

The Indian Institute of Culture
Basavangudi, Bangalore

Transaction No. 27

**RECENT DEVELOPMENTS IN
MATERNITY AND CHILD WELFARE
SERVICES IN INDIA**

By

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PREFACE

Dr. Saryu Bhatia, Adviser in Maternity and Child Welfare to the Directorate of Health Services of the Government of India, lectured at the Indian Institute of Culture, Basavangudi, Bangalore, on July 7th, 1956. The subject of her address, delivered under the chairmanship of Shrimati Sophia Wadia, was the progress in recent years in India in a field where the need for improvement had long been vital and pressing.

The increasing sensitiveness of the social conscience is one of the redeeming qualities of an age in many respects far from bright. The seriousness of this problem of India has been recognized not only in this country but also abroad. A large contribution has been and is being made by different sources of foreign aid to the saving of the lives of Indian mothers and children, so many of whom have been sacrificed to the Moloch of insanitation and ignorance. However haltingly and with however many backslidings, man seems to be belatedly coming to recognize himself as the "keeper" not only of his brothers but also of his sisters, wherever they may be.

RECENT DEVELOPMENTS IN MATERNITY AND CHILD WELFARE SERVICES IN INDIA

As you know, the health and welfare of mothers and children have in the past been the concern of individual families. It is only of late that the wellbeing of children is considered a Government responsibility, and as having an important place in a progressive nation. Maternity and child welfare services form the basis on which our culture, society and the future of India will be built.

I shall try to outline what the Government and the voluntary organizations are doing to promote these services. Persons who are intimately connected with the day-to-day services for children sometimes feel that we have probably made considerable progress. But, considering that India is a vast country with a population of over 360 million, in which children, whose needs are greater and more urgent than those of adults, form 40% of the population, the ultimate goal—to provide the needs of all children and to lit them into the rapidly changing world pattern—seems rather remote.

Maternity and child welfare services in India date from the beginning of this century. Medical aid of the modern type was at that time very limited. A large number of mothers died in childbirth due to lack of skilled care and the babies also ran great risk of non-survival. Infant and maternal mortality was very high; approximately 25% of the babies born did not live beyond their first birthday and a large number of mothers were lost.

It was in 1902 that an all-India campaign was launched to promote the care of mothers so that the enormous wastage of mothers and their newborn children could be minimized. Schemes were introduced for training women to attend at childbirth and for instruction in the care of children. Again in 1921, soon after the First World War, fresh programmers were introduced in the States for promoting direct services for children. These years mark the beginnings of maternity and child welfare services in India. The beginnings were made by voluntary organizations, the Victoria Memorial Scholarship Committee, established in 1902, and the Lady Chelmsford League, established in 19.21. Both these organizations worked in close association with the Association of Medical Aid to Women by Women established earlier (1886) and played a valuable r61e in demonstrating the need of these services and in establishing nuclei of services. The work during the last fifty years or more has revealed that these services are vital in a national programme.

It is now known that the health and welfare of the child are dependent on the health and welfare of the family and the community. The health standards of children thus act as sensitive indices to determine the well-being of the Nation. Any deviation from normal as a result of disaster, famine or war is at once reflected on the children who are the ones most affected by social and economic stress affecting the family, the community and the country. Each war and national disaster has therefore focused our attention on services for children. The First World War brought about large-scale services for children in most progressive countries. Even in India the beginnings of our services for children date from after the First World War. The Second World War has further emphasized the need for strengthening the services for children and the United Nations has set up an agency, the United Nations Children's Emergency Fund, which devotes all its resources to furthering the services for children in various countries.

The partition of India and its effects on children have focused our attention on the

children. As a result, a number of voluntary organizations have come into being and are undertaking health and welfare services for children. In 1938 the Advisory Board of Health appointed a Special Committee to review the health services for mothers and children and to make recommendations for their further expansion. In 1946 the Health Survey and Development Committee recommended that priority be given to these services in the short- and long-term health programmes. Our Prime Minister in his inaugural address at the National Conference on Child Welfare held in May 1956 emphasized that “ if we do not look after the children of today we shall be creating many more new problems for ourselves in the future.” He urged that Child Welfare Schemes in India should receive priority in the National Development Plans. You are also aware of the National Children's Day Celebrations on the Prime Minister's Birthday, to focus our attention on the needs of children. There is thus continued emphasis on the need for providing the services for mothers and children.

In the past the direct services for children were unrelated to other health programmes. Trained midwifery personnel did not exist in the early years; as a result the horrors of midwifery by untrained *dais* were evident. The emphasis in the past has therefore been largely on the improvement of maternal care. The extent of the services in a State depends largely on the responsibility assumed by the State, its resources and those of the voluntary organizations concerned, on the availability of staff and on the administrative set-up of the State for maternity and child welfare services.

Of recent years the States have assumed greater responsibility in respect of these services and considerable expansion has taken place under international aid. The services for mothers and children have been almost trebled as a result: there were 1,200 in 1947 and 3,500 in 1954. Only four States had

Maternity and Child Welfare Bureaus prior to 1947; fifteen States have since established such Bureaus in their Health Directorates to provide for the planning and administration of maternity and child welfare services.

Certain major voluntary organizations, namely, the Indian Red Cross Society, the Kasturba Gandhi Memorial Trust and the Indian Council for Child Welfare are undertaking schemes on an all-India basis and their State branches are engaged in child welfare activities.

Facilities for the training of different categories of workers for maternity and child welfare have also been substantially expanded to provide the necessary personnel for manning the services. The assistance of international agencies, the World Health Organization and the United Nations International Children's Emergency Fund has been most valuable in expanding training facilities for health personnel for maternity and child welfare schemes. The facilities for training doctors in maternity and child welfare and the schemes for training public health nurses, health visitors and midwives have been considerably expanded.

The concept of maternity and child welfare is gradually changing and the scope of the services is expanding as our knowledge of the needs of children is advancing. In the past the direct services for children were organized and administered in isolation. It is now increasingly realized that the services for children must form an integral part of the health services of the area and should be closely associated with the other health programmes so that they have the advantage of these (namely, in the control of communicable diseases and in the improvement of community hygiene, nutrition, etc.); and that the direct service can be fitted into the family and community health services with special emphasis on the needs of children. In view of this concept, health services for mothers and children form an integral part of the health programme under the Community Development and National Extension Services.

Each Community Project and each National Extension Block thus include services for mothers and children. Approximately 400 units, each serving a population of 66,000, have been established under the First Five-Year Plan.

The Central Government has provided financial assistance to States for undertaking schemes for the training of health personnel and for establishing maternity and child welfare services. The Central Government aid and the assistance from the specialized agencies of the United Nations have effected rapid expansion in the services and at the same time maintained uniformity in the services of the various States. The Government of India, besides providing funds for services under Community Projects, earmarked Rs. 50 lakhs for maternity and child welfare services under the First Five-Year Plan and Rs. 18 lakhs for the training of health visitors and midwives.

The State Governments also are making very liberal provisions for maternity and child welfare in the State budgets. In some States the provision has increased from Rs. one lakh in 1948 to Rs. thirty lakhs in 1954, and in others from a few thousands to a couple of lakhs. The Social Welfare Board also has generously assisted several voluntary organizations to expand their activities in the field of child welfare. There is thus all-round interest in the services for mothers and children.

The World Health Organization, the United Nations Children's Mission and the Colombo Plan have been most helpful in expanding maternity and child welfare services. The World Health Organization and the Colombo Plan provide personnel to assist the National staff in establishing, expanding and conducting training programmes for the services, whereas the assistance from the UNICEF, has been most helpful in supplying essential equipment for teaching and for the services.

The United Nations specialized agencies, WHO and the UNICEF, were established in 1949. Among the health programmes undertaken with their aid maternity and child welfare services have received special attention; their assistance has been utilized in promoting these services in the States. Two types of programmes are in progress, the all-India programme and the State projects.

Under the all-India programme for improving the existing maternity and child welfare services in the States under Government and voluntary organizations, 819 maternity and child welfare centres have received equipment from the UNICEF. In the allocation of equipment the States were required to meet the standards prescribed in respect of staff, services and supervision of the centres. The services at 819 maternity and child welfare centres have therefore been upgraded. The UNICEF has already made an allocation for further supply of equipment during the current year and for 1957; a total of 1,000 centres will be equipped and their services upgraded by 1957. Under this aid each centre receives essential equipment and a year's supply of drugs and diet supplements for treatment of minor ailments and for correcting and preventing bad natural conditions. Milk, vitamins, a preparation of iron and calcium are diet supplements included in the supplies. The UNICEF has also provided teaching equipment for midwifery, health visitors and nurses' schools and funds for organizing short refresher courses for health visitors, teachers of midwifery and doctors. In view of the important rôle played by local women engaged in the midwifery profession, the UNICEF has provided funds and equipment for teaching and for the use of the *dai* to attend at a normal delivery, as well as stipends during the period of her training.

The State Governments have shown considerable interest in expanding health services for mothers and children and have undertaken extensive programmes. The "State Projects for

Maternity and Child Welfare” are a joint effort of the WHO, the UNICEF and the State Government concerned.

Twelve States have undertaken such State Projects, namely, the States of Delhi, Hyderabad, West Bengal, Bihar, Uttar Pradesh, Travancore-Cochin, Mysore, Bombay, Madhya Pradesh, Saurashtra, Assam, and Andhra.

These State Projects aim at (i) strengthening the administration in maternity and child welfare at State and local levels and the creation of a Maternity and Child Welfare Bureau if one does not already exist; (ii) the training of health personnel to staff the services and the training schemes and for supervision and (iii) the expansion of maternity and child welfare services with special emphasis on rural areas and in relation to the future State Health Services.

The WHO provides such personnel as are necessary to implement the projects at the State and local level and for the training programmes of doctors, nurses, health visitors and other auxiliary workers required to staff the services.

The UNICEF provides the necessary equipment for the expanded services and for teaching institutions. A total of 1,287 maternity and child welfare centres established in the twelve States under the State Projects and one or more paediatric units in each of the twelve States have been equipped: and several midwifery, nursing, and health visitor’s schools have received teaching equipment.

The State Government provides additional buildings for hostels, for paediatric units and for maternity and child welfare centres. It also provides the necessary National staff for the different development programmes under the State Project and bears other recurring expenses for the services and the training schemas. The State also creates a Bureau for Maternity and Child Welfare so the administrative set-up at State level is strengthened, can undertake the expanded services and can provide necessary guidance to the field staff.

These State Projects are in progress and have been instrumental in laying a good foundation for the future development of maternity and child welfare services in the country as a whole and in the States concerned. The projects have provided for considerable strengthening and expansion of teaching facilities for doctors, nurses, health visitors, midwives and others in accordance with the need of the area and its resources for recruitment. Paediatric units have been established in the hospitals associated with the training programmes and the standard of care of the sick child as well as of instructions in child care for doctors, nurses and mid wives under training has improved.

The State Governments have taken full advantage of the international aid in furthering the services for mothers and children and in laying a good foundation for their expansion. The UNICEF assistance to each project is approximately \$200,000 and the State Government’s contribution towards each project either matches or exceeds this amount. In undertaking these projects the States have also strengthened other health programmes which have a direct bearing on maternity and child welfare, namely, health education, the control of communicable diseases, and others.

The Government of India with the assistance of UNICEF has upgraded the Maternity and Child Welfare Department at the All-India Institute of Hygiene and Public Health at Calcutta to provide an International Training Centre for training Maternity and Child Welfare Officers and Public Health Nurses for India and other countries of South-East Asia. Ten Fellowships are provided annually for doctors to undergo maternity and child welfare courses at Calcutta.

As stated earlier, the present concept is to provide maternity and child welfare services as an integral part of the health services and as a part of the family services with emphasis on providing the needs of mothers and children. Our efforts are directed to equipping parents, who are responsible for the care of their children, and to assist teachers who are closely associated with the school-age groups to enable them to play their rôles intelligently. The health programmes for the mother and the child under the Second Five-Year Plan will be developed as a part of the National Extension Services. It is envisaged that a good proportion of the remaining 3,800 National Extension Blocks not covered under the First Five-Year Plan will be provided with services under the Second. A large number of training schemes for the necessary personnel are being implemented. The training schemes envisage improvement in training in paediatrics in the medical colleges and in the training of nurses, health visitors and midwives. Enormous programmes for the training of village women in midwifery practice will provide improved midwifery services in the rural areas in States where trained midwives fall short of the requirements. The Second Five-Year Plan provides funds to States on a sliding scale for training 1,800 health visitors, 6,000 midwives, and 25,000 auxiliary Workers.

Each block with a population of 60,000 will have a staff of one health visitor or public health nurse, four midwives and sixty *dais*. A doctor will be in charge of the dispensary and will provide curative and preventive services which will include services for children.

Large-scale school feeding programmes and school health services will also be undertaken in a limited number of blocks.

If we review the influence of the services we find that there has been a gradual and steady decline in the mortality of mothers and children since we first undertook the direct services for children in 1921. The rate of decline has been much greater since 1947, indicating that the expansion of maternity and child welfare services has been effective in reducing infant mortality. It was a little over 200 per 1,000 births in 1921, 150 in 1948 and 116 in 1954. The maternal mortality rate also shows a decline; it was 20 per 1,000 live births in 1939, and between 8 and 10 in 1953 for the country as a whole. In large cities the recorded rate is about 2. These reductions in infant and maternal mortality can be attributed largely to the recent expansion of services. In spite of these reductions the mortality rates are higher than those of England and the U.S.A. as well as of some other countries and the infant deaths constitute 22% of the total number of deaths as compared with 9% in other countries, indicating that the children in India are exposed to much greater hazards than the children in other countries and that there is need to give priority to maternal and child welfare services.

We have certain data as a result of research and surveys which indicate that 80% of the deaths among mothers are due to preventable causes and that greater attention is necessary to providing a high standard of prenatal care, improving the nutrition of the mother and introducing the proper aseptic technique at delivery. Our efforts are in these directions.

An analysis of infant deaths indicates that half of them are of infants in their first month. Analysis of the deaths of children under 15 years of age reveals that 67% of these deaths are of children less than 5 years, indicating that priority should be given to schemes for promoting the health of children under 5 years.

Infant deaths in the age group between one and twelve months have been effectively reduced in some areas in this country as well as in other countries by assisting the family and the mother in the care of the child. Effective public health measures along with maternity and child health programmes can reduce infant deaths due to intestinal and respiratory diseases

which are major causes of the deaths of infants.

Our findings therefore emphasize the need for immediate attention to schemes for mothers and for children less than five years.

The future maternity and child welfare programmes should therefore be such as to progress along with the health programmes for the community, namely, improvement of environmental and personal hygiene, control of communicable disease and other lines. Special emphasis should be on prenatal care and services for children in the age group under 5 years. Improving the nutrition of the mother during pregnancy and of children should receive attention.

The child of school age in addition needs to acquire sound health habits and knowledge of his requirements to be able to participate in his own health programmes as well as those of the community. The School Health Services should place major emphasis on health education.

In order that the services may be effective and achieve maximum results it is necessary to bring about close co-operation in the work done by the various departments of the Central Government and the State Governments and by the voluntary agencies, so as to avoid duplication of efforts. A comprehensive and co-ordinate programme can achieve good results and needs the attention of everyone concerned.

We also need more research and studies of the health of children to collect data which will form the basis for our future programme. The Indian Council for Medical Research is contributing to this but there is need for the collection of data also on the mental and social needs of the child and on the problems of the socially handicapped children.

As this short review indicates, the recent developments are a hopeful augury for future developments in the services for mothers and children. If we continue the programmes at a rapid rate, unhindered, we should before long reach our goal in protecting and providing for our children.

India's children have love, affection and parental security. These qualities inherent in our society need to be protected and further strengthened in our future services for children. The parental efforts should be supplemented with such knowledge and assistance as would make their task in child care easy and fruitful and enable them to provide all the needs of the child intelligently so as to fit him into society and to contribute to the progress and protection of our Nation. Let us all jointly help in this national programme and assist parents in providing what is needed for the mental, physical and social development of their children wherever they may be, in the home, in the hospital or in the street.

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