Teenage Pregnancy

FOGSI Position Paper

July 2026

A commitment to preventing child marriage and unintended adolescent pregnancy, and to ensuring every pregnant adolescent is visible, safe, respected, and supported.

Position Paper · 2026

For Medical Students & Practicing Doctors

FOGSI POSITION PAPER · JULY 2026

Teenage Pregnancy

Preventing child marriage and unintended adolescent pregnancy through coordinated public–private partnership

BACKGROUND

Child marriage leads to teenage pregnancy, a serious concern with profound and lasting impacts that can affect both individuals and future generations. NFHS-6 reports that 6.7% of women aged 15–19 years were already mothers or pregnant at the time of survey, with a disproportionately higher prevalence in rural areas (7.9%) compared with urban regions (3.4%). State-level heterogeneity is considerable, with elevated rates in socioeconomically disadvantaged regions such as Tripura (18%) and West Bengal (16.6%), in contrast to lower prevalence in states such as Maharashtra (7.1%).[1]

Despite the Prohibition of Child Marriage Act (2006), child marriage persists in India. Marriage before 18 years is strongly associated with early childbearing because it can reduce girls' autonomy, educational continuity, and ability to negotiate contraceptive use. [3,4]

Teenage pregnancy is associated with increased maternal and newborn risks. Compared with women aged 20–24 years, adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infection, while their babies face higher risks of preterm birth, low birth weight, and severe neonatal conditions. Delayed care-seeking and limited access to timely emergency obstetric care can worsen these outcomes. Every pregnant adolescent should therefore be registered early, assessed comprehensively, provided additional and specialised antenatal and psychosocial support, and referred promptly according to current Government of India risk-stratification and care protocols.

The consequences may extend across generations. For the young mother, teenage pregnancy increases the risk of school discontinuation, poverty, reduced agency, mental-health distress, and repeat adolescent pregnancy. The baby faces increased risk of prematurity, low birth weight, neonatal illness, undernutrition, stunting, and impaired development — perpetuating poor health, low education, and poverty across generations.

Government platforms FOGSI builds on: the Prohibition of Child Marriage Act (PCMA) 2006, Rashtriya Kishor Swasthya Karyakram (RKSK), Weekly Iron Folic Acid Supplementation (WIFS), Adolescent Friendly Health Clinics (AFHC), PMSMA/e-PMSMA, Surakshit Matritva Ashwasan (SUMAN), and the School Health and Wellness Program under Ayushman Bharat. FOGSI seeks to complement these platforms through clinical leadership, referral linkages, capacity building, and responsible data use.

FOGSI STATEMENT

FOGSI commits to working closely with the National Government, State and Union Territory Governments, and public health systems through a coordinated public–private partnership (PPP) approach. We will mobilize our members to prevent unintended and early pregnancy; identify pregnancy promptly; provide respectful, non-discriminatory, and age-appropriate care; ensure additional clinical and psychosocial support; and maintain continuity through pregnancy, childbirth, the postnatal period, post-abortion care, and newborn care.

Specific Commitments Through Our Members

1. Embed adolescent-responsive care in every participating clinic and hospital. Train teams in privacy, respectful communication, supported decision-making, safeguarding, trauma-informed care, non-judgmental counselling, and protection from stigma. Explain confidentiality and its legal limits before obtaining sensitive information; maintain confidentiality to the fullest extent permitted by law; comply with applicable child-protection and reporting duties, and protect privacy under the MTP Act and other applicable law.

2. Recognise adolescent and early pregnancy as requiring additional and specialised care. Ensure early registration, comprehensive clinical and psychosocial risk assessment, appropriate line-listing and tracking, enhanced antenatal surveillance, complication readiness, birth planning, and timely referral in accordance with current Government of India protocols.

3. Strengthen screening, treatment, and referral for anaemia, malnutrition, hypertensive disorders, infection (including HIV and syphilis in accordance with national protocols), mental-health distress, substance use, disability-related needs, violence and sexual coercion, complications of unsafe abortion, and risk of rapid repeat pregnancy. FOGSI will develop practical clinical and referral protocols, including clear safeguarding pathways, for teenagers at risk of or affected by child marriage.

4 Provide age-appropriate, voluntary, and non-coercive contraceptive information and services throughout the continuum of care, including emergency contraception where indicated. Ensure timely, lawful, confidential, and non-judgmental access to abortion and post-abortion care under the MTP Act and Rules, with guardian consent where legally required, and without unnecessary delay or denial of care.

5 Collaborate with adolescents, schools, teachers, parents, frontline workers, and community organisations to promote age-appropriate and evidence-based health literacy on nutrition, anaemia prevention, bodily autonomy, healthy relationships, consent, safety, contraception, prevention of sexually transmitted infections, violence prevention, and timely help-seeking, aligned with national programmes and child-safeguarding standards.

6 Build documented, closed-loop public–private referral networks involving obstetricians and gynaecologists, paediatricians, physicians, mental-health professionals, counsellors, social workers, diagnostics, blood centres, and hospitals. Define referral criteria, named receiving facilities, feedback mechanisms, and escalation pathways so that no pregnant adolescent or newborn is lost to follow-up.

7 Ensure safe delivery and newborn follow-up, with special focus on prematurity, low birth weight, feeding support, undernutrition, stunting, and developmental risk.

8 Offer voluntary, confidential, and non-coercive contraceptive counselling and access during antenatal, post-abortion, and postpartum care, based on informed choice and the adolescent's evolving needs. Support healthy birth spacing and prevention of rapid repeat pregnancy, with follow-up through an adolescent-friendly service.

OUR COLLECTIVE COMMITMENT

To work in partnership with the Government of India and all relevant stakeholders to prevent child marriage and unintended adolescent pregnancy, ensure that every pregnant adolescent is visible to and supported by the health system through safe and respectful care, and achieve better maternal and newborn health outcomes by preventing avoidable morbidity and mortality.

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