

Adolescent Fertility and Reproductive Health in Some Asian Countries: An Enquiry



**P. Murugesan
And
S.Srinivasan**

Research Scholars, International Institute for Population Sciences, Mumbai, India-400 088.

Abstract

The Cairo Population Conference 1994 (International Conference on Population and Development) to link population policy more closely to human development and to adopt a reproductive health approach that integrates family planning, maternal health and prevention of sexually-transmitted infections. Adolescence period ranges from 13-19 years of ages which is further divided into early adolescence period that is 13-16 years of age and late adolescence period that is 17-19 years of age. This study made an attempt in some selected Asian countries. For instant, among the South Asia Association for Regional Co-operation (SAARC) countries percentage of Total Fertility Rate (TFR) attributed adolescent are 20 per cent in Thailand where China found as low as in one per cent and Srilanka was found that 5 per cent. In case of Asia as a whole was attributed in 11 per cent. Further, the present study also made an attempt to Asses the health need of these vulnerable groups for the study population. The proponents of the reproductive health is inextricably linked to the subject of reproductive rights, and freedom for woman's status and empowerment. Thus the reproductive health approach beyond the narrow confines of family planning to encompass all aspects of human sexuality and reproductive health needs during the various stages of the life cycle. The present discussion of data is taken from "The World's Youth 2000 Data Sheet" prepared by Population Reference Bureau MEASURE Communication Wall Chart.

Introduction

There are over one billion young people between the ages of the 10 and 19 in the World today. Adolescents comprise approximately one-fifth of the World's population and most of teen (84 per cent) live in developing countries more than at any other time in history, the health, attitudes, values and actions of adolescents will define the further of their societies. Many of these societies are engaged in their own rapid transitions and face formidable challenges in providing the younger generation with the services, information and options necessary to make adolescence a time of opportunity rather than a time of risk.

This issues young people face varies tremendously depending on their stages of life- puberty, adolescence, and early adulthood – and on the context in which they live. While this diversity makes it difficult to make generalizations about young people, the action plans adopted at recent International Conferences to make it possible to identity critical needs and compare

progress in health and education against agreed-upon goals. Overall, young people's health and educational prospects are improving, and marriage and childbearing are occurring at later, more mature stages of life compared with previous generations (MEASURE Communication, 2000).

At both the 1994 International Conference on Population and Development (ICPD) and its five-year review in 1999, participants identified adolescents as a particularly vulnerable group. At these world conferences, governments committed to meet the needs of adolescents and youth for information, counseling, and high-quality sexual and reproductive health services as a way to encourage them to continue their education, maximize their potential, and prevent early marriage and high-risk childbearing.

Recent program experiences shed light on practical ways to provide young people with the information, social support, and services they need to protect themselves from sexual and reproductive health problems. Providing young people with these services can be both challenging and controversial, because of cultural sensitivities about adolescent sexuality. Nevertheless, recent trends in adolescent health and sexual activity, and particularly the HIV/AIDS pandemic, call for urgent attention, public discussion, and policy action.

Concept shift was made from emphasizing fertility reduction as a key end in itself and family planning programmes as critical means to achieving this, to articulating the more holistic concept of reproductive health rights and fertility regulation as one of many rights linked to improving levels of reproductive health. It was accepted that reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

An underlying value of the concept of reproductive health is that individual choice is paramount and that human development is a process of enlarging people's choices. In addition, if people are equipped and have the means to make rational choices they will usually decide on actions, which lead to improved levels of reproductive health. Three critical choices for people at all the level of development can be seen to be those which lead to a long and healthy life; to the acquisition of knowledge; and to access to the resources needed for a reasonable quality of life.

The purpose of this paper is to provide an insight of adolescent fertility and reproductive health in some selected South Asian countries. The dimensions of adolescents and very early pregnancy and to propose way in which it can be translate into operative programmes for such countries.

Objectives

The main objective of the present study

1. To examine the differentials of age at marriage and adolescents fertility in selected South Asian countries and
2. To assess the reproductive health components of the adolescence for the study population.

Adolescents in the selected South Asian Regions

In most of the South Asian countries covered by this study, adolescents constitute a significant, if not large, portion of the population, they range from a low of 2 million in Sri Lanka to high of 102 million in India. In case of Asia as a whole constitute 342 million people are adolescent age group 15-19. Table.1 shows clearly that, the percentages of adolescent's illiterate's proportionally high particularly female adolescents are very high. For example, 71 per cent of adolescent females are illiterate in Bangladesh were as the Philippines adolescent females are likely to less than the male adolescents, the percentages are for male 4 per cent and for females only one per cent.

The India, Nepal and Pakistan concern the female adolescents illiterates are double than the male counter part. For example India, the male adolescent illiterate was 20 per cent were as the females are 44 per cent. Similarly the same trends in other countries.

Age at marriage

As marriage marks the turning point in reproductive behavior and signals the onset of sexual activity in most countries of South Asia, marriage age has far reaching consequences on fertility rates, childbearing and other health issues such as infant and maternal mortality.

Through the legal age at marriage in India and most of the South Asian countries is 18 for females and 21 for males, by the age of 15 as many as 26 per cent of females are married. By the age of 18, this figures rises to 48 in Bangladesh, 43 per cent in Nepal and Followed by India is 38 per cent see the Table.2. A lack of reliable data on the adolescent age group including information on sexual activity is the major impediment in preparing a profile of adolescents. However, It has been found that pre-marital sexual activity is quite high, mainly among adolescent males, due to the changing socio-economic and cultural conditions.

Adolescent Fertility

The study observes that a progressively larger share of all births in the South Asian regions is occurring to adolescent girls between the ages 15-19 years. Between 25 to 35 per cent of adolescent girls of Pakistan, Bangladesh, India and Nepal being child bearing as early as 17 years and less ages. Adolescents girls in the regions have shorter spacing intervals between birthing than older women adding to the already high fertility rates among adolescent girls Table.3 represents share of adolescents fertility to the Total Fertility Rate.

With early marriage continuing to be the norm in India and neighbors countries, adolescent fertility is high, as much as 36 per cent of the married are adolescents age 13-16 while 64 per cent aged 17-19 have already become mother or are pregnant with their first child. Adolescent fertility rate for India is 116 births per 1000 women in the age group of 13-19 years. The rate in rural areas is twice as high at 131 than in urban parts, says the recently released United Nations Population Found (UNFPA) study on "Adolescent in India: A Profile".

Table.2 presented the Total Fertility Rate (TFR) for the women age group 15-49 and percentage share of the adolescents (for the women age group 15-19) fertility to the TFR for the selected South Asian countries. It was observed that the women age group 15-49, TFR is 5.9 per women in Pakistan, which is highest as compare to other countries. The lowest number was found in China for 1.8. The percentage contribution of adolescent fertility to the TFR was also found that China has lowest percent as only one per cent, followed by Sri Lanka and Pakistan for 5 and 9 per cent respectively. The highest percentage attributed 20 per cent in Thailand followed by Bangladesh and India 18 per cent for each.

Reproductive health Logistics

Logistics and management information systems for integrated reproductive health services: The program of action noted that reproductive health care programmes must make significant efforts to improve the quality of care. Among other measures, programmes should make services safer, affordable, more convenient and accessible for clients and ensure, through strengthened logistical system, a sufficient and continuous supply of essential, high-quality contraceptives logistical support to reproductive health (including family planning) programmes must recognize, plan and account for a complete “basket of commodities”, and not just a handful of contraceptives.

This involves significant investments of money and effort in the following: Building storage capacity; Integrating existing vertically structured and managed logistical operations; Creating logistics-specific positions to staff intermediate storage depots; Training of logistics personnel and field workers in appropriate shelf-lives, storage conditions and handling practices for a variety of heat, humidity and light-sensitive materials; Rationalizing (making more efficient and less costly) the mechanisms for the transport and distribution of commodities from higher-storage levels to service delivery points within the reach of those in need.

In may of the countries covered the health status of adolescents and health care for them leave much to be desired? Heath problems that they face include risks from teenage pregnancies, malnutrition and vitamins deficiencies. Very recently as a result of UNFA-funded programmes, a few countries have started to look into offering health services solely for the adolescents but these efforts are limited and done timidly. The high risks associated with teenage pregnancies are pronounced in Nepal were the Maternal Mortality Rate (MMR, Table.4) was high as 15 per 1000 live births. The Infant Mortality Rate (IMR, Table.4) also very high in Nepal was 77 per 1000 live births followed by Bangladesh, Pakistan and India.

The adolescent's contraception in the vulnerable population was observed that the modern methods are some of the countries data is not available during the year 2000, except Bangladesh, Nepal, Indonesia and Philippines. About 42 per cent of adolescents females are using modern contraception in Indonesia and 28 per cent adolescent females are in Bangladesh. The 43 per cent of Thailand adolescent females are using any methods of contraception and followed by Indonesia and Bangladesh are 42 and 33 per cent respectively.

Findings and conclusions

A lack of reliable data on the adolescent age group including information on sexual activity is a major impediment in preparing of profile of adolescents. Using the limited data sources the study made the following conclusions.

- The legal age for marriage in India and neighbors countries for female 18 years. But before the age of 15-19 there were 48 and 38 per cent females are married in Bangladesh and India.
- A progressively large share of all births in South Asian regions is occurring to adolescent girls between the ages 15-19 years.
- Thailand adolescents fertility is attributed to Total Fertility Rate was one of the highest in the South Asian countries was 20 per cent.
- Young people ages 15 to 24 have the highest infection rates for Sexually Transmitted Infections (STIs), including HIV, the 2.2 per cent of adult population ages 15-49 infected with HIV in Thailand.
- Pakistan, Bangladesh and Indonesia Maternal Mortality Rate (MMR) were very high in comparison with other South Asian countries; the 15.0, 6.5 and 6.1 per 1000 live births respectively; The high Maternal Mortality due to pregnancy-related causes that can be prevented because lack of qualified or trained health service providers to take care of women during pregnancy and labor; many deliveries still took place at home or were conducted by untrained Traditional Birth Attendants (TBA). Because the percentage of birth attended by trained personals for adolescents as well as for all age group women in these countries are very less than the counter part.
- Overall, young people's health and educational prospects are improving, and marriage and child-bearing are occurring at later, more mature stages of life compared with previous generations.

Table.1 Percentage of Illiterates in the age group 15-19 by gender, Population of the same age group and age 10-24 and percentage to the total population in the year, 2000 and projected population in 2025.

Countries	Population Ages 10-24 (Millions)		Percentage Population ages 10-24 to the Total Population	Population ages 15-19 (Millions)	Percentage Illiterate ages 15-19	
	2000	2025			Male	Female
Bangladesh	46.5	46.2	36	16.6	58	71
India	300.2	307.3	30	102.0	20	44
Nepal	7.8	11.2	33	2.6	26	51
Pakistan	49.1	77.5	31	15.9	56	74
Sri Lanka	5.5	5.0	29	2.0	9	10
Indonesia	63.6	61.1	30	21.3	2	3
Philippines	24.0	27.6	32	7.9	4	1
Thailand	17.3	14.2	29	5.6	1	2
China	317.1	276.2	25	100.9	3	8
Asia	1,031	1,048	28	342	19	31

Sources: Population Reference Bureau MEASURE Communication “ The World’s Youth 2000 Data Sheet

Table. 2 Percentage of currently married women and Percentage of total fertility rate attributed to births by age group 15-19, Average age at first marriage and total fertility rate of women age group 15-49, 2000

Countries	Average Age at First marriage for all Women	Percentage of Currently Married Women age 15-19	Percentage of Births giving by age 20	Total Fertility Rate (TFR) Women age 15-49	Percentage of TFR attributed to Births by ages 15-19
Bangladesh	14	48	63	3.3	18
India	20	38	49	3.3	18
Nepal	16	43	52	4.6	13
Pakistan	22	24	31	5.6	9
Sri Lanka	24	7	16	2.1	5
Indonesia	19	17	31	2.8	11
Philippines	22	8	21	3.7	6
Thailand	23	17	24	1.9	20
China	22	4	8	1.8	1
Asia	21	20	29	2.8	11

Sources: Population Reference Bureau MEASURE Communication “ The World’s Youth 2000 Data Sheet

Table.3 Percentage of births attended by trained personal for the age group 15-19 and age group 15-19 and infected with HIV for all the reproductive age group and percentage of enrolled in secondary school by Sex.

Countries	Percentage of Births attended by trained personal for all Women	Percentage of Births attended by trained personal for age 15-19 Women	Percentage of Adult Population ages 15-49 infected with HIV, 1997	Percentage of Enrolled in Secondary School in 1999	
				Male	Female
Bangladesh	8	14	Z	25	13
India	34	34	0.8	59	39
Nepal	10	14	0.2	51	33
Pakistan	18	17	0.1	33	17
Sri Lanka	94	82	0.1	72	78
Indonesia	54	32	0.1	55	48
Philippines	64	51	0.1	77	78
Thailand	71	61	2.2	38	37
China	89	NA	0.1	74	67
Asia	65	NA	NA	62	51

Note: NA - Data not available, Z- Values close to zero.

Sources: Population Reference Bureau MEASURE Communication “ The World’s Youth 2000 Data Sheet

Table.4 Percentage of contraceptive use by modern and any methods age group 15-19 and Infant and Maternal Mortality Rate by selected south Asian countries.

Countries	Infant Mortality Rate (IMR) 2000	Maternal Mortality Rate (MMR) 1999	Percentage of Contraception age 15-19 Married Females, 2000	
			Any Methods	Modern Methods
Bangladesh	73	6.1	33	28
India	68	5.7	7	NA
Nepal	77	15.0	7	4
Pakistan	70	3.4	3	NA
Sri Lanka	17	1.4	20	NA
Indonesia	44	6.5	42	42
Philippines	33	2.8	18	11
Thailand	22	2.0	43	NA
China	39	0.95	11	NA
Asia	NA	NA	16	NA

Note: NA - Data not available, Z- Values close to zero.

Sources: Population Reference Bureau MEASURE Communication “ The World’s Youth 2000 Data Sheet