Public Health

A Health Visitor in the Hills

By

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The door partly opened and an old woman wearing a brown woollen wrapper, peeped out and asked me why I had come. When I told her politely that I wanted to have a talk with her daughter-in-law, at once the door was banged at my face. I could hear a low giggle and an angry shout, "What is this *Sirkar* coming to? Have we to tell them even when our girls are having babies? These so-called modern girls have nothing better to do, I suppose!" My first instinct was to bolt, but then I remembered Dr. (Mrs.) Chadwick's advice—"Don't run away if they do not receive you warmly on your first visit. If you do so, they will never accept you in future. Give them a sweet smile, be as tactful as possible, especially to the mother-in-law." I summoned all my courage, tried to grin as broadly as possible, and again knocked at the door. There was no response at first, so I knocked again and again! The same old lady with brown wrapper peered out, this time with more annoyed expression. I said, "Granny, I have not come to enroll your daughter. I only want to make friendship with her. I am a new comer to this place and I need your help. You see, I too am a hill girl." The eyes softened very slightly, yet she did not invite me in. I was rather confused and looked towards the kitchen. The young daughter-in-law was trying very hard not to laugh aloud! She actually was enjoying my confusion! Then something happened to me and I laughed too, the situation was so comic!! The mother-in-law laughed with me and the first battle was won and I was invited inside.

Home visiting is a difficult problem in rural India, and more so in the remote villages of these hills at an altitude of 8,000 feet. The hill people are generally simple, frank and hard working but rather inclined to cling to their own habits and views. We have to be very tactful in teaching them health habits. As a rule nobody likes to admit his ignorance, more so, these brave and simple people. But once you win them over, they are yours for ever. When I first came to Ghoom as a Health Visitor I had many obstacles to face. First, there were so called sorcerers who claimed to cure all diseases if a patient sacrificed a cock or a goat to the deity. Then there were a good number of elderly untrained women with no knowledge of even the simplest rules of hygiene, who were making their livelihood by practicing as *Dais*. Local prejudices, social customs and unhygienic habits were already there. A new-comer like myself had to win the confidence of the people in order to be of even a little service to them. I had to seek the co-operation of private medical practitioners for the treatment of the sick as there was not even a part time doctor attached to the clinic.

The workers in the field of Public Health in rural areas have to possess a knowledge and understanding of the various problems of life. Being the trusted health adviser of the village women, the Health Visitor has at times to also act as the legal adviser. Not only that, she has to find time to give lessons in needle work, cooking and other domestic arts ; she may also need to act as the beauty expert of the village dames sometimes ! These activities not only add to her popularity but add jest to her isolated life.

Apart from home visiting, the classes at the centre are just as interesting. I shall never forget the first mothercraft class I took. Some mothers were yawning, some were blinking and some were even smiling mysteriously, perhaps at an unmarried girl trying to teach her how to look after a baby ! It was a real entertainment for them ! But the second mothercraft class showed remarkable improvement. With the help of the district publicity officer, we arranged a cinema show on healthy children. This time there was no mysterious smile, instead a keen interest and appreciation was observed. The third class was better still. We arranged a dance-drama on the life of Lord Krishna. Oh ! how they enjoyed the show ! After that they started offering me tea when I went to their homes. They became so familiar that they asked the price of my sari and looked at my wrist watch. I was now no longer a stranger in their midst. I was accepted as one of them.

Once a mother brought a small ricketic child to the centre for milk. The infant was three months old and weighed only 8 lbs. So I insisted on breast feeding. The mother was given 8 ozs of fresh milk, cod liver oil and calcium daily from the clinic. She was a young primipara with a poor milk supply but there was nothing wrong physically. So I tried to find out what it was that was worrying her and perhaps disturbing lactation. Then she told me that she was an unmarried mother. I went to her man and requested him to marry the girl which he flatly refused. Then I threatened him with legal proceedings, and he became milder but still unwilling. The man himself was a vagabond with nothing to lose, or give so I told the girl to work as a maid servant and feed the child. She still attends the clinic. The child runs about now. Though slightly anaemic, he is a very intelligent child. The mother is still unmarried but she has cast off her burden of sorrow.

Apart from field work, there is clerical work to be attended to. Regular stock of the books in the clinic have to be maintained ; figures of vital statistics to be kept ; reports are to be submitted and correspondence to be carried on. Though at times monotonous, the work of a health visitor is none-the-less interesting and always challenging.