

Midwives Union Section

*The Hon. Secretary, Miss A. Cherian, N.W.M. Hospital, Parel, Bombay,
will be glad to hear from members of the Midwives Union.*

Woman and Child Welfare Work in Rural Area

BY

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Child care has given rise to many charitable and municipally administered services. These organised movements employ a large number of individuals either in voluntary or paid capacity. The child is no less an individual than an adult, he differs from the adult only in greater extrimity of his needs. The persons operating in this field have great responsibility.

The factors influencing in the development of the child are manifold. In any attempt to study the health and development of the child he must be viewed against his hereditary, social and economic background. The child is a human individual and a member of a family.

Problem in Child Welfare.

(a) *Hereditary*: The normal physical and mental characters of an individual are defined by hereditary to a great extent. There are also several pathological conditions inherited according to the complicated laws of heredity. The origin of congenital abnormalities remains still obscure in many instances and the eugenic predictions and advice can be used in a limited number of cases only.

(b) *Environmental Factors* are of great importance in the development of the child. The child as an organism and the environment as a culture are inseparable, says Gesell.

1. *Maternity*: Child care starts before the child is born. The health of the mother is decisive for the development of the child. Dietary deficiency during pregnancy results not only in general weakness and under weight of the child but also in specific deficiency diseases. Maternal infections may damage the foetus and cause premature termination of the pregnancy and the child may be

born with congenital deformities or with the symptoms of the disease.

Birth Injuries may involve different parts of the child's organism. In many instances they cause the death of the child during the labour or soon after the birth or they may result in life-long invalidism.

2. *Infant death rate* is the proportion of deaths under 12 months of age to every one thousand of life births during the year. Infant death rate has been described as the best index of the social conditions in an area. The rate tends to be higher when maternal ignorance occurs in common with over-crowding, bad housing conditions and inadequate nutrition.

3. *The incidences of diseases* is called *morbidity rate*. The incidence of diseases during infancy and childhood is higher when social conditions are unsatisfactory. Mal-nutrition is an accompaniment of poverty. Available evidences indicate that the resistance to infections is lowered in a child who is under-nourished.

4. *Emotional and mental disturbances* occur subsequently hand in hand with physical handicaps. Physical diseases and environmental factors may direct the emotional development of the child unto abnormal attitudes which often are irreparable.

5. *Environmental conditions*: The development and health of the child cannot be dissociated from the circumstances prevailing in the home. When the home is unable to give children the happiness, care, proper nourishment and opportunities which are their birth right, then problems arise in child health work. The family remains the most fundamental unit of the culture, as the home is to the transmission of old traditions and for the creation of new social values. Where ignorance and poverty prevail there is very little chance for the

child to develop as a happy, physically and emotionally well adjusted individual.

Child health problems in rural area.

Formally it was stated that rural life offered better security for child's health than the city. Nowadays statistics indicate that infant mortality is lower in urban areas where maternal and child health services are well developed.

The rural conditions may vary in different parts of the country; there are different customs and traditions and beliefs, but many fundamental problems are to be found which threaten the health and development of the child

1. *High birth rate*: The birth rate in the eastern countries is generally high, nearly double in comparison the rates in many western countries. The village mother is handicapped by too frequent pregnancies. She is over-burdened by her numerous children. She must also prepare the meals, feed the cows and work in the fields. She does not know how to organise her daily duties in a sensible way. Therefore, she is not able to devote much time for her children. It was not surprising when I came across a very primitive way of family planning. The baby girl is not always welcome. As an example, the sweeper woman who conducts the confinement is paid for a baby girl half a rupee or at the most one rupee whereas a baby boy is valued as high as five to ten rupees. It is disheartening to see the baby girl sometimes completely neglected soon after the birth and one is helpless in trying to save her life. Village women certainly need advice in family planning.

Infant mortality rate is higher in India. The figures available (150—200 per thousand live births) do not give any accurate statistics but generally the rate exceeds more than five times the infant mortality rates in many western countries and in Australia and New Zealand.

The incidence of diseases during infancy and childhood is extremely high and indeed most of these diseases are preventable. It is disastrous how many children of school age have lost their sight due to sore eyes and trachoma, smallpox, food

deficiency or congenital syphilis. Scabies and other skin diseases are very prevalent.

The root of all health problems is to be found in the low level of education of village population and in the unhealthy conditions in the home and in the community. Often unhealthy habits originate from old traditions. For instance, when animals and human beings live under the same roof, it does not give the house-wife much facility for keeping the house clean and healthy; children are dirty, clothes unclean and flies swarm on their faces and eyes. Still greater hazards for the health of people are to be met in the community. Inadequate water supply and night soil disposal, unprotected food and dirty streets favour the spread of diseases.

2. *Nutrition*: Unsatisfactory nutrition together with unhygienic environmental conditions give rise to the most serious problems in child health. Young breast fed babies are in excellent condition. Towards the end of the first year and during the second year, the problems appear. Toddlers are under-nourished and emotionally apathic. The child really is a victim of the ignorance of his parents.

3. *Medical and Health Services* are inadequate. Dispensaries and qualified doctors are few in number in rural areas. The number of maternity and child health centres is insufficient. Health Visitors and Midwives usually have to cover too large an area. Mostly the only help available for village mothers during the labour is the indigenous village dai.

4. *Education of children*: Schools for boys and girls have been established during recent years. The teachers are co-operative and are willing to participate in health education. They assist during medical examinations and are valuable in follow-up of students when treatment is considered indicated. The school children are interested in health aspects and are clever to learn and accept new ideas in health and good habits.

The toddler age is neglected. The home and the community do not render much for their balanced development. One seldom sees toys for children. The

baby in the family is mostly looked after by his slightly older sisters or brothers and these little mothers and fathers certainly learn their duties their early years already. The toddlers stray in village streets without any games, play, or guidance and the lack of natural joy expresses itself in their serious faces.

Basic needs in Child Welfare

1. Follow-up of physical, emotional and mental development from infancy to adolescence.

2. Provision for treatment of diseases.

3. Prevention of diseases and disabling conditions.

4. Maintenance of good nutrition.

5. Education of adults and children in health aspects.

6. Promotion of the environmental conditions in the home and in the community.

7. Extension should be made to social and psychological aspects in the development of the child from infancy to adolescence.

Recommendations.

Organisation.

1. *Medical services* should be provided for rural areas and the number of beds for children in hospitals should be increased.

2. *Health (preventive) services* should be developed in co-ordination with curative services.

(a) Maternity centres should provide proper antenatal and postnatal care. The work of health visitors and midwives should be planned and supervised to utilize their services to the best advantage.

(b) Child health centres should be established combined with maternity centres or separately to follow-up the health of the child from birth to school age.

(c) Home visiting provides good opportunity for health workers to study the environmental conditions to help the sick, to give advice in maintenance of good health and in prevention of disease.

3. *School health programme* should include regular medical inspections, treatment and follow-up of sick and crippled students, prevention of diseases, health education and education in child care and parent craft.

4. *Public health services* in sanitation, nutrition and prevention of communicable diseases should be developed hand in hand with other health services to improve the environmental conditions in the homes and in the community.

5. *Health education* and education in child care should be arranged at maternity and child health centres, in schools at adult classes and in home. Short courses in child care and parent craft should be arranged for mothers and for young girls and boys.

6. *Social services* should be developed to meet the needs in various aspects in child health and development. Day nurseries and kindergartens provide good help to the mother in bringing up her children. Children's homes should be established if it is necessary, or orphans and delinquent children be placed in suitable families.

7. *Youth organisations* may deal with recreational education or social needs of the youth. Young children and adolescents should be given facilities for physical exercise, games and competitions. Also music, dancing and drama would interest older children, and entertainments for parents should be arranged in schools. Boys' Scout organization and the Girls' Guides association provide significant possibilities in developing self-training and community feeling in the young population. The Junior Red Cross activities should be encouraged etc. Suitable leisure occupation will give valuable guidance for young people during their years of development and maturation.

8. *Good co-ordination* should be created between all governmental and voluntary organisations dealing with maternity and child care and other aspects of public health.

9. *Conditions* in rural areas should be improved to attract qualified persons for rural work. Proper salaries, good

accommodation, suitable transport and facilities for studies should be available and security of contract of employment.

Training of Personnel.

Doctors : Training in clinical and social pædiatrics should be organised in all medical schools as well as facilities to study rural services in practice.

Public Health Nurses : In a country where medical services are inadequate, the nurses working in rural area should be qualified in general nursing, midwifery and public health. Only this type of the public health nurse is able to tackle all the problems in the home and serve the family as a unit.

Midwives. should be trained in antenatal and postnatal care to be able to work independently under supervision. Midwives should be trained in rural training centres whenever it is possible to prepare workers who are familiar with attitude and traditions in villages.

Social workers with higher qualifications should be trained in rural problems. Disease often has social roots and social consequences, and medical and social problems are closely united together.

Social workers of less qualifications for village work should be trained in rural training centres to acquire good knowledge of the surroundings where they will be working.

Teachers should be given instruction in health aspects and prevention of diseases.

Creche and kindergarten workers should be trained in village centres and they should be educated to deal with children.

Women's contribution in above project.

There are no limits for women in this field and indeed there were always women who devoted their life for child care.

Professional occupations dealing with children are undoubtedly suitable for

women.

Doctors in charge of maternal and child welfare are practically always female in eastern countries.

Nursing and Midwifery attract young girls. Standard of training should be improved to attract girls with good educational background to this work.

Teachers for girls schools are urgently needed all over the country.

Social workers, *creche workers* and *kindergarten teachers* will be recruited more in time when services in child care are further advanced.

Voluntary agencies : Voluntary work is most valuable everywhere and it cannot be valued too high in a country where social needs are enormous. Voluntary work can be done by individual workers or by voluntary organisations. Whatever the work is, it should be well framed and well organised to avoid the waste of energy and funds. Voluntary agencies can function in collection of funds, in maintaining institutions such as day nurseries, kindergartens, schools or children's homes etc. Women from cities should adopt themselves in the village way of life and very temporary undertakings are of little value.

The contribution of village women in child care depends largely upon their educational standing. Young village women can be trained as social workers, creche workers kindergarten teachers and midwives. "Women's Clubs" should be started to awaken interest in social activities amongst village women.

Child life and health are dependent first and foremost on the care and love given the child in his own home. It should be the aim of professional and social workers to assist the mother in her maternal calling and to strengthen the ties binding the child with the family. The environmental conditions in the home should be developed to offer the optimum facilities for the child's growth and development.