

CONTRIBUTED ARTICLES.

THE HEALTH VISITOR IN INDIA.

BY ROBERT J. BLACKHAM, C.B., C.M.G., C.I.E., D.S.O., M.D.,
M.R.C.P.E., F.R.F.P.S., D.P.H., CHEVALIER OF THE LEGION OF HONOUR,
KAISER-I-HIND MEDALLIST FOR PUBLIC SERVICE IN INDIA, LATE
HON. SURGEON TO THE VICEROY.

"Nobody can deny that the Indian race is most unduly physically unfit, that there is a terrible amount of disease, suffering and premature death all over the country. This is largely due to the weakness and lack of development of the mothers of the race, for the standard of the health and mentality of the race is always set by the mothers, and it is only when that standard is raised that India can hope once again to be a glorious and efficient people."

This statement was not made by a European physician or even by an Indian doctor trained in Western ideas, but is taken from a letter which the Women's Indian Association, which has 57 branches and 18 centres, representing several thousands of women all over India, has addressed to each member of the Legislative Assembly of the Indian Empire in March of this year.

It is conclusive evidence that work amongst Indian mothers is a crying national need and that nowhere in the world is there greater scope for the Health Visitor than in our Great Dependency.

Dr. Chinappa, in her latest Report on the Madras Child Welfare Scheme, received by a recent mail, says:—

"The work of the Health Visitor is the pivot on which all Child Welfare work turns."

Dr. (Miss) J. R. Dadabhoy of Bombay, in a paper read at the All-India Social Workers' Conference, says: "The Health Visitor is the most important Officer of the Welfare Centre."

This much is universally admitted, but the question of how the raw material should be converted into the finished article has hitherto not been so generally accepted.

Indeed at the National Conference on Maternity and Child Welfare held in London last July, the matter was hotly debated, but Circular No. 557 issued by the Ministry of Health on 9th February last settles the point as it lays down that there appears to be general agreement that as a rule the duties of a Health Visitor can best be carried out by a woman who has been trained as a hospital nurse, is a certificated midwife and has passed through a special course of training designed to equip her with a knowledge of the preventive and public health aspects of her work.

A Health Visitor's certificate is described in a memorandum issued with this circular, and it is pointed out that after 1st April, 1928, the Ministry will only approve of the full-time appointment of women who have obtained this

certificate from a Central Examining Body approved by the Minister for the purpose, and candidates for this diploma must be either :—

1. Trained nurses who have obtained the C.M.B. and completed an approved course of training in public health work lasting six months *or*
2. C.M.B. Midwives who have taken out six months' training in hospital and undergone a course of training of two years' duration already recognized under the Board of Education (H. V. Training Regulations, 1919).

As in the space at my disposal it is not possible to cover every aspect of the question, I propose considering the Health Visitor in India under the following headings :—

1. The qualifications necessary.
2. The means of training available.
3. The special difficulties of the work.

The foundation of the training of Health Visitors in India was well and truly laid by two English ladies, Miss Graham and Miss Griffin, who were brought out to India by the Government in 1914, and are still there.

They established the Delhi Health School and laid down broad lines for the requirements of this class of worker which have been adopted and adhered to by other Indian schools as they came into existence.

Broadly speaking, these pioneers have held that the most important qualifications for a candidate for the post of Health Visitor is a complete training in midwifery, as all authorities are agreed that in India the Health Visitor's work must go hand in hand with midwifery.

Dr. B. D. Mukerjee, Examiner in Midwifery in Calcutta University, in his *Child Welfare Scheme for Bengal*, says that in addition to paying "home visits to enlighten the females of the household on matters of sanitation and child welfare," the Health Visitor must not only "exercise supervision over *dais* and midwives," but "attend abnormal and difficult cases of labour whenever sent for by them."

With these preliminary remarks I will pass to our first heading :—

I. THE QUALIFICATIONS NECESSARY FOR A H. V. IN INDIA.

These are as follows :—

- (a) Training in midwifery.
- (b) „ as a nurse.
- (c) „ „ compounder.
- (d) Good education and a sound knowledge of local custom and even superstition.
- (e) Age.
- (f) Knowledge of vernacular.
- (g) Good physique.

(a) *Training in Midwifery.*

In addition to the excellent maternity hospitals and training schools at Calcutta and Madras, there are a large number of hospitals in India which carry out the training of midwives, and in several provinces the provincial governments

have set up Boards of Examiners and established State diplomas, so that the student will find little difficulty in finding a hospital, where she can be trained, within easy reach of her own home.

(b) *Training in General Nursing.*

In this country a training in general nursing is rightly regarded as an almost essential requirement for Health Visitors, but in India it is not possible as yet to demand this qualification but candidates are encouraged to take out popular courses of instruction such as those conducted by the St. John Ambulance Association, and Elementary Nursing is one of the subjects taught at the Health Schools.

(c) *Training as Compounder.*

Many of the large Indian hospitals conduct courses in compounding for pupil nurses which are unknown in this country. The possession of a certificate as compounder is regarded as useful for an Indian H. V., but is obviously not an essential.

(d) *Good education and a sound knowledge of the languages of the Provinces in which the H. V. is to work.*

Dr. Vera Singh Chinappa, the Lady Superintendent of the Madras Corporation Scheme, says: "To-day the Health Visitors' profession attracts women who have completed their School Final Course (English) in well recognised schools."

The pay offered to the higher grade of students passing out of the Delhi Health School is sufficient to attract candidates of good education, even students who have completely studied the Arts Course of one of the Indian Universities at one of the growing number of colleges for Hindu and Mahomedan ladies. Recruits of this type would be a great gain to the profession, as there are posts open to Health Visitors in which organising power and a good grasp of various methods are essential. In many districts and towns the H. V. has subordinates under her orders, and as the Oriental is a great respecter of learning in such appointments, superior education tells very considerably.

In the words of Dr. Dadabhoy in the paper above quoted: "The Health Visitor cannot know too much but commonsense, tact and knowledge of human nature, and of the thoughts and aspirations of the working classes are most necessary, and she must be able to explain things in plain and simple language." But far more important than book learning is a sound knowledge of established customs, religious observances, and even local superstitions.

The Indian peoples are almost slaves to custom and deeply religious folk.

Their religions are the mainsprings of national life but interwoven with most of the Indian faiths is an element of superstition which a simple and largely illiterate peasantry do not distinguish from the tenets of the belief itself.

For the H. V. to offend against popular custom—fanciful though it may be—will seriously handicap her in her work and prejudice her clients against her.

(e) *Age.*

The question of age is not an easy one. Most hospitals in India admit pupils at an earlier age than this country, but there are obvious objections to

admitting persons to training as H. V.'s any younger than we do in Europe. A youthful Visitor fails to command the same amount of attention and respect from mothers and *dais* (important people to whom we shall refer later) as an older person, and, moreover, as those who know India will agree, it is more difficult for young women to live and go about alone.

At the same time it is to be remembered that the training is best taken advantage of by younger people, and if intending pupils are not admitted early into the Health Schools, they naturally pass into other professions, and so are lost to health work.

Each case must be judged on its merits, and if the character of the applicant is steady and reliable and she conducts herself with dignity, authorities, such as Dr. Ruth Young, maintain that youth need not be such a drawback as at first appears.

(f) *Knowledge of the Vernacular.*

It must be remembered that India is a continent rather than a country, and that it contains many races who are as widely different in appearance and temperament as, say, the Scandinavians and the Latin of Western lands. There is little or no resemblance for example between the natives of the Punjab and the United Provinces and the peoples of Madras and the Malabar Coast.

They have hardly a custom in common, eat different food and speak languages which bear no relation to one another.

The Indian of the North subsists on wheat and other grain, whereas the Madrassi is essentially a rice eater. The Urdu of Agra and Oudh is written from right to left, whereas the Tamil of what has been so frequently—and wrongly—described as the “Benighted Presidency,” is written from left to right.

Obviously the Health Visitor must be thoroughly familiar with the language of the people amongst whom she intends to work, and as I have indicated above, in a land of many tongues this is not such an easy matter as it seems, and introduces a difficulty into Indian work that is fortunately unknown in this country.

The point is a very real one, as I have seen an excellent worker from Madras seriously handicapped in her duties by being unable to speak the language of her clients in a great city of the North.

(g) *Physique.*

This is a very important point as perfect health and strength are essential to efficiency, for the work is often hard and the hours always long.

2. THE MEANS OF TRAINING AVAILABLE.

There are at present two training schools for Health Visitors in India in addition to the Delhi school to which we have referred above, *viz.*, one at Madras and one in Lahore.

The Delhi school is not only the premier school of the Empire but is Imperialist in its aims as it receives pupils from all parts of the country and has sent its graduates as far north as Peshawar and as far south as Trichinopoly.

The pupils have the advantage of being trained by the two ladies mentioned above who are the pioneers of Child Welfare Work in India.

Training is theoretical and practical, the theoretical teaching being carried out at the school in Nicholson Road, and the practical training in the Welfare Centres and Baby Clinics of the Delhi Municipality.

The school is endowed by Government but derives the major portion of its income directly from the Lady Chelmsford All-India League for Maternity and Child Welfare. Up till last year teaching has been entirely in English, but last year an important advance was made by the inauguration of a vernacular class.

This step was taken owing to the fact that many would-be candidates were unable to take the course in consequence of their lack of knowledge of English and because, owing to financial stringency, a demand has arisen for a less highly paid class of worker.

The Madras school came into being in 1922, and aims at providing workers for the Madras Presidency.

The Corporation of Madras is the only one of the three great Indian cities which has a Child Welfare Scheme of its own. Much work is carried on in Bombay and Calcutta, but in the former it is entirely in the hands of a voluntary organisation, the Infant Welfare Society, and in the latter it is run by the Indian Red Cross Society and the St. John Ambulance. The school was inaugurated at the suggestion of the Government of Madras which grants a subsidy, but is under the charge of the lady doctor who is Superintendent of the Corporation's Child Welfare Scheme.

It receives active support from (a) a well-organized voluntary body called the Madras Maternity and Child Welfare Association which has branches all over the Presidency and from (b) the Lady Chelmsford League.

Pupils do a year's training and are examined by a Board of Examiners consisting of the Superintendent of the Government Maternity Hospital, two British and two Indian lady doctors.

The Punjab Health School has now been in existence for four years and caters primarily for the Land of the Five Rivers. Teaching is carried out in the vernacular.

It was at first thought that this school would be able to deal with the training of women unfamiliar with English and relieve the Delhi school of this form of training but owing to lack of accommodation these hopes have not yet been realized.

A number of pupils for the three Indian Health Schools are obtained by means of scholarships which are granted by some of the municipalities and by various voluntary Welfare Societies.

The total cost of training is about Rs. 50 (£3 6s. 8d.) per month, and as the training lasts a year the total is about £40 sterling.

(To be continued.)