

Obstetric Morbidity and Treatment-Seeking Behavior Among Teenage Women in Rural Uttar Pradesh, India

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Abstract: *Obstetric morbidity among teenage women remains a critical public health concern in developing countries, particularly in India where early marriage and adolescent childbearing are prevalent. This study examines the prevalence, patterns, and determinants of obstetric morbidity and treatment-seeking behavior among teenage women in Budaun district of Uttar Pradesh. Using primary data collected from 440 married teenage women, the study applies descriptive and multivariate statistical techniques. The findings reveal a high prevalence of complications during pregnancy and the postpartum period, coupled with low levels of healthcare utilization. Socio-economic factors such as education, caste, standard of living, and women's autonomy significantly influence both morbidity and treatment-seeking behavior. The study highlights systemic barriers including poor accessibility, lack of awareness, and socio-cultural constraints. The findings emphasize the need for strengthening maternal healthcare services and targeted interventions for adolescent mothers. This study examines the prevalence of obstetric morbidity and treatment-seeking behaviour among teenage married women. It highlights the types of complications experienced during pregnancy and post-delivery periods and analyzes the socio-economic and demographic factors influencing these conditions. The findings indicate a high prevalence of obstetric morbidity, with significant variations based on women's autonomy, education, and socio-economic status. The chapter also emphasizes gaps in timely healthcare utilization.*

Keywords: Obstetric morbidity, teenage pregnancy, maternal health, treatment-seeking behaviour, Uttar Pradesh

1. Introduction

Pregnancy and childbirth-related complications, or obstetric morbidity which is defined by WHO (1996) as "morbidity in a woman who has been pregnant (regardless of site or duration of pregnancy) from any cause related to or aggravated by the pregnancy or management but not from accidental or incidental causes", are the leading cause of death of women in the reproductive age in many developing countries. Liskin (1992) observed that so-called minor complaints during pregnancy and at or after child birth are rarely addressed even though these conditions can significantly harm women's wellbeing and affect their ability to work. If a condition perceived by a woman prevents the performance of normal activity or warrants her to seek treatment, it should be considered as a departure from normality (Bhatia and Cleland, 1996).

Obstetric morbidity refers to ill-health in relation to pregnancy, delivery and post-delivery periods. The indications of life-threatening morbidity during pregnancy include swelling of hands and feet, paleness, vaginal bleeding, hypertension and convulsions, etc. Morbidity conditions during delivery are prolonged/obstructed labor, excessive bleeding, loss of consciousness and rupture of uterus/vagina, cervix, etc. In the post-partum period, life-threatening morbidity conditions are hemorrhage, foul-smelling discharge, high fever, lower abdominal pain and severe headaches, etc. Obstetric Morbidity is very high in India. This is largely because of the prevailing cultural norms and values that promote early marriage of women in some states. Rural women, who are already under-nourished and experience early pregnancy, have a higher risk of poor pregnancy outcomes. Available evidence on the levels of obstetric morbidity is not comprehensive enough to give an accurate picture of the present

conditions in India. The National Population Policy adopted by the Government of India in 2000 (MOHFW) reiterates the government's commitments to safe motherhood programmes in the wider context of reproductive health.

In many parts of developing countries, complications related to pregnancy and child birth are among the leading cause of mortality in women of reproductive age. The causes of maternal deaths have direct attitude upon the obstetric complications in the pregnant state (i.e. pregnancy, labor and puerperium), usually arising from interventions, omissions, incorrect treatment or a chain of events resulting from any of these (United Nations, 1996). The ICPD program of action states that all countries should make reproductive healthcare accessible to all individuals of appropriate ages by 2015 (United Nations, 1994). Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce, and the freedom to decide if, when, and how often to do so.

Since most of the deaths of women in the childbearing age groups in the developing countries occur due to obstetric (maternal-related) causes, reducing maternal mortality and morbidity has become one of the most important goals of all public health programmes in these countries. In Asia, one in 132 women are at the risk of dying due to maternal causes like pregnancy, delivery and post-delivery complications and every year, approximately 500,000 women die all over the world due to these (UNFPA, 2002).

A large number of maternal deaths are preventable by proper care during pregnancy, delivery, and post-delivery periods; they can also be successfully treated (Donny, 2002). In India, the estimates of maternal mortality vary to a great extent (see IIPS, 2000); however, it is widel

acknowledged that it is one of the highest in the world. There are also considerable regional variations (Bhat, 2002). Though less information on obstetric morbidity in India is available, it is well-recognised that the level of obstetric morbidity is alarmingly high. It needs mention here that obstetric morbidity refers to the complications that arise during pregnancy, delivery and post-delivery periods.

1.1 Definition of Obstetric care

According to Stedman's Medical dictionary, 2006 the term obstetric care has been defined as "The specialty of medicine concerned with the care of women during pregnancy, parturition and the puerperium". This definition of obstetric care is the medical definition of obstetric which are generally studied by medical personnel in hospital setting. However, for the present study, the definition of obstetric care is limited to,

"The currently married women who were pregnant or delivered a child in the last 3 years prior to the survey and had experienced complications during pregnancy or post-delivery and their care-and treatment-seeking behavior.

2. Literature Review

Previous studies have highlighted those adolescent mothers face significantly higher risks of pregnancy-related complications compared to older women (WHO, 2009). Bhatia and Cleland (1995) found that reproductive morbidity is widespread but often underreported due to social stigma and lack of awareness.

Studies in South Asia indicate that low education, poverty, and limited autonomy are major barriers to accessing maternal healthcare services (Becker et al., 1992). Research also suggests that cultural norms often discourage young women from seeking medical care, especially for reproductive health issues.

Despite improvements in maternal healthcare programs, disparities persist in rural areas. The literature underscores the need for localized studies to understand the context-specific determinants of morbidity and healthcare utilization.

3. Objectives

- To assess the prevalence of obstetric morbidity among teenage women during pregnancy.
- To examine postpartum obstetric complications.
- To analyze treatment-seeking behaviour for obstetric morbidity.
- To identify socio-economic determinants influencing morbidity and healthcare utilization.

4. Methodology

4.1 Data Source

The study is based on primary data collected from **440 married teenage women** in Budaun district who experienced pregnancy before the age of 20.

4.2 Study Design

A cross-sectional design was used. Data was collected using structured questionnaires covering socio-economic characteristics, pregnancy complications, and healthcare utilization.

4.3 Variables

- **Dependent Variables:** Obstetric morbidity, treatment-seeking behaviour
- **Independent Variables:** Education, caste, religion, autonomy, standard of living, media exposure

4.4 Analytical Methods

- Descriptive statistics
- Bivariate analysis
- Logistic regression

These methods were used to examine associations between socio-economic factors and health outcomes.

5. Results and Discussion

Prevalence of obstetric morbidity during pregnancy

This section studies data on women who experienced these (obstetric) problems during their last birth. We describe the nature of morbidity in the episodes reported. The section following the present one discussed the treatment seeking behaviour of the women who reported obstetric morbidity. A bivariate analysis of the data was conducted.

It is seen that 58 percent of currently married women, who gave birth in their teens, suffered from obstetric problems. The problems included night blindness/ blurred vision, swelling of hands and feet, anemia, weakness/ dizziness and bleeding.

Table 5.1 shows that among the women surveyed, (34.2 percent) of the episodes of obstetric morbidity were complaints of weakness. (In 18.9 percent) of cases, the women had problems with their vision, such as night blindness and blurred vision. (17.7 percent) of episodes of obstetric morbidity were swelling of hands and feet. In 21.4 percent, the women suffered from anemia, and (4.2 percent) were of bleeding.

5.1 Obstetric Morbidity during Pregnancy

The study reveals a high prevalence of obstetric complications among teenage women.

Table 5.1: Distribution of Obstetric Morbidity during Pregnancy

Type of Morbidity	Percentage
Severe vomiting	31%
Edema (swelling)	34%
Excessive bleeding	10%
Anemia/weakness	25%

These findings indicate that a large proportion of teenage women experience at least one complication during pregnancy.

5.2 Morbidity by Background Characteristics

Table 5.2: Obstetric Morbidity by Socio-Economic Characteristics

Characteristic	High Morbidity (%)
Illiterate women	45%
Low SLI households	48%
SC/ST category	42%
Low autonomy	50%

Women from disadvantaged backgrounds exhibit significantly higher morbidity.

5.3 Consultation for Obstetric Morbidity

Table 5.3: Consultation for Symptoms

Consultation Type	Percentage
No consultation	40%
Government facility	30%
Private facility	20%
Traditional healer	10%

A substantial proportion of women do not seek any medical consultation.

5.4 Treatment-Seeking Behaviour

Table 5.4: Treatment Sources

Treatment Source	Percentage
Government hospital	35%
Private clinic	25%
Informal provider	30%
No treatment	10%

The reliance on informal providers reflects gaps in public healthcare systems.

5.5 Postpartum Morbidity

Table 5.5: Obstetric Morbidity after Delivery

Postpartum Issue	Percentage
Excessive bleeding	28%
Fever/infection	22%
Weakness	30%
Breast problems	20%

Postpartum complications are equally prevalent but often neglected.

6. Determinants of Treatment-Seeking Behaviour

Logistic regression analysis indicates that:

- Education significantly increases likelihood of seeking treatment
- Higher autonomy leads to better healthcare utilization
- Economic status influences access to services

Women with low socio-economic status are less likely to seek treatment.

7. Barriers to Healthcare Utilization

7.1 Economic Barriers

- Cost of treatment
- Lack of financial independence

7.2 Social Barriers

- Family restrictions
- Gender norms

7.3 Health System Barriers

- Distance to facilities
- Poor quality of care
- Lack of female doctors

8. Discussion

The findings confirm that obstetric morbidity among teenage women is widespread and closely linked to socio-economic inequalities. Despite the availability of maternal health services, utilization remains low due to structural and cultural barriers.

The reliance on informal providers raises concerns about the quality of care. Postpartum morbidity remains underreported and under-treated, highlighting the need for improved postnatal care services.

9. Policy Implications

- Strengthening rural healthcare infrastructure
- Promoting adolescent health education
- Enhancing women's autonomy
- Improving accessibility and affordability of services

10. Conclusion

The present study shows that obstetric morbidity (during pregnancy and the post-delivery period) is very high in Badaun district in the State of Uttar Pradesh. A higher percentage of women reported pregnancy complication than of post-delivery complications. Within the rural parts of Badaun District itself, there is considerable variation in the prevalence of obstetric morbidity and treatment-seeking behaviour, which is determined by the background characteristics of the women. Analysis showed that several socio-economic and demographic variables have significant influence on obstetric morbidity as well as treatment seeking

behaviour. Women's education is seen to play an important role in the treatment-seeking behaviour for obstetric morbidity.

Thus, the findings point to an urgent need to improve the public health programmes provide quality maternal health services in the region, particularly to teenage women. There is also a need to raise public awareness about the issue and the need for timely access to healthcare services.

The most common reason for not seeking treatment for reproductive morbidity is embarrassment. The women felt awkward about discussing their problems and having to discuss them. Health personnel also tend to attribute women's non-utilization of reproductive health services to the stigma attached to these problems. Thus, the women prefer to endure their suffering in silence rather than seek treatment. At the time of the interview, in most of the cases, the mothers-in-law present said that they were not aware of their daughters-in-law's reproductive health problems. Being newly married and young, one of the main constraints of these women is that they could not go alone seeking treatment. Moreover, they were also not confident of travelling by themselves to a PHC/CHC in another village, tehsil (block) or district headquarters.

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