

CONTRIBUTED ARTICLES.

THE CARE OF WOMEN AND CHILDREN IN INDIAN INDUSTRIES.

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An address delivered at the meeting of the Rotary Club, Calcutta.

IN the United States earlier and more extensively, and later in the United Kingdom, managers of works and factories realised that the establishment was as much interested in the health and well-being of its operatives as they were themselves. The result has been that, in the course of the last few years, a new duty has been laid upon works' managements under the name of "Welfare Work."

Welfare work may be defined shortly as the provision by the management for the workers of the best conditions of employment. This is partly philanthropy, or rather common humanity, and partly a way of increasing industrial efficiency.

Legislation provides what one might call a minimum objective standard of welfare: for instance, Factory Acts lay down certain requirements in regard to conditions of work, but these requirements do no more than specify a general minimum to be attained in all circumstances. A drawback to the use of factory legislation as a standard of welfare is that the two are not independent of each other, because employers are turned to for guidance in the attempt to set up standards and the law proceeds along paths already marked out by individuals.

In the United Kingdom welfare work during the war developed chiefly where women and girls were concerned. In many cases it was first found necessary for the manager or welfare supervisor to make the women realise that increased efficiency would benefit not the firm alone, but each individual operative: that in the matter of welfare work the interests of both parties were identical, that both stood to gain by an improvement in the workers' health and comfort, and that neither could attain this without the help and co-operation of the other.

The Home Office, by virtue of a clause passed through Parliament in 1916, has made welfare work part of its requirements under the Factory Acts, primarily for women and boys.

With the return to peace conditions in the United Kingdom, the movement which originated in firms employing a preponderance of women and juvenile workers, has spread to almost every industry. The simplest form of organisation is to be found in small firms of the family type, where the employer

runs the business and is his own manager ; in such a case the welfare worker fulfils all the duties towards the workers for which the employer cannot find time, *e.g.*, engagement of labour, dealing with insurance cards, wages' queries, etc., and a certain amount of purely routine administrative work. At the opposite extremity in organisation is the large firm employing hundreds of workers, where the welfare worker takes his place along with the other specialists, as the head of a large department, frequently known as the Employment Department. In these firms, where a representative works' committee has been developed, there is a strong tendency for the welfare worker to be its secretary, and for the committee, in a very large measure, to control the policy of the Welfare Department.

Before the war the great Trade Unions practically ignored the welfare movement, and the present changed attitude of trade unionism to welfare work is more an affair of the relation between individual Trade Union officials and welfare workers and works' committees, than of public pronouncement, but is reflected in the action of joint industrial councils for various trades, in many of which welfare and health questions take a prominent place.

A special authority, the Industrial Fatigue Research Board, has been set up by Government in the United Kingdom, which works in co-operation with the Medical Research Council, and is prepared to assist employers in the considerations of health problems, such as the prevention of fatigue, the length of the working day, the arrangement of intervals, etc.

As one studies what is at present being done in different parts of the United Kingdom under the name of welfare work, one finds that the idea of what is welfare is rather vague and subjective, and varies in different works and in different localities. One would expect, therefore, that in a vast country like India, where very different conditions are encountered from those met with in western industries, that the ideals of welfare would necessarily also differ. The resolutions passed at the first All-India Welfare Conference, which was held in Bombay in April 1922 show that the experience gained in other countries is being applied, but with the necessary local modifications, to the problems met with in Indian industries.

Resolutions were passed at that Conference regarding sanitation and hygiene, training of welfare workers, housing and other subjects, including maternity and infant welfare. It is with the last subject that I, as a medical woman working in India, have been chiefly concerned, and it is with this one aspect of welfare work that I propose to deal to-day.

Some years ago, when working in Indian cities, I learnt that it was neither possible nor practical to consider the subject of maternity and child welfare as an entity dissociated from the various environmental and economic factors which exert so great an influence on the lives of Indian women and children ; for instance, the problems of bad housing and domestic sanitation affect the welfare not only of the men folk, but of every single member of the family, and from the solution all will benefit. The same observation, I think, holds good

when one considers the welfare of industrial women and of child workers in India, for to a large extent the conditions under which men workers are employed and live must necessarily influence the well-being of their women and children.

In this connection it is interesting to remember that some of the first factory legislation in India was introduced for the relief of women and child workers, and that the better conditions now obtainable by male labour date largely from these recommendations originally made for women and children.

The important part played by disease in rendering Indian labour inefficient has now been recognised, and much has been done by the provision of good sanitation, the supply of pure water, etc., to fight disease among industrial workers.

The special needs of the Indian woman worker and her child have, however, received less attention; and, as was pointed out by Mr. Joshi, M.L.A., the Indian Labour Delegate, at the meeting of the International Labour Organisation at Geneva last October, the need for relief in connection with child-birth has as yet scarcely been met.

Welfare work among industrial women and child workers is developing in an interesting way at the present time in certain parts of India.

The larger number of industrial women workers are employed in the Bombay Presidency and in Bengal. Social work is well organised in the Bombay Presidency, and a number of millowners in Bombay have found that it pays to take care of their women workers and their children. For instance, in Sholapur, in the cotton mills there are special medical dispensaries for women workers and their children, under the care of women doctors or nurses. In addition, creches or day nurseries are organised in the mill compounds, where working mothers may leave their young children to be cared for, while they themselves are in the mill. I understand the managers have found that under these conditions the women come more willingly to work, and work more steadily while in the mill. The mothers are happy that their children should be cared for and the creches are well patronised. In certain mills, in addition, a scheme of maternity benefit has been established.

At Nagpur, in the Central Provinces, work started in a small way in the cotton mills has grown so much that in addition to a creche, sewing classes and health talks are held for the mothers in the intervals of their work, and a midwifery service has been started, which is much used by the women workers. The object of providing aid at child-birth is to prevent the frequent ill-health, and even on occasions death, which was found to result from unsatisfactory maternity conditions.

In certain cases special provision is being made for the wives of men workers, women who do not themselves undertake industrial work. The object of this is to get settled and contented labour, for it has been found that if his women folk are living with him, and hale and happy, an Indian workman settles down and does much better work. A good example of such work is

that carried out under the direction of the Welfare Organiser of the British Indian Corporation at Cawnpore. The medical work carried on there by a woman doctor and nurse aims chiefly at being preventive in nature, the object is not to have sick women and children come for treatment, but to encourage mothers and their children to attend regularly, that they may be kept in good health.

The provision of medical advice for casual women workers, such as coolie women, and preventive treatment for their children is a difficult problem, and is at present perhaps best met by municipal and voluntary agencies. These mothers can rarely afford the time to attend a large hospital out-door dispensary, which may be situated a distance from their homes and places of work, nor are such women always welcome in a busy hospital dispensary full of serious cases, although we know that slight ailments, if neglected, may lead to serious ill-health. The infant welfare centres at Bombay, at Delhi, at Madras, at Bangalore and other places, help to meet the need of these women and their children. Such centres are chiefly for preventive treatment, and any serious case is helped to go to a hospital.

For the past year I have been learning what are the conditions of employment before and after child-birth of women workers in Bengal industries, and for this purpose I have been given opportunities of visiting jute and cotton mills, the tea districts and the coal fields.

It is not possible in the course of a few minutes, to discuss the bearing of the many environmental and economic conditions with which one has become familiar during the course of this inquiry, on the welfare of the woman worker and her child. But since I have been asked to speak to you to-day about my work, I should like to mention some facts about the health of women workers and their children, which concern the jute and cotton mills round Calcutta, and are but little modified by the various local conditions met with in different mills.

In each mill compound you find a doctor-babu and a dispensary, but when you inquire, you find that relatively very few women workers come for treatment, and those only for accidents or general complaints. For the special diseases of women and young children hardly any relief is given; because the women will not come to a man doctor. Midwifery cases are conducted by the indigenous dai or untrained midwife. I met and talked with a number of such dais; their methods I found were very similar to those common among dais in other parts of India, and which, experience has taught us, if not supervised, lead to much ill-health and suffering among their patients. In one large jute mill I heard that the workmen had recently asked the management for better medical facilities for their women.

I found a very different state of affairs in a jute mill where a nurse has recently been employed to care for the women workers and their children. In the first six months over 2,000 women workers and young children had come to her dispensary, and the manager told me that the Agents were satisfied that such medical relief was financially a sound investment. On a

subsequent visit I found she had still further gained the confidence of the workers, and she was able to persuade women who needed doctor's treatment to come with her to the mill doctor.

In jute mills women work chiefly in the Preparation Department, where there is often much dust and fluff, and the young babies lie around in this far from healthy atmosphere; it would seem as if creches established in connection with jute mills in Bengal would prove equally beneficial to those I have described in other parts of India.

There seems to be a place in a mill compound in Bengal for a nurse-midwife or health visitor to concern herself with the health of the women workers and their children, and also to superintend a creche, were such established. The cost attendant on the employment of such a woman is relatively very small, compared to the sums expended by mills on the sanitation of their compounds, etc., and I think, judging from the experience already related, it would be found to be profitable expenditure. Much, of course, depends on the employment of a suitable nurse, and it has been found that nurses who, in addition to hospital training, have had experience of out-door work in Indian cities, are the best suited for the work. Such experience is gained by nurses during the course of training for a Health Visitors' Diploma. This training can be obtained in northern India, at Delhi and Lahore, and also in Madras; but as I have toured in Bengal, and met both employers who were willing to employ health visitors, and nurses who were willing to take the training, it has seemed to me a great pity that there is no health training centre or "Health School" in this province, for capable women who, from lack of sufficient knowledge of English or the local vernacular, cannot take advantage of the teaching offered in other parts of India.

On tea estates in Bengal where, owing to the scarcity of labour, so much is done to make women workers content, I found in many cases provision was made for women workers both before and after child-birth, but that the women had only dais to attend them during confinement, and, therefore, the results were often far from satisfactory. There is also considerable mortality among young infants towards the end of the first year. Here it is obvious that a Health visitor, who could gain the confidence of the women, supervise the dais, and help to look after the young children, might effect much saving of life.

On the coal fields I found the midwives employed by the Asansol Mines Board of Health doing very useful work, and there seemed room for more workers.

In an iron works on the coal fields, where a Labour Adviser is employed, I found medical provision being made for workers' wives; perhaps as the success of this experiment becomes evident, the value of this care for the worker's family may be more generally recognised.

I have been interested in the home-life of the women workers, both as seen in quarters provided by the mill, and among those who live outside in

the bazars. Imported labour brings women with it, and when these men return to their country, the women are usually left behind. In many cases the quarters provided in a mill compound permit of little privacy, and where there was evidence of a more real family life, I found in most cases the family lived outside in a bazar or bustie.

As regards the casual woman worker in Calcutta, it is surely unnecessary for me to describe the fine work done by the Municipal midwives, nor the interesting work that has been started with the help of the St. John's Ambulance and the Red Cross Association among Indian mothers and children, you must yourselves be acquainted with this excellent work. One can only wish that it may spread still further, even among the coolie women workers by the dockyards, who also are in need of help.

TEACHING ANATOMY—BUT HOW?

BY MISS M. E. SKINNER.

Does the bell ringing for the anatomy class make your heart sink? Yes, it is the hardest subject we teach our nurses, isn't it? It is bad enough learning it in English during our own training, but to teach it in a foreign language makes it doubly hard. Here are some suggestions which may help to make things easier.

Dr. Allen had two anatomies, so we cut the pictures out of the old one,—out of date in reading matter, but the pictures were similar. These we pasted on card boards which we purchased in the bazar at three annas the sheet. Each sheet cut into 12 pieces makes a convenient size to hand round in the class. On one sheet we have all the bones of the head, on another the spinal cord and ribs, another the teeth and so on.

I used to stumble along trying to explain the formation of the body, and the girl's faces wore the same blank expression as at first. Sometimes I even took a book with pictures, to class, but then it was hard to hand round, to say nothing of the rough treatment the book received. Now, when they take the card in their hands after a few words of explanation, their faces light up with real understanding. Doctor had such an easy time with the dais in the cantonments into whose heads she had been trying to pound the signs of ricketts, its causes and prevention, after showing them pictures of some eight ricketty children. The next lesson they described the big head, distended abdomen, etc., from their memory of the pictures. They understand quicker and do not forget so soon.

If you do not possess a second anatomy it might be picked up in a second-hand shop in the bazar or by advertising in a medical magazine. If you can trace pictures you might copy them out of your own book on to white paper and paste on the card board. If this is impossible there are two little books