
WORK AMONG CHILDREN *

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1. Is work among children of the toddler age being adequately undertaken at present?

I CONSIDER that such work is being most inadequately undertaken at present.

What are the facts, and how can we account for them?

Work among infants, that is children under one year of age, has been much stressed up to now; the reasons for this are partly the fact of the high Infant Mortality rate in India, and second the close connection between maternity work and that for infants. The figures for infant mortality have been, and are, quoted extensively, and are a shock to those who take any interest in the subject. This is partly responsible for the desire to work among infants so as to reduce the figures. Comparisons are freely made between figures for India and those for other countries, and India, of course, comes off very badly in such comparisons. This has served as a sting to public opinion as well as a stimulus to those who desire to see wrongs righted. Secondly the work for improvement of the conditions of child birth took precedence in time of the work for child welfare and the close connection between maternal mortality and morbidity and infant mortality was naturally forced on the attention of workers in this field. In addition the helplessness of the baby and the appalling waste of life the figures stand for, make a strong appeal to the heart and imagination of all.

This has led to work among infants being taken up first where child welfare work is attempted.

A visit to the majority of centres will prove this. At the clinics the attendance of infants is sought for and encouraged. Toddlers if not discouraged, are at least not pressed to come. Mothers have come, in many cases, to realise that supervision and weighing of infants is helpful, but they do not realise that the same thing is necessary for toddlers. It is more difficult therefore to get toddlers to attend, and the health workers, probably unconsciously, adopt the line of least resistance and leave the toddlers to grow up as best they may. Even when they feel that the work is necessary they have generally abundance to cope with in connection with the mothers and babies and cannot undertake more work. Were more funds and therefore larger staffs available more work might be undertaken. The same holds good for home visiting. In this case the health visitor has not to overcome reluctance on the part of the mother to bring the child to the centre, as she sees it in the home. But the difficulty of pressure of work is the same. To keep in touch with toddlers for four or

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five years after they have passed the infant stage, and until they enter school, which is the ideal, requires a great deal of time and systematic work. Very few committees are prepared for such an expenditure. They cannot visualise its ultimate results and they are in haste for something which will show a quicker return for the money expended; most committees require their workers to visit in an area where the number of births is too large to allow of anything in the shape of visits to toddlers being attempted. The workers are therefore forced to confine their home visits to seeing infants and, in some cases, expectant mothers. It is perhaps not fair to lay all the blame on local committees as the health visitors themselves, though they have been taught the importance of work for toddlers, are not persistent enough in their efforts to keep track of the toddlers. They suffer from one of the besetting sins of the country, lack of system.

Is it the general opinion that such work is a necessity, and why?

I do not think there can be any doubt as to the necessity of the work, at any rate in the minds of those who have any experience of children of this age. The lessons we can learn from English experience will be helpful here. Infant Welfare work was started in England about the beginning of the century, and during the 25 years of its existence has reduced the Infant Mortality rate by about half, a great achievement. The work of medical inspection of school children was taken up in 1908 and has made steady progress, resulting in enormous improvement in the health of the school child. After this work had gone on for some years however, it began to dawn on people's minds that a gap in the life of the child existed which it was most essential to bridge. Infant mortality had been reduced and infants were being cared for systematically through infant clinics and the home visits of health visitors. But the child after infancy was not being cared for in the same way and the result was that children of five or six entered the schools, and came under the care of school medical officers, in many cases with defects and departures from normal which could easily have been remedied had the child been under observation in the pre-school age. Examples are defective vision and hearing, evidences of rickets, chronic colds, and poor physique generally. Of late years, therefore, much more attention has been given to the toddlers and the ideal aimed at is that the child should be sent up to school with a full record of its medical history from birth onwards which can be placed in the hands of the school medical officer.

If care of the child in the pre-school age has been found necessary in England, will the same not also be the case in India? The answer is of course in the affirmative. Medical inspection of school children has scarcely begun in this country, so the demand for supervision of the child's health has not come from school medical officers as in England. Such a demand, in that it is voiced at all, comes from those engaged in the work

for infants. All who think about it at all, are unanimous on the need there is and some feel it very strongly. Even those who are not actually doing child welfare work, but who are observant of the children round about them have remarked on it.

Why does such a demand exist?

It is always best to substantiate our hypothesis with facts and do so to some extent in this case. I take up from my desk the annual public health report of the Province of Bihar and Orissa. In the column of deaths between the ages of 1 and 5 years we find the death rate per 1000 of the population of that age is 51.1. The death rate among children of next age period, five to ten years, is 9.3 per 1000. Surely this is eloquent proof of the need of care of the toddlers. Even if we suppose, as is the case, that the death rate at the lower age figure will always be greater, we cannot suppose that it need be more than five times as great. These figures are taken at random from a number of annual health reports. The others tell the same tale. The figures for the Punjab are 42 and 11.8 and those for Delhi city are 57.7 and 12.8. These are the cold facts, they represent a frightful loss to the country, and in addition we must not overlook the fact that if about 50 children out of every 1000 of the age period die, many of those which survive are weak in health, and poor in physique, and lacking too in mental vigour, so that they will grow up inefficient citizens.

We may however prove our case, not merely from the tables of reports, but from the observations of workers on living children. In this case it is not easy to obtain accurate figures because the numbers of children under observation are so few. I can quote my own experience. Both at Delhi and at Simla, I have constantly had to remark on the poor development of children of this age. Those who have had regular weighings done, gain very slowly, have constant set backs and are far below the average weight. This applies not merely to the children of the poor, those who are living below the wage line on which it is possible to have adequate development, but to children of the better classes, who can have reasonable care and comfort. My co-workers in the same field will, I know, verify all I say. What makes these facts all the more distressing is that we so often find infants who are fat and healthy up to the age of 8-10 months, then fall off, actually often lose weight and at any rate fail to gain as they should. This was very noticeable in the Simla Baby Week where I made tables of the average weights of infants up to 18 months. Up to about 9 months the babies were fairly up to weight and many fine specimens were seen. From that period the weights tended to be stationery, and up to 18 months were decidedly lower than the book averages. Had the observations been made on children up to five years the tale would have undoubtedly been the same. The workers responsible for the Delhi Baby Shows have the same experience. Frequently the babies that have gained prizes in one year, are no more by the next year and practically all fail to progress as they should

The reasons for the existence of this state of affairs are not hard to seek, and one could easily write pages on the subject. Ignorance on the part of mothers is a very powerful factor in the case. This affects the child in various ways. One of the most important is the question of feeding. The facts stated above concerning the condition of children of the age period show that there is a great amount of malnutrition among the children. The mothers do not understand the importance of proper feeding; they continue to give the breast as the sole food long after it is insufficient to meet the needs of the growing child. I am not urging that breast feeding should arbitrarily cease at a certain age,—that would be cruel to children who have no chance of obtaining milk otherwise,—but the mothers are impervious at present, in the vast majority of cases, to the suggestion that after 8-10 months the average child must have its diet of milk amplified with cereals, vegetables and other forms of protein than those present in milk. Could this principle take firm root in the minds of mothers a striking improvement in physique would follow.

Lack of sleep affects the children of this age profoundly also. The average child in India suffers again from this, and it has far-reaching results on the health and development: children are not trained to sleep in the day and they are not put to bed at regular hours. The resulting exhaustion affects the nervous system in addition to the physique.

A third factor is the lack of discipline. This is also due to ignorance on the part of mothers and of fathers. They allow the child to dictate and impose its will on the parents. While advocating the utmost freedom for children in matters of occupation and play, I cannot help feeling that the average Indian parent is guided by nothing but the child's desires in all the important questions of food, sleep and clothing, instead of by the dictates of reason and knowledge. Children are allowed to eat what and when they please, sleep at irregular hours, and wear what they fancy. The result is poor physique, constant illness and bad habits which last a life time. Education of mothers on these points is very slow but most necessary. The Chelmsford League has tried to meet this need in some of its publications and it is hoped that they will be taken more advantage of as time goes on. It should be realised that it is really a much more complicated affair to look after the child of 1 to 5 than the baby who spends most of his time in eating and sleeping. The toddler is a very different proposition and there is no doubt that for the mother to understand how to meet his needs, physical, mental and moral, is a highly complex task. For the sake of the lives at present being thrown away, it is a part of the work which should secure much greater attention than it does.