

EDITORIAL

Adolescent Reproductive Health: A Priority Agenda

Adolescence has been described as the period in life when an individual is no longer a child but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. In addition, the adolescent's experience changes in the light of social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationship.

World Health Organization (WHO) defines individuals in the age group 10-19 years as adolescents and those in 15-24 age group as youth. These two are overlapping age groups and constitute the group called young people covering the age range 10 -24 years.

There are 1.2 billion adolescents world wide today, that is one in every five people on the planet is aged between 10 and 19 years; 1.7 million of them die due to violence, suicide, accidents and illnesses. Five in every minute get HIV and 70,000 adolescent mothers die due to pregnancy related complications. Similarly, adolescents suffer more from gynecological complications like menorrhagia, dysmenorrhoea, amenorrhoea, pelvic infections, septic abortion, tumours of different varieties. Malignancy is also not uncommon.

In Bangladesh, 25% of our population are adolescents. Early marriage is customary for female adolescents in Bangladesh; 47% of them get married before age 15 years and 78% before 18 years. Only 5% get married after 18 years, which is the legal age of marriage in Bangladesh. Nearly 60% of adolescents become mother before they become 18.

The adolescent mothers are acutely malnourished, and only 48 % receive antenatal checkup and care. Short maternal height has been found to account for a sizable number of low birth weight babies who are subsequently more susceptible to infections and death in infancy. Small pelvis may cause obstructed labour due to cephalo-pelvic disproportion (CPD). They develop vesico-vaginal fistula and severe morbidity such as prolapse, complete perineal tear and postnatal infection. Adolescent maternal mortality rate (MMR) is 5.8/1000 live birth. One fifth of them do not get tetanus toxoid (TT). They are poorly informed with regard to their own sexuality, physical wellbeing, health and bodies. Whatever knowledge they have, more over, is inaccurate and confusing. A low rate of educational attainment, limited sex education activities and inhibited attitude towards sex contribute to this undesirable ignorance. For this reason, unwanted pregnancies and septic abortions are more common and 14% of all obstetric deaths are due to abortion complications.

Given the above factors there are a number of arenas that need to be addressed in order to adequately influence the health seeking behaviours of adolescents and to promote a stronger operational commitment from all levels of government, and national and international developmental agencies so that they might recognize and meet the specific needs and priorities for adolescent's health and rights.

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