

CONTRIBUTED ARTICLES.
HEALTH AND MATERNITY SUPERVISORS.

BY DR. M. I. BALFOUR.

A GREAT field of usefulness is now being opened out to nurses and midwives in the new profession of Health and Maternity Supervisors for whom there is a great and growing demand.

What are the duties of such workers you may ask? But before answering that question I would deal with another. What is the need of them?

First, to help in improving the miserable conditions of childbirth for mothers in India; second, to help in reducing the numbers of young children who die unnecessarily; third, to help the women to understand the causes and prevention of such diseases as plague, tuberculosis, dysentery and malaria which spread because of the un-hygienic conditions of so many Indian homes.

It will be a long time before every Indian woman gets the opportunity of going to school; meantime mothers and babies are dying needlessly in all parts of the country; we must, therefore, take the knowledge of domestic hygiene into the homes and shew the women even if they are not able to read how to keep themselves and their children healthy.

Let me remind you of a few cases you have all seen.

There is the young mother perhaps confined of her first baby, who does so well for a day or two, and on the third day gets a rise of temperature. Every remedy is tried, but the fever gets worse instead of better. She becomes delirious. The abdomen becomes distended and she dies on the eight or tenth day. We know so well that all the trouble has been caused by the dirty finger of the *dai* which has introduced into her body the germs of puerperal fever.

Then we have the mother perhaps of a large family, whose pelvis has become deformed by osteo-malacia. It is so small one thinks even a child could tell a baby's head could not pass out; but the *dais* sit beside her for days and nights of suffering telling her the baby is just coming. The child dies and even decays and perhaps finally a doctor is called but too late to save the mother, who as you know could have been so easily delivered in the early stages by Caesarian Section.

Then we have the poor mother who before or during the birth is seized with fits and falls into the condition of eclampsia. This disease is very common in parts of the country, so much so that in parts of the country special eclampsia wards are kept. Few mothers recover from this disease in labour but if the symptoms of swelling of the face, headache, etc., are noticed during pregnancy and the patient is sent to a doctor careful treatment will avert the outbreak and complete recovery follow.

Then think of the poor little baby in each of these cases. How many such we see. At first it is healthy and hearty and delights the happy relatives. It is brought up by hand and as weeks pass instead of getting

heavier it gets lighter. Its eyes grow larger, its skin wizened and its healthy cry changes into a feeble wail. The English bottle is always full of sour fermenting milk which has been diluted with dirty unboiled water. Fresh milk is added occasionally but the bottle is never emptied or if it is, it is never properly cleaned. The baby sucks in the milk only to bring it up again sour and clotted. Diarrhoea sets in.

The friends say the baby is pining for its mother. It is really dying of starvation because no one about it knows how to prepare the only food it can digest.

Then we have other babies who die from tetanus and erysipelas because the cord has been tied with a dirty ligature. We have them dying of pneumonia and bronchitis because in cold weather they are not properly clothed. We have blind babies whose eyes were neglected at birth or after. We have older babies dying of indigestion and diarrhoea because of improper food given at the time of weaning.

We have babies and older people too dying of tuberculosis, plague, typhoid and other diseases.

This disease of tuberculosis is spreading rapidly in India. We see young women fading away from phthisis after their confinements—girls and teachers becoming affected at school—young men at college—the women in the zenanas and the workmen in factories and railways. The babies are affected by tuberculosis of the bowel and the older children by caries of the bones. We do not perhaps know yet all the causes of the disease, but we do know that it is spread extensively owing to the public ignorance of the fact that the living germ is in the phthisical sputum. We see women with advanced phthisis occupying a room with several other people and spitting on the walls and on the floor; and we know that the germs will remain alive in that room for months and during that time may and probably will infect one or more of the other occupants.

Then there is plague from which in one Presidency of India alone—Bombay—79,000 people died in 1916. This disease spreads in man owing to the rat which enters houses in order to get food and only flourishes there because grain and food are unprotected. If the women would put away their food and grain in rat-proof receptacles plague would soon disappear. Cholera, typhoid and dysentery are often caused by drinking impure water, that is water infected with the specific germ of the disease. This would be entirely checked by boiling the water, but although Indians are so careful to boil milk before drinking it, they never boil water. Another source of these diseases is from flies which sit on the faeces in latrines, and then on the food in the house and so deposit particles of faeces and germs on the food. But Indian women do not attempt to protect the food from flies.

Then there is the disease malaria which perhaps leads to more disease and suffering than any other. This is caused by the bite of the mosquito and may be prevented either by avoiding or destroying mosquitoes or by the use of quinine. But how few Indian women make any effort to save themselves or their children from it.

Let me give you one or two facts. In England out of every one thousand babies born only 127 die within the first year. In India out of every one thousand babies born 254 die within the first year. In England the death-rate per thousand, that is the number out of every thousand people, who die in a year is 15. In India the number, out of every thousand, who die in a year is 34. Therefore you see twice as many babies die in India as in England and twice as many grown-up people too, and this although the people of India have not to contend against the bitter cold of an English winter which is so hard on the young and old.

Now you see the need for improving matters. How can it be done?

The mother in the home is the fountain from which knowledge of hygiene will spread. If the little children and the boys and girls are taught at home to be clean and careful about their food and drink, to dread rats and flies, to shun as much as possible mosquito bites, they will continue these habits throughout their lives and we shall see a great improvement in the next generation. But first we must convert the mothers.

It is for this reason that Health and Maternity Supervisors are now being appointed in so many Indian cities.

In a large city a Maternity Supervisor works particularly among the *dais* while a Health Supervisor visits the women in their homes; in a small city one Supervisor carries out both tasks; but always Health and Maternity Supervisors must play into each others hands, each putting in a word here and there as occasion offers to help the work of the other; the two tasks are closely intertwined.

A Maternity Supervisor does not confine any cases herself. Her object is to improve the work of the *dais*. The bulk of the people of India are very poor and cannot afford to pay the fees required by trained and educated midwives. Therefore the indigenous *dais* must continue to attend them. But they must be taught to be clean and to avoid unnecessary interference and to know when it is necessary to send for help. The last is the only part which is difficult. The first two are easy if once learned. It is the breaking of the habits of the *dais* which make the task difficult.

Therefore a Maternity Supervisor only goes to cases when a *dai* is there. She tries to get into touch with all the *dais*, makes friends with them and gets them to come to a room she has for the purpose. Here she talks with them, instructs them and lightens the instruction by occasional magic lantern shows, presents of sweets, fruit, etc. Experience has shown that the personal influence of a Supervisor is the greatest help in improving *dais* although it has to be backed up by the authority of the Municipality. A Supervisor must be kind and patient and she must never shew contempt for the *dais* or ridicule and scold them before their patients. Yet she should take every opportunity of making the patient understand the ideal way of conducting a confinement and should never fail to point the moral when anything goes wrong owing to the *dai's* negligence. It is in this way she meets with success because she is gradually educating the women to demand better service while she is teaching the *dais* how to meet the demand. She must from the beginning make it

plain to the *dais* that she is in no way their rival, does not take cases herself and that she is helping them to a better kind of work in order that they may keep their posts and not be ousted by others.

The Supervisor must give the *dais* very simple instruction and must make it easy for them to follow her instructions. It is no use, for instance, only telling them that antiseptics are needed during labour, the Supervisor must actually give them the antiseptics and whatever else is needed and must keep constantly reminding them and enquiring if the articles are being used. Some *dais* will do it in the effort to please her and when the habit is formed among a few *dais* it will spread to others.

Health Supervisors visit in the homes, talk to the mothers about their children, explain the laws of health and the prevention of disease. The first quality they must have is kindness. A Health Supervisor must win her own way. However poor a woman may be her house is her own and no Municipality will give a Supervisor an order to enter; but if she goes with a pleasant smile and kind manner and asks permission to enter it will seldom be refused.

Kindness is not all nor is knowledge of the laws of health sufficient; a Supervisor needs energy and initiative. The women will listen to her docilely even with interest but they seldom make any effort to carry out what she recommends. They will say "Oh Miss Sahib, that is very good for you but not for us. Our people have different customs." The Supervisor has to shew them that the laws of Health and Disease are the same for all races and as time passes she will be able to prove it by reference to many little domestic tragedies and illnesses. But even then when the people have learned to respect her sayings it will be difficult to get them to take action. It is with them as it is with the *dais*. If it is made easy for them to carry out the Supervisor's instructions they will do it at least to some extent, out of gratitude and affection. A Supervisor must devote much time and thought to the problems which meet her in the homes. It is not enough to tell the women that flies carry dysentery and typhoid by sitting on the food. It must be made easy for them to protect the food. A poor woman cannot afford a wire-gauze doolie, but if the Supervisor makes or has made frames of bamboo and muslin she will sometimes at least use them especially if the Supervisor asks after them at each visit and shows disappointment or pleasure according to the extent of their use. It is the same with plague. The women may be taught that rats cause plague and yet will not lift a finger to get rid of them. But they may be persuaded to get rat-proof receptacles for their food if these are actually brought to their doors.

The talk about malaria is more effective when the Supervisor sits by the mother running up a mosquito net for the baby; and it may be driven home many times by showing her the larvæ and eggs in the uncovered water vessels.

And a Supervisor should never hesitate to use the unpleasant words "I told you so." It seems cruel to say to a bereaved mother "Why did you not boil the water? Why did you not kill the rats?" But it is a kind cruelty because it implants in her heart and in the hearts of other women who may be

listening a determination not to fail in that way again and almost certainly saves the lives and preserves the health of other children.

In addition to the house to house visiting a Supervisor has a room where she invites mothers to come and see her, gives them magic lantern shows and little talks, and occasional light refreshments such as sweets and fruit.

Ladies in the station both Indian and English should be interested in the work and should be asked to attend on these occasions. The Supervisor should tell them her difficulties and sometimes a lady will herself conduct one of the little talks with mothers. All this helps to impress things more on the women. The ladies moreover will help in providing the little bits of clothing, mosquito nets, fly protectors and other things needed by the poor; sums of money put at the disposal of the Supervisor enable her to present in cases of need blankets and other things which help her popularity among the people and so help the work. Occasional baby shows will cause much enjoyment and will lead to good—because each woman longs to have her baby judged the best or at least commended, and she soon finds that the weight of the baby is considered most important. This leads her to take an interest in its weight and to bring it regularly to the Supervisor's rooms where there should always be a weighing-machine.

A baby clinic should be instituted whenever possible; that is, a woman doctor should be asked to visit the Supervisor's rooms once or twice a week and advise the mothers of sick and ailing babies. This is more satisfactory than sending them to an ordinary dispensary where they may have to wait many hours and in the end be seen by someone not experienced in babies. At the baby clinic the Supervisor is present and is talking to the mothers and instructing them while the doctor sees the little patients. Afterwards in her visits to the homes she sees that the instructions of the doctor are carried out.

I could go on much longer telling you of the work which may be done in Infant Welfare Centres, but I think I have said enough to show the splendid opportunities open in this profession to women whether Indian, Anglo-Indian or European who desire to help their suffering sisters and children.

I wish now to say a few words about the training.

To attain the highest success in this profession it is necessary that a nurse or midwife should be acquainted with the work done in this direction in European countries and with the way in which these methods should be modified for work in India. She must also know a good deal about hygiene and sanitation, and especially about how Indian diseases are spread and how they can be prevented. She must also have special acquaintance with children's ailments and especially the nursing of children.

In order that this special training may be given a school for the purpose is being opened in Delhi. The training will last for six months from November to April each year. Training-stipends of forty rupees a month will be given to those who require them and every effort will be made to secure posts

for the passed pupils. It is expected that the pay of these posts will range from one hundred to two hundred and fifty rupees per month.

Nurses who feel that they would like to take a part in this great work and who feel that they have the necessary qualities of kindness, patience, energy and initiative are warmly invited to send their names to the Secretary.

PROSPECTUS FOR THE TRAINING OF WOMEN HEALTH AND MATERNITY SUPERVISORS, DELHI.

THE very pressing need for improvement in the conditions of childbirth and in the conditions of infant life in India is closely associated with ignorance on the part of Indian mothers of the most elementary principles of hygiene and sanitation.

Similar conditions in other countries have been met by the institution of a new class of workers—Women Health Visitors.

A demand for such workers has already arisen in India and it may shortly become a very urgent one. In order that the full benefit of the movement may be secured, it is necessary that the workers should be trained, and should have a knowledge, not only of the recent methods employed in Maternity and Infant Welfare Work in European countries, but also of tropical research work in India, or at least of the practical conclusions gained therefrom.

For these reasons an association has been formed to forward as much as possible the provision of Health Visitors and Her Excellency The Lady Chelmsford, G.B.E., C.I., has kindly consented to become its President.

The General Committee is as follows :—

CHAIRMAN.

The HON'BLE MR. W. M. HAILEY, C.S.I., C.I.E., I.C.S.

The HON'BLE MR. H. SHARP, C.S.I., C.I.E., M.A., *Secretary to the Education Department, Government of India.*

RANI LADY HARNAM SINGH.

LIEUTENANT-COLONEL C. H. JAMES, C.I.E., I.M.S.

*LIEUTENANT-COLONEL H. AUSTEN SMITH, C.I.E., I.M.S.

MR. K. C. ROY.

DR. K. A. PLATT, M.D., W.M.S.

MAJOR NORMAN WHITE, C.I.E., I.M.S.

MISS STRATFORD, B.A.

*DR. SETHNA.

DR. AGNES SCOTT, M.B., W.M.S.

*MISS GRIFFEN.

*MRS. YOUNG, M.B.

HONORARY SECRETARY AND TREASURER.

DR. M. I. BALFOUR, M.B., W.M.S.

The first task of the Association is to open an institution where training can be given.

* Indicates Members of Executive Committee.