

THE ORGANIZATION OF MATERNITY AND CHILD-WELFARE WORK IN INDIA

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MATERNITY and Child-welfare work in this country is of very recent origin. In Madras City, for example, a small scheme was started by the Corporation in October, 1917, the object being to provide skilled midwifery service free of charge for women of the poorer classes. It is to be remembered, also, that this form of social work in India is entirely the outcome of appeals made by wives of Viceroy and Governors: and that, outside the central organizations initiated by these ladies, very little philanthropic effort has been made to develop the work in rural areas where the need is greatest.

Voluntary social organizations have of course been in existence in India for ages; but their efforts have been guided almost wholly by religious ideals. "Feeding the poor" and the "uplift of the depressed classes" are two examples of such activities. The formation of an organization for maternity relief and child welfare was apparently never visualised, and in spite of the enthusiasm of numbers of ladies,—most of them European, be it said,—the new idea has not yet permeated to any great extent. This is probably due to an entire lack of appreciation of the need for such work either by the educated or the uneducated sections of the community. It seems, therefore, that if the movement is to become a real national one as it eventually must,—there must first of all be an enlightenment of the public mind and the formation of public opinion. "There can be no mistake about the saving of lives and the training up of a healthy generation." But this can only be achieved by spreading a knowledge of the principles and practice of hygiene among the great mass of the people. "In this, as in other spheres of human affairs, ignorance is the chief curse." Great sanitary reforms can only be accomplished with an enlightened responsive people, who, in proportion to the knowledge acquired, not only demand the establishment of communal hygiene by the authorities and give its consent to sanitary administration, but will practise hygiene in its relation to individual health and well-being.

In India, as in other countries, there are three agencies for carrying out educational propaganda in respect to health matters in general, and maternity relief and child-welfare in particular. First, there is the central authority, one of whose functions is to organize, formulate and advise as to methods of propaganda and public education in health matters. This authority carries on research work, endeavours to promote the discovery of new truths, frames new laws and regulations, conducts enquiries over the whole field of preventive medicine and presents available knowledge in its periodic reports and publications.

Secondly, we have the local authority upon whom, consequent on the Reforms Act, the burden of health administration has devolved. For the most part, these bodies have not yet realised their heavy responsibilities. The reasons are obvious. In the absence of a consolidated Public Health Act, there is no uniformity of action or of objects to be attained. Enterprise and initiative are largely wanting for which 'lack of funds' is the nominal and universal excuse. Moreover all that scents of officialdom is looked upon with suspicion, and worst of all, official reports and publications, however elaborate, interesting and informative, do not permeate through to the people nor is the information contained in them assimilated even by the educated section.

For the interpretation and dissemination of that information one must look for help towards the third agency, *viz*, voluntary organizations. These organizations ought to be of the people and for the people, and, if properly managed, are of great use in spreading knowledge of health matters. In Madras, we have had for over three years a voluntary body known as the Health Council, which was given a financial start by donations from the Indian Red Cross Society, but which has latterly been compelled to depend for most of its income from annual Government grants. The preparation of the material issued by this body has been largely carried out by officers of the Public Health Department and of the King Institute, so that it has been considered necessary to suggest that its activities should be taken over by a new section in the office of the Director of Public Health and placed in charge of a special Health Officer.

As regards any relationship existing between voluntary health organizations, such as the Maternity and Child-welfare Association, and official bodies, such as the Medical and Public Health Departments, for all practical purposes, there is none. No doubt the Surgeon-General and the Director of Public Health are *ex-officio* members of the Committees of the Maternity and Child-welfare Association of the Red Cross Society and of the Madras Health Council, but except in the case of the last (and its peculiar position has already been explained) there is neither "co-ordination of policy nor co-operation of effort." Each more or less works in watertight compartments, and little effort has been made to understand each other's difficulties or to bring their respective activities into close touch with each other. It has been suggested that this is due to suspicion and jealousy, but whether this be true or not, without doubt considerable gaps and overlapping occur.

Other causes hinder progress in Maternity and Child-welfare work in this country. In the first place the women of India have taken very little interest or active part in the campaign. Not one mother in a thousand has either the leisure or the education or the aptitude to devote time to anything outside her own home, and only with emancipation of her sex can any change in this direction be expected. On the other hand, the work has been largely carried on and supervised by European ladies who

are for the most part ignorant of the local languages so that inter-communication between them and those who attend the centres for help is not easily established. Whether as a result or not, the aims and endeavours of existing voluntary organizations lack publicity, very little information being given to the public. Few know how centres are established, how they are financed and what their purpose is; and in certain cases, even the local authority is unaware of the "why" and the "wherefore" of the centre.

Further the idea apparently has been that maternity and child-welfare work is entirely the province of women, and that men are not wanted. Those who maintain this position do not appreciate the social and domestic circumstances of Indian family life. The average Indian girl is brought up to be a housewife, and, in 99 per cent of Indian households, the husband and father is the dominating personage and has an immeasurable influence over his wife. In connection with the subject under discussion, the man of the house requires to be educated equally with the mother, in fact, he ought to be catered for first, instead of being ignored altogether. The knowledge acquired by him can be conveyed to his wife, and no one else can do that more befittingly. In addition, if his interest is once roused, he, as the wage earner, might be induced to make monetary contributions; the wife will seldom be in a position even to consider that possibility.

In every country in the world it has been found difficult to harmonise the activities of non-official bodies interested in health work with official health agencies. The Madras Health Council has worked harmoniously with the Public Health Department because it had several Public Health officials on the Council, and even if the Public Health Department takes over its work, it is proposed to have an Advisory Committee of voluntary workers to maintain a liaison between the official and non-official agencies.

Consultation is obviously the first step, but "an open mind and a willingness to understand the point of view of the other" is also absolutely necessary. The Government official must try to understand the urgent desire of the voluntary health agency to create without delay an organization which in a short space of time will be able to record clearly some definite result. Similarly the less optimistic, more leisurely and perhaps more practical point of view of the Public Health official must be heard and appreciated by the voluntary worker, because so few of the leaders of unofficial organizations have any real conception of the problems they propose to tackle.

In order to prevent both gaps and overlapping, the proposed programmes of all unofficial health agencies should be laid before the Public Health Department. Every effort should be made to bring them into harmony with the policy of that Department, and where proposed activities or policies are not approved, these items should be dropped.

Every proposed expansion of the activities of the unofficial agency should be approved by the Public Health Department before it is undertaken, for the Government Health officials are in the best position to judge of the need, or of the likelihood of success. No unofficial body should assume the privilege of setting up independently a programme to suit itself, and then come to the official Public Health Department and demand assistance. The official organization cannot subordinate its programme to the requirements of one that is unofficial. A division of labour in joint activities is best.

The voluntary organization should not encroach on fields already under the control of the official Public Health agency, but may at the same time take up the position of adviser or consultant. For example, where a local board is doing maternity and child-welfare work, an auxiliary committee representative of all interests should be formed.

Local authorities may also subsidise voluntary agencies, maintaining a degree of control by having representatives on the managing committee. Working in harmony such a joint committee will constitute a reference bureau in relation to all that concerns maternity and child-welfare work in the area; and the Government official agency can help by providing suitable literature and propaganda material framed to suit local conditions and by training workers at a Health Visitor's School maintained and supervised by Government.

Voluntary enterprise should form the link with the child's home in the first place. Later on both midwives and health visitors will work with the same object in view—the ultimate end being the creation of public opinion, and the dissemination of knowledge regarding the advantages to be derived both by mothers and children from regular attendance at the maternity and child-welfare centres. Every father must have his responsibility in this connection brought home to him.

In the matter of legislation, one has to walk with great circumspection. Legislation to be effective should not be permissive and it must follow the development of an enlightened public opinion. No statutory system can exercise direct and continuous control of the personal health and habits of the individual, unless it has the willing consent of the people and their co-operation in its administration. This is the great difficulty in regard to problems associated with maternity and child-welfare which are personal and social in character.

Nevertheless, existing legislation can be expanded on certain lines. In the first place, registration of births and deaths should be made compulsory all over the country. Secondly, local bodies should be empowered to give grants to recognised voluntary organizations such as those interested in maternity and Child-welfare work. Thirdly, the Government official agency might frame regulations to ensure greater harmony between official and non-official organizations; and lastly, a Midwives Act, such as that

already in force in Madras Presidency, is necessary to ensure the registration of all qualified midwives and nurses.

Probably most will agree that the time has not yet come when it should be made obligatory for local bodies to open child-welfare centres, or to give pecuniary aid to poor mothers for a period before and after confinement. Local authorities in this country do not yet realise that expenditure on these lines, whilst giving a return not directly measurable in hard cash, is indirectly a profitable investment in that it assists in the development of a healthy people, the main asset to any community. Beyond those measures already mentioned, therefore, legislation is neither necessary nor advisable.

Summary.—

(a) At present little or no co-operation or co-ordination is to be found between official and non-official bodies in Maternity and Child-welfare work in India.

(b) Much can be done by non-official organizations in the preparation of health literature and in bringing to the notice of the people the advantages arising from Maternity and Child-welfare work. Official Public Health Departments should also conduct campaigns of education to show the advantages and economy of public expenditure for this purpose.

(c) By means of joint conferences and mutual assistance, without mutual criticism, gaps should be filled and overlapping avoided. The idea of joint responsibility should always be kept in the foreground.

(d) All programmes of non-official organizations should fit in with the policy of Government Public Health Departments.

(e) The provision by Provincial Governments of Health Schools for the training of Health Visitors is urgently necessary if progress is to be made.

(f) Legislation can only follow the development of an enlightened public opinion, but, partly from the legislative and partly from the educative point of view, measures (a) to improve registration of births, and maternal deaths, (b) to empower local bodies to make grants for maternity and child-welfare work and (c) for the compulsory registration of all trained midwives and nurses, should be laid before Provincial Legislative Councils.

(g) No measure making it compulsory for local bodies to open Maternity and Child-welfare Centres would have at present any chance of being passed by Legislative Councils.

Nightingales are said by a French observer to devour the drones of a hive without harming the workers.

A very simple method of inducing sleep in cases of persistent insomnia and one that has succeeded where many drugs have failed, is simply to administer a moderate amount of liquid food before the patient goes to bed. This diverts the blood from the brain to the abdominal organs and takes away the cerebral excitement that precludes sleep.