

WE ARE THE voice of 40%



ADOLESCENT PREGNANCY

Social and economic implications

SPOTLIGHT ON ADOLESCENT PREGNANCY



19 out of 100 girls in developing countries give birth by age 18
3 of these girls are 15 or younger

SOURCE: UNFPA

FAARIA TASIN

WHAT should be the ideal life for a young girl? She should be in school, healthy and happy; her life devoid of any major responsibilities. Unfortunately, many girls never get to experience this kind of life due to adolescent pregnancy associated with child marriage. For many people, the notion of 'adolescent pregnancy' will immediately evoke concerns regarding physical well-being of young girls. However these problems are not just limited within the sphere of health but goes on to a broader terrain where it is treated as an issue that has numerous social and economic implications hindering the development of a country.

Even though Total Fertility Rate (TFR) has decreased from 6.3 children per woman in 1975 to 2.3 children per woman in 2011, the notion of adolescent pregnancy still continues across the country. According to UNICEF, 66 percent of girls are married by age 18 and 50 percent of pregnancies occur by the age of 18 years in the country. The period of adolescence is a crucial one- the opportunities and choices that a girl is exposed to will not only affect herself, but her family, society and economy in the years to come.

In Bangladesh, a web of factors – including many social, economic, cultural, and psychological causes coming into play which result in adolescent marriage and pregnancy continuing year after year. Poverty is one of the main causes. When parents of young girls find it difficult to make ends meet, they look at marriage as a window by which the family and the daughter can escape from poverty and be financially secure. The concept of dowry is prevalent especially in rural Bangladesh and poses as another economic factor that pushes many families to marry-off their daughters early. Parents encourage early marriage out of fear that the dowry price will increase as their daughter ages. In many cases especially in rural Bangladesh, society can look down upon families where daughters are not married off early; such societal and psychological factors can also put pressure on parents to marry their daughter off early. Soon after the wedding, it is an accepted norm that the young girl will start bearing children. The decision of whether or not to procreate seldom depends on the wife due to a significant power imbalance between the adolescent girls and their male counterparts. In many cases, violence is inflicted upon these young girls if they refuse to concede to the husbands' wishes.

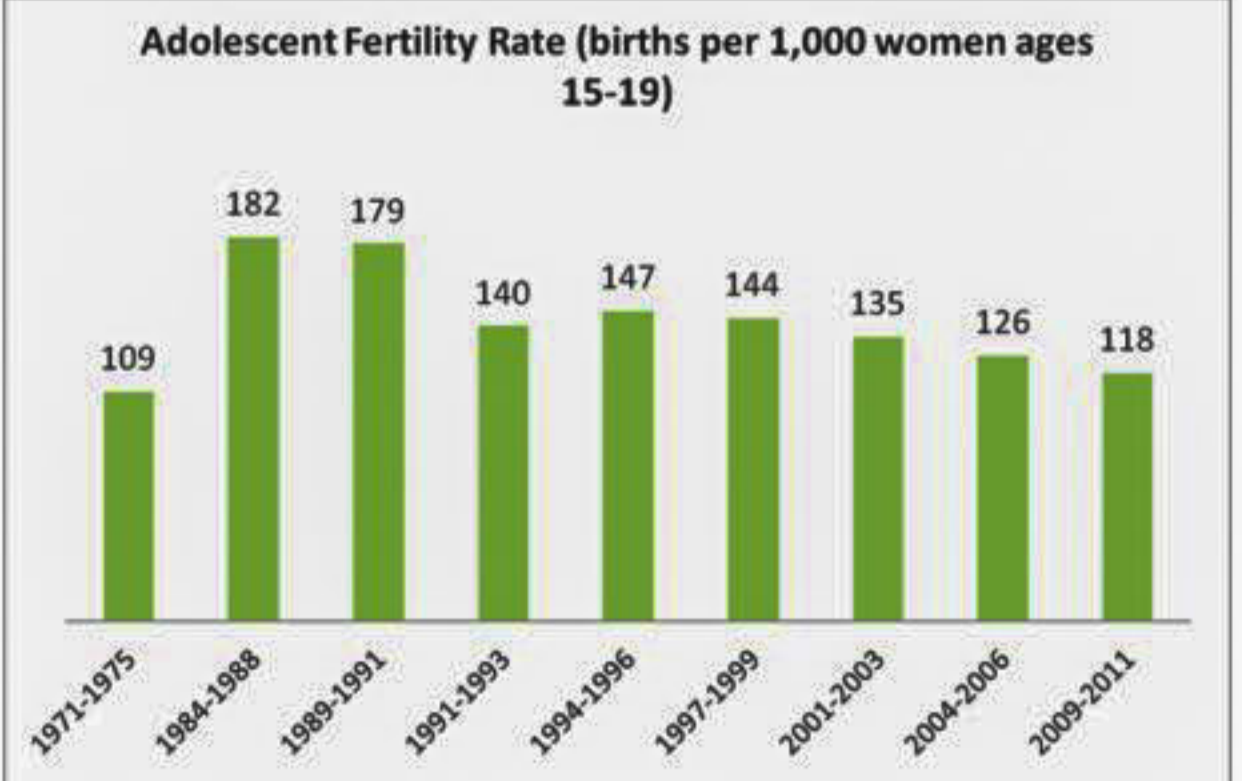
Research suggests that long-term demographic effects of

adolescent fertility may include larger family sizes since the timing of a first birth is usually an indicator for future fertility patterns. When a family is already struggling financially, an increase in the size of the family will push the family into poverty. Young girls in those families are married off early as well and the problem of adolescent pregnancy continues unabated for generations. Even though the legal age of marriage is 18 years for girls adolescent marriage still continues implying that the legal system is not effective enough to protect the rights of these young girls.

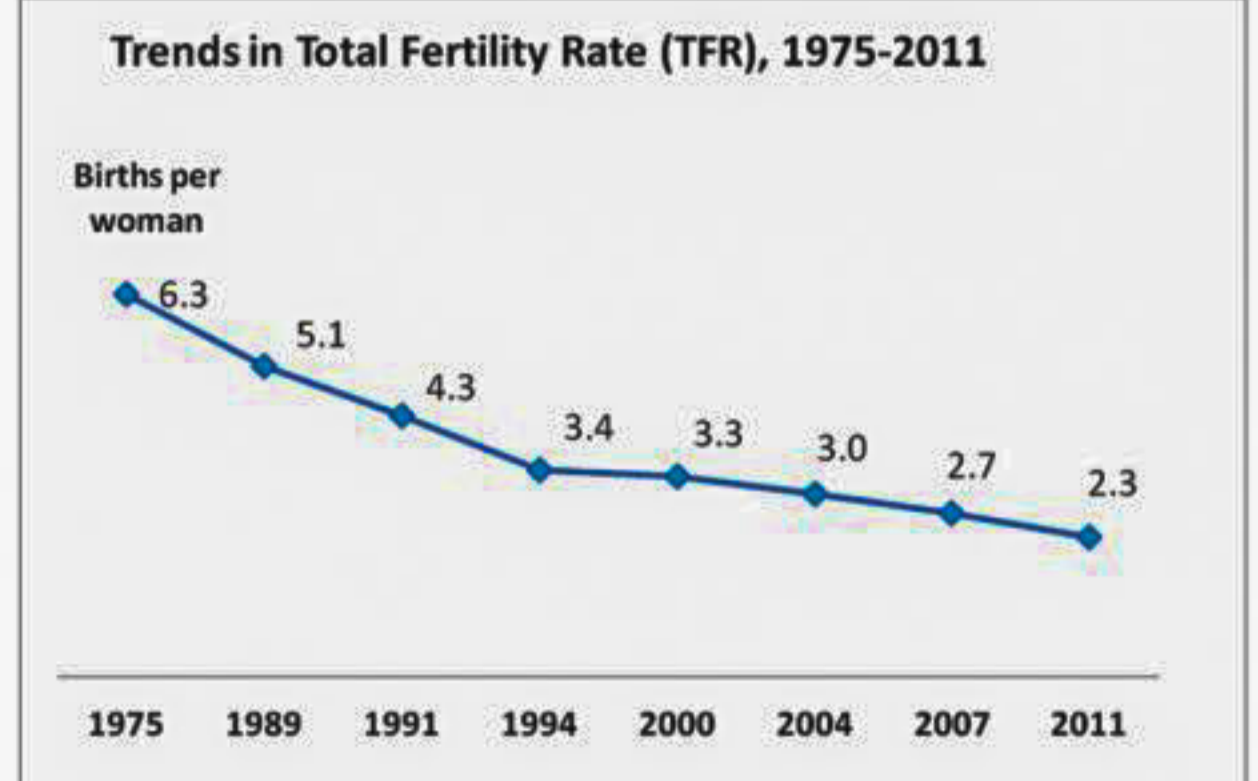
Adolescent pregnancy impedes a girl's education and future prospects to function as an economically active member of the society. Although net enrolment rates are higher for girls than boys in both primary and secondary levels of education, dropout rates are worrying. According to Bangladesh Bureau of Educational Information and Statistics (BANBEIS), dropout rate for girls in secondary level stands at 54 percent indicating that 54 percent of all girls who enroll in class VI, drop out of school by the time they reach class X. In fact drop-out rates for girls start increasing from class VII; many girls leave school without completing the secondary education cycle as families want them to stop education and get married. This translates into a huge loss of public investment as public money is being spent to educate these young girls. World Health Organization (WHO) identifies education as a major factor which can protect girls against adolescent pregnancy; higher the number of years of schooling, fewer the early pregnancies. Health complications of mothers and children due to adolescent pregnancy lead to diversion of resources into healthcare. Lack of education translates into less income and reduced earning opportunities for these young women. It is also seen in many cases that husbands divorce their adolescent wives who suffer from adolescent pregnancy related health complications. In those cases, the adolescent girls are put in a dire situation: on one hand they lose out on education and on the other they now have to support themselves and their children. The social and economic consequences for them are now worse than ever.

Due to a decline in total fertility rate, the country is experiencing a 'youth bulge' in the population structure. In order to reap the benefits of this 'demographic dividend', Bangladesh needs to ensure education of adolescents. This involves empowering adolescent girls by first eradicating adolescent marriage and pregnancy.

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The first two rates refer to the 5-year period preceding the survey; the other rates refer to the 3-year period preceding the survey.



Source: Bangladesh Demographic and Health Survey, 2011

Complications of adolescent pregnancy and its prevention

PROF SAYEBA AKHTER

MARRIAGE during teen age or adolescence is unacceptably high in Bangladesh like many other developing countries. This leads to high maternal mortality and morbidity. WHO estimates about 16 million girls aged 15 to 19 years and two million girls under the age of 15 give birth every year. Worldwide, one in five girls has given birth by the age of 18. In the poorest regions of the world, this figure rises to one in three girls.

In Bangladesh, according to UNICEF's State of the World's Children 2009 report, 64% girls are married before they reach the age of 18. As a result, both maternal and child mortality rates are increasing in the country.

With early marriage comes early pregnancy. One-third of teenage girls aged 15 to 19 years are mothers or pregnant in Bangladesh today, with adolescent mothers more likely to suffer birth complications than adult women, the British Medical Journal reports.

Teenage mothers are twice as likely as adult mothers to die from pregnancy and childbirth-related complications, with mothers younger than 14 facing the greatest risks.

In fact, research shows that the risk of maternal mortality could be five times higher for mothers aged 10 to 14 than for those aged 20 to 24, while babies born to mothers younger than 14 are 50% more likely to die than babies born to mothers older than 20.

Teenage mothers are more likely to suffer from obstructed delivery and other severe childbirth- and pregnancy-related complications like obstetric fistula, perineal tear, prolapsed etc. This results in higher morbidity and mortality for them and their children. A third of women are either pregnant or mothers by age 20, and this proportion is not declining, the report observed.

According to the International Centre for Diarrhoeal Diseases and Research, Bangladesh, these individual outcomes suggest larger social consequences, including higher population growth, higher rates of maternal mortality and a higher number of orphans.

The complications of adolescent pregnancy

Complications from pregnancy and childbirth are the leading causes of death among girls aged 15-19 years in many low- and middle-income countries. Stillbirths and newborn deaths are 50% higher among babies of adolescents, who are also more likely to have low birth weight, having a long-term impact on their health and development. A lack of physical readiness for pregnancy, combined with risky lifestyle choices such as smoking and drug abuse, increase the chance of complications.

Having babies during adolescence has serious consequences for the health of the girl and her infant, especially in areas with weak health care systems. In some countries, adolescents are less likely than adults to obtain skilled care before, during and after childbirth. The common complications are:

Unsafe abortion

Pregnant adolescents are more likely than adults to have unsafe abortions. An estimated three million unsafe abortions occur globally every year among girls aged 15-19 years and that contribute to long term health problems and maternal deaths.

Premature Labor

Teenage mothers face the possibility of premature labor. Physically, teenage mothers have immature reproductive organs that may not be prepared to carry an infant to term. Sexually transmitted diseases and smoking also increase the risk of preterm labor and birth.

High Blood Pressure

The increased demand for blood flow during pregnancy

can put strain on a teenage mother's undeveloped cardiovascular system to carry the extra circulatory load. High blood pressure during pregnancy and other complications like preeclampsia, eclampsia can result in reduced fetal birth weight and growth and place the mother at risk of many complications and even death.

Anemia

Combined with a diet poor in iron-rich foods, which is common among teens, anemia (low iron) can result. Anemia can be treated during pregnancy by consuming iron-rich foods or iron supplements as needed.

Obstructed labour

Immaturity in growth of birth passage leads to long labour and obstructed labour with all its adverse consequences like perineal tear, prolapsed, obstetric fistula(leads to continuous leakage of urine and stool) etc.

Prevention of complications

Adolescent pregnancy is a major contributor to maternal and child mortality, and to the vicious cycle of ill-health and poverty. The Global strategy for women's and children's health, launched by the United Nations Secretary-General in 2010, stresses the importance of addressing the health and welfare of adolescent girls in order to achieve the fifth Millennium Development Goal on maternal mortality reduction.

Teens can increase the possibility of having a healthy pregnancy, and reduce possible complications, by seeking



Representative image

early prenatal care and following a healthy lifestyle

In May 2011, the World Health Assembly adopted a resolution urging Member States to accelerate actions to improve the health of young people. It included these specific measures:

- reviewing and revising policies to protect young people from early child-bearing;
- providing access to contraception and reproductive health care services; and
- promoting access to accurate information on sexual and reproductive health.

WHO published guidelines on how to prevent early pregnancies and poor reproductive outcomes among adolescents in low- and middle-income countries. They contain evidence-based recommendations on actions that countries can take, targeting six key objectives:

- reducing marriage before the age of 18;
- creating understanding and support to reduce pregnancy before the age of 20;
- increasing the use of contraception by adolescents at risk of unintended pregnancy; reducing coerced sex among adolescents;
- reducing unsafe abortion among adolescents; and
- increasing skilled antenatal, childbirth and postnatal care among adolescents.

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Do not repeat the mistake!

ROKEYA'S mother was always complaining that there was never enough time or never enough food. It was true: her mother had to raise six children on the little that her husband -- a peasant who worked on other people's land -- brought home. And, to make matters worse, as her mother used to say, her first three children were girls so they could not help their father make a living. Rokeya, who was brought up in a remote rural village in Faridpur, has bitter childhood memories. She remembers the evenings when there was not enough food to go around, her mother complaining and her father sitting silently in a corner. She vividly remembers the days her mother took her to work at other people's houses to earn some extra money. At 14 years, Rokeya was married off and her mother advised her not to make the same mistake that she did by having so many children.

Rokeya had her first child quickly after she got married, but she never

forgot her mother's words. When a family planning worker came to talk to her, she consented to take contraceptive pills. Subsequently, and in desperate need for work, the family moved to a ten square metres room with tin walls in a slum with no running water or sanitation, in downtown Dhaka. Her second son was born and a few months later she underwent a tubectomy. Her husband was always very supportive when it came to family planning matters. Now their children go to school and do well. The only thing Rokeya regrets is that in Dhaka she doesn't find trees nor the laidback life that she had in the village. But that doesn't concern her all that much, because she knows that, thanks to her efforts, her children are going to have a better life. They will be educated and, God willing, she says, her daughter will be a doctor and her son a soldier! And all of this is thanks to her mother, who was able to teach her not to make the same mistakes she made.



Representative image