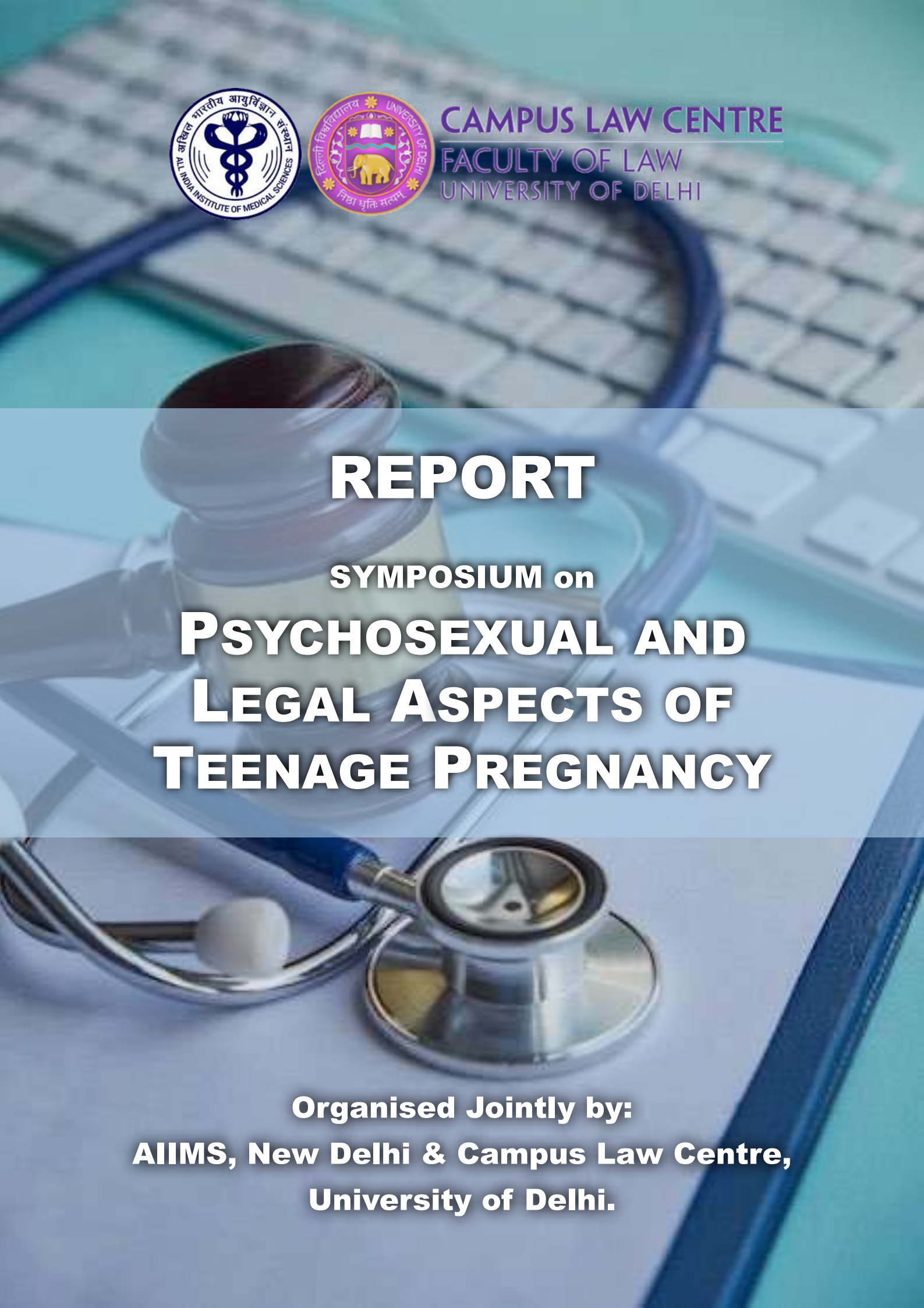

CAMPUS LAW CENTRE
FACULTY OF LAW
UNIVERSITY OF DELHI

REPORT

SYMPOSIUM on

PSYCHOSEXUAL AND LEGAL ASPECTS OF TEENAGE PREGNANCY

Organised Jointly by:

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Symposium on "Psychological and Legal Aspects of Teenage Pregnancy"

- Date: 9th October, 2025
- Venue: AIIMS, New Delhi
- Organized by: AIIMS, New Delhi & Campus Law Centre, University of Delhi.

In an era of unprecedented digital connectivity, children and adolescents face a growing number of psycho-sexual challenges. Early exposure to sexual content, coupled with the biological and social pressures of puberty, has led to a rise in issues ranging from teenage pregnancy and its complications to an increase in problematic sexual behaviours and even sexual criminality among minors. Despite the gravity of these issues, they have received insufficient attention within both the legal and medical communities. The purpose of this joint symposium, a collaborative initiative between the All-India Institute of Medical Sciences (AIIMS), Delhi, and Campus Law Centre, University of Delhi, is to bridge this gap. This symposium provided a much-needed interdisciplinary platform to address the legal and medical dimensions of these complex issues, which are often handled in a non-sensitive and fragmented manner.

The event brought together a distinguished and interdisciplinary panel comprising the **Director of AIIMS**, the **Former Chairperson of the National Commission for Protection of Child Rights (NCPCR)**, the **Chairperson of the State Commission for Protection of Child Rights, Uttarakhand**, the **Director of Perfect Tyagi Hospital**, senior faculty from the **AIIMS Departments of Psychiatry, Clinical Psychology, and Obstetrics & Gynaecology**, as well as a **Gynaecologist from the Department of Health and Family Welfare, Uttar Pradesh**, a Senior Consultant from the Department of Obstetrics and Gynaecology, **Lok Nayak Hospital, Maulana Azad Medical College, New Delhi**, and a Professor of Neurology from **GB Pant Hospital, New Delhi.**

The discussion was structured across two expert sessions —

1. The first session, dedicated to the **Medical Perspective**, featured eminent gynaecologists and obstetricians who confirmed the acute physical risks of early motherhood. They highlighted that the dangers are significantly magnified by the national crisis of undernourishment, noting that the prevalence of **anaemia among adolescent girls is 59.1% (NFHS-5)**.
2. The second session addressed the **Legal, Psychological, and Neurodevelopment Perspective**. Experts utilized neurodevelopment science to confirm the inherent immaturity of the adolescent brain's prefrontal cortex, establishing the inability of those under 18 to provide fully informed consent.

The unified consensus across all disciplines is that adolescents are not equipped to navigate the profound physical, emotional, and legal complexities of sexual activity. This vulnerability is dramatically amplified by inadequate mental health infrastructure (low psychiatrist-to-population ratio), escalating digital exploitation, and the failure of current contraceptive programs. The resultant declaration, detailed in the following pages, provides an urgent, multi-faceted call to action to maintain robust legal protections and prioritize systemic social and educational support for India’s youth.

DECLARATION

After long discussions and deliberations amongst learned members from medical science, legal academia, psychology, and other key stakeholders, we hereby declare the outcome of the symposium: Teenage pregnancy, the use of contraceptives, and the influence of modern media on adolescent brain development and sexual behaviour are complex, multidimensional, and interconnected issues that demand a protective legal and social framework.

1. Unwanted Teenage Pregnancy and Its Severe Complications

Teenage pregnancy remains a serious health and social crisis in India, carrying significant, multifaceted impacts on young mothers, their infants, and society.

1.1 Risks for Teen Mothers

- **Increased Pregnancy Complications:** There is a higher risk of hypertensive disorders, preterm labor, eclampsia, and postpartum infections (World Health Organization - WHO).
- **Greater Maternal Mortality:** Pregnancy-related complications are a leading cause of death among females aged 15–19. ***Girls under 18 face up to four times higher risk of maternal death compared to adult women.***
- **Poor Nutritional Status:** High rates of anaemia and other deficiencies are prevalent due to poor eating habits and inadequate prenatal care. The severity of this risk is highlighted by the national crisis: the prevalence of **anaemia among adolescent girls is 59.1% (NFHS-5, 2019-21)**, making pregnancy in this demographic an extreme medical risk for both mother and infant.
- **Physical Immaturity:** An underdeveloped pelvis in girls under 18 increases the risk of obstructed labor, caesarean deliveries, and lifelong health consequences.
- **Mental Health Issues:** Adolescent mothers face elevated risks of stress, anxiety, depression, and low self-esteem due to social stigma, lack of support, and economic hardship.
- **Key Points:**
    i. **Bone Development:** Bone modelling and remodelling continue until approximately 19 years of age. Pregnancy during adolescence disrupts skeletal growth and development, leading to long-term physical health risks, especially for undernourished girls.
    ii. **Ideal Age for Pregnancy:** The optimal age for conception and healthy pregnancy is 20-21 years, when the female body has fully matured.
    iii. The risk of **cervical cancer** is substantially higher among adolescent females who engage in sexual activity.
    iv. Anaemic mortality is a common cause of death among adolescent mothers.
    v. Early pregnancy cannot be justified on social, cultural, or health grounds.

1.2 Risks for Infants

- **Preterm Birth and Low Birth Weight (LBW):** Infants are more likely to be premature and underweight, increasing long-term health and developmental challenges.
- **Neonatal Mortality and Morbidity:** There is a higher risk of stillbirth, congenital anomalies, and early neonatal death.
- **Intergenerational Disadvantage:** Children of teenage mothers are more vulnerable to malnutrition, poor education, and perpetuating the cycle of poverty.
- **<u>Key Observations:</u>**

1. The adolescent female body is still developing, and the pelvic structure may not support safe childbirth.
    i. A 16-year-old's pelvis is 5–10% less mature and smaller than that of an adult woman.
    ii. The uterus of a 16-year-old is 20–30% smaller; by 18 years, it becomes nearly mature.
2. Health Risks of Adolescent Pregnancy:
    i. Increased risk of obstructed labour, eclampsia, anaemia, postpartum haemorrhage, and low-birth-weight infants.
    ii. Greater vulnerability to malnutrition and stunted growth, which adversely affect both mother and child.

2. Socioeconomic and Educational Impact

Teenage pregnancy has profound societal consequences, often perpetuating cycles of poverty and disadvantage, thereby undermining national development goals.

- **Interrupted Education:** Teenage mothers are far more likely to drop out of school, limiting career opportunities and future economic independence.
- **Cycle of Poverty:** Early childbearing increases long-term dependency on the immediate family or the state, creating a substantial public burden.
- **Social Stigma:** Young mothers often face isolation, ostracization, and discrimination, worsening their mental health and ability to support their children.

Opinion on Abortion:

Doctors distinguished between urban and rural contexts when discussing abortion among adolescents.

1. Rural Areas:

- Many adolescent girls in rural areas remain unaware of their pregnancy until the seventh or eighth month.
- Due to limited access to safe medical facilities, they often resort to unsafe, unregulated abortions, resulting in:
  i. Severe complications and infections.
  ii. High maternal mortality rates.
  iii. Long-term infertility or reduced fertility.

2. Medical Consensus:

- Prevention is better than cure. Preventing adolescent pregnancies through comprehensive education, improved access to reproductive healthcare, and legal reforms can significantly reduce unsafe abortion cases.
- Stronger laws and public health initiatives should aim to prevent early pregnancies and protect adolescent health.

3. The Dangers of Contraceptive Use for Teenagers

While contraceptives are essential, their use among adolescents presents unique challenges that underscore the limits of viewing them as a complete protective solution.

3.1 Side Effects and Broader Concerns

- **Side Effects of Hormonal Contraceptives:** Common issues include irregular bleeding, headaches, nausea, weight fluctuations, mood swings, and decreased libido. Serious (though rare) risks include blood clots, stroke, and heart attack.
- **Lack of STI Protection:** Most methods (pills, IUDs, implants) prevent pregnancy but **do not protect** against sexually transmitted infections (STIs), including HIV.
- **User-Dependent Failure:** Pills and condoms require consistency. Adolescents are likely to misuse them due to forgetfulness, peer pressure, or lack of awareness, leading to a higher rate of unintended pregnancy.

3.2 Failure of Current Systems

- The persistent high **Adolescent Fertility Rate of 43 births per 1,000 women aged 15–19 (NFHS-5, 2019-21)** confirms that existing reproductive health services and contraceptive awareness efforts are currently failing to provide adequate, reliable protection.

3.3 Key Insights:

The panel of doctors discussed the use of contraceptives **among 15–16-year-old girls** and associated consequences.

- Many adolescents in economically backward regions suffer from malnutrition and limited healthcare access, making them more vulnerable to the side effects of contraceptive misuse and complications from early pregnancy.
- Adolescents often avoid consulting medical professionals, instead relying on self-administered contraceptive methods.
- Even when provided with correct information, adolescents lack the emotional and cognitive maturity to fully understand the long-term effects of contraceptive use.
- Medical experts unanimously stated that expecting a 16- or 17-year-old to comprehend such consequences is unrealistic.

4. Why Teenagers Cannot Fully Make Informed Sexual Decisions

The debate on consent must be grounded in the biological and psychological reality of adolescent development, which demonstrates an inherent lack of maturity for life-altering decisions.

•**Immature Prefrontal Cortex:** The brain area governing decision-making, impulse control, and risk assessment (the prefrontal cortex) achieves full maturity only in the mid-20s. Adolescents therefore struggle with foresight and risk evaluation.

•**Arbitrary Legal Inconsistency:** The cognitive and psychological immaturity of adolescents is institutionally recognized by laws that deny a 16-year-old the capacity to vote, drive, or enter a binding contract. To grant sexual consent, an act with profound, permanent consequences while denying other forms of civil autonomy creates a **state of arbitrary legal inconsistency** across our statutes.

•**Reliance on Emotional Brain Centres:** Adolescents exhibit greater dependence on the amygdala (emotional center), making their decisions impulsive, emotionally driven, and vulnerable to manipulation.

- **Severe Public Health Crisis:** This emotional volatility contributes directly to the national crisis of youth mental health: emotional distress and relational conflict contribute to the severe public health crisis of suicide, which remains the **leading cause of death among young women aged 15–19 in India (NCRB Data)**.
- ***Adolescent Sexual Behaviour:***

i. Adolescents aged 16–17 years face higher risks of emotional distress, depression, and confusion regarding sexuality.

ii. Even a two-year age gap can create vast differences in maturity and understanding.

iii. Hormonal and psychological transitions should be acknowledged when assessing adolescent behaviour.

iv. The focus should be on guidance and education.

- **Conclusion**: Due to these biological and psychological factors, adolescents are neurologically predisposed to make impulsive decisions without fully comprehending their implications. Therefore, comprehensive sexual education, parental guidance, and emotional support are essential to help young people navigate these developmental challenges responsibly.

5. The Impact of Digital Media and Exploitation

The digital environment has introduced new vectors of risk, complicating the concept of "consent" and necessitating stronger legal protection.

• **Distorted Views of Sexuality:** Exposure to explicit, often violent content (pornography) normalizes unsafe sex, objectification, and aggression, influencing harmful long-term attitudes.

• **Escalating Digital Exploitation:** The digital environment poses an immediate, escalating threat. Reports indicate a colossal rise in Child Sexual Abuse Material (CSAM) originating from India, with millions of global reports linked to the country.

• ***Psychological and Neurobiological Impact of Pornography:*** Excessive and early exposure to pornographic content significantly alters adolescent brain development. Research in neuropsychology indicates that such exposure overstimulates the brain's reward system (dopamine pathways), leading to addiction-like behaviour, desensitization to normal stimuli, and distorted perceptions of intimacy. This rewiring of neural circuits fosters unrealistic expectations about relationships, normalizes aggression, and reduces empathy. Moreover, frequent viewing of violent or degrading content increases tolerance toward sexual coercion and objectification, directly influencing real-life behavioural patterns. These effects collectively contribute to emotional detachment, anxiety, and depressive symptoms among adolescents.

- **Manufactured Consent and Grooming:** The rise of **sextortion and online grooming** highlights that digital 'consent' is frequently manufactured through emotional manipulation. The existing protection of the **POCSO Act (age 18)** is an **indispensable bright-line rule** for prosecuting these pervasive digital crimes, as it eliminates the perpetrator's defense of "consensual" digital intimacy.
- **Brain Changes:** Excessive pornography consumption impacts brain structure and function, weakening control systems, overstimulating reward pathways, and contributing to anxiety, irritability, depression, and cognitive decline.

Framework for Action – Towards a Safer Future:

These factors collectively demonstrate that adolescents are not yet fully equipped to navigate the complexities of sexuality. The path forward is to strengthen, not dismantle, the protective legal and social infrastructure.

- **Integrate and Strengthen National Adolescent Health Programmes**: The ***Rashtriya Kishor Swasthya Karyakram (RKSK)***, launched by the Ministry of Health and Family Welfare in 2014, provides a comprehensive framework for adolescent health across six key thematic areas: nutrition, sexual and reproductive health, mental health, injuries and violence (including gender-based violence), substance misuse, and non-communicable diseases. The symposium emphasized that RKSK's outreach and counselling components, such as Adolescent Friendly Health Clinics (AFHCs) and Peer Educator Programmes, must be more effectively integrated with legal awareness initiatives and mental health interventions. This alignment will ensure a holistic, preventive, and youth-centric approach to psycho-sexual health and protection.
- **Address the Mental Health Gap:** The policy framework must urgently address the severe **treatment gap in mental healthcare**. India has significantly fewer psychiatrists per 100,000 population than the WHO recommended standard. Counselling and psychological support must be mandated and made accessible within all educational and health institutions.
- **Implement Balanced Sexuality Education (CSE):** We need **Comprehensive Sexuality Education** that is balanced. It must teach by explicitly detailing the **harms** of premature activity: emotional trauma, permanent digital risk, and severe health consequences like high pregnancy rates (NFHS-5). Knowledge of these risks is paramount protection.
- **Strengthen Institutional Healthcare:** Strengthen adolescent health services, ensuring confidential and safe access to reproductive healthcare and non-judgmental counselling to mitigate the severe physical and psychological risks outlined above.
- **Ensure Digital Safety Measures:** Draft effective policies and invest in enforcement to protect children from harmful pornographic content and early sexualization, focusing on reducing harmful exposure and prosecuting exploitation.
- **Combat Pornography-Induced Harm:** Policymakers, educators, and digital platforms must collaborate to curb the psychological and social harms of pornography consumption among adolescents. Awareness campaigns should explicitly address how habitual exposure erodes impulse control, reshapes neural reward patterns, and cultivates distorted views of sexuality and consent. Integrating this awareness within the *Rashtriya Kishor Swasthya Karyakram (RKSK)* and school-based mental health programmes can help equip adolescents with critical digital literacy and emotional resilience.
- **Promote a Culture of Protection:** Promote a culture that universally safeguards childhood until children reach physical, psychological, and emotional maturity (age 18).

We emphasize that protecting children from the ill effects of online exploitation and premature exposure is an urgent priority, as it poses serious risks to their psycho-sexual development. Strengthening laws, policies, and community initiatives must go hand in hand with age-appropriate education, parental guidance, and supportive systems to ensure the healthy growth of every child.

ATTENDEES:

1. **Dr. Geeta Khanna** — Chairperson, State Commission for Protection of Child Rights, Uttarakhand

2. **Shri Priyank Kanoongo** — Former Chairperson, NCPCR & Member, NHRC

3. **Prof. (Dr.) Gunjan Gupta** — Professor-in-Charge, Campus Law Centre, University of Delhi

4. **Prof. (Dr.) Alka Chawla** — Former Professor-in-Charge, Campus Law Centre, University of Delhi

5. **Prof. Pratap Sharan** — Head, Department of Psychiatry, AIIMS, New Delhi

6. **Prof. Rajesh Sagar** — Department of Psychiatry, AIIMS, New Delhi

7. **Dr. Swapan Dasgupta** — Professor of Neurology, GB Pant Hospital, New Delhi

8. **Dr. Pushpa Mishra** — Senior Consultant, Department of Obstetrics and Gynaecology, LN Hospital, MAMC, New Delhi

9. **Dr. Meera Pathak** — Gynaecologist, Department of Health and Family Welfare, Government of Uttar Pradesh

10. **Dr. Mamta Tyagi** — Consultant Gynaecologist and Endoscopic Surgeon, Director – Perfect Tyagi Hospital & Max Patparganj

11. **Dr. Neha Varun** — Assistant Professor, Department of Obstetrics and Gynaecology, AIIMS, New Delhi

12. **Prof. Sujata Satapathy** — Clinical Psychology, Department of Psychiatry, AIIMS, New Delhi

13. **Dr. Seema Singh** — ***Coordinator of the Symposium*** & Professor, Campus Law Centre, University of Delhi

14. **Prof. Nand Kumar** — ***Coordinator of the Symposium*** & Professor In-Charge, ICMR CARE in Neuromodulation for Mental Health, Department of Psychiatry, AIIMS, New Delhi

15. **Dr. Barre Vijaya Prasad** — ***Coordinator of the Symposium*** & Dept. of Psychiatry, AIIMS, New Delhi.

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