MATERNITY AND CHILD WELFARE IN THE PUNJAB IN 1940

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In spite of the fact that 1940 was a war year, work in the field of Maternity and Child Welfare shows a slight increase in the Punjab.

Number of Health Centres

The number of centres subject to inspection was 98 at the end of 1939. Ten new centres were opened during 1940, while 7 were closed; bringing the total to 101, together with 151 sub-centres. A new centre in Mianwali District could not be opened on account of the lack of workers.

Nomination and Posting of Health Visitors

Twelve Health Visitors had qualified during the year from the Punjab Health School: two Muslims, six Hindus, two Sikhs, two Christians. As one was from the North West Frontier Province—admitted under special government arrangements—she returned to her own province and was posted to Mardan. The remaining eleven Health Visitors were nominated to various posts. There was a serious leakage of fifteen workers already in service: eleven resigned from service due to marriage, ill health, etc.; three were discharged for unsatisfactory work or behaviour; and one retired. In addition, two Health Visitors went on long leave; hence three centres were left without workers by the end of the year. As the eleven newly qualified workers could not fill all the vacancies created, the deficiency was met to some extent by the return of some of the Health Visitors who had left service in years before, while one of the discharged Health Visitors was recalled, given Refresher training at the Punjab Health School, and re-nominated to serve, conditionally; her continuance depending on good reports of her work.

Committees of Management

Various local bodies control the centres functioning in the districts, according as they provide the cost of maintenance. Details are shown below:

40	Health	Centres	under	the	management	of District Red Cross Societies.
20	,,	,,	,,		,,	District Boards.
17	,,	,,	,,		,,	Health Associations.
22	,,	,,	,,		,,	Municipal Committees.
2	,,	,,	,,		,,	Government.
101	Total					

The centres under Government control are the two attached to the Punjab Health School in order to supply practical training in urban and rural areas for the students of that institution.

Nature of Areas served by the various Health Centres

The Maternity and Child Welfare activities of a centre may be carried out in urban or rural areas, or the area may include both urban and rural spheres. A table indicating this clearly is given below:

Committees of Management.	Urban area.	Rural area.	Combined or Semi-rural.	Totals.
District Red Cross Societies	8	2	30	40
District Boards	—	15	5	20
District Health Associations	9	4	4	17
Municipal Committees	20	—	2	22
Government	1	1	—	2
Total	38	22	41	101

In the previous year there were sixty-one centres which included rural areas in their spheres of work; during 1940 this figure was sixty-three, showing a slight increase in rural activities.

Inspection of Health Centres

The work of supervision was carried out as heretofore by the Inspectress of Health Centres and the Assistant Inspectress. Arrangements for the examination of dais were made, as required, at the visit of inspection. Forty visits were made by the Inspectress and seventy-one by the Assistant Inspectress. Dais Examinations were held at most of these visits. Some of the district authorities desired more frequent supervision visits than one per year. This was carried out as far as possible.

Training of Dais

There were 2,177 dais under training at the end of the year, as compared to 2,563 dais in 1939. This is due to the fact that a larger number of dais was certificated during the year under review. At certain urban cantres it was found that all the dais practising in the towns served by them, had been trained, hence the number of dais under training diminished. On the other hand, trained dais practising in the province shows a marked increase. In the previous year this figure stood at 2,246; at the close of 1940, it was 2,951. Besides, 1,030 dais were examined during the year, of which 830 were duly certificated, and of these, 430 were village dais; as against 845 dais examined, and 627 dais certificated, including 331 village dais, for 1939.

Dais Examinations are conducted at centres during the visits of the Inspectress or Assistant Inspectress of Health Centres, by a local District Dais Examination Board, consisting of the District Medical Officer of Health as President, a local Lady Doctor, and the Inspectress or Assistant Inspectress of Health Centres. This arrangement was introduced in 1933 by the Punjab Central Midwives Board and has since functioned satisfactorily. The Inspectress of Health Centres is a member of the Punjab Central Midwives Board.

Refresher Courses for trained dais were held at most of the centres, and supervision of their work continued. Bye-laws under the Punjab Nurses Registration Act of 1932, prohibiting unregistered persons from practising midwifery, were passed in several urban and rural areas, where a sufficient number of certificated dais was available for service.

The dais under control—trained and under training—conducted 43,375 labour cases. Of these 11,190 were personally supervised by Health Visitors. Medical aid was called in for 440 cases. There were 1,453 deaths of infants under one month, among these births; giving a neo-natal mortality rate of 33.4 per thousand live births.

Pre-natal Statistics

26,301 pre-natal cases were seen. Systematic records were maintained of the following number of pre-natal cases:

Cards remaining from 1939	3,135
New cards made during 1940	15,372
Total	18,507

Details of above cards:

Normal confinements	12,154
Abnormal confinements	328
Still births	319
Abortions and miscarriages	371
Left the area	1,491
Deaths of mothers	43
Cards closed for other reasons	433
Remaining on cards	3,468
Total	18,507

The maternal mortality works out to 3.4 per mille. Pre-natal clinics were held at 60 Health Centres, where 6,940 cases were examined by lady doctors.

Home Visiting and Centre Clinics

Home visiting of pre-natal and post-natal cases, infants and toddlers was methodically carried out at all the centres in the province. Centre clinics for the observation of children and instruction of mothers were also regularly held. A consolidated statement is shown below:

	Home Visits.	Centre Visits.
Pre-natal 1st visits	26,301	20,520
„ Re-visits	41,244	32,261
Infants 1st visits	49,347	30,527
„ Re-visits	136,984	95,539
Toddlers 1st visits	28,844	24,528
„ Re-visits	69,686	77,369
Casual visits	68,291	90,512
Totals	420,697	371,326

Vaccinations: Primary 3,873, Re-vaccinations 21,314.

Other Activities

Knitting and sewing classes for mothers were arranged for at several centres. In all, 642 such classes were held, the mothers being taught to knit and sew infant garments. 805 cases of suspected tuberculosis were brought to the notice of doctors; as well as 56 cases of suspected venereal disease. Propaganda and health education of the public were carried out at several places by means of lantern lectures. Health and Baby Weeks were organised in some districts.

Finances

Government aid was given to all the centres inspected; the total sum distributed being Rs.23,000. The grant-in-aid to each centre was 25% of the Health Visitor's salary for the year, and

represents approximately 10% of the total cost of the maintenance of a centre. Municipal Committees and District Boards provided the expenses of centres under their direct management, and contributed largely towards the centres managed by District Red Cross Societies and Health Associations.

Concluding Remarks

Administrative approval of Government was given to the provincialisation of the Health Visitors service in 1938, but the famine in Hissar and later the onset of the War have prevented further progress. In the meantime, Maternity and Child Welfare activities are extending gradually in the province, due to the interest and co-operation of the various District Authorities, while the courtesy and help of the Medical Officers of Health towards the inspecting staff has been unfailing, for which our appreciation and gratitude are here recorded.

THE ARMY IN INDIA NURSING SERVICE RESERVE

A married member who is attached to the Army in India Nursing Service Reserve writes:

"I wonder if you would be so kind as to take a little interest in the A.I.N.S. Reserve. We are serving with the I.M.N.S. as fully qualified nurses. Those taken on the I.M.N.S. (Temporary) receive Rs.200 uniform allowance, the Reserve only Rs.110; and yet the latter must make up a complete outfit both for here and overseas identically the same as the I.M.N.S. The I.M.N.S. (T.) receive a badge similar to the Regular, and the Reserve just an "R" on a pin! Our T.N.A.I. badge is far superior and more presentable. We have a V.A.S. nurse here who after six lectures has been appointed on the Staff here on Rs.168 plus 25% extra for being European!—her pay being Rs.210; and our Matron, an old Regular, is receiving Rs.275 as Matron! And we fully qualified nurses receive only Rs.175 p.m. for the first six months!

"I do hope you will be able to help us. Personally I am not worried about the money; I am keen on going overseas and doing my bit; but I would very much like a presentable badge.

"It is certainly difficult to understand why such distinctions should be made, or why a so-called voluntary, untrained nurse should be given nearly as high a salary as an I.M.N.S. Matron."

The formation of the Auxiliary Nursing Service will, we hope, do much to stabilize matters and the member in the A.I.N.S. has our sympathy.

We shall be glad of further information on the subject of the Army in India Nursing Service Reserve.
