

# Reproductive Health of the Adolescent Girl

Ashwin Bhalerao - Gandhi

B. Y. L. Nair Hospital & T. N. Medical College

**Summary:** The current generation of 10-19 year olds are more than a billion strong and will be the largest generation in history to make the transition from childhood to adulthood. Early marriage among young women is universally associated with low levels of schooling. In India, almost 50% of marriages take place before 18. In some parts of the world, young women become sexually active during adolescence. A young woman who is sexually active outside marriage could experience unwanted pregnancy and is also at risk of being exposed to infections with HIV and other STDs. In most Asian countries, 20% of women have their first birth before age 18, although about 30% in India and almost 50% in Bangladesh do so. Many young women do not have accurate or adequate information about effective contraceptives. Those who have knowledge cannot obtain services and supplies they need. Other problems faced by adolescent girls are female genital mutilation and sexual abuse. The reproductive health needs of adolescents have long been neglected. They need information about sexuality and reproduction. Sex-education programs should be arranged in schools and colleges. They need to be supplemented by various community-based programs. Sexually active young women need access to a wide array of services from contraception to postpartum care. At one billion strong, adolescents are an important demographic force and special efforts are essential for their upliftment and progress.

Over the last several decades, the world has changed radically. Continued movement towards a more urban, industrialized and media saturated environment is a global reality. These changes have altered the type of future that young people must prepare to meet. The current generation of 10-19 year olds, are more than a billion strong and will be the largest generation in history to make the transition from childhood to adulthood.

According to surveys carried out by the Alan Guttmacher Institute, New York, about 14 million adolescent girls become mothers each year. Maximum i.e. 5.7 million births take place in Asia, followed by Sub-Saharan Africa. Developed countries account for 1.3 million births. In this survey, information from 53 countries covering 75% of the world's population was collected from recent national fertility surveys. Having a child before the age of 18 can have a profound and longlasting impact on the course of a woman's life. Maximum i.e. 48% of women in Bangladesh have their first child by the age of 18 years. India is also quite high on the list, 28% delivering before 18 years of age. Pakistan, Brazil, Indonesia, Thailand, USA, UK, Sri Lanka and China follow this incidence in

decreasing order. Japan has the merit of smallest proportion of only 1% women delivering during adolescence and so is at the bottom of the list.

## Changing world

Adolescents are growing up in a world that is fundamentally different from the one that existed when their parents were young. Today's world is considerably more urban and industrialized. Teenagers must prepare to earn their living in ways that require education and formal training. Mass media connect individuals around the globe, exposing all to a profusion of ideas, values and life styles. Society is in a constant state of transformation and turmoil. Both the developed and developing worlds are now blanketed by communication networks. Worldwide more than 40% of girls listen to the radio on a regular basis. Around 20% adolescents from India and Bangladesh get information from the mass media; whereas 100% of teenagers in Japan have access to mass media. Even remote and rural communities now get local as well as global news through the television. The values and life styles depicted in movies, T. V. serials

and music videos have a powerful influence on the aspirations of young people. Unfortunately adolescents may not be prepared to judge effectively, the accuracy or value of what they see or hear. They may simply emulate styles and habits, either good or bad.

### **Age of Marriage**

Fortunately the scenario in the field of education is changing for better. More than 75% girls living in developed countries, complete 10 or more years of schooling. Young girls get more education than their mothers did. Families may need to provide for their children's school-fees, books, uniforms and transport. Undertaking this additional expense can create a financial strain on families with limited income. So they are less likely to provide education for girls than boys. In many developing countries like Bangladesh and India, girls are less likely than boys, to attend secondary school.

Early marriage among young women is universally associated with low levels of schooling. In Bangladesh 75% of women marry before the age of 18, whereas in India almost 50% of marriages take place before 18. In Philippines and Sri Lanka only 14% do so. In China, where the Government has set a strict minimum age for marriage, only 5% of women wed before 18. But slowly the trend is changing for better. Compared to what they were a generation ago, levels of early marriage have decreased by 25% in Bangladesh and India. Those who have finished at least 7 years of school in developing countries, and 10-12 years in developed societies, are more likely to wait until after 18 years to marry, than are women without a basic education. As the level of education will increase, early marriages will decrease proportionately.

### **Sexually active Adolescent Girls**

In some parts of the world, young women become sexually active during adolescence whether or not they are married. As in developing countries, if societal

disapproval is strong, women are reluctant to acknowledge such behaviour. Fewer than 10% of young unmarried woman in India, report sexual activity during adolescence. But in reality, it is estimated that almost 50% of girls enter first union by the age of 18 years and in Bangladesh the said proportion is 80%. A young women who is sexually active outside marriage could experience an unwanted pregnancy. She will have to decide whether to seek an abortion, or to bear her child out of wedlock. Desperate adolescents often select the dangerous and tragic route of a clandestine abortion. An unmarried adolescent girl who is sexually active is also at risk of being exposed to infection with HIV and other STDS. STDS can have serious implications for a woman's health and for her subsequent fertility.

### **Age at First Delivery**

In many parts of the world, adolescent girls are still expected to marry and bear children when they are barely out of childhood themselves. Early childbearing ensures stability of the marriage. Proving one's fertility is essential to acquire status.

In most Asian countries, 20% of women have their first birth before the age 18, although about 30% in India and almost 50% in Bangladesh do so. Women in rural areas and those with little education are unlikely to delay childbearing. A woman who delays the birth of her first child until after the adolescent years, may gain several important advantages. She will have more opportunities to acquire education and skills. These will enable her to take better care of her family. Delaying childbearing can also have a dramatic impact on the rate of global population growth.

### **Use of contraception**

Adolescents who start sexual activity early need contraception. Girls may find it impossible to negotiate the use of contraception, particularly the use of condoms with their older and more influential partners. Use of

Contraception is very low in India i.e. fewer than 5%, but more common in Indonesia and Thailand, ranging from 16% to 43%. In USA, more than 50% of both married and unmarried adolescents use some form of contraception. Majority of married young women in North Africa and Middle East who practice contraception, use either the pill, injectable, IUD or implant. These methods prevail among users in most Asian countries also. In Africa, use of traditional methods, mostly periodic abstinence and withdrawal method are common than modern method use.

Many young women do not have accurate or adequate information about effective contraceptives. Those who have the knowledge cannot obtain services and supplies they need. Sexually active adolescents may fear discovery of their behaviour, so they may avoid seeking care rather than risk scorn. They often do not have money to obtain health care or contraceptive supplies. Sexual relations among young people who are unmarried may be sporadic and unplanned. So lack of preparation is an additional barrier to contraceptive use.

### **Reproductive Tract Infections**

Exposure to reproductive health-risks like STD is disproportionately great in young women. Adolescent girl who is sexually active whether married or unmarried, faces a variety of hazards that threaten her sexual and reproductive health. In India, Egypt, Indonesia and Philippines, only 25% of adolescent mothers give birth in a hospital or health facility; in Bangladesh, the proportion is only 3%. They are more likely to suffer from PIH, anaemia, premature labour, spontaneous abortion and still births. They are 4 times more likely to die than women older than 20 years from pregnancy related causes. Many live in poverty and have limited access to health care.

Current estimates from Western Europe and North America indicate that 8-9 of every 100 persons aged 15-19, are infected with a curable STD each year. Rates of

infection in some regions of the developing world are 3 times higher. While people of all ages can be affected by STDS, young women are especially susceptible to STD transmission. They have fewer protective antibodies than older women. The immaturity of their cervix, increases the likelihood of disease transmission. Moreover, individuals infected with an STD will increase their risk of contracting or transmitting HIV; Half of HIV infections occur among people younger than 25. Other problems faced by adolescent girls are female genital mutilation and sexual abuse. Not only do infections occur as a consequence of cutting, but haemorrhage, shock and even death can result. Young people who are sexually abused are obviously at risk of infection and unwanted pregnancy. They may also suffer from trauma and psychological distress.

### **Role of Sex-Education**

The reproductive health needs of adolescents have long been neglected. Regardless of their marital or childbearing status, all young men and women need information about sexuality and reproduction. Sexually active young women in particular, need access to a wide array of services from contraception to postpartum care. To be effective, services must be provided in an environment in which adolescents feel comfortable. Care givers should be trained in working with young people. The 1994 International Conference on Population and Development in Cairo, and the 1995 Fourth World Conference on Women in Beijing, have offered recommendations that were endorsed by many countries. Increased education is strongly associated with a girl's postponement of marriage and child-bearing. So Government and other social institutions must guarantee to girls' access to basic education, and also to sexual and reproductive health education. Young children and adolescents learn about sexual matters and reproduction by observing the behaviour of adults, by listening to the talk of peers and older siblings, and by absorbing themes of the media. Such information is limited and sometimes erroneous. In the case of media, often it is unduly



glamorized. Thus, formal instruction is an important source of accurate information about physical maturation, puberty, sexuality and pregnancy. Sex-education-programmes should be arranged in schools and colleges. But these programmes are not sufficient to reach all young people. They need to be supplemented by various community based education programmes. However, strong religious or political opposition may prevent introduction of such programmes and at times, their very existence is challenged out of fear that they will encourage sexual activity. Yet studies indicate that, sexuality education does not encourage young people to engage in sex. Most studies show that education about reproductive

and sexual health is associated with the postponement of the first sexual experience and with the use of contraceptives among those who are sexually active.

Today's adolescent boys and girls, are the next generation of parents, workers and leaders. To be able to fill these roles to the best of their ability, they need guidance and support from family and community. They also need attention of the government committed to their development. At one billion strong adolescents are an important demographic force, and special efforts are essential for their upliftment and progress.