ORIGINAL ARTICLE

Reproductive Health Morbidities Among the Adolescent Rural Married Girls

Reshma Mazumder Shampa[1], Md. Shahadat Hossain Khan[2], Quamrun Nahar Nazneen[3], Asma Rubyat[4], Abdul Mazid[5]

Abstract:

A cross sectional study was done on 120 adolescent married girls of Charsalimabad village of Sirajganj district with the objective to identify the pattern of reproductive health problems among the adolescent married rural girls. The respondents were selected from 250 households having adolescents married girls by simple random sampling. There was purposive selection of sample size. A structured pretested interview schedule was used as a data collection instrument. The study revealed that majority (57.5%) of the respondents were between 10 and 14 years of age. A good percentage (80%) of the married girls had their menarche by the age between 10 and 12 years with mean of 11.3 years. Nearly 53% were married at the age between 10 and 13 and the mean age at marriage was 13 years. Majority (78%) of the rural girls had their first pregnancy at age 15-19 years with a mean age of 15.9 years. About reproductive health problems among the study population, nearly 16% of them reported about vaginal discharge, another 16% were found to suffer from varying degrees of menstrual disturbances, 8% had genital prolapse, nearly 4% had vesicovaginal fistula and about 8% had perineal tear. Nearly 16% had infertility and only 8% reported about no reproductive problems. All of the respondents who had pregnancy and child birth suffered from more or less pregnancy and child birth related complications. Majority (20%) of them had given the history of abortion and another 20% reported about hemorrhage after their past delivery. Nearly 8% of them told about prolong labour pain and about 16% had perineal tear during their last child birth.

Introduction:

International Conference on Population and Development (ICPD) held in Cairo in 1994 upheld the reproductive health needs and rights of women as central to the ways of addressing population and development[1]. About 1.7 billion people, more than one-fourth of the world population, are between the ages of 10 and 24, 86% of whom live in developing countries. The sexual and reproductive health behaviour of this age-group will critically affect the global population growth pattern[2]. Adolescent reproductive health has become an important issue for Bangladesh. Adolescence is defined by World Health Organization (WHO) as the period between 10 and 19 years and is an important formative time which, to a large extent, shapes the future course of girls and boys lives[3]. There are numbers of reproductive health morbidities like obstetric, gynaecological and psychological problems among the women of Bangladesh. Obstetric problems result from pregnancy and labour within 42 days of the end of pregnancy.

1. Associate Professor, Department of Community Medicine, Medical College for Women & Hospital, Uttara, Dhaka.
2. Professor and Head of the Department, Community Medicine, Holy Family Red Crescent Medical College, Dhaka.
3. Programme Officer, Engender Health, Dhaka, Bangladesh.
4. Lecturer, Department of Community Medicine, Ibn Sina Medical College, Dhaka.
5. Assistant Professor, Department of Community Medicine, Holy Family Red Crescent Medical College, Dhaka.

These include haemorrhage, sepsis, high blood pressure, ectopic pregnancy and convulsion. The gynaecological problems are more long term such as reproductive tract infections, fistula, prolapse, sexual diseases. The psychological problems result from early marriage, early pregnancy, repeated pregnancy and women's status in the society.

Adolescent mothers are more likely than women in their twenties to suffer from reproductive health problems and pregnancy related complications and to die from child birth[4]. The magnitude of reproductive health problems of Bangladeshi women is reflected in the national high maternal mortality rate (MMR) of three per thousand live births, but the adolescent MMR is 5-8 per 1,000 live birth[5]. A study showed that girls aged 10-14 years had an MMR nearly five times higher than that of women aged 20-24 years[6].

It is clear that reproductive health disorders impose a major burden on women in this country. In order to improve the reproductive health status among the adolescent mothers and to establish reproductive health rights, a need-based intervention must be undertaken.

The present study was aimed to identify the different morbidity patterns among the underprivileged rural adolescent mothers. This small scale study may be a platform for the policy makers to recognize and meet the specific problems, needs and priorities for adolescent reproductive health and rights.

Materials and method:

This was a cross-section designed study and was conducted in Charsalimabad village of Chowhali Upazila under Sirajganj district from October-December, 2006.There was purposive selection of location as the village is one of the remotest areas of Bangladesh and most of the population are very much underprivileged. The respondents were selected from 250 households having adolescent married girls by simple random sampling. The sample size was 120. There was purposive selection of the sample size according to their willingness to give the answers about their very personal problems.

A little motivation work on the study population was done before data collection so that they could answer freely about their private problems. A structured pre-tested interview schedule was used as a data collection instrument. Data were processed with the help of computer.

Results:

Table-I shows the distribution of the respondents by socio-demographic characteristics. The mean age of the respondents was 14.13 years. Majority of the respondents (57.5%) were between 10 and 14 years. Most (83.33%) were muslims and only 16.67% were hindus. About 32% of the respondents were illiterate and 43% had incomplete primary level education. Only 5% completed secondary level education. The mean monthly income of the family was 3,550 taka. Nearly 65% of the respondents had monthly family income less than 4,000 taka. The mean family size was six. Most of the respondents (60%) had family size of between five and eight members.

Table-I: Distribution of the respondents by socio-demographic characteristics

Variable	Group	Number	%
Age	10-14 years	69	57.5
	15-19 years	51	42.50
Religion	Islam	100	83.33
	Hinduism	20	16.67
Education	No education	39	32.50
	Primary incomplete	52	43.33
	Primary complete	22	18.33
	Secondary complete	07	05.83
Family income	<4000 taka	78	65.00
	4001-8000 taka	30	25.00
	>8000 taka	12	10.00
Family size	0-4	12	10.00
	5-8	72	60.00
	8+	36	30.00

Table-II: distribution of the respondents by their age at menarche

Age in years	Number	%
<10-	06	05.00
10-12	96	80.00
12-14	12	10.00
≥14	06	05.00
Total	120	100

Table-III: Distribution of the respondents by their management of menstruation

Management of menstruation	Frequency	%
Use of the old rags (nekra) as pads	95	79.17
Did not use anything	25	20.83
Use of sanitary pad	00	00.00
	120	100

Most of the respondents (80%) started menstruation by age between 10 and 12 years. Only 5% had their menarche before the age of 10 (Table-II). The mean age of menarche was 11.31 years.

Nearly 79% of the girls used old rags (nekra) as pads during menstruation and 20% did not use anything. None of the respondents used sanitary pad during menstruation (Table-III).

Table-IV: Distribution of the respondents by their age at marriage

Age at marriage in years	Number	%
10-13	64	53.33
14-17	52	43.33
18+	04	03.33
Total	120	100

Table-V: Distribution of the respondents by their duration of married life

Duration of marriage in years	Number	%
< 1	05	04.17
1-4	78	65.00
5-7	37	30.83
Total	120	100

Table-VI: Distribution of the respondents by age at first pregnancy

Age at first pregnancy in years	Number	%
10-14	22	22.00
15-19	78	78.00
Total	100	100

Most of the respondents (53.33%) were married at the age between 10 and 13 years. Only 3% were married at the age of 18 and above (Table-IV). The mean age at marriage of the respondents was 13 years.

About 65% of the respondents attained marital duration of 1-4 years and 30% had 5-7 years marital duration (Table-V). The mean duration of married life was 3-5 years.

Nearly 78% of the respondents had their first pregnancy at age 15-19 years and 22% had their first pregnancy at age of 10-14 years (Table-VI). The mean age of first pregnancy was 15.90 years. Twenty respondents had no child.

Nearly 16% of the respondents reported vaginal discharge and 8% complained about itching discharge and ulceration of genital organs. About 16% suffered from various menstrual disturbances followed by 8% from genital prolapse; 4.17% were found to have vesico-vaginal fistula and 16% had primary infertility; 8.33% had perineal tear and only 8.33% had no reproductive health problems. Twenty respondents reported about their various types of menstrual disturbances (Table-VII).

Table-VII: Distribution of the respondents by their present reproductive health problems

Reproductive health problems	Number	%
Vaginal discharge	20	16.67
Itching and ulceration of the genitalia	10	8.33
Menstrual disorder	20	16.67
Lower abdominal pain	15	12.50
Genital prolapse	10	8.33
Perineal tears	10	8.33
Vesico-vginal fristula	05	4.17
Infertility	20	16.66
No problems	10	8.33
Total	120	100

Table-VIII: Distribution of the respondents by their types of menstrual disorders

Types of menstrual disturbance	Number	%
Amenorrhoea	03	15
Menorhagia	07	35
Dysmenorrhoea	08	40
Polymenorrhoea	02	10
Total	20	100

Table-IX: Distribution of the respondents by their history of past pregnancy and delivery related complications

Past pregnancy and delivery related complication	Number	%
Abortion	25	20.83
Haemorrhoe after delivery	25	20.83
Prolong labour pain	10	8.33
Perineal tear	20	16.67
Retained placenta	10	8.33
Still birth	08	6.67
Caesarean section	02	1.67
Total	100	83.33

Table-X: Distribution of the respondents by their source of treatment

Source of treatment	Number	%
Homeo doctor	40	33.3
Kabiraj (traditional healer)	30	25.00
Health assistant	20	16.67
Health complex and union sub-centres	10	8.33
Rural quack	10	8.33
Private graduate doctor	05	4.17
Friends and relatives	05	4.17
Total	120	100

Of the 20 respondents who reported about menstrual disorders 40% had dysmenorrhoea, 35% had menorrhagia and 15% reported amenorrhoea (Table-VIII). More than 20% of the respondents had history of abortion and another 20% had history of haemorrhage after their previous delivery and 8% had retained placenta at their last delivery time. Only 1% had the history of caesarean section (Table-IX). Of the 120 respondents 33.3% got treatment from homeo doctor, 25% from kabiraj, 16.67% from health assistant, 8.33% from rural quack, 8.33% from Health complex and union sub centres, and only 4.17% from private graduate doctors (Table-X).

Discussion:

Adolescent reproductive health has become an important issue for Bangladesh. Since independence, though Bangladesh has achieved remarkable progress in important aspects of health and family welfare, the overall reproductive health status in the country remains unsatisfactory. Akter stated in 1996 that although reproductive health covered both men and women, the burden of reproductive health related problems were unequally divided between these two sexes[7].

In Bangladesh, about one third of the adolescent women are already mothers and another 5% are pregnant with their first child. It was recognized that most of the reproductive health problems were pregnancy and child birth related[8]. Adolescent mothers suffer more reproductive health problems than women in their 20s[1]. Most of the respondents of this study experienced their menarche within the age of 10 to 12 years with mean age 11.3 years. The average age of first menstruation of girls of Bangladesh is around 13 years[9]. The maintenance of hygiene during menstruation is a vital aspect of adolescent reproductive health. Most of the Bangladeshi rural girls (80%) used pieces of old rags (nekra) as pads during menstruation, while others did not use anything. Sixty percent of the adolescent girls used old rags (nekra) that were wet or had not been dried in a hygienic way[10]. These findings were more or less similar with the findings of present study. Around 47% of the respondents used old rags (nekra) during their menstruation. Early marriage is customary for female adolescents in

menstruation. Early marriage is customary for female adolescents in Bangladesh. Approximately 75% of the girls are married before the age of 16 and only 5% are married after 18 years[5].

About 53% of the study population in this study had their marriage between the age of 10 and 13 years and the mean age was 13 years. Like early marriage, early pregnancy is common among female adolescents in Bangladesh. Pregnancy often occurs before adolescents are fully developed physically, which put them to particularly acute health risks during pregnancy and child birth. Available information suggests that about 30% of adolescent Bangladeshi females are already mothers and another 6% are pregnant with first child[11].

Nearly 78% of the respondents in this study had their first pregnancy at age between 15 and 19 years and 22% had their first pregnancy at age 10-14 years with mean age of 15.9 years. Among the respondents having reproductive health problems 16% reported about vaginal discharge. Another study by Islam found that the vaginal discharge among adolescent married girls was 8.33%[12]. About 8% of the respondents reported about genital prolapse. This finding is not similar to the findings of other studies.

About 16% of study population were found to suffer from various menstrual disturbances. It was evident from a study of adolescent mother that 20% adolescent mothers had various types of menstrual problems[1].

The main causes of reproductive morbidity in young mothers are related to pregnancy and child birth[13]. About 20% of the respondents had history of abortions, nearly 16% had perineal tear during their child birth and 8% gave the history of prolong labour pain (3-4 days). The present study findings are well correlated with the findings of other studies [1,5,13].

There are a number of areas that need to be addressed in order to adequately influence the reproductive health of adolescents and to promote a stronger operational commitment from all levels of government agencies so that they might recognize and meet the specific needs and priorities for adolescent reproductive health and rights.

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