	1.002	.960
Higher	.835	2.305	.000

Discussion

Women giving birth to a child in their own adolescence remains a harsh reality for Bihar even in the 21st century. The change in the share of such women by around 16 percent in more than two decades still fall short of termed as an appreciable achievement. In India and so in the state, barring the few pregnancies adolescent motherhood tends to occur within marriages,often arranged by parents. Technically, child marriage is illegal in India and the minimum legal marriage age for females was set

to 18 years way back in 1978, updated in 2006 again. Bihar still has over 40 percent young women getting married before turning 18 years (Jejeebhoy et al 2014). It has been observed that majority of young women getting married at early age also give birth as adolescents. Child brides go on to have larger families compared to women who marry later (Kamal, 2012).Thus, there should be no surprise that the state still has such high proportion of adolescent mothers amongst the currently married women (15-49 years).

There few good things that make the snail-paced change in the scenario better. The decline in the adolescent motherhood in rural location at a much higher rate than that in urban locations indicates is sign of upcoming change in the future. Also, it is a relief as adolescent girls are more vulnerable of early marriages and hence pregnancy in rural locations. In rural contexts, several factors contribute to adolescent pregnancies and births. In many societies, girls are under pressure to marry and bear children early (Blanc et al 1998; Jejeebhoy et al 2014).Often, girls choose to become pregnant because they have limited educational and employment prospects. Usually in such societies, motherhood is valued andchildbearing may provide them the sense of self-worth and thus the best of the limited options available to young women(Blanc et al 1998; Hindin and Fatusi 2009; Kundu 2007; Pachauri 2002). Majority of adolescents suffer from either misconceptions or the lack of knowledge about suitable contraceptives to delay or avoid birth. Besides, adolescents have little access to correct and comprehensive information on family planning and contraceptives (Sethuraman et al 2007).Young wives too have little say in the number, timing and spacing of children (Winikoff 1983). All these factors, taken together increase the likelihood of adolescent pregnancies (Sethuraman et al 2007). The other noteworthy change over the time, is the decline in the prevalence of young age pregnancies among the uneducated women. The share of uneducated women giving birth after turning 20 or later has significantly increased in 2015-16 as compared to that in 1992-93. Along with this, the higher literacy level even among the young mothers indicates that not all the young mothers had to compromise their study due to pregnancy. Thus, indicating that people may have valued the importance of higher level of education. However, primacy of adolescent motherhood even among the richest class indicatethat this is more about culture acceptance of the phenomenon and the lack of knowledge about its consequences and employment opportunities in Bihar than about just the poor economic condition. An early childbearing by these women can increase risks not just for then but also new-borns. Babies born to such mothers face higher risks of low birth weight, preterm delivery and severe neonatal conditions (Blanc et al 1998). In some contexts, rapid repeat pregnancy raises the concern even more for both the young mothers and the child.The state already suffers majorly from the problem of child (under 5 years age) stunting and has highest rural poverty concentration; thus, adolescent pregnancy can have serious and lifelong consequences.

Conclusion

Thus, the study shows that not just the percentage of adolescent mother has changed over the time but both the nature and composition of these mothers have witnessed a change. Although, the majority of these mothers still belong to rural location and economically poor families and lack education. However, the analysis does suggest some new insights into the nature of this problem and plausible solutions.The high

prevalence of the incidence of adolescent motherhood even amongst the richest indicate that women once married are expected tohave children right away and any deviance from this is notculturally appreciated (Blanc et al 1998; Jejeebhoy et al 2014; Pachauri 2002). It reiterates that in some societies women identity and social status are still tied to motherhood. This perspective needs to be changed as urgently as there is a need to raise the level of education and economic status. The shift in the women's choice to be mother to later age in rural areas and by those uneducated signals the possibility of the change through awareness and support. The frontline workers as ASHAs and ANMs may have played the crucial role in this as they are the frontline workers on the ground. Thus, the state needs to target the vulnerable groups and formulate plan to work towards this cultural change. Further, the recent trend of adolescent mothers having higher education suggests that in some cases women might not have to bargain with their life choices due to early pregnancy. Thus, if the state formulates suitable plan for continuing education of child brides, then may be many such cases of teenage motherhood can be avoided. As, higher education will not only make them aware but it hasstatistically shown to increases the likelihood of childbirth after teenage.Thus, this problem demands multipronged solution and a well-coordinated approach by government, focussed on girls since an early age (Sethuraman et al 2007). As, adolescent pregnancy is about human rights and not just avoiding or delaying pregnancy, so it needs a lifecycle approach to provide girls a life with choices (Jejeebhoy et al 2014).

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