

15 September 2004

Dr. Maria-Coleta de Oliveira
Organizer, Session 104: Adolescent RH
Universidade Estadual de Campinas
NEPO
Sao Paulo, Brazil

XXV International Population Conference, Tours, France, 18-23 July 2005: Paper Submission

Dear Sir/Madam,

We, the undersigned, from UNFPA Bangladesh office would like to submit an abstracts for paper presentations for the upcoming conference through you as the organizer of the identified session via e-mail. We would be highly obliged if our paper is considered for presentation in the important gatherings of population experts, managers and researchers.

If accepted, either of us would be happy to present the paper physically and ready to attend the conference.

Though we tried to register also through online but we were not sure whether it was through or not. In brief, our background:

Noor Mohammad is a UN professional working as Programme Officer for Youth & HIV/AIDS in Dhaka, Bangladesh. As regards academic background, Noor is having a PhD in Population Education with Masters in Population Geography, Education and Public Health. He has vast experience in programme and research and widely traveled and presented many papers in the international conferences. He is also having the experiences in chairing and moderating different international technical meetings.

Suneeta Mukherjee is also UN professional with research, administration and management background. At this moment she is leading the Bangladesh office of UNFPA. Undoubtedly she has the wider knowledge and experiences of presenting, chairing technical papers and sessions. She is also having PhD in Public Administration with long field experience in the arena of population.

We have attached in the following the abstract for consideration.

Looking forward to hearing from you soon.

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EFFECTS OF ADOLESCENT RH BEHAVIOR ON FERTILITY IN BANGLADESH

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Over the last two decades, Bangladesh has undergone a major demographic transition, including a decline in the TFR from 6.3 (1975) to 3.0 (2004). Despite a dramatic decline in the TFR, and a fall in age-specific fertility for all age groups of women, the fertility rate for adolescents (15-19) has increased.

The key underlying issue for determining fertility in Bangladesh is adolescents and their sexual and reproductive behavior and the social stigma attached to sex and sexuality, particularly for the young and those communities observing *Purdah*. Sexual taboos are compounded by a lower mean age of marriage for girls compared to boys, a large spouse age differential (about 9 years on average), early pregnancy, and low birth spacing. The maternal mortality and infant child mortality rates are high for adolescent mothers: in the 15-19 age group, maternal mortality is more than double the rates for women in the 20-29 age group. Furthermore, infant mortality rates are about 30-50% higher among children born to adolescent mothers than those born to women aged 20-29. Approximately 50 percent of adolescent mothers are acutely malnourished (with BMI<18.5).

Wide gender disparity exists at higher levels of educational attainment. Only 23 percent of late adolescent women (15-19) have seven years of schooling. Enrolment of boys is over twice that for girls at the secondary level. Gender disparity increases at the higher education level.

Violence against adolescents is on the rise ranging from date rape to courtship violence (acid throwing), economically coerced sexual abuse, rape, harassment, forced prostitution and trafficking of teenage girls and murder.

Superstitions and ignorance of reproductive health problems among adolescent girls and their environment make them vulnerable to many reproductive illnesses. For example, 39 percent of unmarried and 36 percent of married adolescent women did not have any prior knowledge of menstruation, necessary menstrual hygiene, conception and contraception before they actually experienced it. Thus, they contribute more in fertility. As a consequence, they also frequently suffer from reproductive tract infections (RTIs) and are potentially at risk of sexually transmitted infections (STIs). In spite of an effective family planning program in Bangladesh which has achieved near universal knowledge of modern methods among currently married women, 30 percent of those aged 15-19 are ignorant of where to obtain a modern method of contraception. As a result, unmet need for fertility regulation is higher among younger women.

Conflicting new trends is also emerging among adolescents: increasing rate of pre-marital sex (one study cited 38 percent and 6 percent for boys and girls, respectively, in rural areas), which also helps some way or other affecting the total fertility. Despite this impressive demographic achievement, adolescents still constitute about one-fourth (23 percent) of the total population. The adolescent population will continue to grow in the

near future at a higher rate than the overall population growth. Adolescent population growth poses a major challenge to the fertility of Bangladesh.

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