

Adolescent Reproductive Health: A Challenge For The Millennium

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Abstract

In Bangladesh, 25% of our population is adolescents. Among the 32 million adolescents, 51 % are girls. Early marriage is customary for female adolescents in Bangladesh. 47% of the young adolescent girls are married even before they are 15 years old while 78% are married before the age of 18. Poverty and other reproductive and development problems affects boys and girls, while unwanted pregnancies, gender bias, malnutrition and forced prostitution affects mostly on adolescent girls. Adolescent and youth in Bangladesh are particularly vulnerable to health risks, especially in the areas of reproductive health. This is due to their lack of access to information and services and societal pressure to perform as an adult not with standing the physical, mental and emotional changes they are undergoing. A large number of adolescent girls of our country suffer from malnutrition. Malnourished adolescent girls grow up with decreased learning capabilities, lower immunity

status, repeated infection, difficulties and disabilities in their reproductive health. Among the working girls in urban Dhaka, 50% of the garment workers are adolescents. The most health affecting factor is that they work 12 hour a day on average. Their reproductive health is at risk due to poor dietary intake. Inevitably, both married and unmarried adolescent girls are at risk for various reproductive health problems including unwanted pregnancies, risk associated with early pregnancies and STDs/HIV/AIDS. It is clear that nutritional, reproductive, behavioral and other health disorder among the adolescent girls impose a major burden in this country. In order to improve the health status and reproductive health rights, a need based intervention must be undertaken. The government of Bangladesh has identified adolescent health, nutrition, reproductive need and education as a priority and challenge and to face this challenge.

Who are the adolescent girl ?

Adolescent are defined by the World Health Organization (WHO) is the period of life between 10 to 19 years.¹ Adolescence (Latin: Adolescence = to grow) is the period of life during the carefree child in the road to adulthood. The period adolescence accompanied by its profound change in growth rate, body composition and marked physiologic and endocrine changes, in a time of life when individual is at particular health risk.² In Bangladesh, where son preference is predominant in its social and cultural environment, lack of access to education, nutrition and other needs adversity affect physical, mental, social and psychological growth of around 16 million female adolescents.³

Adolescent girls are the most vulnerable section of the community, why?

There are 1.2 billion adolescents world wide today, that is one in every five people on the

planet in aged between 10 and 19 years 1.7 million of them die due to violence, suicide, accidents and illness, Five in every minute get HIV and 70,000 adolescent mother die due to pregnancy related complications.⁴ Among the total 32 million of adolescent of Bangladesh, 51% are girls. Half of them aged 15-19 years are married, 70% of the pregnant girls under age 20 receive no antenatal care while 97% of birth occur at home. Nearly 60% of adolescents become mother before they become 18.⁵ Most of the adolescent mother are acutely malnourished. Short maternal height has been found to account for a sizable number of low birth weight babies, who are subsequently more susceptible to infection and death in infancy.^{4,5} Adolescent girls are the greatest Untapped resource for social and economical development in all nations.

Adolescent Reproductive health in Bangladesh

International Conference on population and Development (ICPD) held in Cairo in 1994 upheld the reproductive needs and rights of women as central to the ways of addressing population and development.⁴ The reproductive health needs of young women are quite different from those of

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young men, principally because of their young age at marriage.³ According to WHO, worldwide, girls younger than 18 are up to five times more likely to die in childbirth than are women in their twenties.⁶ The magnitude of reproductive health problems of Bangladesh women is reflected in the national high maternal mortality rate (MMR) of 3 per thousand live births, but adolescent MMR is 5-8 per 1000 live births.⁷ A study showed that girls are 10-14 years had an MMR nearly five times higher than that of women aged 20-24 years.⁸

Issues, Need To Be Addressed To Meet The Reproductive Health Needs Of The Adolescents Girls

Nutritional Status

Malnutrition during adolescence has serious long time effects on the health and nutritional status of the population. A large number of adolescent girls suffer from malnutrition. Over one half of adolescent girls are stunted and more than one third of adolescent girls in rural areas are wasted 43% of adolescent girls suffer from iron deficiency anaemia. Short material height is one of the leading cause of low birth weight babies (2.5 kilogram).⁴ Low birth weight babies are most vulnerable to death in their childhood. Those who survive grow as undernourished adults, giving rise to an intergenerational cycle of undernourished. Additionally, Small Pelvis size may cause obstructed labour due to cephalopelvic disproportion. The Consequences for women range ill health (from chronic morbidity due to infections of the reproductive system and conditions such as vesicovaginal fistula) to death during and after childbirth.⁹ Knowledge of nutrition among adolescent is poor and they are generally unaware of the needs to consume healthy quantities of foods such as fish, meat, eggs, milk, vegetables during pregnancy and lactation & visible goitre is nearly twice as common among adolescent girls compared with adolescent boys⁹. Vitamin A deficiency among adolescent female is associated with increased illness, reduced work capacity, and lower health status during pregnancy.^{4,9}

Early Marriage

Early marriage is very common for female adolescents in Bangladesh. Almost all of these marriage are arranged by their parents. Approximately 75 percent of the girls are married before the age of 16, and only 5 percent are

married after 18 years, which is the legal age of marriage for females in Bangladesh.¹⁰

Early Pregnancy

Like early marriage, early pregnancy is common among female adolescents in Bangladesh. Pregnancy and motherhood often occur before adolescents are fully developed physically, which expose them to particularly acute health risks during pregnancy and childbirth. Early pregnancy can result in severe damage to the reproductive tract, elevated risks of maternal mortality, pregnancy complications, Prenatal and neonatal mortality and low birth weight.^{10,11}

Septic Abortion

Septic abortion is one of the leading cause of death among those who want to end a pregnancy that is unplanned and, in many cases, is a consequence of sexual union outside of marriage or within a marriage that has yet to be recognized by family members. The health consequence of abortion is particularly acute for adolescent.¹²

STDs and HIV/AIDS

The risk of contracting STDs including HIV/AIDS is a major public health concern for adolescents. Since the sexual habits of unmarried girls and boys of this age group changing rapidly, knowledge of STDs is crucial. About half of the adolescents could not correctly identify a single STDs Symptom.

Management of Menstruation

The hygiene during menstruation is a vital aspect of adolescent's reproductive health. Rural Advancement Committee (BRAC) study showed that most of the girl (80%) in the Bangladesh most of the study uses pieces of old rags (nakra) as pads during menstruation, while others did not use anything.¹⁴

Adolescent in Slums of Dhaka.

In Bangladesh, a large number of adolescent and young women migrate from rural areas to participate in wage labour. Most of them live in city slum areas and work in the garment industry. An estimated 80% of all total garment workers are female, of whom 50 percent are adolescent girls. A nutritional study of adolescent working girls in a city garment factory revealed low energy and nutrient intake. Their reproductive health is at risk due to long working hours, Faulty food intake palter and no knowledge on STDs & HIV.¹⁵

Table 2. Reproductive Health Knowledge of Young People in Bangladesh, 2000

	Indicators	Unmarried adolescent (N=1,320)	Married adolescent (N=280)	Unmarried youth (N=480)	Parents (N=480)	Community Leaders (N=80)
1.	% thinks love is natural	72.6	77.5	80.7	-	-
2.	% support more than one marriage	6.9	0.9	4.5	8.6	26.3
3.	% support dory	4.7	9.8	6.3	1.7	0.3
4.	% of male having experience of drug abuse	5.3	5.2	7.6	-	-
5.	% don't support marriage of girls below 18 years	-	-	-	93.4	99.0
6.	% in favor of self-choice of partner for marriage	17.4	36.5	35.0	16.7	32.0
7.	% experienced pre-marital sex	6.0	7.4	21.0	-	-
8.	% don't use condom during 1st intercourse (pre marital)	57.3	39.1	53.1	-	-
9.	% unaware about mental changes during adolescence	15.4	21.9	13.6	-	-
10.	% unaware about physical change during adolescence	11.9	16.4	15.6	10.6	-
11.	% female unaware about consequences of not maintaining menstrual hygiene	30.4	28.2	28.8	-	-
12.	% of female not informed about management of menstruation before onset.	24.0	-	25.0	23.4	-
13.	% unaware about cause of menstruation	55.4 (female)	58.4 (female)	57.7 (female)	47.8	21.3
14.	% unaware about HIV/AIDS	27.9	48.1	17.2	-	-
15.	% unaware about Gonorrhea	86.2	74.7	62.1	-	-
16.	% unaware about Syphilis	87.5	60.1	51.1	-	-
17.	% didn't report anybody for treatment of RTI	71.7 (female)	58.0 (female)	65.2 (female)	-	-

How to Face The Challenge of Adolescents Reproductive Health Issues

Adolescent reproductive health has become an important issue for Bangladesh. In Bangladesh, about one third of adolescent women are already mothers and another 5 percent are pregnant with their first child. Adolescent mothers suffer more reproductive health problems than women in their 20s.⁴ The steps taken by the directorate of family planning for these burning issues of adolescent reproductive health are :

- Production, printing, and distribution of health education materials for adolescents to increase awareness on adolescent health and ARH.
- Production, printing, and distribution of information, education, and communication (IEC) materials for guardians, and social leaders

to increase awareness on adolescent health and ARH.

- Provision of health education for adolescents on nutrition and adolescent health.
- Distribution of iron and folic acid tablets to combat malnutrition and anemia.
- Provision of Tablet Hyoscine -N-Butyl Bromide/Ibuprofen through the Union Health and Family Welfare Center for the treatment of dysmenorrhea.¹
- Provision of consultation and treatment for various ARH problems.
- Provision of consultation and treatment for RTI-related problems of adolescent.
- Provision of counseling of adolescents' physical and mental health problems, and provision for the diagnosis and treatment of these problems in the case of any abnormality.

The above mentioned services, including referral, are now being provided under ESP (Reproductive Health) at different levels of the health system, which includes community clinic, union health and family welfare center, Upazilla health complex and maternal and child welfare center levels.¹⁶

Conclusion

The government of Bangladesh recognize adolescent reproductive health is the priority agenda. In the field of population and health sector developments, which forms the basis for human development, the most significant and critical challenges are Maternal health, adolescent health, education and population programmes. There are number of areas that need to be addressed in order to adequately influence the health seeking behaviors of adolescents and to promote a strong commitment from all levels of government and national and international development agencies so that they might recognize and meet the specific needs and priority for adolescents health right.

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