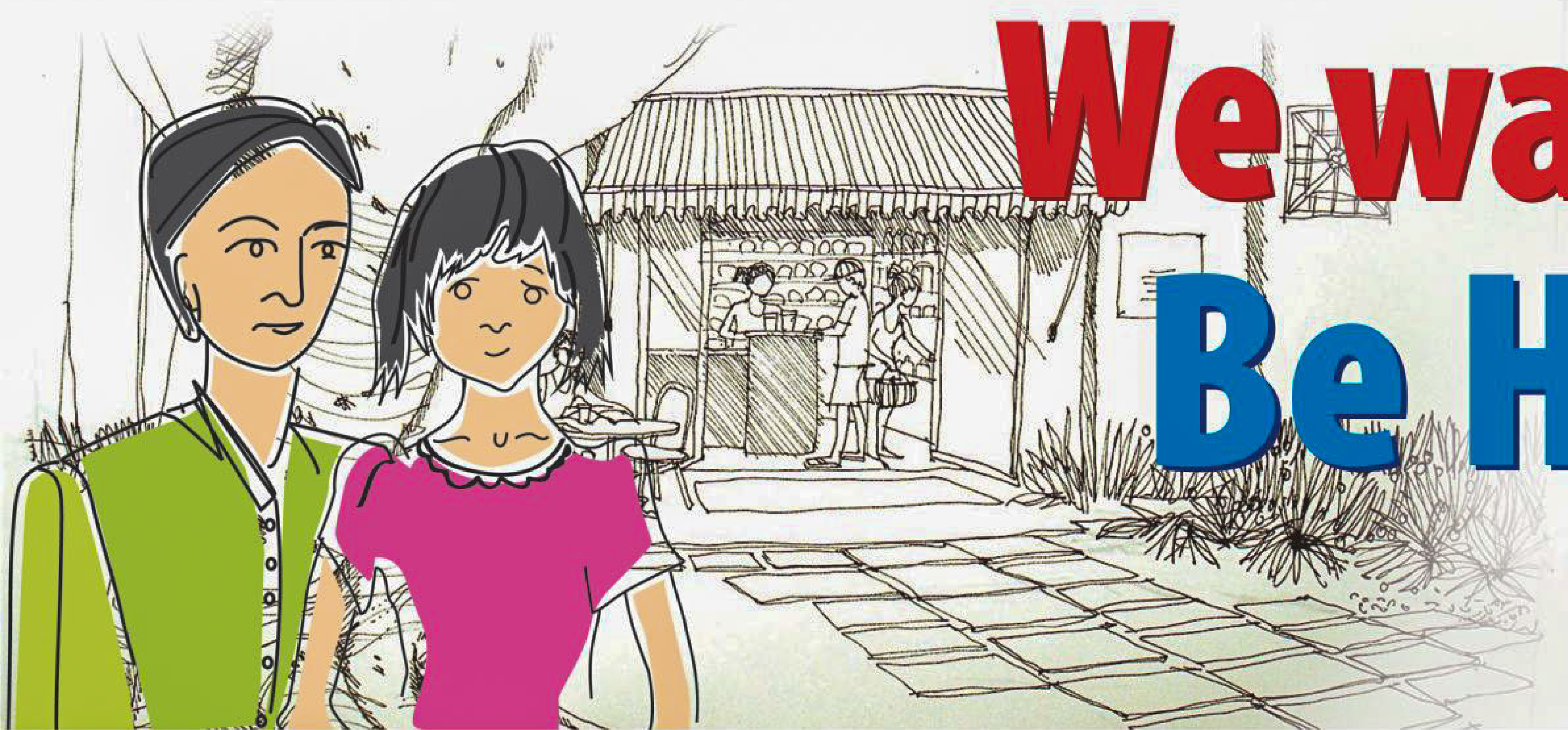

We want to Be HEARD

Contraceptive use among married adolescent girls

STAFF CORRESPONDENT

PHOTO: STAR ARCHIVE

IN Bangladesh, although contraceptive prevalence rate (CPR) has increased over the last decade it has not yet reached the desired level. Presently the CPR rate is 61.7 %, according to BDHS. Use of contraceptive among female users is the lowest among adolescent girls. They have limited access to and use of contraception. According to the United Nations Population Fund (UNFPA), in developing countries overall, 22 per cent of adolescent girls (aged 15-19) who are married or in union use contraceptives, compared to 61 per cent of married girls and women aged 15-49. According to Family Planning Department, only 47% of adolescent married girls between 15-19 years have access to contraceptive methods in Bangladesh.

The common causes of lower contraceptive use among married adolescent girls are ignorance, illiteracy, shyness, fear, religious sentiment, low inter-spousal communication on family planning. Adolescent girls do have little decision making power as many are uneducated and disempowered. Due to the social expectation to have children soon after marriage they start child bearing early, despite being children themselves.

Men's negligible participation in use of contraceptive methods puts adolescent wives at risk of unwanted pregnancy or pregnancy before her own body is ready for childbearing. Inadequate male participation is one of the factors why the contractive prevalence rate is not higher than it is. Active participation by men and adolescent boys would shift part of the burden of contraceptive use from women to men. Currently, the use of male methods is only 0.6 percent of the contraceptive prevalence rate. When asked DGFP admitted that they do not have disaggregated data on adolescent boy's contraceptive usage. It seems that adolescent boys remain largely unreached.

The problem exacerbates as access to appropriate sexual and reproductive health information and services to the adolescents is inadequate in Bangladesh. Reproductive health education has not been part of the education curriculum. And the service delivery system is not adequately catering to the married adolescents. According to NIPORT, 2003 report the unmet need for contraception among the mothers aged less than 20 years is 27%.

When asked about government initiatives Gias Uddin, Deputy Director (Services), MCHS, DGFP, said to The Daily Star that they are small adolescent corners in some of the Mother and Child Welfare Centres which are not adequate to meet the demand. If any adolescent comes to seek any information on reproductive health, they provide them special care but they do not have enough capacity to reach the adolescents at their door steps.

To increase contraceptive use among married adolescents our family planning program should find out the potential adolescent users, who are presently not using a contraceptive but have an attitude resembling a contraceptive user. We have to reach their door steps because women who have access to the family planning service within a short distance from their home have higher prevalence than those who do not. Increased communication about family planning between the couples should be promoted in order to achieve successful contraception and better reproductive outcomes, particularly among adolescents. Studies have found that prevalence of contraceptive use is higher among the women who had discussed family size with their husband. "Ensuring access to voluntary family planning is one of the best contributions to empowering girls and women, and one of the most cost-effective investments a country can make in its future," said former UNFPA Representative Arthur Erken.

Last but not the least, increasing the female literacy rate is one of the most importsnt interventins to address many of the development issues in Bangladesh. Education level is inversely related to fertility and also positively related to practice of using contraception. The educational levelof the wife is found to have relatively more effect on fertility and contraceptive practice than the husband's education.

Curse for the baby

PROFESSOR DR. MD. ABID HOSSAIN MOLLAH

ADOLESCENT girls are not physically mature enough to be pregnant because of i) restricted blood supply to the cervix and uterus, ii) low level of gonadal hormone, and iii) irregularity of ovulatory cycle. These increase the risk of abortion, premature delivery and excessive postpartum hemorrhage, preeclampsia, cephalopelvic disproportion and obstructed labour. Serious medical complications like significant anemia and malnutrition can also happen. All these lead to significant mortal effects on mothers as well as babies.

Moreover, the mother's cognitive immaturity manifests as lack of proper knowledge of taking care of her own health as well as of the baby. In Bangladesh the current neonatal mortality rate (NMR) is 32/1000 live births. Babies of adolescent mothers are a significant contributor to this high NMR. Most of the neonatal deaths occur within seven days of the delivery and the major causes are birth asphyxia, low birth weight, prematurity, sepsis, congenital anomalies, jaundice etc. Several studies show that these neonatal problems and deaths are higher among babies born to adolescent mothers.

The health problems related to adolescent motherhood are not only confined to newborn illness but also persist when the baby crosses the neonatal period. The lactation failure rate is higher and the chances of diarrhea, recurrent infections and malnutrition are higher among these babies.

Data suggests that many of these babies are at greater risk of a variety of development problems like blindness, deafness, mental retardation, cerebral palsy, dyslexia, and hyperactivity. They are also at greater risk of being a victim of child abuse or neglect (and being placed in foster care). The negative effects on the cognitive development of children born to adolescent mothers are evident.

Therefore, to overcome these problems joint effort of government, NGO and professional bodies is essential through formulation of policies and programmes.

As its commitment to the UN Secretary General's Initiative Every Woman Every Child Bangladesh will reduce the rate of adolescent pregnancies through social mobilization, implementation of the minimum legal age for marriage, and upgrading one third of MNCH centres to provide adolescent friendly sexual and reproductive health services.

The writer is Professor, Dept. of Paediatrics, Dhaka Medical College & Hospital.

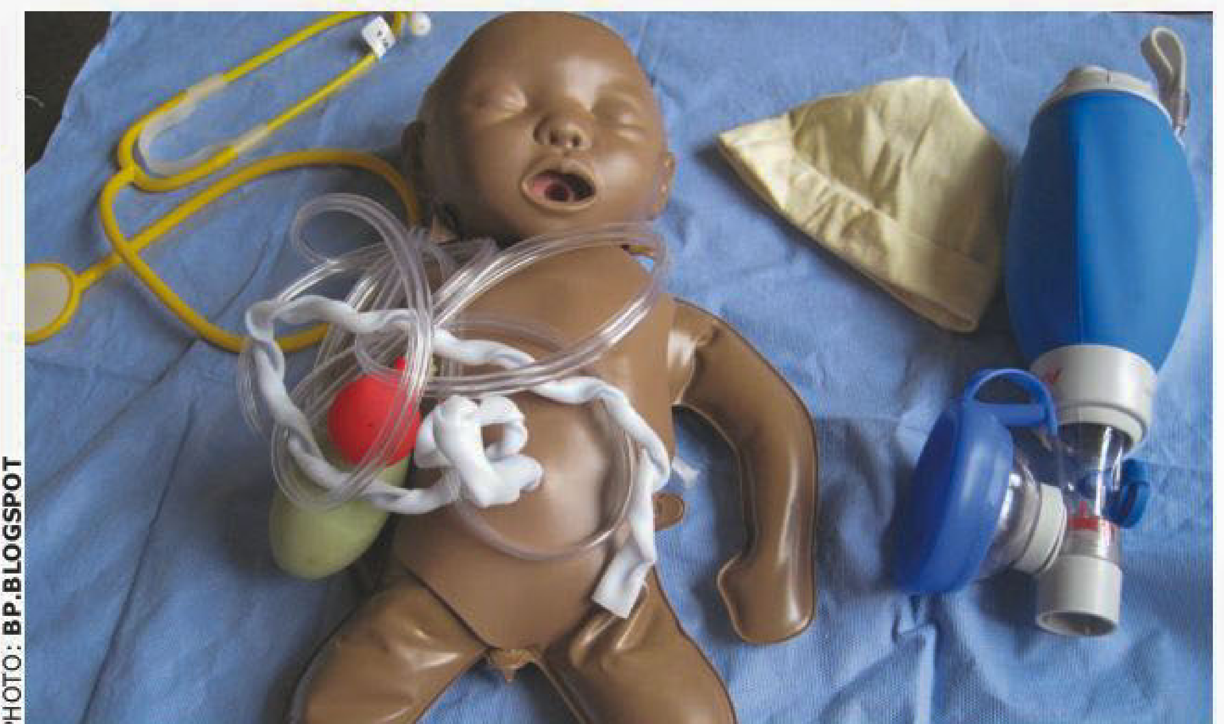
PHOTO: BP.BLOGSPOT

Adolescent pregnant's mental health

DR. MAJ (RETD.) ABDUL WAHAB

NORMALLY pregnancy is good for the mental health of a mature woman. She enjoys pregnancy and in many cases it is found that pregnancy works as a protection from depression and other mental illness suffered by a woman. But things take a dramatic turn when it happens to an adolescent girl. If she gets pregnant in the absence of any social arrangement like marriage it is a serious trauma for her. Adolescents exposed to such type of trauma may have difficulty describing their feelings and adapting their emotions to express their needs. They may be aroused by intense emotions such as anger and express anger in excess and in inappropriate ways. Other symptoms can include depression and preoccupation with suicide.

In normal situation where the adolescent girl is married with consent of her family members things may also become risky because she suffers from anxiety. It often happens that the adolescent girl has to yield to social pressures to bear a child. Some times she is totally unaware about becoming pregnant. One day suddenly she feels unusual changes and gets to know she is pregnant. As she does not have any previous knowledge she fears these unusual changes happening to her body due to pregnancy. She cannot express her fear because girls of this age tend to be shy. She is therefore under constant stress. Sometimes it grows into feelings of detachment or disorientation. Dissociation is described as the mental process of disengaging from the outside world and focusing on the inner world. It may involve a distorted sense of time or a detached feeling as if observing what is happening to her is unreal.

Pregnant adolescent may feel an exaggerated sense of shame and guilt. They believe that their life will be changed permanently. They are likely to blame themselves for this negative experience. This can cause anger, depression and lead to self destructive behaviours.

All these consequences of adolescent pregnancy seriously hamper the psychological development of an adolescent resulting in serious mental illness in later ages. It even affects her child's psychological development.

PHOTO: WWW.RCPSYCH.AC.UK

Increased level of support and empathy from family members is very effective for pregnant adolescents so that she can express herself and feel in a safe environment. A referral to a mental health professional, who can evaluate the adolescent, may be beneficial in getting the intervention that the adolescent needs.

Finally, we have to stop child marriage and build a conducive environment so that no girl suffers from mental illness due to adolescent pregnancy. Prevention is better than cure.

The writer is Assistant Professor, National Institute of Mental Health, Dhaka.

Get rid of it

I am Mollicka, 20 years old, from Jhikorgacha, Jessore. I was married off at the age of 14. My father was a rickshaw puller. With his ill health, it was very difficult for him to maintain the seven members' family. I had to stop going to school after class V and used to help my mother in household chores. Because I was another mouth to feed my family decided to marry me off.

My husband was also young. He was only 19 years old when we married in the belief that he would shun bad company and take on more family responsibilities.

I became pregnant soon after we married. At the time, the prospect of becoming a mother frightened me. However, I had to yield to the expectation of my in-laws. My mother-in-law repeatedly told me that early pregnancy is good for health and it lessens childbearing complications. My elder sister informed me about contraceptive usage but my husband refused to take it. I did not get a chance to consult a doctor or a family health worker. No health worker visited our home.

When I went into labour it was the village midwife who came to assist but because of complications I was moved to Jessore District Hospital in a critical condition where my baby was born. However, after returning home I noticed some unusual changes. I was unable to urinate in the usual way. I was leaking urine continuously and was wet with urine the whole time. I was scared. After a week I told my husband and he informed his mother about this. I feel very ashamed because of the foul smell. We consulted a doctor. He proposed an operation and we agreed.

After having the operation, things remained unchanged. My suffering continued. My husband was not willing to visit the doctor again. My in-laws insulted me. Things were getting worse and one day my husband beat me severely. Because I was unable to withstand the torture, I returned to my father's house with my child. My husband divorced me with some compensation because he did not want to live with someone who smelled the whole time and was wet with urine. My dreams of a happy family was shattered.

Representative image PHOTO: WWW.CBM.ORG

Later I came to Dhaka with my elder sister and underwent an operation in Dhaka Medical College where I was told that I had a urinary fistula which was a result of the complication I suffered during the delivery of my baby. Because I was so young and not fully grown my body was not prepared for having a baby. I was finally cured after 4 years of suffering from this dreadful condition.

Today I work in a garment factory and live with my child. When I look back on those terrible days when I was a young girl and went through such suffering and despair with no one to understand what I was going through I feel very sad. I have decided that I will not let my daughter make the same mistake of marring at an early age.

Supported by UNFPA