

Self Reported Obstetric Morbidity among Currently Married Women in Urban Slums of Kakinada City, Andhra Pradesh

Dr. Naga Tulasi P¹, Dr. G. Krishna Babu²

¹. Assistant professor, Dept. Of community Medicine, NRI Medical College, Chinakakani, A.P.

². Professor & HOD, Dept. of Community Medicine, Rangaraya Medical College, Kakinada, A.P.

Corresponding Author: Dr. Naga Tulasi P

Abstract:

Background: While women and men share many similar health challenges, the differences are such that the health of women deserves particular attention. There are conditions that only women experience and whose potentially negative impact, only they suffer. Some of these – such as pregnancy and childbirth – are not diseases, but biological and social processes that carry health risks and require health care¹. This article presents an analysis of self-reported symptoms of obstetric problems among currently married women of reproductive age group (15 to 49 years).

Method: 308 currently married women of reproductive age group who were either pregnant at the time of survey or had a child birth in the 3 years preceding the survey or had an abortion in the 3 years preceding the survey were selected by systematic random sampling from 10 of the urban slums of Kakinada city of Andhra Pradesh between January to December 2012. Information was gathered from these women on their socio-demographic variables, obstetric problems as perceived by them and their treatment seeking behaviour.

Results: 80.8% of the women reported at least one obstetric problem. Obstetric morbidity was found to be significantly influenced by age and children ever born. Among women who had a child birth within last 3 years preceding the survey, 46.9% women experienced problems during pregnancy, 74% had problems during delivery, 4.2% had reported problems during postpartum. 90.9% (241) of the deliveries took place in health institutions. 25.6% had their delivery by caesarean section.

Key words: reproductive age group women, obstetric morbidity.

Date of Submission: 01-07-2019

Date of acceptance: 16-07-2019

I. Introduction

Morbidity in a woman who has been pregnant (regardless of the site or duration of the pregnancy) from any cause related to or aggravated by the pregnancy/abortion or its management but not from accidental or incidental causes is known as obstetric morbidity².

Throughout human history, **pregnancy and childbearing** have been major contributors to death and disability among women. More than half a million maternal deaths occur every year and of these, 99% happen in developing countries. Complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years old in developing countries¹. The age at which women begin or stop child-bearing, the interval between each birth, the total number of lifetime pregnancies and the socio-cultural and economic circumstances in which women live all influence maternal morbidity and mortality³.

The International Conference on Population and Development in 1994 had recommended reduction in maternal mortality by at least 50 percent of the 1990 levels (MMR India: 420) by the year 2000 and further one half by the year 2015.³ The Millennium Development Goals (MDG) of the United Nations has set the target of achieving 200 maternal deaths per lakh of live births by 2007 and 109 per lakh of live births by 2015.⁴

The government has been enunciating various programmes and policies for a number of years, for the betterment of women's health. In 2005 all these programmes were brought under a single umbrella "The National Rural Health Mission (NRHM)" which aims to revamp the public healthcare delivery system and seeks to provide accessible, affordable and quality healthcare to rural population.

In spite of the efforts, prevalence of obstetric morbidity is alarming in the country and also in the state of Andhra Pradesh. There are problems of infrastructure and man power especially in the case of urban slum dwellers. In view of the existing pathetic scenario, the study was undertaken regarding obstetric morbidity among women between 15 to 49 years in the urban slums of Kakinada, East Godavari district, Andhra Pradesh.

II. Objectives

- To assess the prevalence of obstetric morbidity in currently married women of 15 – 49 years age group.
- To understand the relationship between socio-demographic factors and obstetric morbidity.

III. Materials and methods

This descriptive study conducted from January to December 2012 in urban slums of Kakinada city involved 308 currently married women of reproductive age group (15 to 49 years) who were either pregnant at the time of survey or had a child birth in the 3 years preceding the survey or had an abortion in the 3 years preceding the survey. For women who had more than one delivery in the last three 3 years, questions have been asked about the recent birth. 10 of the existing slums in the city (total of 101) were selected by simple random sampling. 308 eligible women from these 10 slums were selected according to population proportion to the size by using systematic random sampling. Details were collected from those women after taking informed consent. A pretested, pre-designed questionnaire was used for collecting data on socio- demographic variables and obstetric morbidity. Variables studied under **socio-demographic characteristics** include quantitative variables like age, per capita monthly income of the family, age at marriage, duration of marital life, age at first child birth and qualitative variables like education, occupation, religion, caste, children ever born. **Obstetric morbidity** includes problems during pregnancy, problems during delivery, problems during postpartum, and abortion related complications. For the recent birth within the 3 years preceding the survey, the respondents were asked to report any health problems they had experienced during pregnancy like nausea/ vomiting, vaginal bleeding, visual disturbances, swelling of legs, body or face, convulsions not from fever, pain in lower abdomen, burning micturition, etc. Place of delivery was also noted and questions were asked about any problems if she had experienced during delivery like premature labour, obstructed labour, prolonged labour, episiotomy, forceps delivery, caesarian section, etc. Different problems that the women had experienced during post partum period like excessive bleeding, foul smelling vaginal discharge, lower abdominal pain, fever, burning micturition, breast tenderness, etc., were also asked. Analysis was done by using Microsoft excel and statistical package for social sciences (SPSS) version 17. Descriptive statistics were applied for the analysis and chi-square test as a test of association was applied at 5% Level of Significance.

IV. Results

Among the total 308 women studied for obstetric morbidity, 55 women were pregnant at the time of survey, 262 were pregnant in the 3 years preceding the survey, 39 women had abortion in the 3 years preceding the survey. 80.8% of the study subjects had experienced at least one obstetric problem. Maternal morbidity is the outcome of not only biological factors but also of demographic and socio-economic factors, and availability of health facilities. An attempt has been made to understand the relationship between socio-demographic factors and obstetric morbidity using chi-square analysis. The difference in proportions of obstetric morbidity across categories is found to be statistically significant for age and children ever born. Out of 55 women who are pregnant at the time of survey, 25 (45.5%) women reported one or the other problems during pregnancy. Majority (25.5%) had nausea or vomiting as their problem followed by excessive weakness/ tiredness (21.8%). Among these 25 women who had problems during pregnancy, 80% of women had sought treatment (40% from government doctors and 40% from private doctors) and 20% did not seek any treatment.

The management of health problems during pregnancy and after delivery is important to maintain the health of the mother. The respondents were therefore asked to report about any health problems they had experienced **during their last pregnancy in the 3 years preceding the survey**. Out of 262 women who had a child birth within last 3 years preceding the survey, 123 (46.9%) women experienced problems during pregnancy, 195 (74%) had problems during delivery, 11 (4.2%) had reported problems during postpartum and 232 (88.6%) women had overall obstetric morbidity. The mean no. of obstetric problems among women who had a child birth in the last 3 years preceding the survey is 1.81 ± 1.096 for the women who reported at least one obstetric morbidity. No. of obstetric problems range from a minimum of one to a maximum of 9 problems among these women. **The major problems experienced during pregnancy were** nausea or vomiting (33.6%), excessive weakness or tiredness (16%), swelling of legs, face or body (15.3%) and lower abdominal pain (4.2%). Major **intra-partum health events** experienced by women revealed that 47.7% had episiotomy, 25.6% had their delivery by caesarean section and 2.7% had premature labour. It is heartening to note that only 11 women had experienced **problems during postpartum**. Major problems experienced during postpartum were excessive bleeding and fever (by 3 women each), breast tenderness (2 women) and excessive weakness (2 women). Out of 39 women who had an abortion in the 3 years preceding the survey, 9 (23.1%) had experienced at least one health problem after abortion. Common problems reported were excessive bleeding (4 women) and severe headache (2 women).

Table 1: Distribution of obstetric morbidity according to socio-demographic characteristics (n=308)

Socio-demographic characteristic	No. of women with obstetric morbidity (total =249)	χ^2 value	p value
Age in years			
15 – 19	14 (87.5%)	25.627	0.000
20 – 24	151 (86.3%)		
25 – 29	66 (75.9%)		
30 – 34	15 (78.9%)		
35 – 39	3 (27.3%)		
Education			
Illiterate	70 (81.4%)	5.133	0.274
Less than middle school	60 (78.9%)		
Middle school completed	36 (85.7%)		
High school completed	43 (72.9%)		
Above high school	40 (88.9%)		
Occupation			
Home maker	237 (80.3%)	1.193	0.551
Unskilled and semiskilled workers	1 (100%)		
Semi-professional and professional workers	11 (91.7%)		
Socioeconomic status			
Upper (I)	3 (60%)	2.118	0.714
Upper middle (II)	49 (77.8%)		
Lower middle (III)	94 (82.5%)		
Upper lower (IV)	97 (81.5%)		
Lower (V)	6 (85.7%)		
Religion			
Hindu	184 (79%)	2.523	0.283
Muslim	19 (82.6%)		
Christian	46 (88.5%)		
Caste/ tribe			
SC	65 (85.5%)	2.108	0.348
OBC	168 (80%)		
Forward class	16 (72.7%)		

Socio-demographic characteristic	No. of women with obstetric morbidity (total =249)	χ^2 value	p value
Age at marriage			
14 years and below	21 (84%)	1.491	0.828
15 – 17 years	123 (82%)		
18 – 20 years	75 (80.6%)		
21 – 23 years	25 (73.5%)		
24 years and above	5 (83.3%)		
Duration of marital life			
Below 5 years	108 (85%)	5.281	0.152
5 – 9 years	126 (82.4%)		
10 – 14 years	13 (72.2%)		
15 years and above	6 (60%)		
Children ever born			
0	10 (45.5%)	21.800	0.000
1 – 2	202 (85.2%)		
3	35 (76.1%)		
4 and above	2 (66.7%)		
Age at first child birth			
Below 16 years	8 (88.9%)	4.753	0.447
16 – 17 years	45 (83.3%)		
18 – 19 years	82 (86.3%)		
20 – 21 years	51 (76.1%)		
22 – 23 years	30 (90.9%)		
24 years and above	23 (82.1%)		

Table 2: Obstetric problems among currently married women who had delivery in the last 3 years preceding the survey (n=262)

Obstetric problems	No. of women
Problems during pregnancy*	
Nausea or vomiting	88 (33.6%)
Excessive weakness/ tiredness	42 (16%)
Swelling of legs, face or body	40 (15.3%)
Lower abdominal pain	11 (4.2%)
Low backache	3 (1.1%)
Breathlessness	3 (1.1%)
Vaginal bleeding	1 (0.4%)

Visual disturbances	1 (0.4%)
Giddiness	1 (0.4%)
Burning micturition	1 (0.4%)
Fever	1 (0.4%)
Problems during delivery*	
Episiotomy	125 (47.7%)
Caesarian section	67 (25.6%)
Premature labour	7 (2.7%)
Prolonged labour	4 (1.5%)
Forceps delivery	2 (0.8%)
Obstructed labour	1 (0.4%)
Perineal tear	1 (0.4%)
Problems during post-partum*	
Excessive bleeding	3 (1.1%)
Fever	3 (1.1%)
Breast tenderness	2 (0.8%)
Excessive weakness	2 (0.8%)
Burning micturition	1 (0.4%)
Vomiting	1 (0.4%)
Lower abdominal pain	1 (0.4%)
Low backache	1 (0.4%)
Giddiness	1 (0.4%)

*multiple responses

Among 123 women with problems during pregnancy, 46.4% sought treatment from government doctors, 51.2% from private doctors and 3 members did not seek treatment. Out of 11 women who had experienced problems during postpartum, 7 had sought some form of treatment (5 from government doctors and 2 from private doctors) and 4 did not seek any form of treatment. All the 9 women who had experienced problems after abortion sought treatment, 4 from government doctors and 5 from private doctors.

An analysis by **place of delivery** in the present study reveals that among women who had a delivery in the 3 years preceding the survey, 92% (241) of the deliveries took place in health institutions and 8% (21) at home. A greater cause of concern is that almost all the deliveries that took place at home were attended by untrained persons. It is encouraging to note that among women who had an institutional delivery, the government facilities have a definite edge over private facilities. When women who had not delivered in a health facility were asked the reasons for not delivering in a health institution, majority of women (15) said they did not feel it necessary to deliver in a health facility. Other reasons expressed by women who had not delivered in a health facility were: lack of money, no time, fear of hospital setting, fear that nurses may scold at the time of delivery, no fast action in government hospitals, etc. some women reported that relatives are not allowed at the time of delivery in a health facility where as they are allowed in home delivery, so they feel home delivery as comfortable delivery. Out of 39 women who had an **abortion** in the 3 years preceding the survey, 35 women had spontaneous abortion and 4 had induced abortion. 3 women with spontaneous abortion did not experience any symptoms of spontaneous abortion. They just went for regular antenatal check up and on ultrasonography, they were diagnosed as having missed abortion. 32 women had experienced symptoms of spontaneous abortion and 29 (90.6%) of them consulted some health provider (37.5% consulted government doctors and 53.1% consulted private doctors) and 3 (9.4%) did not consult any health provider after experiencing symptoms of spontaneous abortion. The 4 induced abortions took place in private hospitals. When these 4 women who had an induced abortion were asked to state the reason for the decision to have the pregnancy terminated, 2 women reported fetal anomalies on ultrasonography as the reason for seeking abortion. Remaining 2 women had sought abortion for the reasons that reflect poor planning of pregnancies, one women had sought abortion because she did not want any additional children, other women had sought abortion because previous child was too young.

V. Discussion

In the present study, 80.8% of the women reported obstetric morbidity. It is much higher compared to a study done by **Pandurang Sontakke et al⁵** based on NFHS3 data which reported 46% obstetric morbidity. Studies done by **Miteshkumar N et al⁶**, **R. S. Reshmi et al⁷**, **Santhosh Kumar Gupta⁸**, **Bhatia, J. C. et al⁹** also reported much lower morbidity. In our study among women who had a child birth within last 3 years preceding the survey, problems experienced during pregnancy, delivery and post-partum were 46.9%, 74% and 4.2% respectively. Study done by **Pandurang Sontakke, R.S. Reshmi, Daliya Sebastian (2009)⁵** based on NFHS 3 data showed that in Andhra Pradesh, 38.5% of women had experienced problems during pregnancy, 17.9% had experienced problems post delivery. According to **DLHS 3 (2007-08)¹⁰**, in India, among women who had still/live births in the three years preceding the survey, 59% had experienced complications during pregnancy, 61% reported at least one delivery complication, 37 % had post delivery complications. Percentage of institutional deliveries (92%) in the present study is much higher compared to the national average which is

47% according to DLHS³¹⁰ and 39% according to NFHS³¹¹. Childbirth is a universally celebrated natural event; yet for many thousands of women in India, it is becoming a matter of concern due to the over-medicalisation of their bodies. One of the current examples of this is the Caesarean section delivery.¹² According to the World Health Organisation's (WHO) guidelines, modified in 1994, the Caesarean birth rate in any population group should range between 5% and 15% (WHO 1994)¹³. However, currently the Caesarean birth rates in many developed and developing countries far exceed the tolerable limit specified by the WHO and indicate an unnecessary use of this intervention¹². In the present study also the percentage of women who underwent caesarean section was far higher (25.6%) than the tolerable limit specified by WHO.

VI. Conclusion

The high prevalence of obstetric morbidity in the current study emphasises the need for health care systems to work with women at the community level. There is an important need to educate women to identify important symptoms of obstetric morbidity and to seek prompt treatment from the right source. Furthermore, female health workers should be sensitized through suitable training to understand and elicit these problems among women as well as be equipped to manage them in an effective manner. Awareness has to be created among the beneficiaries regarding complications of unsafe delivery by involving health workers, ASHAs and AWWs. Efficient implementation of Janani Suraksha Yojana and Janani Sisu Suraksha Karyakram is recommended to promote 100% institutional deliveries. Skilled birth attendants training should be given to all identified untrained dais to reduce complication of parturition. The number of caesarean births in the present study presents a serious concern and needs an in depth study to assess the indications for c-section.

Limitations of the study

Morbidity has been assessed based solely on self reported symptoms by the study subjects. Clinical examination and laboratory investigations have not been done because of logistic constraints.

Acknowledgements

The authors want to acknowledge the support of colleagues from the department of community medicine, Rangaraya medical college, Kakinada and NRI medical college, Chinakakani and also the study participants for their cooperation.

References

- [1]. Women and health: today's evidence tomorrow's agenda, WHO (2009).
- [2]. WHO/MCH/90.4 measuring reproductive morbidity: Report of a Technical Working Group, Geneva, 30 August - 1 September 1989.
- [3]. Report of the international conference on population and development, Cairo, 5-13 September 1994. United Nations. New York, 1995.
- [4]. Health and Millennium Development Goals. World Health Organization, 2005. Available from: http://www.who.int/hdp/publications/mdg_en.pdf. [Last cited 2013 June 10].
- [5]. Pandurang Sontakke, R.S. Reshmi, Daliya Sebastian. Obstetric Morbidity among Currently Married Women in Selected States of India. *The Journal of Family Welfare*, Vol. 55, No. 2, December 2009, pp. 17-26.
- [6]. Miteshkumar N. Bhandari and Srinivasan Kannan. Untreated Reproductive Morbidities among Ever Married Women of Slums of Rajkot City, Gujarat: The Role of Class, Distance, Provider Attitudes, and Perceived Quality of Care. *J Urban Health*. 2010 March; 87(2): 254-263.
- [7]. R.S. Reshmi, Sayeed Unisa. Reproductive morbidity among currently married women in South India - evidence from NFHS II. *The Journal of Family Welfare*, Vol. 52, No. 2, December 2006, pp. 40-58.
- [8]. Santosh Kumar Gupta. A Study on Obstetric Morbidity in India: Evidences from Reproductive and Child Health Survey -II.
- [9]. Bhatia, J. C. and Cleland, J. 1997. Obstetric morbidity in South India: Result from community survey. *Studies in Family Planning*, 28(3): 1507-1516.
- [10]. District Level Household and Facility Survey 3, 2007-08, India.
- [11]. National Family Health Survey 3 (NFHS 3), India, 2005-06, volume 1.
- [12]. Levels and Trends in Caesarean Births: Cause for Concern? Sancheeta Ghosh, K S James. *Economic & Political Weekly*. January 30, 2010 vol. xlv no. 5.
- [13]. World Health organization (1994): "Indicators to Monitor Maternal Health Goals", Report of a Technical Working Group, WHO/FHE/MSM/94.14. Geneva: WHO.

Dr. Naga Tulasi P. "Self Reported Obstetric Morbidity among Currently Married Women in Urban Slums of Kakinada City, Andhra Pradesh." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, vol. 18, no. 7, 2019, pp 07-11.