

## Review Article

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# Status of Adolescents in SAFOG countries

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### Abstract

**Objectives:** To determine status of the adolescents in the context of education, nutrition, gender role, employment and reproductive rights in selected member countries of SAFOG.

**Materials and methods:** An analysis has been made through review of printed and electronic resources on selected parameters of adolescent health.

**Results:** The opportunity of primary education is not universal and gross disparity in youth literacy rate between male and female exist in most countries except a few. Malnutrition is quite prevalent in some countries reflected by a high proportion of low birth weight newborn and stunted adolescents. Employment opportunities for adolescent girls are less than the boys and many are engaged in non productive and domestic work. Gender discrimination is quite pronounced in how girls and boys are socialized, in household food allocation, opportunity for education, employment and in wage for work. In the traditional culture of this region talking about sex is a taboo and adolescents are poorly informed with regard to their own sexuality, physical well being, health and rights.

**Conclusion:** The sheer number of adolescents and their great potential of physical, mental and social development have made them a special group to be dealt with priority. Professional bodies like SAFOG can take a leading role in this respect.

### Introduction

The new millennium has started with the global development goals and commitments to its population. Globally one in five people are adolescents and 85% of them live in the developing countries<sup>1</sup>. About 60% of world adolescents belonging to 10-19 years live in countries of Asia and constitutes about 18-25% of its population<sup>2</sup>. Due to high level of fertility they are projected to be accounting about 40% of population by 2010 in Bangladesh, India and Pakistan<sup>3</sup>.

The objective of this review was to explore the adolescent status of some member countries constituting SAFOG. Analysis has been made in terms of the social context, opportunities for education and employment, nutrition, marriage and child bearing, gender roles and adolescent rights consulting the papers and documents obtained from print and electronic resources.

### Social context of adolescents

Adolescence is a phase rather than a fixed time period and marked by dramatic physical, psychological and social changes towards adult identity. This also marks the period in which young people starts sexual activity<sup>4</sup>. The status of adolescents varies with the diversity of social, cultural, ethnic, religious and economic context

of SAFOG region<sup>3,5</sup>. It is difficult to categorize adolescents according to the age and sex group. Thus married adolescent females are considered adults whereas males of same age still at school are considered children<sup>3</sup>. The traditional societies of Bangladesh, Pakistan and India still presume that the transition from childhood to adulthood is brief and marked by marriage, particularly for girls<sup>3,5,6</sup>. Most of the adolescent girls are forced to leave school, working or get married & start a family of their own<sup>7</sup>. The emotional and psychological transition is overlooked and a carefree adolescence is almost lacking. Sexuality is subject to extreme legal and social controls thus access to information and services for adolescents are almost non-existent<sup>3,5,6</sup>.

### Education

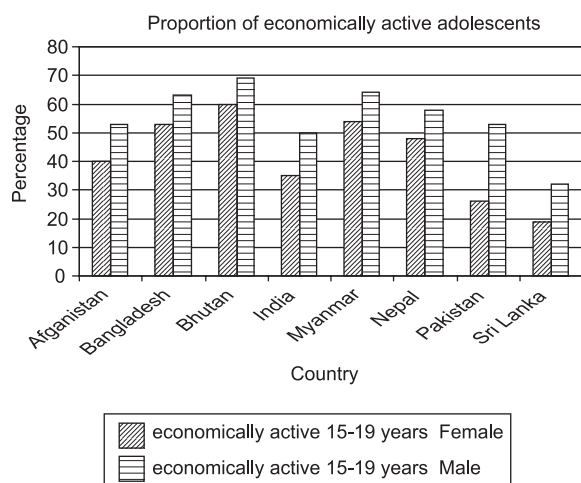
In much of SAFOG region fewer eligible adolescents are enrolled for schools yet for girls the enrolment is often less than half of that for boys<sup>8</sup>. However, the picture in Bangladesh is quite reverse with greater enrollment in primary and secondary school as expressed in Table 1<sup>9</sup>. This could be a reflection of government policy of free education for girls up to grade XII and food for education program.

**Table-I**  
*Education Profile of adolescents in SAFOG countries*

Country	Youth literacy rate (%)		Primary school enrollment (ratio)		Secondary school enrollment ratio (2000-2007)	
	15-24 yrs		ratio (2000-2007)		ratio (2000-2007)	
	Male	Female	Male	Female	Male	Female
Afghanistan	49	18	126	75	28	9
Bangladesh	71	73	101	105	43	45
Bhutan	83	73	103	101	51	46
India	87	77	114	109	59	49
Myanmar	97	96	114	115	49	49
Maldives	98	98				
Nepal	85	73	129	123	46	41
Pakistan	80	60	94	74	34	26
Sri Lanka	97	98	108	108	86	88

**Employment:**

Employment opportunities for adolescent girls are less than the boys and many are engaged in non productive and domestic work. However, proportion of economically active boys and girls aged 15-19 years are (63vs 53%), (50vs 35%), (53vs 26%), (40 vs 34%), ( 32vs 19%) and (34vs 30%) in Bangladesh, India, Pakistan, Indonesia, Sri lanka and Malaysia respectively as shown in (Figure 1)<sup>2</sup>. In Bangladesh garments sector had looked promising for young women, employing about 1.2 million workers of which 90% are females and typically young, single and recent arrivals from poor and rural areas<sup>10</sup>.



**Fig.-1:** *Distribution of adolescents according to economically active.*

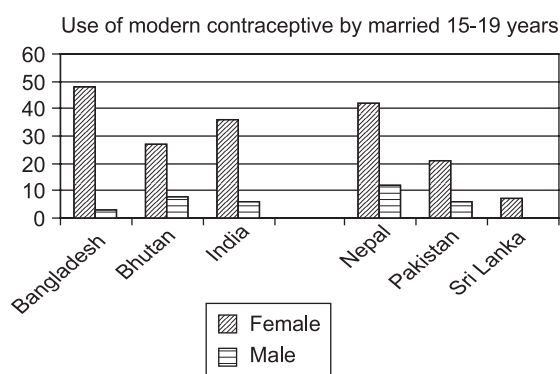
**Marriage and contraception**

In much of the world sexual activity begins during adolescence before or within marriage<sup>11</sup>. Over 14 million adolescents give birth each year and about 85% of those births occur in developing countries<sup>12</sup>. The proportion of women aged 15-19 years who have ever been married remain about one half in Bangladesh and 60 % of married adolescent become mother before reaches the age of 19 years<sup>13</sup>. Early marriage and childbearing is a social norm as shown in (Table II)<sup>14</sup>. The rate of marriage among adolescent girls of 15-19 years is about 18 times higher than the boys<sup>7</sup>. Education of adolescents is of prime importance to increase mean age at marriage and child bearing. One study from rural Bangladesh found the mean years of schooling was significantly higher among the unmarried adolescents<sup>15</sup>. Women with at least a secondary level education eventually give birth to one third or one half as many children a woman with no formal education<sup>14</sup>.

**Table-II**  
*Distribution of adolescents according to marriage and child bearing*

Country	Mean age at first marriage	% of married 15-19 yrs	% of birth by age 20 yrs
Bangladesh	14	48	63
India	20	38	49
Nepal	16	43	52
Pakistan	22	24	31
Sri Lanka	24	7	16

Married adolescents are less likely to use contraceptive than 20-24 years age group and reported as 34%vs 47% (Bangladesh), 5%vs 2% (India), 9%vs 21% (Nepal), 2% vs 9% (Pakistan) respectively<sup>2</sup>. Figure 2 shows use of modern contraceptives by married adolescents and indicates almost negligible use by males<sup>2</sup>. There is paucity of data regarding contraceptive use by unmarried sexually active adolescents. However, study indicated most adolescents are ignorant about the physiological process of puberty, how to protect themselves from unwanted and unsafe sexual practice and the correct use of contraceptive methods<sup>15,16</sup>.



**Fig.-2:** Distribution according to use of contraception among married 15-19 years in selected countries

### Nutrition

Malnutrition is quite prevalent in some countries reflected by a high proportion of low birth weight newborn and stunting in adolescence. Proportion of low birth weight is reported as 14.3%, 17%, 8.5%, 40% in Nepal, Sri Lanka, Bhutan and Bangladesh respectively<sup>9</sup>. Prevalence of anaemia among adolescents are 36%, 55% and 42% in Bangladesh, India and Nepal respectively<sup>3,6,17</sup>. Stunting is also highly prevalent in Nepal (47%), Bangladesh (48%) and India (32%)<sup>3,6,17</sup>. An estimated 11 million children in South Asia are born each year at weight less than 2500 grams, amounting for over 50 percent of all LBW neonates in the world<sup>18</sup>. Poor nutritional status continues through childhood and an adolescence that sets in a vicious circle of malnutrition throughout the life cycle<sup>19</sup>.

### Gender issues

The differences between how girls and boys are socialized are quite profound in Pakistan, Bangladesh, and India<sup>3,5,6</sup>. Overall a low status is

accredited for women as expressed in the ancient Indian proverb "A person has to have sinned in his past life to be born as a woman". The discrimination is reflected in household food allocation, opportunity for education, medical care and liberty to move out of the house, employment and in wage for work<sup>20</sup>. In many respects girls are from an early age treated as more mature and morally developed than the boys, and are engaged in household chores<sup>5</sup>. Because daughters are sent away to marry, parents of girls do not reap the benefits of the resources invested in them as children. This is why the popular saying in India, "raising a girl is watering the neighbors garden" rings poignantly true<sup>21</sup>.

The tradition of dowry is closely connected to the view of girls as a burden to the family. Violence is often associated with the failure to pay a promised dowry. In many parts of south Asia girls food consumption is limited for fear that they will grow too rapidly and the family will be under pressure to accumulate the dowry and early marriage<sup>22</sup>. However, the situation is changing with implementation of law against dowry system in Bangladesh, India and women empowerment is addressed in different ways.

### Violence and suicide

Adolescent girls are victims of various types of violence in most societies and cultures in Asia. Sexual violence is often referred to as "hidden" crime, mostly underreported<sup>23</sup>. Nearly 50 percent of all sexual assaults worldwide are against girls of 15 years or younger<sup>7</sup>. Sexual violence against working girls, particularly factory girls is common in countries like Sri Lanka, Bangladesh, Philippine, India. Female victims seldom report their plight for fear of being shamed and stigmatized<sup>11</sup>. Many acid survivors are girls below 18 years<sup>20</sup>.

The psychological consequences of adolescent violence include suicide and mental health problems<sup>3</sup>. A national Survey in Bangladesh revealed that suicide was the leading case of death among 15-17 years old girls and the underlying factors were psychosocial maladjustment and violence<sup>24</sup>. Adolescent girls are at risk to trafficking or the cross border movement from Bangladesh, Myanmar, Pakistan to be used as prostitutes abroad, particularly in the Gulf<sup>5</sup>. Young boys and girls taken into safe or protecting custody by the police are also vulnerable to rape and physical abuse<sup>8</sup>.

### **Sexually transmitted infection (STI/AIDS)**

Globally one in 20 adolescents contract a STD each year and half of all new HIV infection occurs among 15-24 years old<sup>25</sup>. The effect of globalization, rising age at marriage, rapid urbanization and greater opportunity for socialization heightens the risk of STI, HIV/AIDS<sup>26</sup>. In Nepal about 23% of all HIV infected cases belong to the adolescent group<sup>17</sup>. In India, approximately 12–25 % of all STI cases are among teenage boys<sup>6</sup>. Different study among the youths in Bangladesh reported premarital sex, unprotected sexual activities with multiple partners and ignorance about transmission and prevention as a cause of STI and HIV/AIDS<sup>15,16</sup>. Prevalence of HIV/AIDS is low in most countries of SAFOG and reported 0.3%, 0.7% 0.5% and 0.1% in India, Myanmar, Nepal, Pakistan and Bhutan respectively<sup>9</sup>. However, there is constant threat of spread as the prevalence of IDU, substance abuse and other risk taking behaviour is quite high<sup>3</sup>.

### **Reproductive rights of adolescents**

During the last few decades there has been major shifts in the understanding about reproductive health need & rights of adolescence<sup>7</sup>. In 1994 the International conference on population recommended that governments should ensure that adolescence, both boys and girls receive adequate education including family life and sex education and suitable family planning information and services. These services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs<sup>27</sup>. The 1992 declaration of the International congress on population education requested to widen the scope of education on population issues and to include in addition to sex and family life education topics like AIDS prevention, adolescence pregnancies and the relationship between population, environment & resources. Government of Nepal, Bangladesh, India, Pakistan, Sri Lanka has formulated different policy, strategy and programs to increase the availability of and access to information on adolescent health and development; provide opportunities to build skills, increase accessibility and utilization of health and counselling services; and promote a safe and supportive environment for adolescents<sup>3,5,6,17,26</sup>.

### **Conclusion :**

Social context of adolescents is quite similar across the countries of SAFOG region. Universal access to

education still lacking in some countries. Gender discrimination in terms of education, employment, nutrition and violence is a common problem. With increasing urbanization and modern life style the vulnerability to certain health hazards like sexually transmitted infection also rises. Scope of sex education for adolescents is very limited. Reproductive rights of adolescents are executed inadequately. Health and development of adolescents are important determinants of millennium development goals and they should be nurtured appropriately in specific demographic and socio-cultural context of individual country to build up a strong foundation for the future adulthood.

### **Recommendation**

Adolescent are emerging as a priority issue in most countries of Asia and their special needs are recognized. Professional bodies like SAFOG could be the pioneer to initiate new ideas and programs with mutual collaboration and support for overall development of adolescents of the region.

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