

# Adolescent pregnancy: Effects and remedies

PROF DR HAMIDA BEGUM

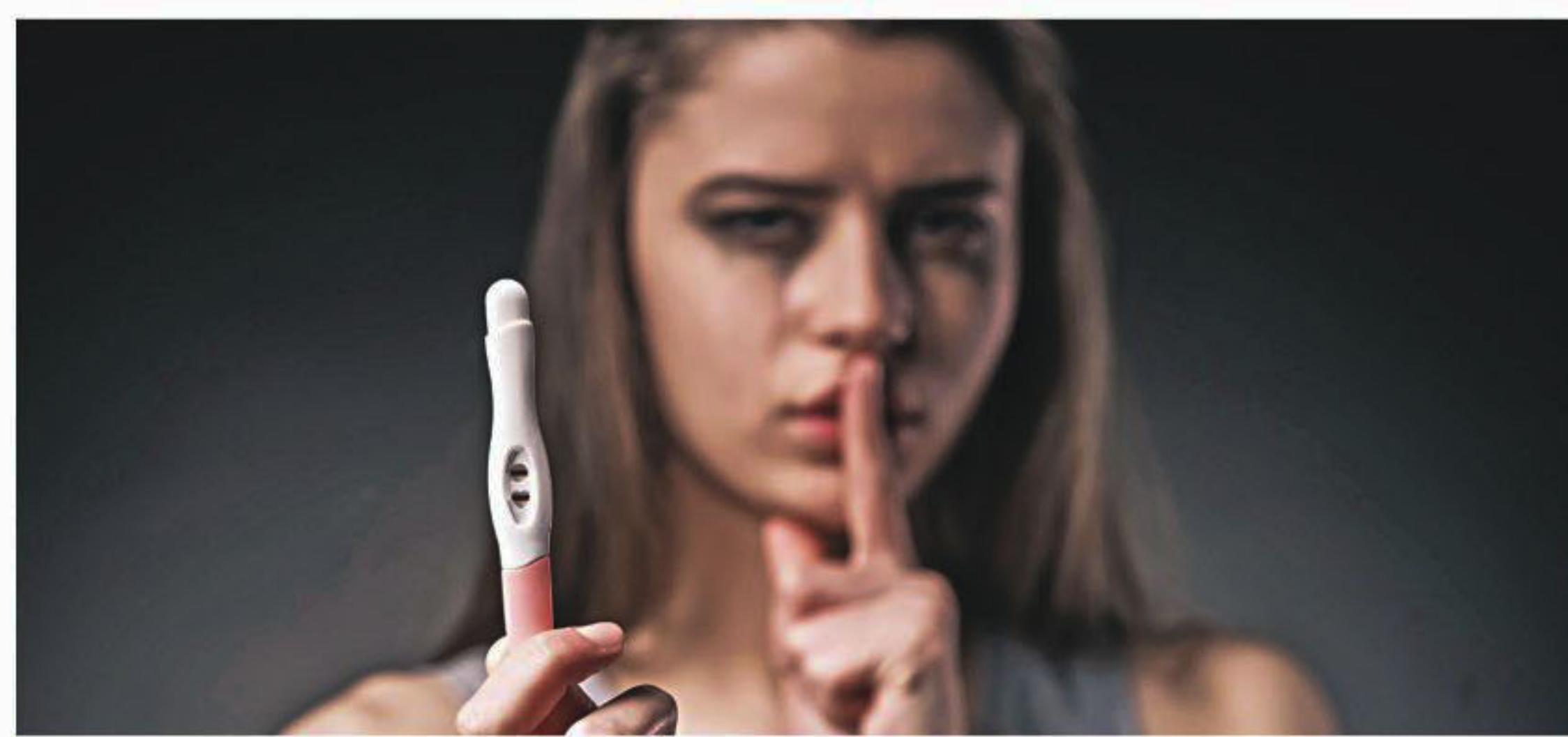
When a carefree toddler reaches adolescence, she puts her foot-steps to a completely new world. Though the usual age is 10-14 years, it varies from country to country, race and geographical distributions. But, there is no doubt that her known world suddenly changes — a drastic change occurs in her physical, mental and social aspect.

She becomes excited with sudden growth spurt (suddenly becoming taller than her counterparts) as well as emotionally unstable or frightened with menarche (the first menstrual bleeding) and thelarche (onset of breast development).

By the time, all these unusual changes may lead these adolescents to miss their classes — they become either euphoric, depressed or may experience other mood swings.

Different studies show that both in developing and developed countries, adolescents get involved in sexual activities which they are not able to distinguish between the acceptance or deviance in the society as their body and mind is still young, soft and tender.

So, willingly or unwillingly



they become victims of sexual harassment, get involved in sexual relationships or become victims of women trafficking. As a consequence, they become high risk pregnant before the age of 18 which exposes them to the greatest threat to their life as well as to their families. The risks of adolescence pregnancy are:

- Susceptibility to various types of sexually transmitted diseases (STDs) like syphilis, gonorrhoea and HIV etc. can cripple their and the newborn babies' lives.
- They might suffer from anaemia (deficiency of haemoglobin in blood), pre-eclampsia and eclampsia (high blood pressure with oedema and convulsions), preterm births, low birth weight babies, obstructed labour, intrauterine or infant death etc. Eventually, maternal mortality increases to a greater extent.
- After delivery, they may suffer from mental imbalance, get

addicted to drugs and sex stimulating pills. Chances of developing various psychological problems ranging from postpartum blues, neurosis, psychosis and suicidal tendency increases exponentially.

- Long term complications of early sexual activity before cervical (mouth of uterus) maturation is the precursor of cervical cancer, worst candidate of Pelvic Inflammatory Disease (PID), repeated miscarriage, ectopic pregnancy, infertility and lastly pelvic organ prolapse/descent. Some youngsters, especially

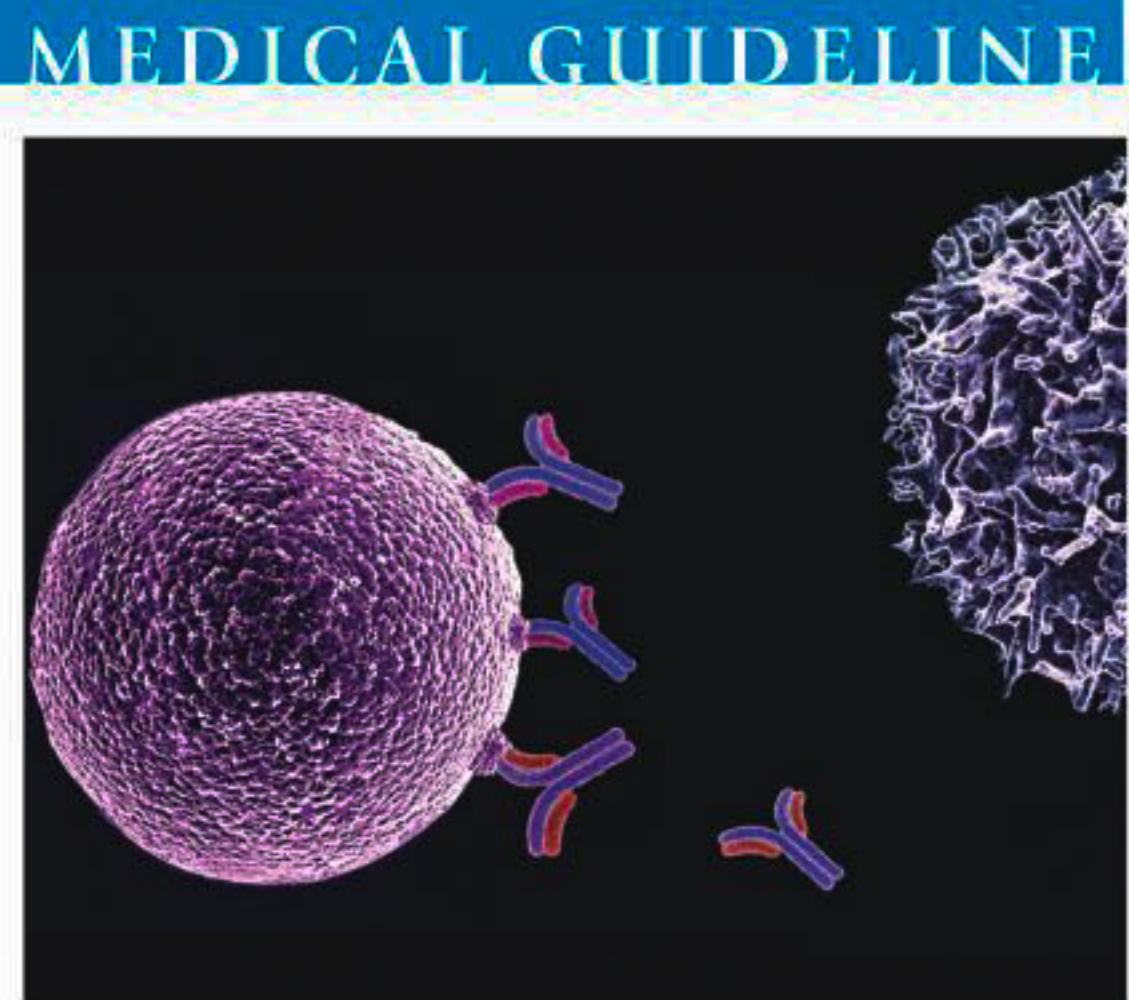
workers in factories, restaurants and even high school students think that they are mature enough to have sexual relations or marriage without permission of parents/guardians.

In Bangladesh, an estimated 2.5 million births (17% of total births) were attributed to adolescents between the age 15 and 19 years between 2005 and 2010. The adolescent fertility rate is 118 births per 1,000 women younger than 20 years.

Although the adolescent pregnancy rate is declining, the reduction is only 18% during a period of 12 years. To reduce infant and teen mortality, wedding before the age of 20 should never be considered.

The social elites (school teachers, social consultants, religious leaders etc.) can play an effective determining role in preventing this dangerous situation. The parents/guardians should prioritise not to put obstacles on the growing girl's mind and body. Also, parents should be open with their young children especially when they are facing a crisis.

**The writer is a Gynaecologist and Obstetrician working at Widad University College, Malaysia. E-mail: hmdbgm01@gmail.com**



## MEDICAL GUIDELINE First immunotherapy for breast cancer approved!

STAR HEALTH DESK

The United States Food and Drug Administration (FDA) has approved the use of Atezolizumab (Tecentriq) to treat unresectable locally advanced or metastatic triple-negative breast cancer in tumors expressing PD-L1.

The immunotherapy had been previously approved for urothelial cancer and non-small cell lung cancer.

Atezolizumab is approved for use with paclitaxel protein-bound.

Roughly 900 patients who had not previously received chemotherapy were randomised to either Atezolizumab or placebo infusions. All received paclitaxel protein-bound.

Among those with PD-L1-positive tumours, progression-free survival was longer in those receiving Atezolizumab (7.4 vs. 4.8 months for placebo).

## HEALTH bulletin



### Even a little bit of exercise could help

Just 10 minutes of exercise a week might be better than no physical activity in terms of mortality risk, according to a study in the British Journal of Sports Medicine. And very high levels of exercise are more protective.

Researchers studied 88,000 US adults aged 40 to 85 who participated in the National Health Interview Surveys and provided information about their weekly leisure-time physical activity. During a median 9 years' follow-up, 9% died.

After adjustment for BMI, smoking status, and other potential confounders, participants who had even a minimal amount of physical activity — 10 to 59 minutes a week — had a lower mortality risk than those who were inactive (hazard ratio, 0.82). The mortality benefit continued to grow with more activity — even when people exercised more than 1500 minutes, over 5-10 times the amount recommended by guidelines (HR, 0.54).

The authors conclude that promoting physical activity "of any intensity and amount is an important approach to reducing mortality risk in the general population."

## Osteoporosis: a silent disease

PROF MOHSIN ZILLUR KARIM

Osteoporosis is defined as a reduction in the strength of bone that leads to an increased risk of fractures. Osteoporosis results from bone loss due to age related changes in bone remodelling as well as extrinsic and intrinsic factors that accelerate the process.

Increased sex hormones at puberty is required for skeletal maturation, which reaches maximum mass and density in early adulthood. The sex dimorphism in skeleton size becomes obvious after puberty, although true bone density remains similar between the sexes. Nutrition and lifestyle also play an

important role in growth, though genetic factors primarily determine peak skeletal mass and density.

Osteoporosis is the most common bone disease. It has been estimated that more than 8.9 million fractures occur annually worldwide and most of these occur in patients with osteopenia or osteoporosis. About one-third of all women and one-fifth of all men aged 50 and above suffer from fractures at some point in life.

The burden of osteoporosis-related fractures is predicted to increase by two to three fold by 2050 on a worldwide basis, due to ageing of the population.

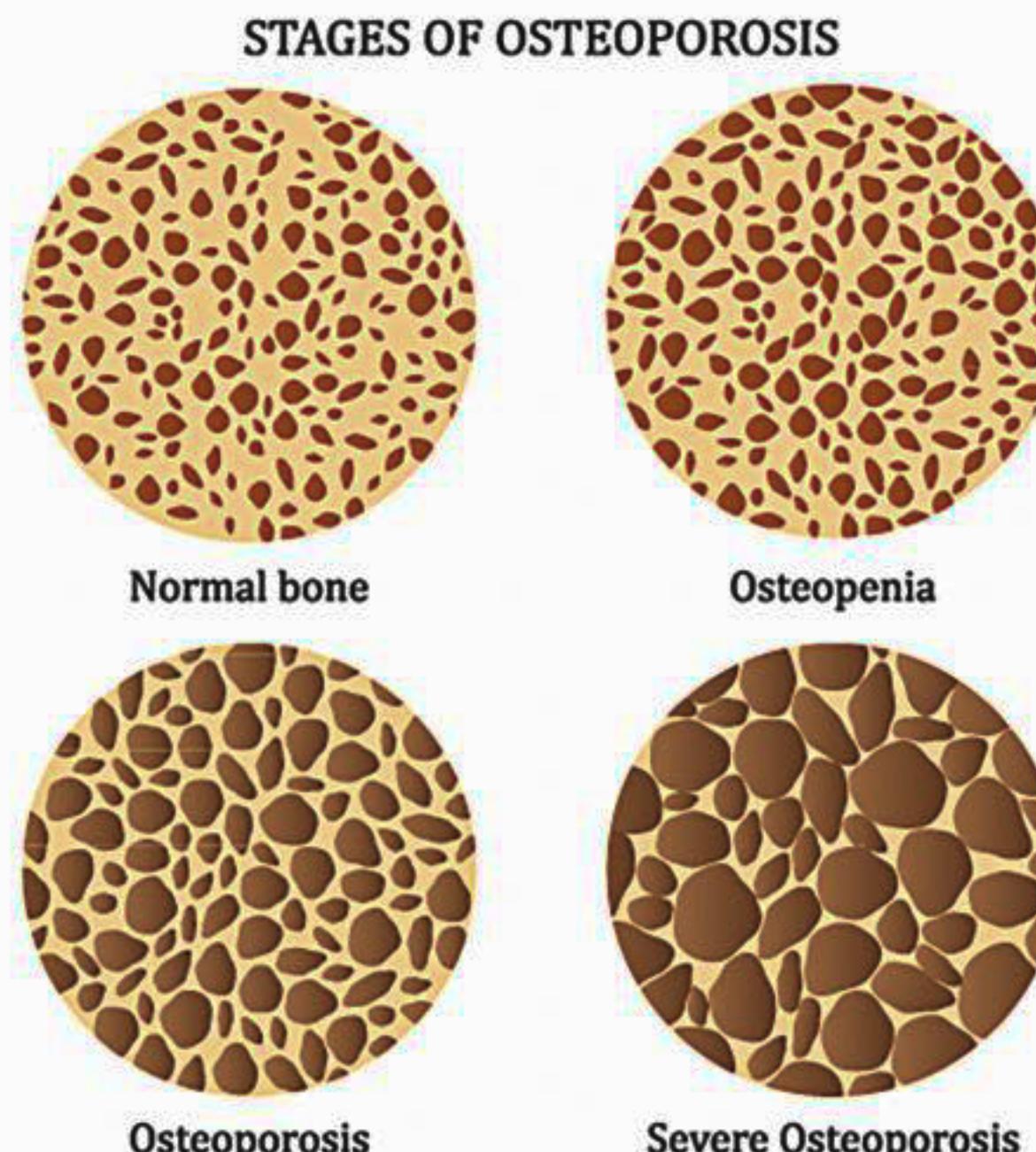
Fractures in patients with osteo-

porosis can affect any bone, but the common sites are the forearm (Colles fracture), spine (vertebral fracture), shoulder (humerus) and hip (femur). All of these fractures become more common with increasing age. Hip fractures are the most serious. Treatment of hip fracture accounts for majority of the health care cost associated with osteoporosis. The trouble with osteoporosis is that there are no symptoms prior to a fracture. However, once a person has broken a bone, their risk of a second fragility fracture increases significantly.

The risk factors for osteoporosis are well recognised. The key risk factors for fractures are non-modifiable and potentially modifiable. Non-modifiable risk factors of osteoporosis includes advanced age (> 50 years), female, white and Asian ethnicity, family history of osteoporosis and dementia. Potentially modifiable risk factors are smoking, low body weight (< 58 kg), recurrent fall, inadequate physical activity, oestrogen deficiency, alcohol consumption, early menopause, prolonged premenopausal amenorrhoea, androgen and calcium deficiency, poor health etc.

Osteoporosis should be treated not only by drugs but also with advice on lifestyle, nutrition, exercise and measures to reduce fall. Ensuring adequate calcium and vitamin D status, with supplements that should be given if required, may help to reduce the risk of osteoporosis.

**The writer is a Consultant at the Cardiacare Heart and General Hospital.**



**Food poisoning is an illness caused by eating contaminated food. It's not usually serious and most people get better within a few days without treatment.**

### Signs and symptoms

The symptoms of food poisoning usually begin within one to two days after eating contaminated food, although they may start at any point between a few hours and several weeks later.

### The main symptoms include

Feeling sick (nausea), vomiting, diarrhea (which may contain blood or mucus), stomach cramps and abdominal (tummy) pain, a lack of energy and weakness, loss of appetite, a high temperature (fever), aching muscles, chills. In most cases, these symptoms will pass in a few days and you will make a full recovery.

### What to do

Most people with food poisoning recover at home and don't need any specific treatment, although there are some situations where you should see your GP for advice. Until you feel better, you should rest and drink fluids to prevent dehydration. Try to drink plenty of water, even if you can only sip it. Eat when you feel up to it, but try small, light meals at first and stick to bland foods such as toast, crackers, bananas and rice until you begin to feel better.

Oral rehydration solutions (ORS), which are available from pharmacies, are recommended for more vulnerable people, such as the elderly and those with another health condition.



**f b /StarHealthBD**



*In Search of Excellence*