

## Letter to the Editor

# Rising trends of late marriage and delayed conception - a public health concern

Sir,

The trend of late marriage and delayed conception is increasingly evident in India, reflecting changing socio-economic aspirations and lifestyle transitions. According to the National Family Health Surveys (NFHS-5), the median age at first marriage for women has increased to 19.2 years nationally and in several urban states, it is well above 21 years. Similarly, the median age at first birth has shifted upward, indicating the postponement of parenthood.<sup>1</sup> While this may highlight social progress, it carries several medical and social implications that warrant attention.

Advanced maternal age ( $\geq 35$  years) is consistently associated with reduced fertility and increased need for assisted reproductive treatments.<sup>2</sup> It also raises risk of miscarriage, gestational diabetes, hypertensive disorders, preterm birth and caesarean delivery.<sup>2-4</sup> Moreover, chromosomal anomalies such as Down syndrome become

significantly more likely with advancing maternal age.<sup>5</sup> Paternal age, though less frequently discussed, has also been associated with reduced semen quality, DNA fragmentation and greater risk of autism spectrum disorder and schizophrenia in offsprings.<sup>6</sup>

The impact extends beyond clinical outcomes, affecting multiple domains: psychosocial health (greater stress, anxiety, marital strain); family dynamics (shortened parenting spans, fewer years of intergenerational caregiving, potential isolation); economic aspects (higher financial burden of fertility treatments and later-life parenting); and societal implications (population ageing, shrinking support structures) these shifts can strain both household dynamics and healthcare systems.<sup>2,4</sup>

A summary of risk associated with advanced parental age is presented in Table 1.

**Table 1: Health risk associated with advanced maternal and paternal age.**

Parental age (years)	Associated risks
<b>Maternal <math>\geq 35</math></b>	Infertility, miscarriage, gestational diabetes hypertensive disorders, Preterm birth, caesarean delivery, chromosomal anomalies (e.g., Down syndrome)
<b>Paternal <math>\geq 40</math></b>	Reduced sperm quality, DNA fragmentation, increased risk of autism spectrum disorders, and schizophrenia

To address this concern, reproductive health education should expand its focus from contraception to fertility awareness. Premarital and preconception counselling can play a role in guiding couples to make informed decisions. Workplaces should adopt family-friendly policies that reduce the pressure to delay parenthood. Additionally, public health campaigns are needed to normalize early discussions around fertility planning while respecting individual autonomy.

As India undergoes rapid demographic transition, balancing aspirations with ecological realities is crucial. The public health system must integrate standardized fertility counselling and psychosocial support, while policymakers should consider workplace and social measures to enable healthier family planning choices.

Journals such as yours play a vital role in initiating dialogue and fostering awareness on this emerging issue.

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