

Determinants of delay in first pregnancy: Evidence from a cohort study in Bihar, India

ABSTRACT

Background: Adolescence is commonly viewed as a transitional stage between childhood and adulthood that prepares the person for adulthood. The course of transition from adolescence to motherhood is an important phase which exposes girls to risk of reproduction at early ages. Due to recent changes in female school participation rate, age at marriage, and socio-economic changes have influenced the timing and pattern of the entire transition to adulthood. The prevalence of stillbirth and abortion is much higher among adolescent married women as compared to adult women in India.

About 16 million girls aged 15 to 19 give birth every year (WHO). Worldwide one in 10 babies is born to an adolescent mother. 20,000 girls (under age 18 years) give birth every day in developing countries (UNICEF). There are high rates of adolescent mothers in Asian countries like Bangladesh and India. UNICEF (2011) report stated that around 25 percent of Indians belong to the age-group of 11-19 years and 40 percent of the section is school dropouts and 43 percent get married before the age of 18, out of whom 13 percent become teenage mothers. NFHS-4 (2015-16) has reported that, in Bihar, percentage of women, currently aged 20-24 years, who got married before age 18 years is 42.5 percent which was quite higher in NFHS-3 i.e., 69 percent. In Bihar, proportion of women in age group 15-19 begun childbearing is 12.2%, in same age group only 13% or women participated in decision making regarding their own health. Proportion of women in 15-19 age-group face physical and sexual violence within marriage is 44% (IIPS & ICF, 2017)

When the adult roles associated with motherhood are activated too early in a woman's life cycle, stress and resultant social sufferings should be generated in the family. Early motherhood has significantly affected not only adolescent girls, but also their spouse, family, school and the society at large. The aim of the study is to examine the factors affecting delaying first pregnancy among adolescent and youth in Bihar. It also examines the effect of decision making, self-efficacy and family life sex education during adolescence.

Need for the study: 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 work examines the socio- economic and demographic factors, especially sex/life family education,

self-efficacy and decision making, that may influence on this early transition among adolescent girls (15-19 years) and their reproductive health status in Bihar. This study helps us to understand how the background characteristics of first round survey effect the transition from adolescence to motherhood in the follow up survey. So it would helpful to identify the actual impact of these selected demographic and social characteristics on their early married life. This study would build up on filling the gap in existing literature which is very scarce in a state like Bihar.

Data Source: The current study is based on the analysis of available secondary data from state-level survey - UDAYA (Understanding the lives of Adolescents and Young Adults) in Bihar and UP and other published research studies and reviews. Since published articles referring to the study area were limited, few articles referring to other states and country as a whole were also included for analysis. Relevant state level data of women 15-19 years from 2007, UDAYA baseline survey, and married women of 23-28 years from 2016, UDAYA follow up survey have used for the analysis.

Methods: The association between selected background variables from baseline survey with delay in first pregnancy from follow up survey was tested through using cross-tabulation, chi square test, and f-test. Further, the study utilized adjusted binary Logistic regression to draw inferences from the data.

Results: The present study finds that very less girls received family/sex life education during adolescence age in the survey setting. This education is among the higher socio-economic classes, educated girls, belongs to urban and rich families. Women who delayed their first pregnancy were significantly more likely than others to have played some role in the marriage decision and they had husbands who were closure to their age group. Education plays a crucial role in using contraception to delay first pregnancy. Educated women are more likely to delay their first pregnancy than that of illiterate women. The proportion of women delaying first pregnancy increases with increase in the completed years of schooling of women, this finding is also supported by (Bacon,1974). Not only the education of women, her husband's education is also as vital as her own. The women who are having highly educated husband get support from her husband in delaying first pregnancy. Working status of the woman defines their independence in making decisions about their pregnancy.

Conclusion : Women’s and her husband’s education, self-efficacy, decision making supports in delaying her first pregnancy. FLSE programmes for adolescents and young girls are already in place. However, the coverage of the program is not at par with the national standards. Thus, there is an urgent need to identify the fallacies and barriers in the implementation of FLSE in order to monitor the deteriorating health of adolescent mothers in the country. Family may pressurise couples to have children just after marriage which is resulted in higher unintended pregnancy. Even unwanted pregnancy is very high particularly among young girls.

Keywords: Contraception use, delay in first pregnancy, adolescents, Family Life Sex Education, self-efficacy, UDAYA

APPENDIX

Graph 1: Percentage distribution of adolescent girls in ages 15-19 years received FLSE by selected background characteristics , 2007 Bihar

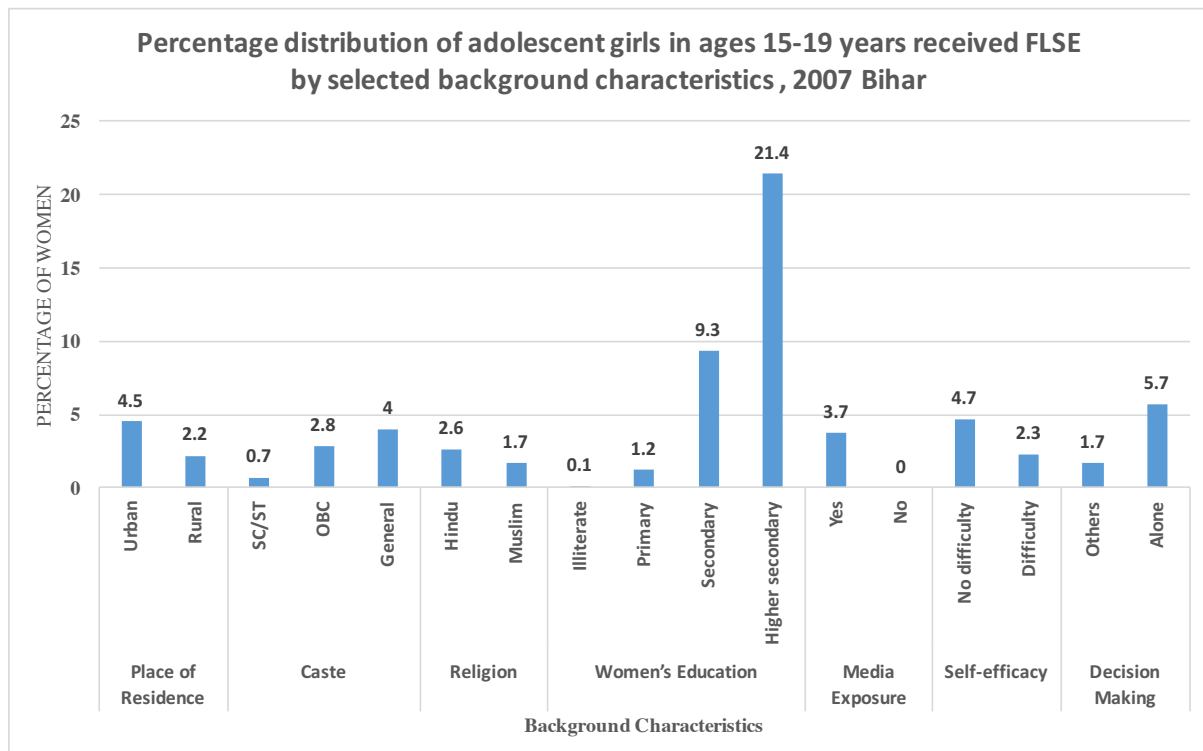


Table 2. Mean age at first Birth of women of aged 23-24 with respect to background characteristics

Background Characteristics		Mean Age at First Birth	P value	95% Confidence Interval	N
Age Group	23-24	19.6		(19.5,19.8)	977
	25-26	19.9		(19.7,20.1)	556
	27-28	19.7		(19.4,20.0)	262
Religion	Hindu	19.8		(19.7,19.9)	1505
	Muslim	19.7		(19.5,20.0)	290
Caste	SC/ST	19.2	***	(18.9,19.4)	386
	OBC	19.7		(19.6,19.8)	1193
	General	20.9		(20.5,21.2)	216
Place of Residence	Urban	20.1	***	(19.9,20.4)	225
	Rural	19.7		(19.5,19.8)	1570
Women's Education	Illiterate	18.9	***	(18.8,19.1)	832
	Primary	20.1		(19.9,20.3)	673
	Secondary	20.9		(20.6,21.2)	235
	Higher secondary	21.9		(21.4,22.4)	55
Wealth Status	Poor Quin	19.3	***	(19.1,19.5)	621
	Middle Quin	19.6		(19.5,19.8)	817
	Rich Quin	20.7		(20.5,20.9)	357
Women's Working Status	Yes	19.6	**	(19.5,19.8)	741
	No	19.9		(19.8,20.1)	1054
Age at first marriage	Below 18	18.6	***	(18.5,18.7)	1075
	Equals or above 18	21.4		(21.3,21.5)	720
Spousal age Gap	Below 2 Y	20.7	***	(20.5,20.9)	451
	3-6 Y	19.5		(19.4,19.7)	781
	7+ Y	18.8		(18.5,19.0)	262
	DK	19.5		(19.3,19.8)	301
Husband's Education	Illiterate	19.1	***	(18.8,19.3)	447
	Primary	19.4		(19.2,19.6)	500
	Secondary	19.9		(19.7,20.1)	377
	Higher Secondary	20.9		(20.7,21.2)	378
	DK	19.2		(18.8,19.7)	93
Media Exposure	Yes	20	***	(19.9,20.2)	1185
	No	19.2		(18.9,19.4)	610
Received FLSE	No	19.7	***	(19.6,19.9)	1750
	Yes	21.4		(20.9,22.0)	45
Specific Contraception Knowledge	Other	19.9		(19.7,20.0)	988
	Yes	19.7		(19.5,19.9)	807
Self-efficacy	No difficulty	20.2	**	(19.7,20.7)	114
	Difficulty	19.8		(19.6,19.9)	1681
Decision Making	Others	19.7	**	(19.6,19.9)	1439
	Alone	20		(19.8,20.3)	356
Total		19.895			1795

NOTE: **P=<0.05;***P=<0.01 level of significance value of chi square statistics