

PREVALENCE OF OBSTETRIC MATERNAL MORBIDITY AMONG RURAL MARRIED WOMEN OF UTTAR PRADESH OF INDIA

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Abstract

Complications of pregnancy and childbirth cause more deaths and disabilities than any other reproductive health problem. These are also the leading cause of disability and death among women between the ages of 18-49. The main aim of the study is to investigate the reproductive health status of the women and to examine the prevalence of maternal morbidity. Hence, the data was collected from the interview schedule technique from 300 respondents for the fulfillment of the information. Purposive sampling was used to select the respondents. Result: Most of the women were housewives and had a poor economic conditions with an average monthly income of (5000-10000). Most of the respondents were married and conceived 1st pregnancy at an early age group of 15-20 years. Most of the Women suffering from lower abdominal pain/back pain/excessive vomiting/swelling of legs foots low, blood pressure and excessive weakness & bleeding during pregnancy with fever and abnormal position of the fetus. Women also suffered from such as lower abdominal pain, painful urination, excessive weakness, jaundice and depression after delivery. Conclusion: Most of the women were illiterate and housewives who had poor economic conditions and got married at an early age. This practice is very harmful to the health of women and is a serious health care concern. women suffering from lower abdominal pain/back pain, excessive vomiting, and swelling of legs weakness dizziness and Bleeding during pregnancy with fever/abnormal position of the fetus. abdominal pain, pain during urination, excessive weakness, heavy bleeding and anemia and depression during prenatal and postnatal periods.

Keywords

Prevalence, Obstetric, Maternal morbidity, Rural, Married women.

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Introduction

Obstetric morbidity is one of the essential reproductive health problems and is defined as “morbidity in a lady who is pregnant (regardless of size or duration of pregnancy) for any cause related to or aggravated by using the use of the pregnancy or its control but no longer the reason (W.H.O: 1994) baby start is a huge event in a female’s lifestyles, but it is able to be volatile inside the absence of hospital therapy and lack of awareness on the time of hassle in the course of pregnancy. Reproductive morbidity isn’t best the end result of biological elements however can also be attributed to horrible maternal health situations, poverty, lack of financial or economic independence, malnutrition, contamination, early and common childbearing and high fertility terrible maternal health situations in India (Kumar: 2004). Women, especially from underdeveloped areas in developing countries, have limited access to specialized midwifery. Obstetric morbidity in women is currently of little importance and is rarely considered in rural areas such as India, where it is often considered part of herbal procedures. Therefore, given the existence of rural businesses on the fringes of Indian society, the obstetric health problems of rural women deserve special attention (Naik, et.al: 2005). These corporations are ignorant and insensitive in the direction of reproductive morbidity compared to the non-rural populace. From the footsteps of the Cairo conference, interest is accumulated in the overall fitness and morbidity reputation of ladies in India, however, replica morbidity of rural women has now not but received the preferred interest. Earlier research has shown little or no concept approximately the several dimensions of obstetric morbidity, despite the fact that the significance of the problems associated with this morbidity isn’t properly understood. On the alternative hand, the issues of obstetric morbidity have been reported by the use of many rural women, however, because of the loss of social popularity and coffee preference-making strength, the usage of healthcare facilities continues to be detached. Mostly, the problems of obstetric morbidity are not properly identified at the proper time which may cause a susceptible state of affairs and result in women’s loss of life

(Ghosh, S: 2005). Given the commonplace incidence of the obstetric morbidity, it’s miles important to apprehend and become aware of the underlying correlates that area ladies’ life at perpetual hazard. Therefore, on this take a look at, a trial has been made to shed light on obstetric morbidity conditions and identification of socio-demographic determinants and health attempting to find the behavior of most of the rural women in India. Reproductive fitness has been high-quality anxiety for each girl. It is a crucial part of fashionable fitness and a relevant characteristic of human development. Reproductive unwell-health has been an anxiety to many

stakeholders as specifically in rural areas. In the beyond few years, the problems of reproductive health/rights are increasingly perceived as social issues (MK, Hasan: 2005). They have appeared maternal mortality and morbidity could be very high in developing international locations, as a rely of growing problems throughout the evolved and growing countries (MK, Hasan: 2005). Reproductive health morbidity is a wide idea that includes a wide range of fitness troubles and problems related to reproductive organs and capabilities (Chaudhary, Pushpa: 2016). Reproductive health morbidities encompass obstetric morbidities that sustain during pregnancy, delivery, and postpartum duration in addition to gynecological morbidities associated with conditions of ill health. It is no longer associated with pregnancy together with reproductive tract infections, cervical cell modifications, malignancies, and sub-fertility (Chaudhary:(2016). Reproductive health morbidity, in style, is an outcome of not the handiest organic elements. However, it is also related to sociolect-monetary factors which include poverty, management over cloth belongings, and social disparities which consist of a lack of women's ability to exercising management over choice-making concerning her personal frame (Grimes...et al; 2006).

Generally, in rural areas, females with self-pronounced signs and symptoms of reproductive health troubles generally tend no longer to seek treatment due to current rural areas, inhibitions, and familial norms concerning sexual and reproductive fitness. (UNFPA; 2006). Hesitation to discuss reproductive fitness issues especially, because of shame and embarrassment is regularly the norm. Moreover, superstition regularly prevails and even whilst remedy is sought, it's also from non-scientific conventional healers or humans unqualified as fitness professionals (UNFPA;2006). Women's reproductive health is an important ingredient in life and an important part of a woman's normal life. It refers to the diseases, disorders, and conditions that affect the functioning of the female reproductive systems during all stages of life It sets the standard for sexual and reproductive health (SRH) not just by rebirth. It must be regarded as three interconnected domains that include human rights, women's power, and health provision of services. These three concepts must work together for to people get healthy reproductive and sexual health (ICPD Cairo; 1994). Reproductive morbidity is one of the major health issues having an impact on the quality of women. It has been noted that there's tons of ignorance and misconception about it, especially among rural women. Healthy reproductive life is an essential component, but it is the most leading cause of ill health in women of reproductive age group worldwide, especially in those in developing countries (Gautam...et. al :2020.) Women especially in rural India have many misconceptions about reproductive tract infection. Women are subordinate to men socially and

economically and have less control over their sexuality. The low level of literacy and ignorance among rural women results in misconceptions about the disease (Goyal, R.S.; 2000). The culture of silence among Indian women is hindering. Rural women hesitate to discuss their sexual and reproductive tract problems with their husbands and other family members, fearing that their character would be suspect. (B,Kamini...et.al; 2014).

Rural women in India are among the most disadvantaged land according to their state of health especially if sexual reproductive health (SRH) worries such as capturing social, cultural, political and economic factors increasing the weakness of rural women in the first marriage, premature pregnancy death, and birth-related disabilities, unsafe abortions, HIV/AIDS, and reproductive cancer(Sangam, M:2015).

Early marriage is very common in rural areas and unfortunately, this can have a detrimental effect on their health and well-being. Pregnancy often follows soon after marriage, which has a high risk of the difficulties for youth as their reproductive systems are imperfectly improved. Women who marry young, who often drop out of school, and have little opportunity to learn about their sexuality and their reproductive health and rights, and how to access related services At least education and limited access to reproductive health services, are excluded alone to manage their reproductive and sexual and reproductive health and welfare (Sangam, M; 2015).

Need for Study

Over the length of India, institutional shipping is growing, and the authorities are also encouraging for institutional delivery. However, it's been determined from one-of-a-kind studies that ladies particularly belonging to low sociolect-economic strata who face troubles at some stage in being pregnant will choose institutional transport. Lack of know-how about obstetric complications often delays service in search of, ensuing in tragic outcomes, in which ladies die at domestic or on their way to the health center. Identification of issues, timely care-seeking and suitable management of obstetric complications are, consequently, essential to decreasing maternal mortality and morbidity. For women with pregnancy complications or folks who are in danger of problems at some stage in labor, shipping at hospitals is a superb desire for to them. Therefore, it's miles essential to analyze perinatal complications and treatment-seeking behavior among women imparting for shipping in hospitals.

Review of Literature

Sanjay Chauhan, Ragini Kulkarni & Dinesh Agarwal (2015) they discussed the prevalence & and factors associated with Chronic obstetric morbidities in Nasik

district, Maharashtra, India. To assess the community-based prevalence and the factors associated with the defined obstetric fistula, genital prolapsed, chronic pelvic inflammatory diseases (PID) and secondary infertility among women in the Nasik district of Maharashtra state. The data will be collected systematically ran the dome sampling technique. This study reveals that 72 percent. The described COM among 1167 girls manner genital prolapsed (7.1%) continual PID (2.5%), conventional beginning attends and obesity had been substantially associated with the occurrence of genital prolapse. History of a least one abortion was significantly associated with secondary infertility. Chronic PID had no significant association with any of the socio-demographic or obstetric factors.

Goyal, Ankita, Mishra Neha and Dwavedi shardh (2017) explored a comparative study of morbidity patterns among rural and urban postmenopausal women of Allahabad, Uttar Pradesh. To assess the morbidity pattern among rural and urban post-menopausal women. This study was carried out in rural and urban blocks of the Allahabad district. The data have been collected from multi-stage random sampling. This takes a look at reveals that the majority were in the age organization of fifty-60 years observed with the aid of 60-70 years. Women had been having a parity of 3 Vasomotor signs and symptoms had been experienced by way of 34.5% and 39.5% rural and women respectively out of post-menopausal ladies who mentioned genitourinary proceedings. The most generally said grievance became strain incontinence. Vaginal dryness was suggested by 2.5% of rural women and 6% of urban ladies. Vaginal discharge emerges as suggested by 7% of rural and 4% of city women. Urine prolapse became reported in 65 of rural women and 3.5% of urban women.

Patel V.V. and Yada. S. (2006) studied on reproductive and general health problems among women in the reproductive. Age group in Jamnagar District. The pattern of reproductive morbidities triumphing amongst women in baby-bearing age. To discover the pattern of popular morbidity of the ladies. This observation was completed Jamnagar district of Gujarat. The information had been amassed through easy random sampling which has 3 slum regions and 10 non slum areas. This observation reveals that 205 (34.16%) of them had a few reproductive morbidities viz immoderate vaginal discharge (72.50%) burning in maturation (4.66%) purities (three.33%) prolapsed of uterus/vagina (1.33%), foul smelling discharge (1.00%) and infertility. The pattern was almost identical in rural, Urban and slum setting 35.36 percent of the women had some sort of menstrual issues, of which 27.41 percentage had dysmenorrhea, 8.46percentage had irregular menstruation and a couple of of.87% had excessive bleeding. 274 (45.66%) girls

suffered from a few types of trendy fitness hassle over the last twelve months like backache (22.50%), headache (18.16%) acid peptic disease. (10.835) arthritis (four.835) and cardiovascular signs and symptoms (4.00%) fitness problems of illiterate ladies like ARI, fever, diarrhea and dysentery all through the least one month preceding the take a look at.

Singh, Saurabh...et. al (2006) explored reproductive morbidity among the rural women in Maharashtra. To study the prevalence of reproductive morbidity, with a specific emphasis on menstrual problems and RTI/STDs among rural women in Maharashtra. To examine the perceived severity of menstrual problems and RTI/STDs. This study was based on random sampling and research design techniques. This study reveals that nearly four-fifths of women reporting at least one morbidity have reported suffering from RTI/STDs. On the other hand, each of delivery related problem accounts for 26-29 percent of reported morbidities that those women, who have educated up to the primary level, are more likely to report menstrual problems than those who have completed is not profound in case of reported prevalence of any reproductive health problems.

Fahimeh, Romezani Tehrani...et.al (2011) referred to on reproductive morbidity among Iranian ladies, issues regularly beside the point addressed in fitness-sucking behaviors, to decide the superiority of reproductive morbidities and the health-seeking behaviors of a nationally representative sample of Iranian urban women. The data were collected through interviews and cluster sampling methods. This study reveals that reproductive tract infection, pelvic organ prolapse and menstrual day's function were the three main groups of morbidities with a prevalence of 37.6%, 41.4% and 30.1% respectively. Our study tested that 34.5, and 9.6% of women revel in one, two, or these reproductive organ disorders noted, respectively, while 20.6% of individuals had none of those problems. The majority of ladies who suffered from reproductive morbidities (had no average of two out of 3) had now not sought appropriate care for these besides for infertility. Reproductive fitness morbidities impose a large burden on Iranian women who've a poor effect on their reproductive fitness and health.

Ganesh Dangal (2008) discussed on a study of the reproductive morbidity of women in the Eastern Terai Region of Nepal. His examination intention is to fill the organization of statistics of reproductive fitness of girls living in rural Eastern Terai through the manner of presenting baseline statistics on reproductive morbidity main to pelvic organ prolapse reproductive tract infections, menstrual problems and sub-fertility. The records have been accrued preferred statistical approach. This study become located to be suffering from STI (30%) followed via POP (20.1%), menstrual

issues (sixteen.7%), and subfertility (nine.6%) amongst pop patient's majority acquired ring pessary insertion (43 .8%) followed by the use of counseling plus pelvic floor exercise (32.9%) and surgical correction (23.3%). The fundamental reproductive morbidity in this has a look at was STI changed into STI, POP (Most of the ladies having 0.33-degree uterus vaginal prolapsed), menstrual troubles and subfertility. Surgical Treatment on the campus could best be provided in small quantities, suggesting the enlargement of fitness offerings in rural Nepal by reproductive health barriers like poverty, and education.

Anjan Verma...et al. (2015) explore a comparative study of the prevalence of RTI STI symptoms and treatment-seeking behavior among the married women in the urban and rural areas of Delhi. Prevalence and remedy looking for of behavior approximately RTI/STI signs and symptoms and signs and symptoms and of the married ladies of reproductive age institution (18-45) years. Residing in metropolis and rural of Delhi. A pass sectional check became completed amongst the married ladies of reproductive age corporation dwelling in pooh Khurd, Village in North West district of Delhi. Collected all facts smooth random sampling strategies for the cause of the examination. This study exhibits that the prevalence of RTI/STI signs turned into found to be the similar in both urban (42.5%) and rural areas (forty two%) In urban regions, seventy three% sought remedy, even as in rural vicinity, best 45.6% sought Treatment. The prevalence of RTI/STI signs became placed to be the same in both city (forty two.5%) and rural areas (42%) In town regions, 73% sought of remedy, and at the same time as in rural areas, only 45.6% sought Treatment. Prevalence of the signs and symptoms and symptoms became positioned to be higher some of the take a look at task who has been no longer the usage of any contraceptive approach, had statistics of abortion, and had been decrease educational reputation, in each city and rural region.

R.S. Balgir, J. Pand and A.K. Panda (2011) analyzed a cross-sectional study of anemia in pregnant women on the Easter coast of Odisha. They examine the major cause of anemia in pregnant women. Suggested to overcome the low level of hemoglobin in pregnant women. The major cause of maternal mortality in India. This study was carried out two major medical hospitals in Odisha. This study was based on the survey method. This study reveals that 95% of anemia causes during pregnancy care due to iron deficiency. Nutritional Supplementation was suggested to overcome the low level of hemoglobin in pregnant women. anemia is the major cause of maternal mortality. Objectives of the study

- To know the reproductive health status of the women.
- To examine the prevalence of maternal morbidity

Method Participants

The data for the present study have been collected by using the interview schedule and observation techniques from 300 the respondents for the fulfillment of this information. Purposive sampling was used to select the respondents. The information was collected from all Hindu married women belonging to the age group of 18-49 years. The SPSS method has been used for the data and classification and analysis.

Area of the Study

The area of the study will be Chasi villages. Chasi village is situated in the district of Bulandshahr. It is located in Tehsil Siyana. The distance of this village is 45km from the headquarters of Bulandshahr. Chasi is situated in the North-West of Bulandshahr. Chasi village has a population of 1545 out of which 808 are males while 737 are females as per the population census 2011. In Chasi villages, most of the villagers are from Scheduled Castes (S.C.) who constitute 38.71% of the total population in Chasi Villages. The sex ratio of Chasi village is 912 females per 1000 males. Chasi village has a literacy rate of 73.13%. In Chasi village male literary rate is 86.15% while the female literary rate is 59.49%.

Results

A total of 300 married respondents in the reproductive age group of (18-49) years were interviewed by observation interview schedule/guide. Table 1 Represents the socioeconomic profile of the respondents in this study (30.67%) of the participants were in the age group of 26-33 years and illiterate (43.33%). Most of the women (60.33%) were housewives and had a poor economic conditions with an average monthly income of (5000-10000).

Table 1 Socio economic profile of the respondents

Age	Frequency	Percentage
18-25	71	23.67
26-33	92	30.67
34-41	60	20
42-49	77	25.66
Education	Frequency	Percentage
Illiterate	130	43.33
Primary	17	5.67
Secondary	58	19.33
High School	39	13

Intermediate	18	6
Graduate and postgraduate	38	12.67
Occupation	Frequency	Percentage
Housewives	181	60.33
Business	29	9.67
Government job	11	3.67
Day labor	79	26.33
Income	Frequency	Percentage
5000-10,000	172	57.33
11000-20,000	80	26.67
21000-30,000	28	9.33
31000-40,000	20	6.67

Table 2 shows the distribution reproductive health status of respondents. Majority (71%) of respondents were married at an early age group of 15-20, and 55.33% of respondents conceived 1st pregnancy at an early age of 15-20 years. Majority (50%) respondents had given the first childbirth 15-20 years. (44.34%) participants have 3- 5 children and (49.333%) respondent delivery was conducted in government hospital. largest (45.33%) of the respondents said that their delivery was conducted by a trained Dai/midwife. a large number (40%) of the respondents reported that they took complete rest for one month after childbirth.

Table 2 Reproductive Health Status of the Respondents

Age at Marriage	Frequency	Percentage
15-20	213	71
21-25	64	21.33
26-30	23	7.67
Age at first Pregnancy	Frequency	Percentage
15-20	166	55.33
21-25	94	31.33
26-30	32	10.67
31 & above	08	2.67
Age at First Child Birth	Frequency	Percentage
15-20	150	50
21-25	107	35.67
26-30	40	13.33
31 & above	03	01

No. of living children	Frequency	Percentage
One child	37	12.33
2 children	111	37
3-5 Children	133	44.34
More than 6 children	19	6.33
Place of delivery	Frequency	Percentage
Home	135	45
Hospital	148	49.33
Private hospital	17	5.67
Deliveries Conducted by	Frequency	Percentage
Trained Dai/Mid Wife	136	45.33
Nurse	120	40
Doctor	44	14.67
Rest after Delivery	Frequency	Percentage
One weak	46	15.34
2 weak	73	24.33
One month	120	40
More than 45 days	61	20.33

Table 3 Obstetrical/maternal problems during Pregnancy. Majority (69%) of the study participants suffering from many problems during pregnancy like lower abdominal pain/back pain/ excessive vomiting/swelling of legs foot low blood pressure and weakness and (56%) of the respondents suffered bleeding during pregnancy with fever and abnormal position of the fetus. a large number (41.67%) of the respondents had experienced normal delivery. majority (72%) of the respondents suffered from the problem of lower abdominal pain, and pain during urination and excessive weakness after delivery. (60%) Of the respondents experienced the problems of jaundice and depression after delivery.

Table 3: Obstetrical/maternal Problems during Pregnancy &after delivery

Pregnancy complications	Frequency	Percentage
Visuals disturbances/ jaundice	27	9
Bleeding during pregnancy with fever/abnormal position of the fetus	168	56

Lower abdominal pain/back pain/ excessive vomiting/ swelling legs foets low and high blood/ pressure/weakness/ backache	207	69
Malaria and Typhoid and urine infection	27	9
Normal	24	8
Delivery Complications	Frequency	Percentage
Premature Delivery	44	14.67
Excessive bleeding	54	18
Breech presentation	25	8.33
Prolonged labor	52	17.33
Normal delivery	125	41.67
Postpartum complication	Frequency	Percentage
Heavy Bleeding	76	25.33
Normal	08	2.67
Lower Abdominal Pain/Pain During Urination / Excessive Weakness	217	72
Anaemia and depression	180	60
Septic after delivery	10	3.33

The reproductive fitness issues of women are on the Global Social timetable for the forthcoming century. Although maternal morbidity is an essential indicator of women's fitness, the reproductive fitness reputation of women serves as a critical tool to become aware of, diagnose, and treat the fitness troubles of the goal populace so that, they can lead a healthful productive existence. This study done in Chasi village of the district of Bulandshahr in U.P. has given varied and interesting results regarding the prevalence of maternal morbidity among rural married women of the study group which are discussed below. From this study, it was found that (30.67 %) of the participants were in the age group of 26-33 years and illiterate (43.33%). Most of the women (60.33%) were housewives and had a poor economic conditions with an average monthly income of (5000-10000).and the (50%) had given their first childbirth in 15-20 years. A large no. (44.34%) respondents have 3-5 children. (49.33%) deliveries were conducted in the hospital and a large no (45%) of deliveries were conducted at home. This result had similarity to a study conducted by Islam MZ et al. on "Reproductive health profile of married women" and concluded that the majority had primary education (33.3%), majority (88.2%) were housewives

and the major segment (52.9%) had poor monthly income. More than half (69.8%) gave birth to their first child at age of (16-18 years). (36.27%) of the participants have 3-5 of children and most of the deliveries were conducted at home. The distribution of age at marriage shows Majority (71%) of respondents were married at an early age group of 15-20 this finding is similar to a study conducted on the reproductive health status of rural women in selected areas of Bangladesh. The distribution of obstetrical/maternal problems during pregnancy & after delivery. Majority (69%) of the study participants suffering from lower abdominal pain/back pain/ excessive vomiting/swelling of legs and foot low blood pressure and weakness and (56%) of the respondents suffered bleeding during pregnancy with fever and abnormal position of the fetus during pregnancy. a large number (41.67%) of the respondents had experienced normal delivery. majority (72%) of the respondents suffered the problem of lower abdominal pain, and pain during urination and excessive weakness after delivery. (60%) Of the respondents had experienced the problems of jaundice and depression after delivery. This study's findings similar to a study conducted by Ballweg Johan A...et.al (1996). The risk of childbearing: a Philippine study of pregnancy complications and maternal mortality.

Conclusion

In the present study, maternal morbidity among rural married women of Uttar Pradesh of India. It was found that most of the women were illiterate and housewives had poor economic conditions with an average monthly income of (5000-10000) most of the women got married at an early age. This practice is very harmful to the health of women and is a serious health care concern. Most of the women gave birth to their first childbirth at a very early age which led to poor health conditions for both mother and the child. Most of the women have 3-5 children. Most of the women suffered different problems during pregnancy such as lower abdominal pain/back pain, excessive vomiting, and swelling of legs and foots low/high blood pressure, weakness dizziness and Bleeding during pregnancy with fever/ abnormal position of the fetus. Women also suffered from problems such as lower abdominal pain, pain during urination, excessive weakness, heavy bleeding and anemia and depression after delivery. The percentage of obstetric complications is numerous in line with the socioeconomic and demographic traits of women, Women with higher education are more likely to select out and report morbidity compared to much much fewer women. This holds real as knowledgeable women are greater aware of such sorts of problems and document them regularly while illiterate ladies are blind to such issues and don't forget them as regular.

Recommendation

The diversity of rural communities requires local solutions to local problems. The study recommends the formulation and implementation of effective strategies to improve the reproductive health status of rural married women. Health professionals should be aware of this issue and advocate for reducing health disparities among rural women. The government and relevant organizations should support and strengthen various health educations aimed at women's reproductive health, especially among married women in rural areas. The results could be used as an important guide to assist policymakers and administrators in evaluating and designing programs and strategies to improve reproductive health services with special reference to rural married women. Research on education, employment and poverty disparities that affect rural women's reproductive health needs to be encouraged.

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