

Adolescent Reproductive Health Education

Tayyiba Wasim¹

Youth of 11-24 years comprise 30% of the world population and the proportion is rising, more so in the developing countries. Out of Pakistan's 180 million population, 52% comprise of youth in the age group 20-24 and a staggering 58 million is less than 15 years of age¹. Adolescents not only have special social, cultural and physical challenges due to their rapidly evolving physical, emotional and intellectual needs but have special health issues as well. In developing countries these health issues become daunting challenges when we take into account the issues related to female adolescence, especially related to early marriage and the consequences of teen pregnancies.

It is estimated that globally a quarter of girls are married between ages of 15-19 years with 95% of them belonging to LMIC². In Pakistan, the statistics take a turn towards worse with more than 1/3rd (35%) girls being married by 18 years and more than half (54%) by 20 years of age³. Adolescent pregnancy starts with poor nutritional reserves, which results in high rate of maternal, perinatal and infant mortality and morbidity in the shape of many babies being preterm and low in weight⁴. Poverty added, all these issues enter a non-ending vicious circle which affects generations to come. All these issues can only be addressed by improving health facilities and health awareness of public at large with special emphasis on adolescent population.

There are other consequences of low reproductive health facilities and education. The young lack

the knowledge to space their pregnancies. More than 60% of pregnancies in early teens in developing countries are unwanted. This not only adds to health-related issues as mentioned earlier but also leads to a higher incidence of induced abortions. It is estimated that 50-70% of these women, who are younger than 20 years in age, present with complications of induced abortion⁵. Induced abortion in adolescents carries a greater risk as compared to old women because of delay in seeking help due to social constraints, and lack of adequate health education to these young girls. Teen age marriage is significantly more associated with violence against the helpless girl as compared to adult marriage⁶. Sexual abuse and sexually transmitted infections is another serious health problems in young girls causing chronic pelvic pain, infertility, tubal pregnancies and risk of HIV. According to the available data, more than 40% of women age 15-24 had STD as compared to 16% of women of reproductive age group and 40% of newly reported cases of HIV are in age group of 15-24 years⁷.

In Pakistan, the issue takes a turn towards worse when gender bias is added to the social scenario. Here, women are denied their rights, they lack basic necessities to the extent of being undernourished, are forced into marriages, sexual abuse and limited access to primary health care adds to their plight. All these issues can be addressed with improvement in reproductive health awareness and education. But, it is still a social taboo to talk on formal adolescent reproductive health education. Child marriages are discouraged in Pakistan through the 'Child Marriage Restraint Act 1929' but the parents, even if aware of the act, turn a blind eye

¹Professor of Obstetrics & Gynaecology, SIMS/SHL

Corresponding Author: Prof. Tayyiba Wasim
E-mail: tayyibawasim@yahoo.com

towards it and very little information about it is given to young girls and the punishment for violation is far too less for the act to make any impact. Although inclusion of youth is an integral part of our “National population policy” but there is lack of visibility of any program in educational curricula or development of youth friendly health services. All over the world, organizations are incorporating adolescent health issues in their priority programs which help in making strategies to reshape national policies. Sustainable development goals have given us yet another opportunity to strengthen our health systems in this regard. Three prong strategy involving physicians, health services and community will be needed to bring a change. Physicians need to be trained in providing accurate and nonjudgmental counseling to adolescents and their parents to improve their sexual health and also encourage them to discuss their fears and myths. Evidence has suggested that reproductive health education in youth is imperative in enabling them to have STD protection, better nutritional reserves and safe contraceptive choices.

It is extremely important to discourage marriage at less than 18 years and to spread awareness regarding complications of teenage pregnancy in the community. Safe contraceptive choices should be suggested to the young couples. Establishing “youth friendly health service” counters at hospitals can encourage them to discuss their problems in an open way and prevent them from being exploited in wrong hands. Counselling of parents should be done regarding their reproductive health needs. Government, NGOs, civil society, religious clerics, educationists, parents all need to join hands to ensure sustain ability of such health education programs at college and school level so that the healthy lesson can be taught to each new generation. Social media can play a significant role with group discussions and on-line sessions with government approved panels maintaining confidentiality and realization of the sensitive nature of adolescent issues.

It is high time to address adolescent repro-

ductive issues on priority. Certain legal and social barriers need to be crossed to provide adequate reproductive health information to adolescents in appropriate manner to ensure a brighter future for our coming generations.

References

1. Pakistan's youth bulge: Human resource development challenges. www.ipripak.org/pakistans-youth-bulge-human-resource-development-hrd-challenges. Accessed Nov 27, 2014.
2. United Nations: We can end poverty: Millennium development goals and beyond 2015. Available at: <http://www.un.org/millenniumgoals/childhealth.shtml>. Accessed November 16, 2015.
3. National Institute of Population Studies (Pakistan) and ICF International 2013. Pakistan Demographic and Health Survey 2012-13. Calverton, Maryland USA: National Institute of Statistics and ICF International.
4. Williamson N. Facing the challenge of adolescent pregnancy. United Nations Population Fund; New York, NY: 2013. State of world population 2013. Motherhood in childhood; p. 132.
5. United States 2007, Percentage of Students Who Ever Had Sexual Intercourse, Youth Risk Behavior Survey, Centers for Disease Control and Prevention. 2008. Centers for Disease Control and Prevention website. <http://apps.nccd.cdc.gov/yrbss/> (accessed March 2010)
6. Nasrullah M, Zakar R, Zakar MZ. Child marriage and its association with controlling behaviors and spousal violence against adolescent and young women in Pakistan. *Journal of adolescent health*. 2014 Dec;55(6):804-9
7. Sexually Transmitted Diseases Interactive Data 1996-2008, Selected STDS by Age, Race/Ethnicity, and Gender 1996-2008, Centers for Disease Control and Prevention. 2010. <http://wonder.cdc.gov/stdstd-v2008-race-age.html> (accessed March 2010).