

HEALTH AND WELFARE

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THERE are a dozen proverbs concerning the blessings of good health.

We are enjoined to be Healthy, Wealthy and Wise, well knowing that wealth and wisdom are of little use without health. We who see so much sickness and suffering, are constantly reminded that the most important thing in life, is sound health, and thinking of the suffering caused by sickness, we must often wonder how much of the illness in the world could be prevented, if people would only take more care of themselves. But how about little children who cannot take care of themselves? There we come back to first principles; we must start right, and to do that, we must begin at the very beginning with the infant, and the mother on whom the life of the child depends. The great majority of the babies are born healthy but very few grow up healthy. There was lately a health inquiry at the Calcutta University, and it was proved that 75 per cent of the students were below standard, were ailing in some way or other, and were definitely unfit. What is the use of spending vast sums of money on educating unhealthy students. They are unfit to fight the battle of life, and great sums of money are being spent on them to prepare them to do so, without any reference to health. Would it not be better to spend at least half the amount on health measures, and to begin right at the beginning, with the health of the children?

You will sometimes hear people say, "What is all this child welfare, what is the good of it, what is it all about?" Well, briefly, the position in this province (Central Provinces) is this. The majority of babies are born healthy, yet 25 per cent of them die before they are 1 year of age, and 50 per cent die before they are 5 years old. Of those that live to grow up, only one in four is healthy, on the other hand, if we could look after them properly from birth to school age, say seven years, three-fourths of the children would grow up healthy men and women. That is the unanswerable argument in favour of child welfare.

Now we come to practical work. Our system of child welfare starts with the prospective mother in the antenatal clinic, then we go on to Dais' training, and supervision of their maternity work, the Welfare Centre and Home visiting, Mothers' classes, and sewing classes; the Nursery school, and adequate medical supervision of school children, Propaganda, Health education, and lectures and classes for students, and for the general public.

I will start with the Welfare Centre. In a province like this, where the majority of the women are uneducated, it is necessary to work on very simple lines, and not attempt advanced health teaching at first. Also it is necessary to work with great economy.

First a house should be hired in a populous neighbourhood, and it is better to begin in a Hindu, rather than a Mohammedan locality, because there is great difficulty in getting Mohammedan women to attend the centre, till they have fully grasped the meaning of welfare. We select a place where there are at least three hundred births per annum within a mile radius of the centre. That will give at least 1,200 children within a mile in each direction. No one centre can properly care for more children than that, for it is better to see one baby a hundred times, than to see a hundred babies once. The object is to oversee the bringing up of every baby, from birth till school age, and some of us know how difficult it is to care for one baby at a time, let alone several hundreds. Our centres are very popular, and they are apt to undertake too much and be overcrowded. Not more than 32 mothers and babies can be seen daily in a grade A centre, and 15 in a grade B centre. The grade A centre having two health workers, and the Grade B centre only one.

The main requirements of a house for a welfare centre are, a large main room for receiving the mothers and for examining and weighing the babies, one or two bathrooms for the children's daily bath, a verandah or courtyard where the mothers can wait their turn, and if possible an extra room that can be used for antenatal clinics; also quarters for the health workers. We can rent such a house in most towns for Rs. 30 per month, sometimes the rent is reduced, and sometimes remitted altogether. This is a very commendable act of charity. The equipment of a centre is very simple. It is standardised and the cost is Rs. 200 for Grade A centres, and Rs. 100 for Grade B. The running expenses are Rs. 200 per month for Grade A centres and Rs. 100 per month for Grade B. Actually the Grade A centre can be run at Rs. 150 and the Grade B centres need a little over Rs. 100. There is very little difference between the costs of Grade A and B centres. Chiefly it is the staff, the larger centre will need two health workers, and the smaller, only one.

There is an ayah or female servant. There should be no male staff whatever in a centre, because the antenatal cases will not attend if there are men about. There is the cost of fuel for the hot water, and dhoby charges for the towels and dusters. The centre is open from seven to eleven, every day except Sundays, and some holidays. The mothers bring the babies, and are taught to bathe them in Indian fashion, every child is to have a clean towel, and the mothers are encouraged to bring clean clothes for the child after the bath. Then the Health worker sees the child, and

it is weighed. The mother is given advice about it, and any falling off in weight is enquired into, and directions given, minor ailments are attended to, but serious cases must be sent to hospital, and a slip is given to the mother. A careful record is kept of every child, and this forms a complete health record if the mother can be induced to bring her child regularly to the centre.

Now I have said that the centre is open from 7 to 11 a.m. that is four hours, but the rush hours, when as a rule, all the people seem to come at once, are between eight and ten, and it follows, that two health workers cannot attend to more than 32 children in a morning's session.

Something should also be said about home visits. Frequently I see in the monthly returns, that a Health visitor has paid two or three thousand home visits, and I always ask her how she has done it. There are two hours a day allowed for home visiting, and each visit takes at least 15 minutes, allowing for the time spent in going from house to house. So eight visits per day are the maximum, and the Health worker will find ample scope for these eight visits in the vicinity of the centre. It is no use going too far away, because the object is to get the mothers to bring their babies to the centre, and they have not time to come far. That is why we never allow conveyance allowance to our workers. If conveyance allowance is given, the Health worker becomes impossibly busy, and will go too far afield. We do not allow our Health workers to undertake any midwifery except in supervision of the Dais' cases. There is a great tendency in some places for better class people to call in the Health worker for confinements, instead of employing a dai. This shows a spirit of advance in some ways, and if we had any number of health workers, and any amount of money, we might try to undertake all the midwifery, and freeze out the indigenous dai. But at the present rate, it would take twenty years, and enormous expense to do so. We can only train the dais. The Health worker should not go out to cases independently, as she will not have enough time to do the work at the centre, which is what she is paid for. The dais' cases must be supervised, and the Health worker is allowed to go to cases which are being conducted by the trained dais attached to the centre. She is absolutely forbidden to take cases otherwise, and she must not take fees.

The dais are trained at the centre. We use the handbook *First lessons for Country Dais* by Dr. Balfour, and we work on the syllabus of the Victoria Memorial Scholarship Fund. Outfits are kept at the centre on loan. After training and oral examination, the Dais have to get twenty supervised cases registered, before they can obtain full reward and certificate.

Mothers' classes are held at the centre, in the afternoon, once a week, and health talks are given. We have a schedule of one year's health talks, week by week, and we are getting posters and literature to illustrate the talks. Sewing classes are held once a week also, and the mothers are given cloth and are taught to make garments for their children. A prize of a Sari is given once a year, to the mother who makes the greatest progress. It would be a very useful expansion of the Welfare Centre to add a crèche for the babies to be cared for, during the sewing and mothers' classes. The sewing classes might develop into the nucleus of a women's institute.

I have left the description of the antenatal clinics till the last, because they are in some ways the most important of all the work at the centre. The prospective mothers are seen at the centre once a week, and properly speaking these clinics can only be held by a women doctor. Where there is a female medical officer or practitioner, we offer a monthly stipend on condition that she holds the antenatal clinics, and supervises the Dais' Training. The main object of the antenatal clinics is to spot the cases likely to be difficult or abnormal; and to keep them out of the hands of the Dais. Our experience shows that in nearly every case where there is flagrant mal-praxis, on the part of the dais, it is when they undertake abnormal or difficult cases which are quite beyond their skill. They get frightened, and the result is terrible.

So to recapitulate. First, work at the centre, examining, bathing and weighing the infants, and attending to their minor ailments; advising and teaching the mothers; training and supervising Dais; holding antenatal clinics, sewing classes, and giving Health talks to mothers, and regular home visiting. A great deal of misunderstanding exists about giving milk at the centre. Babies are not fed at the centre. We could not undertake to run foundling homes, nor have we crèches. The centre is a teaching institution, and if babies get milk there, it is a few unfortunate cases, that are being artificially fed, and the mothers or guardians are taught how to prepare the feeds. Most centres give far too much milk. I often see registers of four or five seers of milk being given daily. Even if every weakly child attending the centre were given milk, this quantity could not be consumed, and that would also mean that all the babies were being artificially fed. It is very bad practice to give too much milk. We allow milk to eight selected cases daily, that is one in four, and is really too much. It is better to give a meal to ill-nourished mothers than to begin artificially feeding the infant.

Nursery schools should be instituted in connection with the centres, to take the children from two to five years of age.