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## **Symptoms of ill-health and health seeking behaviour of Sri Lankan mothers during the puerperium**

W. INDRALAL DE SILVA AND KUMUDIKA BOYAGODA

### ***Introduction***

During the past few decades, there has been a growing recognition regarding the reproductive health of people, particularly women, in third world countries. However, every year at the global level, some eight million women suffer pregnancy related complications and over half a million die and, 99 percent of these deaths occur in developing countries (World Health Organization, 2004). Over half of the maternal deaths in the world occur to women in Asia; and three-quarters of these deaths take place in South Asia (Belsey & Royston, 1987). Most of these deaths can be averted even where resources are limited but, in order to do so, the right kind of information is needed. The poor reproductive health of women in the third world countries is an outcome of the general neglect of health and nutrition in childhood and adolescence which affects their future wellbeing (Datta et al., 1980; Mathai, 1989; De Silva, 1998). Therefore, improvement of the reproductive health status of women in the third world is being considered as one of the most important goals of human and social development.

Mothers in third world countries with their limited resources and cultural background, rarely give priority to their own health problems except when there is a life threatening danger (Brady & Winikoff, 1992; Bhatia & Cleland 1995a). Hence, it is not surprising that such women are also reluctant to admit having health problems or hesitate to seek medical help, especially if the ailment is related to reproductive health (Bang et al., 1989; Jejeebhoy, 1994). Also, many women do not identify certain symptoms with pregnancy but instead with 'normality' making the symptoms less serious in their eyes, even signs of potentially serious conditions (El Mouelhy et al., 1994)

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