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Diversity, Vulnerability and Young Age: Deeper Perspective from Bangladesh

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Abstract: Adolescents and youth together constitute as "young people", who are most energetic and dynamic population group also the driving force for the society and development. The concept of vulnerability applies to the population at all age group but the risk exposure among young and their peers are the matter of high attention. This paper focuses on the multiple dimension of vulnerability that, young age people experience through and the associated diversity of status like age, nutrition, gender and geographical and social orientation to add on that vulnerability. The paper identifies the key concept and the principles relevant to young age vulnerability and how it's intertwined with a complex dynamics of diverse realities. The orientation of diversity and vulnerability quite varies amongst the people across age cohort, social strata and also based on economic conditions and gendered perspective and it becomes much challenging while it applies to the young cohort. This paper attempted to bring that deeper insights and the country context to be described and highlighted specially, around the very theme of vulnerability and diversity in relevance to young age. The support line to address the young people vulnerability should meet the diverse need of young people and the confronted challenges they face by the parents, community, society health care provider and educator to deal with. The program response should be tailor made with such diversity to create an effective, contextual and human friendly response towards the young vulnerability.

Keywords: Vulnerability, Diversity, Multiple Dimension, Complex Dynamics, Human Friendly

1. Introduction

Adolescents and youth together constitute as "young people", who are most energetic and dynamic also the driving force for the society and development. On the other hand, they tend to get involved in high-risk behaviors making themselves vulnerable in every sphere of their transitional journey in their young age which pose them to a variety of risk exposure like physical injuries, emotional trauma, and medical problems — some of them extremely serious like transmission of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). The concept of vulnerability applies to the population at all age group but the risk exposure among young and their peers are the matter of high attention. This paper focuses on the multiple dimension of vulnerability that, young age people experience through and the associated diversity of status like age, nutrition, gender and geographical and social orientation to add on that vulnerability. The main purpose of this paper focused on the key concept and principles relevant to young age vulnerability and how it's intertwined with a complex dynamics of diverse realities. This paper attempted to bring that deeper insights and the country context to be described and highlighted specially around the very theme of vulnerability and diversity in relevance to young age. And, how the program intervention needs to be responsive to tailor made those needs towards a creative, innovative human friendly response to address the young vulnerability.

2. Vulnerability

Vulnerability is an empirical concept which can be further distinguished as extrinsic or external vulnerability in the form of shock, risk, stress, trauma, facing poverty in a various way to which an young age individual is exposed to and intrinsic or internal side refer to the ability to cope up without irreversible loss of capabilities and assert [1]. The young

people considered in this discourse, who belong to the age period 10-24 which is critical time while they experience significant physical, mental and emotional changes and many of them manage this transition from childhood to adolescence to adulthood successfully. While others who belong to a particular status diversity and at risk group become the victim of this vulnerability which impact upon their health status and well-being in their later part of the adulthood.

The relationship between age and intrinsic vulnerability follows a universal pattern linked to the life course of an individual. Here the most intense form of vulnerability appears in the infant and young age due to various forms of both extrinsic an intrinsic factors like access to proper food, nutrition, information, education, gender discrimination, violence of various nature (incest, rape, or assault), peer influence, unhealthy parenting, also exposure to wrong influence and substance abuse.

Going little deeper to the facts - having poor access to food and nutrition which is often a gendered issue in a cultural and social definition of female sex, and the girls and young women have a limited access to food and nutrition which often aggravated by the situation to put them in a very complex dimension of vulnerability due to early entry to reproductive role, early marriage and child bearing responsibility. Pregnancy is one of the leading causes of death for young women aged 15-19, complication for child birth and unsafe abortion counts as a major factor [2]. Worldwide of all births, adolescent pregnancy accounts for 11% and 13% of all death and 23% of all disability adjusted life year [4], the prevalence of adolescent pregnancy before age 18 is almost 66% in Bangladesh and also represent 40% of the top ten countries with highest percentage of women aged 20-24 who have had a life birth before age of 18 [3]. Another study shown experience of wasting in adolescent (10-19) conception is 37 among 400 couples [4]. And in India, Low Birth Weight (LBW) and Still birth accounts for 33-39% and 4-5% respectively [5].

3. Diversity

Diversity refers to different values, attitudes, cultural perspectives, beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, social status, skill and other specific personal characteristics, whereas the age and gender identity are present in everyone, other characteristics vary from person to person. These differences must be recognized, understood and valued [6].

The young people who may experience diverse range of vulnerabilities include the young cohort belong to a marginalized community entrapped in a pocket poverty and excluded from the basic social amenities, the young who resides in an accessible remote village, urban slum, char/Islands & coastal belt, the tribal young, and the young people who are homeless and having caring responsibility and so on.

The spectrum and range of vulnerability often associated to a variety of other risk end, starting from individual, social, environmental, like academic challenges at school, peer rejection, bullying, parental rejection, family conflict, alcohol & drug dependence, associating with peer, lack of social support services social discrimination, and poor social skill, or having any antisocial attitude [1].

Generally, families are a significant (or potential) source of economic, material, emotional, and social support, and young people are often dependent on parents and care-givers for resources. Conversely, family factors can be a major cause of stress and trauma and a significant number of those young people who either disengage from school or work experience social dislocation and homelessness come from highly dysfunctional or abusive family environments.

There is also another dimension of vulnerability with young people who are experiencing chronic economic and social disadvantage like migrant, refugees, transgender, or young people with different sexual orientation, or having any sort of intellectual and learning difficulties /disabilities, who often are socially discriminated and excluded from mainstream support lines [6].

The young girls more often entrapped with the prevailing gender ideologies of a institutionally grounded gender discrimination and gender biased practices which reflects in various forms like intra house food distribution, decision making in family planning or accessing antenatal and postnatal care and even in cases negotiating for safer sex to avert their STI/RTI and HIV/AIDS risk [7].

In this way, young and adolescent girls who make an early entry to reproductive life are entrapped with vicious cycle of poor health status and giving birth to underweight babies which followed through in their offspring reproductive life in future [5, 7, 8]. this picture is more nakedly visible in a relatively poor socio economic status, where the family is over constrained by poor access to resources and food insecurity.

Another deeper perspective around the diversity and vulnerability is more associated to sex, drug and adolescence – putting these three words together often place them to a threshold of an extreme end of vulnerability as the young people are more often a risk taker, over inquisitive to experience new things [9]. Erik Erikson a legend in behaviour science who explained adolescent as a period of crisis resolving, the tension between identity formation versus identity confusion appears in a maximum height in that period. Only rarely is their social behavior like of adult are over determined by biology, more usually their action are influenced by political, legal, factors, social meanings and motivation, and the economic opportunity available to them. They are the individual who are in a free floating situation, at a cut off zone of their age and more egoistic, isolated and disconnected from the mainstream social services and access to opportunities since these support lines are deeply structured by gender race, class, sexuality also significantly differ between young boys & girls. Various research demonstrates the fact, young who feel frustrated by their limited options are more likely to engage in arrange of risky behavior such as using drugs, unprotected sex, for gift money or favor [10, 16].

Although, less is known about young people drug use/ habit in many developing country unlike Bangladesh [11], where the adolescent and young people drug habit and related sexual behavior is more dependent on observation data rather accurate information base (due to paucity of in-depth information and data available), there is a common observation about the young people who live on the street often involved with sex work and drug behavior and are more indulge to the readily available dugs and substance abuse which are also cheap sniffing inhalants, like glue/ dendrites (Polyurethane based foot wear adhesive which is modified isocyanate used in leather factory), and bidi, Cannabis are most common among adolescent [11]. However, the picture is quite different with the young and adolescent who belong to mid and upper social classes, their drug preference and substance abuse is mostly circle around, Cigarette, Yaba (modified synthetic amphetamine), Cannabis (Ganja, Hashis, Chorosh, Bhang), Phensidyl (fortified and modified codeine phosphate syrup) alcohol and heroine [12]. According to the survey findings in JHPN of ICDDRB shown that, in the capital 79.4% of the drug user are male and 20.6% are female and 64.8% are unmarried, 56.1% are students an unemployed, of them majority 85.7% consuming drugs under the influence of friends and often are addicted to various codeine laced cough syrup. In BBC news online, "Educated and Addicted in Bangladesh", a Cambodian teenager Ney Someta, who is studying in Chittagong, Bangladesh, talks about how she decided to look deeper into Bangladesh's problem after becoming tempted by drugs herself, " *I have been taught since primary school about the cause and effects of drugs. "By contrast, in Bangladesh, drug addiction remains the „elephant in the room". People sort of understand that this problem is happening, but they do not want to talk about it."* [13]. In one of the study among female residential of Dhaka University, nearly 17% of the female residential students of Dhaka University are substance abusers. Commonly used substances are cannabis (44%) and phensidyl (44%) while Benzodiazepine/sedative ranks second (32%). Majority (87%) of the respondents procure them through friends and associates. Nearly 40% respondents perceive easy availability to be the main reason of substance abuse followed by peer pressure (26%) and depression recovery effort (22%) [14].

While it comes to young people sexual behaviour, the risk of transmission of STI/RTI/HIV is also relatively high, the young people now represent half of all new cases of the world wide infection rate, an estimated 6000 young people are infected every day and one in every 14 minute, of them the young women between 15-24 face highest risk, 1.6 times are more likely to get HIV positive then young men. In the south east Asian region the HIV is more often spread through drug injection and commercial sex work and one third of the curable Sexually Transmitted infection every year contracted by young people under 25 [2]. Despite the other diverse aspect of, socio cultural and economic vulnerability associated to the infection, the adolescent and young girl under 14, face additional risk as their reproductive tract are more susceptible to tearing and which more often occur in case of forced sex, violence especially when the poor girls are on the street, unprotected or they make an early entry to commercial sex as a survival sex practice. In the upper strata of society, the inflicted drug and sex behaviour is often more complex since, the young girls and boys make early exposure to sex, for various reasons, change of personality trait, mood disorder. Irritability, depression and irregular lifestyle and uncontrolled behaviour and they go for mutual sex, girls are sometimes in a disadvantage of negotiating sexual relation to say 'NO' to sex and condom use. In Bangladesh the survey result shown the risky sexual behaviour among young and adolescent is common around 22% unmarried males and 2% unmarried female reported history of premarital sex and most common sex partner for the male are girlfriend (56%) and around 25% sex partner are commercial sex worker. Whereas the young people have a very low risk perception, only 2.2% male and 1.1% female have perceived risk of getting infected with HIV/AIDS and STIs [15, 16].

4. Recommendation

The future intervention consideration and the major principles of a young focus response, where their support lines should be built upon with careful attention to the areas like "No wrong door approach", support should be integrated, need oriented, complete, informative and trustworthy, enjoyable, friendly, and respectful to human rights. The service model should be proactive and flexible with continuous improvement, evidence base and progress oriented through measuring client outcome.

5. Conclusion

At the very onset of this 21st century, shifting terrain, where the Public health and development is more viewed upon through the dynamism of adolescent and young people Sexual and Reproductive Health in order to attain a highest social gain. Here, it is extremely important to explore and realize the diversity of need, vulnerability of young and adolescent from various deeper perspective to create an young friendly responsive society.

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