

Social Biology

Volume 45

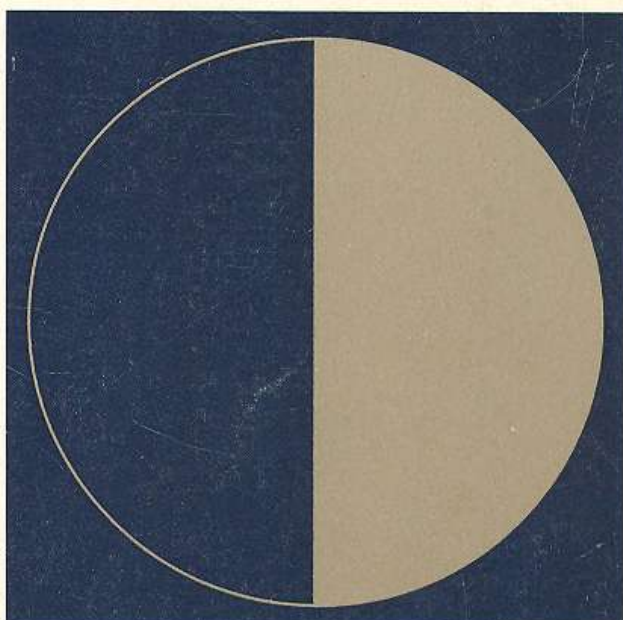
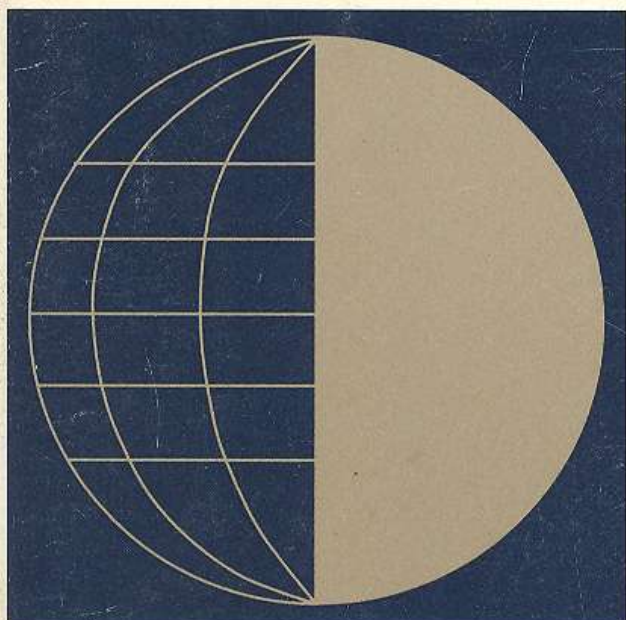
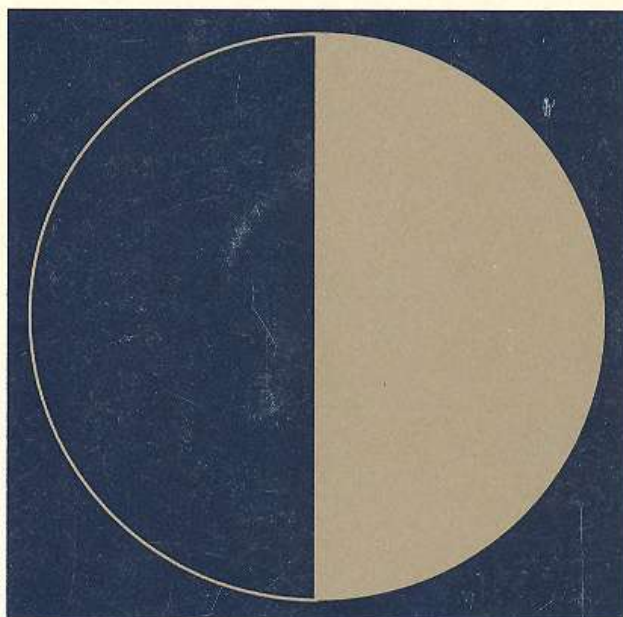
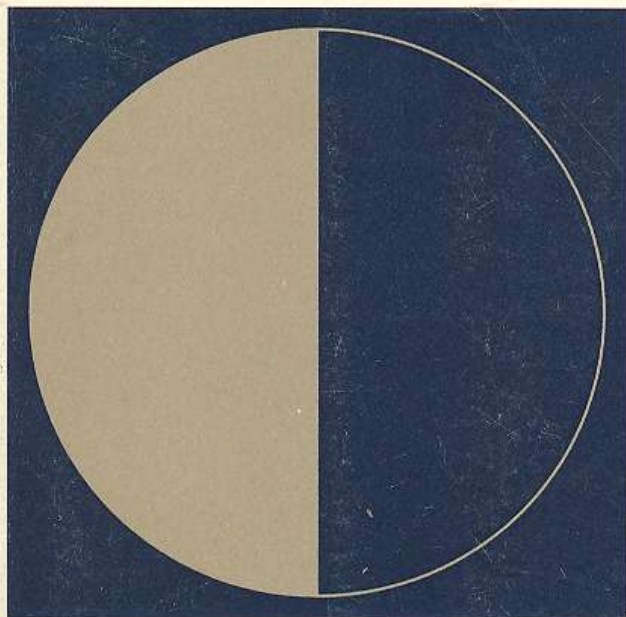
Number 3-4

Fall-Winter 1998

To further knowledge
of the biological and
sociocultural forces
affecting human populations
and their evolution

Published for the Society
for the Study of Social Biology

ISSN 0037-766X



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Social Biology

is published Spring-Summer and Fall-Winter toward the end of the calendar season. Society members: \$25. Institutional and individual subscribers: \$68.00. Foreign subscribers who do not pay through a U.S. bank must send an additional \$12 for check processing fees.

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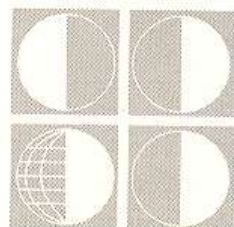
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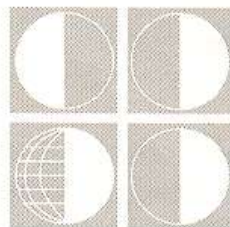
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Puerperal Morbidity: A Neglected Area of Maternal Health in Sri Lanka



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ABSTRACT: Pregnancy is the period during which a mother prepares herself physically and psychologically for the delivery and care of the offspring. However, during this period the central concern is the welfare of the baby, but not the mother. When the mother and the child subsequently become two separate beings, the mother's health care is totally neglected unless she develops obvious symptoms of gross physiological and psychological abnormalities. This study, which was carried out in three MOH areas of the Kalutara District on maternal morbidity, had two main objectives. The first was to determine the prevalence of puerperal morbidity and the second was to identify characteristics of those with high levels of morbidity. Of the mothers who are registered by the PHM of the study area 600 were selected for this study. Data were collected using structured interviews conducted within the first week after puerperium (43–50 days after delivery). The morbidity rate revealed by the study is much higher than expected. Excessive bleeding from the vagina was reported by 40 per cent of mothers, while minor symptoms like breast engorgement and chills were reported by many mothers. Only 11 per cent of the mothers in the study did not have any symptoms or signs of ill health, and the rest reported one or more illnesses. *Primae gravidae* and those who experienced pregnancy wastage during an early pregnancy had a higher morbidity.

Mothers in the Third World, and more specifically in South Asia, with their limited resources, and cultural setup rarely get the opportunity to think of their own health problems except when these are life threatening. It is not surprising that women who have been culturally conditioned to put themselves last on the priority order are reluctant to admit having health problems or seek medical help, especially if the ailment is considered personal and shameful, as is often the case with ailments related to reproductive health (Bang et al., 1989; Jejeebhoy, 1994). A large share of women in

developing countries place most of their personal needs, including dietary intake, after those of their children, husband, and sometimes, other family members. Because of these attitudes and practices, many mothers suffer serious health problems requiring professional care but they do not realize this due to ignorance (Datta et al., 1980; Mathai, 1989).

Over the last several decades, maternal health care in Sri Lanka has improved considerably compared to other developing nations. However, for cultural and economic reasons, puerperal¹ maternal

^aThis article was written during the author's one-year term at the Harvard University School of Public Health in Boston, Massachusetts, as a Takemi Fellow in International Health.

¹The 42 days following delivery is the generally accepted definition of the puerperium and is used by the World Health Organization in defining maternal death (World Health Organization, 1990). The word "postpar-

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