Adolescent Fertility in India: Levels, Differentials and Determinants

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 fertility situation in the country. The present paper focuses first on the levels of adolescent fertility in India and its constituent states using sample registration information and the second National Family Health Survey (NFHS 2) results. Using the NFHS-2 data set, it then examines the factors associated with adolescent fertility using logistic regression analysis. A comparison is made between all women and adolescents of the significance of various factors. The paper subsequently discusses the reproductive health and fertility implications of the findings.

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. This decline became visible only by 1996 till when there was an increase in the share, possibly due to the younger age structure of women consequent to high fertility in the previous years.

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 Andra 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 prospect of fertility transition and the potential of continuation at or below replacement level (by those states already achieved it) can be seen from the reported ideal number of children by those in the younger age group. Among married adolescent women in India, the mean ideal number of children is 2.5 as compared to 2.7 among the older women indicating only marginal variation in the attitude to reproductive

performance. Among most of the individual states this trend can be observed. The exception surprisingly is the state of Kerala that had achieved demographic transition far ahead of all other states (as early as 1988) where adolescents reported their ideal number of children as 2.9 as against 2.5 by older women. This surely calls for further research and throws light on whether a second demographic transition can be expected in India as in East Asian populations.

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.

One of the most important challenges in bettering the adolescent reproductive health situation lies in meeting their unmet need for contraception. While the total need for family planning among married adolescents in India is 35 percent as compared to 64 among all women in the reproductive age group, the percentage of demand satisfied is only 23 among the former as compared to 75 among all women. 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 teen-agers 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.

Logistic regression analysis showed that age, age at marriage, place of residence, education, standard of living, decision making power, experience of domestic violence and use of contraception are important determinants of fertility among adolescents. However, the significance of these variables is less for adolescents as compared to older women. The paper analyses the reasons for this weakened relationship found for adolescents.

The findings from the present analysis have significant implications for reproductive health situation of adolescents in the future. 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; the unmet need is very high calling for focused interventions. 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 perc4entage 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 programmes. A finding from the analysis indicates that a second demographic transition is unlikely to happen in the near future in Indian states which are nearing the completion of first transition.