Society & Change
Vol. IV, No.1, January-March 2010
ISSN 1997-1052

Some Major Health Issues and Concerns Among the Adolescents in Bangladesh: Women's Perspective

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Abstract

In the world about one-fifth of the population is adolescent. And this potential population faces a lot of physical and mental problems at its adolescence years but it varies country to country or society to society all over the world. In Bangladesh, adolescent girls experience a lot of health issues and concerns that hamper their life, wellbeing and development and it also obstructs the national and global development. In Bangladesh, malnutrition, early marriage, early child birth, illiteracy or lower education, dowry, sexual abuse, violence, lower level communication to mass media, etc. are very common at every sphere of an adolescent girl's life at a significant level. These problems are highly responsible for demolishing our national development and above all it increases the discrimination against women that conflicts with the CEWAW, MDG and other national and international goals that target women empowerment. In this article, an attempt has been made to show the real scenario of adolescent girls of Bangladesh in gender perspective.

Introduction

Adolescence, more than any other age, holds us in its spell. Over the centuries, no period in life has been more celebrated and condemned by poets, philosophers and politicians. About the adolescent Aristotle said that adolescents are passionate irascible, and apt to be carried away by their impulse. Joseph Conrad said about adolescence: Only a moment; a moment of strength, of romance, of glamour of youth! In reality, it is the most critical time of one's life because it is the transitional stage of life and leads to the shifting from immaturity to maturity or in other words towards development. However this development depends on the proper management and guidance of the adolescents.

About 1.7 billion people—more than one-fourth of the world's population—are between the ages of 10 to 24, 86% of whom live in

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developing countries (PRB, 2000). This young age structure of the developing world is expected to lead to even higher proportions of 10-24-year-olds in the near future, as bigger and bigger cohorts enter adolescence. The sexual and reproductive health behavior of this age-group will critically affect global population growth patterns.

In 1995, the estimated, adolescent population of Bangladesh was 27 million, accounting for about one fourth of the total population (Hussain, 1996). Of the total adolescents (defined by all persons aged 10-19), 13 millions were girls. The annual growth rate of the adolescent population is very high at 4.33% compared to 1.7% for the total population. Despite the alarming picture of the adolescent population, it was not given enough importance until recently (MDHFW, 1998 b).

We believe that adolescence is the gateway for promotion of health. Many of the behavioral patterns acquired during adolescence such as gender relations, sexual conduct, the use of tobacco, alcohol and other drugs and dealing with conflict and risks will last lifetime. These will affect the health and wellbeing of future children. Adolescents will be provided with the opportunities to prevent the onset of health-damaging behavior and their future repercussions.

Marriage is a very popular social event in the context of Bangladesh where early marriage is still dominant. Mean age at marriage is 18.4 years for women as against 23.6 year for men (GSB 2008). There are more than 2.5 million married adolescents in Bangladesh. Seventy-eight percent of adolescent girls marry before reaching age 18. Adolescent fertility is 144 births per 1000 women below age 20 and one-fifth of adolescent mothers have little knowledge about life-threatening conditions during pregnancy; 60 percent receive no antenatal care. Ninety-two percent of mothers aged less than 20 years deliver at home and the unmet need for contraception among this group is 27 percent (NIPORT, Mitra Associates and ORC Macro 2001). The expectation of life for women was 67.9 year compared to 65.5 for men in 2007 (GSB 2008).

Violence also occurs against women. Papua New Guinea tops in the world, with 67 percent of women affected. (South Asia Digest, 2000), but in another source, it was found that in Nicaragua, 52 percent of women said they were physically abused by a partner at least once (Gender-AIDS, 2000). Bangladesh is second in the world when it comes to violence committed against women by men. A United Nations Population Fund (UNFPA) report says Bangladeshi women are one of the most battered in the world with 47 percent being assaulted by men.

Bangladesh is poor and women are the poorest of the poor. Dr Bruntland of WHO said, it's not true that a country's health indicators are poor because it is poor. Health, defined as 'physical, mental and social well-being (WHO)', is not only a women's basic need, but also occupies a prominent place among women's basic need, and also occupies a prominent place among women's human rights. A UNICEF Report in early 90s shows, at the health facility level, women's access to out-patient facilities is much lower than that of men.

In this paper an attempt has been made to see the extent of adolescent girls' reproductive health, mental health and some other problems that the adolescents face in every step of their lives in the conservative society (closed society) like Bangladesh.

Meaning and Definition of Adolescence

Adolescence can be a time of irrepressible joy and seemingly inconsolable sadness and loss, of gregariousness and loneliness; of altruism and self centeredness, of insatiable curiosity and boredom; of confidence and self-doubt. But above all adolescence is a period of rapid change physical, sexual and intellectual change within the adolescents, environmental changes in the nature of the external demands placed by society on its developing members.

"Adolescence is generally understood as the period of transition from childhood to adulthood, and describes both the development to sexual maturity and to psychological and relative economic independence (MOHFW)." Adolescence is an unknown territory to parents, teachers and even the adolescents themselves. However, culturally, lack of attention is given towards adolescence. It is a period of rapid physical and emotional growth- (VHSS, 1999). It is also the formative stage of future life.

Developmental 'tasks' of Adolescence

The changes are puberty gives to adolescence certain universality as a separate stage of development. But the developmental 'tasks' young people are expected to master may vary sometimes widely from one society to another, both in kind and degree of difficulty. Bangladesh is a country of village- based. Here, education rate is low and most of the rural adolescents by the time they reach adolescence, have already been chosen as wives by their future husband's parents and have gradually learned to assume the daily responsibilities of a household. Neither boy nor girls are pushed into sexual relationship and marriage. When there events do occur in the natural course of time, they are with a partner each has known, care for and adjusted to over a long period.

Table -1. Total Population and Adolescent Population in Bangladesh: 1961-2010

Population	1961	1974	1981	1991	1995	2000	2010
Total (in'000)	55223	76398	89912	111455	119730	129243	146381
Adolescent (in'000)	9290	16139	20550	22943	27060	29467	31765
(Age 10-19 years) % total population	16.8	21.1	22.9	20.6	22.6	22.8	21.7
Out of total 27 million adolescent populations, 48% are female and 52% are male							

Source: MOHFW, 1998 Bangladesh

Table - 2. Percentage Distribution of Population by Age Group, Sex, Residence from 2001 to 2007

Age	Women				Men			
	Rural		Urban		Rural		Urban	
	2001	2007	2001	2007	2001	2007	2001	2007
10-14	12.3	11.69	12.8	10.92	13.5	12.66	12.2	11.4
15-19	8.9	9.34	11.6	10.30	9.5	10.65	10.9	10.11
10-19	***21.2***	***21.03***	***24.4***	***21.22***	***23.0***	***23.31***	***23.1***	***21.51***

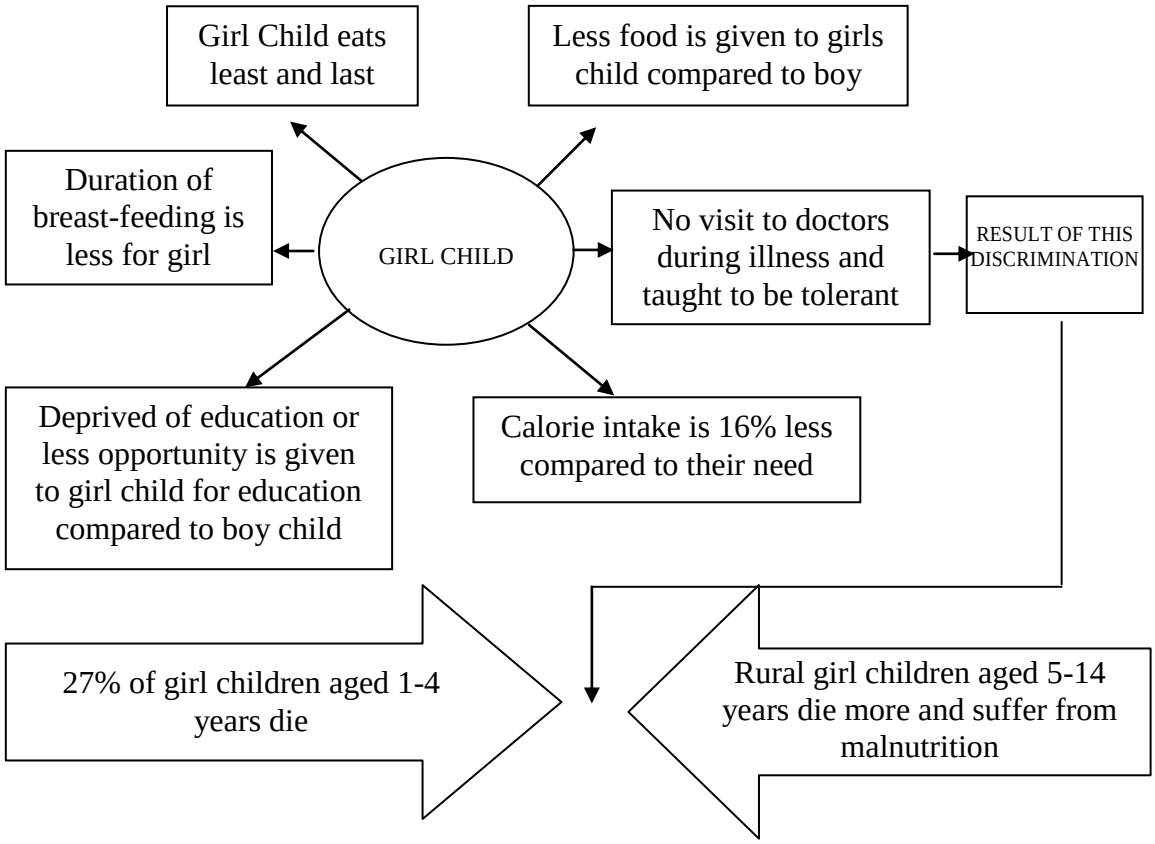
Source: GSB, 2008

Importance of Adolescent Health

Bangladesh is a poor country and women are the poorest. However, it is transparent to the nation that today's adolescent girls are mothers of our future generation. In Bangladesh, here exists systematic gender discrimination, which starts at birth and continues throughout the lifecycle, has dangerous impact on women's health. In Bangladesh context, adolescent reproductive health is one of the most important causes for high maternal mortality, RTIs/STD and HJV/MDS. Moreover, parents and husbands' (who are the guardians of adolescents) unconsciousness, lack of health knowledge have a negative impact on women's health because in our culture when a girl child is married or reach puberty she is considered to be an adult. At this age, knowing about her own reproductive health is not well accepted in our culture that leads to wrong practice, risky sexual behavior which has impact on her own health, children's health and risky sexual behavior leads to STDs, HIV/AIDS. Again the ultimate victim is not only the women but also the whole nation.

However, it is obvious that adolescents health is important in order to ensure safe motherhood, the growth of our healthy generation, and finally to stabilize population growth. By managing this cohort of the population it is possible to reduce fertility, maternal mortality and morbidity, child mortality and malnutrition.

[Health Condition of girl child due to gender discrimination]



Menstruation Management

Menstruation Management is one of the most important tasks for an adolescent. In the rural areas, the adolescent girls use rags during their menstruation. Many of them do not have many rags in number. In that case, they just wash those and use those again. Girls are also found to use the wet rags due to the shortage of rags. Many of the girls even do not use soap for washing those rags and do not dry those in the sun. Because girls are given special instruction about drying the rags; it must be dried in such an area where no one can see it. This is done specially to save themselves from embarrassment as for well as protection. Moreover, many social taboos are associated with these rags as found from the above-mentioned study. These unhygienic practices during menstruation can cause RU. Though in most cases a young adult either sister, sister in-law or a young aunt or some times grandmother come forward to help them during their first menstruation, however, they come with a number of social norms, rules which the adolescent girls have to abide by during their menstruation. These include restriction on movement, food intake. During this stage girls are considered to be polluted and vulnerable to evil spirits, hence prevented from performing their many household activities. Serious restriction on food intake might result in malnutrition and ill health. The other restriction might have impact on psychological pressure on adolescent girls.

Complication During Menstruation

The common health problems faced by both rural and urban adolescent girls are lower abdominal pain accompanied by abdominal cramps. Irregularity of menstruation is another common problem. But the major concern is that they do not discuss this issue with any one since according to them these are not normal illness. The girls who disclose their health problem, some of them are taken to Kabiraj and bring tabij and herbal medicine, taken to Fakir for pani para (sanctified water) (Khan, 1998, Huq and Khan, 1990). Lack of medical treatment for these health problems might have an impact on their fertility and pregnancy and long term morbidity such as fistula.

Lack of Sports Facilities for Adolescent Girls and Cultural Acceptance for that

Since adolescence is not only a transition period from childhood to adulthood but it is also the formative stage for future life, they must need recreation as well as sports facilities. Recreation and sports facilities are conducive for mental development as well as for physical growth. Moreover, it is often argued that the girl child who grows up as a female adult is physically unfit for heavy work compared to men where sports is a must for physical strength. It must be recognized that sports are not only for physical development or growth but also a source of recreation. The reality is that, there are no such sports facilities exist in our country for our adolescent girls particularly in rural areas. The boys can play in any playground in the village or enjoy chatting sitting in a tea stall with other friends, where the mobility of adolescent girls are restricted due to lack of security. Though in rural areas some of the secondary schools have a big play ground however, many of the girl children can not continue their education up to that level for several reasons. In urban areas no such effort has been taken to provide sport facilities for them, whatever facilities exist, those are for boys. Even in Government budget the allocation for girls' sports is very low. Above all, there is no cultural acceptance for girls doing any sports activities.

Early Marriage

In Bangladesh, early marriage for female is customary though the legal age of marriage for women is 18 years and for men 21 years. However, in rural areas, there are cases of girls marrying as early as at 12 years. Approximately 75% of the girls were married before they reach age 16. Fifty percent of the adolescent females are married (MOHFW. 1998, NIPORT, Mitra Associates and ORC Macro 2001). Practical experience shows that demand for dowry increases with the increase in age of the adolescent or in other words the younger the girls, the lesser the dowry demand. Moreover, in our patriarchal society, the parents do not want to

bear the cost of rearing girl child (which is considered as unprofitable and a burden) resulting in early marriage of females. Despite the existence of the Dowry Prohibition Act 1980, dowry still prevails as a major factor for early marriage. As the society is rooted in the patriarchy, parents at their old age stay with son as a norm, hence more investment on sons so as to they can maintain the expenses of their parents during their old ages.

Adolescent Fertility

In Bangladesh, the adolescent fertility rate is one of the highest in the world with 155 births in 1000 women aged 15-19 years a rate five times higher than Sri Lanka In 1997. Family Planning practice is less pronounced among adolescent married girls and family planning field workers are less likely to visit young women under (age 20) and unmarried adolescents are absolutely ignored.

In Bangladesh, one-fifth of adolescent mothers have little knowledge about life-threatening conditions during pregnancy; 60 percent receive no antenatal care (NIPORT, Mitra Associates and ORC Macro 2001). Ninety-two percent of mothers aged less than 20 years deliver at home and the unmet need for contraception among this group is 27 percent (NIPORT, Mitra Associates and ORC Macro 2001). Moreover, adolescent girls are less likely to know about satellite clinics.

A large majority of adolescents (both married and unmarried) do not have information on sexuality, contraception, or STIs and HIV/AIDS (Barkat et al. 2000; Nahar et al. 1999; Haider et al. 1997). Nevertheless, RH education has not been a part of the education curriculum, and the existing service delivery system is not catering to the needs of unmarried adolescents. After marriage, adolescent girls are bound to prove their fertility as soon as they are married due to social pressure. Other wise they are considered or blamed to be infertile and will not be given priority in the family. Moreover, the communication between husband and the wife is less pronounced among adolescent girls because adolescent girls get married at the age when they are not well aware about their body function and most of the marriages are arranged where the girls do not feel comfortable enough to discuss these issues with their husbands. These all lead towards early pregnancy without having adequate physical fitness. The reality is that there are serious negative demographic, socio-economic and socio-cultural consequences. Teen-age mothers are more likely to suffer from severe complications during delivery which resulted in higher morbidity such as fistula, mortality for both themselves and their children. Moreover, infants and children have a greater probability of dying early if they are born to young adolescent mothers.

Maternal Mortality

Most of the young girls get pregnant as soon as they get married. Moreover, without birth spacing they have frequent pregnancies. This is because they are not aware about sexual as well as reproductive health. As a result of which the maternal mortality ratio in Bangladesh is 4.5 per 1000 live births. The other reasons for that are, almost all births (96%) to adolescent mothers are acutely malnourished and almost one-fifths are so short as to increase the risk of difficult child birth as found from 1996/97 Demographic and Health Survey (MOHFW, 1998). Actually, the stubborn lack of progress on maternal mortality suggests that the root cause lies in women's disadvantaged position in most countries and cultures. In countries with similar levels of economic development, maternal mortality tends to be inversely proportional to women's status – in other words, the worse women are treated in society in general, the more likely they are to die in childbirth (The Lancet 2006). Pregnancy and childbirth-related deaths are the leading cause of mortality for girls aged 15-19 worldwide, killing 70,000 every year. Girls who give birth at even younger ages than 15 are even more at risk due to their physical immaturity, being five times more likely to die in childbirth than women in their twenties (UNFPA 2007).

Violence Against Adolescent

Female adolescent occupies the lowest rank in the hierarchy of gender-based power relation. Their opportunities for self-development and autonomy are limited due to their lack of access to education, health care and painful employment. On the top of that violence against adolescent girls is on the rise, especially, rape, acid throwing, sexual abuse and trafficking. One study shows that 6% of maternal deaths are due to homicide or suicide as they were victims of violence due to the stigma of rape and illegitimate pregnancy (UNFPA, 1999). Another study of the consequences of the rape of young unmarried girls in rural Bangladesh, revealed that a number of victims were beaten murdered or driven to suicide because of the "dishonor" that their rape or illegitimate pregnancy brought to the family. The study also shows that there are 130 percent more deaths from injury-suicide, homicide, assault and complications from induced abortions-among single than among married teenage girls (UNFPA, 1998).

Moreover, trafficking via marriage is another form of violence where most of the young girls are the main victims. Girls are trafficked out to India for marriage with Indian men who find it difficult to many for reasons of dower payment. Again migrant workers come to get married in home country Bangladesh. After marriage young brides accompany their husbands to their place of work and are lost. No trace can be found of these young girls who are either married to Indian men or migrant workers.

Examples of Violence against Women throughout the Life Cycle

Phase	*Type of violence*
Pre-birth	Sex-selective abortion; effects of battering during pregnancy on birth outcomes.
Infancy	Female infanticide; physical, sexual and psychological abuse
Girlhood	Child marriage; female genital mutilation; physical, sexual and Psychological abuse; incest; child prostitution and pornography.
Adolescence and Adulthood	Dating and courtship violence (e.g. acid throwing and date rape) economically coerced sex (e.g. school girls having sex with "sugar daddies" in return for school fees); incest; sexual abuse in the workplace; rape; sexual harassment; forced prostitution and pornography; trafficking in women; partner violence; marital rape; dowry abuse and murders; partner homicide; psychological abuse; abuse of women with disabilities; forced pregnancy.
Elderly	Forced "suicide" or homicide of widows for economic reasons; sexual, physical and psychological abuse.

(Source: "Violence Against Women", WHO., FRH/WHD/97.8)

Adolescents' Suicide:

Married adolescents who attempt suicide often have a long history of suffering brutal treatment of their in- laws. A notable number of married adolescent girls commit to suicide for inability of their parents to meet financial demand of their in-laws. Dowry is one of the most significant causes of physical and mental tortures, in the news papers we get the news of burning or acid throwing for dowry often, which ultimately cause suicide of the married adolescent girls.

Table-3. Comparative Frequency of Different Forms of Violence by Year

Types of Violence	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000 Jan-Aug	2001 Jan-Nov
Dowry	82	79	101	134	122	267	594	747	832	1119	8585	2761
Induced Physical Torture	258	300	217	350	469	808	1664	2029	1431	1654	--	--
Acid Attack	21	20	29	39	19	51	83	117	120	117	327	138
Rape	407	982	749	526	285	651	1415	2224	3011	3382	8527	2979
Murder	1904	1500	1879	2269	806	1787	1839	2426	3290	2385	6288	--

Source: DWA, 1997, 1998, 1999, 2000, 2001

- *DWA statistics by police range*

Lack of Acknowledgement about Adolescent Boys

Though recently a discussion has started around the issue of adolescent health but that is totally confined with reproductive health of adolescent girls, but no mention about adolescent population (10-19 years = 27 million), 48% are female and 52% are male (MOHFW, 1998), these boys and girls will be growing up together with an information gap while emphasis is given only on adolescent girls. Moreover, now-a-days 'the male responsibility' is considered to be an important issue while talking about reproductive health in general and sage motherhood and family planning in particular. This present lack of acknowledgement about

adolescent boys will not help these boys to be responsible husbands when they grow up in future. Moreover, these boys are more vulnerable to drug abuse and other addiction, which have serious implications for HIV/AIDS.

Despite the fact adolescent population constitutes 23% of the total population and also reproductive health of adolescent girl is a major factor for high maternal mortality and morbidity and low birth weight baby, adolescent reproduction health was not a serious issue in the health sector until recently. It was not even re-productive health was repeatedly emphasized in ICPD and Beijing and other international conferences, which in fact provided an opportunity to convince the government to take care of this segment of our population. As a result of which adolescent health becomes a new sphere of thinking and a strong agenda in the Health and Population Sector Strategy of Bangladesh.

Control versus Freedom

To cope effectively with today's and tomorrow's world, adolescents need discipline (ultimately self-discipline). But they also need independence, self-reliance, adaptability, and a strong sense of their own values. Research has shown that these qualities are fostered best by parents who show respect for their children, involve them in family affairs and decision-making, and encourage the development of age-appropriate independence- but who also retain ultimate responsibility with confidence. In Bangladesh most of the families don't take any opinion from their daughter or girl child as a result they lose strong sense of their own values.

Friendship

Adolescents want friends to be loyal, trustworthy and a reliable source of support in any emotional crisis. In the words of one 14-year-old urban black girl, 'A friend doesn't talk behind your back. If they are a true friend they help you get out of trouble. And get through stuff and they never snitch on you. That's what a friend is.' In Bangladesh when the adolescents' girls stay at growing stage their parents advise not to make friendship with the boys and that's why the girls become deprived from various kinds of experiences and information. There is no cultural acceptance for girls in making friendship with the boys in Bangladesh.

Adolescent & HIV Risks

Pre-marital sex is traditionally taboo in Bangladesh for variety of social, religious and cultural reasons. In the past little attention has been given to the sexual behavior of unmarried adolescents in Bangladesh, but the shift towards the HIV/AIDS arena makes it important to explore the risks associated with all sexual behavior. Rising trends in risk behavior are seen among adolescents, including those engaging in sex, suffering from STIs, and having sex with commercial sex workers, in addition to having

limited knowledge regarding HIV/AIDS and limited access to RH services (Barkat et al. 2000; Nahar et al. 1999; Haider et al. 1997). Furthermore, some adolescents are also involved in the sex trade (National AIDS/STD Programme, Bangladesh 2003), taking drugs (Panda et al. 2002), and migrating to other countries where they are exposed to risky situations (Chowdhury, Choudhury, and Lazzari 1995). In the 2002 HIV sentinel surveillance, more than 55 percent of STI patients sampled were below 24 years of age (National AIDS/STD Programme, Bangladesh 2002). Literature supports that adolescent are the most at risk of HIV because they have little knowledge, lower access to information, misguided by their peers and become ultimate victims and suffer a lot. The consequence of having incorrect RH information has adverse effects on adolescents' lives as it exposes them to risky behavior. So, to protect the nation need to protect them and ensure an environment which is adolescent friendly as if they have the greater access of their live saving nation and the country have the nation saving way.

Conclusion

In practical country like ours, people think reproductive health issue is not the matter of open discussion. In the family older person think if adolescent knows about their biological issues they may be spoiled. Hence, the tendency of hiding the information regarding changing body function which leads them in the wrong way.

The effects of globalization, rising age at marriage, rapid urbanization and greater Opportunities for socialization in Bangladesh have heightened the risk of STIs, HIV/AIDS, and unwanted pregnancy. Therefore, to avoid the social consequences of unplanned pregnancy, transmission of STIs and HIV/AIDS, adolescents need to be aware of their reproductive health. However, cultural and programmatic barriers inhibit the provision of RH information and services to adolescents. In Bangladesh, they can play a vital role to combat with HIV/STIs, to reduce fertility in the replacement level, to reduce maternal mortality and morbidity, malnutrition, low birth weight of the infant, overall poverty, if they are brought into the systematic policies and programs. Hence, adolescent health is most important which should be pronounced more firmly.

It is clear that adolescent health (physical and mental health) is important in order to ensure the growth of our healthy future generation and finally national and international development. So, adolescent health is a new sphere of thinking and a strong agenda in the health and population sector.

References:

Ain O Salish Kendra (ed.)(1998), Human Rights in Bangladesh, 1998,Dhaka: ASK

Barkat, A., S. H. Khan, M. Majid, and N. Sabina. 2000. "Adolescent sexual and reproductive health in Bangladesh a needs assessment." Dhaka, Bangladesh: International Planned Parenthood Federation and Family Planning Association of Bangladesh.

Chowdhury,Nazma (1994), "Women in Politics", Empowerment, Vol. 1

Chowdhury, A.Q.M.B., M. R. Chowdhury, and S. Lazzari. 1995. "Responding to HIVAIDS in Bangladesh." Dhaka, Bangladesh.

GSB, 2008; Bangladesh Bureau of Statistics, Planning Division, Ministry of Planning, Government of the People's Republic of Bangladesh.

Halim, Sadeka (2003), " Wonmen, Violence and Gender Injustice in Bangladesh Perspective" in Ain O Salish Kendra (ASK) (ed.), Human Rights in Bangladesh 2003, Dhaka: ASK.

Haider, S.J., S.N. Saleh, N. Kamal, and A. Gray. 1997. "Study of adolescents: Dynamics of perception, attitude, knowledge and use of reproductive health care." Dhaka, Bangladesh: Population Council.

Huq, N and Khan, MR (1990): Menstruation: Believes and Practices of Adolescent Girls, BRAC Research Report, RED, BRAC.

JOHN CONGER (1979): Adolescence: Generation Under Pressure: Multimedia Publications Inc.

Kumar, Raj (2002) , Discrimination Against Women, New Delhi: Anmol Publications Pvt. Ltd.

Schaefer T, and Lamm, P. (1995), Sociology, London : MacGraw-Hill.

Khan, MR (1998): Report on Focus Group Discussion on Maternal Health, Report prepared for UNICEF, Dhaka.

MOHFW (1998b): Adolescent's Health and Development: Issues and Strategies. Empowering adolescent girls for sustainable human development. Country Report, South Asia Conference on Adolescents, New Delhi, 2 1-23 July 1998.

National Institute of Population Research and Training (NIPORT), Mitra and Associates,

and ORC Macro. 2001. "Bangladesh Demographic and Health Survey 1999-2000." Dhaka, Bangladesh: National Institute of Population Research and Training, Mitra and Associates and Calverton, Maryland, USA: ORC Macro.

Nahar, Q, C. Tunon, I. Houvras, R. Gazi, M. Reza, N.L. Huq, and B. Khudal. 1999.

"Reproductive health needs of adolescents in Bangladesh: A study report." Working Paper No. 161. Dhaka, Bangladesh: International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR, B): Center for Health and Population Research.

National AIDS and STD Program. 2002. "HIV in Bangladesh: Where is it going?"

Background document for the dissemination of the Third Round (2001) of the National HIV and Behavioral Surveillance. Dhaka, Bangladesh: Directorate Improving Reproductive Health of Adolescents in Bangladesh 78; General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

Panda, S., P.S. Mallick, M.A. Karim, M. Sharifuzzaman, A.H.T. Ahmed, and P. Baatsen. 2002. "What will happen to us?" National Assessment of Situation and Responses to Opioid/Opiate use in Bangladesh (NASROB). Dhaka, Bangladesh: FHI/IMPACT.

Paul -Majumdar, P. (1998), Health Status of the Garment Workers in Bangladesh: Findings from a Survey of Employers and Employees, Dhaka: Bangladesh Institute of Development Studies (BIDS).

Population Reference Bureau (PRB), *The World's Youth 2000*, Washington, DC: PRB, 2000.

Sobhan, Rehman and Khundker, Nasreen (ed.) (2001), Globalization and Gender: Changing Patterns of Women's Employment in Bangladesh, Dhaka: University Press Limited.

The Lancet 2006: 368: 1535-41

UNFPA 2007, *Giving Girls Today and Tomorrow: Breaking the Cycle of Adolescent Pregnancy*, UNFPA 2007, citing various sources.

UNFPA (1999): The South Asia Conference on ADLESCENTS. Country Support Team for Central and South Asia, Katmandu.

UNFPA (1998): Violence against Girls and Women, A public Health Priority.

VIISS (1999) : Review and Analysis of the Collected IEC Materials.

WHO (1997) 'Violence Against Women. Information Kit'. WHO/FRH/WHD/97.8. Geneva: WHO.