



WOMEN AND CHILD HEALTH CARE SERVICES IN CUDDALORE DISTRICT (1947-67) – A STUDY

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ABSTRACT

The basic factor bringing change in a society is availability of health care facilities. This paper accounts for the health care facilities available in Cuddalore district and the development trend in the health status of the people in the region during 1947-67. This article highlight the changes occurred in the sphere of public health due to availability of health facilities. The maternal and child health services are discussed in this article. This article finally concludes with extensive development in public health care in cuddalore district in 1947-67.

KEYWORDS: health care facilities , public health , head quarters.

AUXILIARY NURSE-MIDWIVES

In view of the large development programmes that were undertaken all over the country as large numbers of auxiliary nurse-midwives were needed. They had a shorter course of training than nurses. Provision for this type of training was expanded by the use of hospital facilities. Besides, institutions at present utilized for training midwives were upgraded into auxiliary nurse-midwives training centres and hospitals at head quarters of districts as well as other hospitals in which fifty or more beds available were utilized for such training. Adequate facilities were provided to enable nurses belonging to any particular class to get successively higher types of training until they become graduates in nursing if they desire to do so. A method by which the maximum use of all available nursing personnel was promoted to supplement full-time nurses by the use of part-time workers wherever possible.¹

THAYI'S TRAINING SCHEME

Efforts were made to train indigenous *Thayis* into principle of modem midwifery. Not only they did not offer themselves for training in spite of attractive incentives during training period Rs.30 per month for six months - but those who were trained got reverted back into their usual less hygienic practices. It was good for the nursing staff to get good friendly relationship with local people as they yield considerable influence in rural areas and at least some of them may learn the clean mid wifely practices. The good relationship of the nursing staff with the indigenous *Thayis* can asset to improve family planning work in a particular area and this should never be lost sight.² *Thayis* trained so far during the Third Five year plan period in the district was 1524.³ Every m other was also advised to come to the centre for her first medical examination six weeks after delivery, for the new born and their own illness.⁴ As usual, *Thayis* kit costing about Rs.50 was given free to each *Thayis* trainee. In addition to this, a cash reward not exceeding Rs.30pcr messes was also paid to care basis system at 75n.p. For each and post natal case and Rs.3 for ouch labour cases. The expenditure scheme for trained *Thayis* at estimated cost of Rs.6 lakhs under consideration of

Government. Under this scheme not more than 10 trained *Thayis* were attached to each maternity centre and each *Thayi* was paid Rs.3 per delivery case conducted by them subject to a minimum of Rs.10 and a maximum of Rs.15 and will be supplied with refills at a cost of Re.1 for each delivery case conducted. Three thousand and three hundred *Thayis* were utilized under this scheme. There were 134 *Thayis* in the district in 1965-66.⁵

HEALTH CENTRES

Following the recommendations of the Health Survey and Development Committee which reported in 1946 early in the plan period a pattern for Primary Health centres were worked out. These health centres were intended to serve as focal points for the development of curative and preventive health services in rural areas. In the first five year plan 18 primary health centres were established in the district.⁶ Formerly it was thought that health services were planned by the Government and then they should be organized and delivered to the people through Government machinery. In this people have no voice. They were supported to accept what is being given to them.⁷ In 1956, 2 primary health centres were opened in the Cuddalore region.

The state government sanctioned the opening of 120 primary health centres. Out of that 60 of the 120 centres were opened by converting the *Panchayat* union dispensaries.⁸ Government also sanctioned the primary health centres under the maintenance phase of National Malaria Eradication Programme in 2 unit areas in the district. The Government ordered the conversion of two in 1961. The government provided 8 vehicles. In 1963, the supervision of primary health centres was entirely entrusted to the District Health Officers in Public Health department under the Director of Public health. In Tamil Nadu 137 Primary Health centres were actually functioning in 1963. Out of 137 Primary Health centres 32 were functioning in the district.⁹

FAMILY PLANNING

The programme was recognized and the extension approach was adopted under which the message, service and supplied of contraceptives were sought to be made available to the people on a cafeteria basis in regard to the methods. In addition to sterilization, emphasis was given to community education and public participation, to bring about the change in the knowledge, attitude and behavior of the people in regard to family planning. Loop was introduced in the programme in 1965, which was well accepted by the people as the most important part of the programme. It was the best contraceptive during those days. A full-fledged department of family planning was created in 1966 and the programme was reorganized and made target oriented. The programme started taking firmer roots. A time bound and target oriented programme was prepared in order to make it more successful and speedy. Family planning centres began to function in unit health centres since 1951. Later on, in 1954 more elaborate model centers were organized in military hospitals under the supervision of Senior Executive Medical Officers. To make it possible, considerable lectures, illustrative pamphlets, posters and films were used for publicity. Health Visitors were employed in certain centres. It was also prepared to employ family planning education leaders. The family planning programme was looked upon as a major health and nutrition programme directed towards the uplift of children, mothers and the families as whole. The family planning programme in cuddalore had made rapid progress especially in the field of vasectomy in 1966-67.

Large families were not wanted by the majority of parents.¹⁰ The knowledge about the ways and means of planning the families according to the resources disposal, so that the desire to limit the family was transformed into with willed action. Government sanctioned the opening of 123 rural family planning clinics. The first five year plan described measures directed towards family limitation and the spacing of children as essential steps for securing better health for the mother and better care in bringing up children and therefore as an important part of the public health programme. Over a period the aim outlined was achieved to a reduction in the birth rate to the extent necessary to stabilize the population at a level consistent with the requirements of the national economy. The financial allotment for family planning made in the first plan

was Rs.65 lakhs in Cuddalore district in there were 13 family planning clinics in 1966-67.¹¹ The Ministry of Health setup a family planning research and programmes committee in May 1953. In 1954 a family planning grant committee for examining and recommending applications for financial assistance for family planning work and research. During the plan period a total expenditure of Rs.18.5 lakhs was incurred of which 11.4 lakhs were accounted for by grants. A beginning was made in the production of leaflets, posters and other literature and two films were produced and some family planning exhibitions have been held.

As sterilization especially vasectomy operation is a very simple, safe and reliable method of family planning and as it was preferred by many. Government of Tamil Nadu in 1958 laid emphasis on advising sterilization especially vasectomy to parents of their living children and more. Facilities were provided by Government in all Government hospitals in this state for fathers and mothers seeking surgical methods of family planning of their own free will. The intensive Scheme for the popularization of surgical methods was then ordered to be implemented by the Government towards the close of the year 1959. Since then the sterilization programme in Tamil Nadu had gained momentum and become very popular.¹²

During November-December 1959 the State Government sanctioned Scheme for the popularization of surgical methods for major cities and subsequently extended the scheme for the rest of the areas. According to this scheme, each eligible father or mother was paid a compensatory allowance of Rs.30/- at the hospital. Vasectomy operations were also performed in the nursing homes of certain approved private medical practitioners who were paid Rs.25/- plus incidental charges for penicillin bandages etc., for every vasectomy operation conducted by them. The Panchayat was made responsible for the propagation of family planning and to provide conveyance facilities for the fathers and mothers willing to undergo sterilization operation. For this purpose the respective Panchants were paid Rs.10/-per each case of fathers, or mothers brought by them to the hospital for sterilization operations and operated beneficiaries in Cuddalore district were more than 1500 in 1965.¹³

CONTRACEPTIVES

Contraceptives were kept stocked in all family planning clinics and Primary health centers for distribution to fathers and mothers who asked for. The same arrangements have been made to stock contraceptives in all maternity and child health centers. The government of Tamil Nadu had further liberalized the grant for distribution of contraceptions by making the distribution free to all in the rural areas.¹⁴ Compulsory allowance to the sterilized persons and to the *Panchayat* sanctioned was distributed by the district medical officer at the district head quarters hospital and by the medical officer in charge at the other hospitals mentioned. The compulsory allowance was paid after the operation on the basis of a certificate issued by the surgeon who operated the case. The district medical officers were instructed to see that payment of compensatory allowance was made on the same day of the operation and to avoid delay. The state family planning officer and the staff attached to the family planning bureau were transferred to the administrative control of the director of public health, Madras, during August - September 1956. The board was also having a programme committee and 12 district family planning committees. These committees met once in every half year to review the progress of implementing of family planning programme. In the second five year plan, the Government of India had proposals to opening rural centres for family planning with adequate staff and initial non recurring expenditure. Proposals were submitted to Government for upgrading some of the full time planning clinics. There were 152 rural centres based on taluk headquarters and important non-taluk head clinics and 26 part time family planning clinics. In 1959 the Government of Tamil Nadu sanctioned the extension of the intensive scheme for the popularization of surgical methods. The sterilization target, was 100,000 (one lakh) with in a period of 3 years. The family planning board at its meeting held on 12th April 1960 recommended that the intensive scheme should be extended to all places in the mufassil. The intensive scheme was applicable to all persons irrespective of their income.¹⁵

FAMILY PLANNING TARGETS

A sum of 1, 24,000 operations were performed during the period from January to October 1966 done 1, 87,783 operations. The Tamil Nadu state was awarded two successive National Awards for outstanding work in family planning for the years 1961-1962. The government of Tamil Nadu was laying great stress on the loop method. A sum of 5000 bills explaining the effectiveness, harmlessness of sterilization operations were printed and distributed widely among the public. A special cinema slide was exhibited in all the permanent theaters in the town from 5.12.1966 19.12.1966 Posters were exhibited on notice board of town and rural areas. In all the centres drama entitled *ENNA VAZHUVU* (what is life) comparing the family with the benefits of having of small family was staged.

UNICEF ASSISTANCE

The United Nations Children's Emergency Fund (UNICEF) proposed to train the *Thayis* (Mothers) in rural areas to render skilled assistance. The *Thayis* (Mothers) were trained in maternity and child welfare centres in their own places of residence under the expert guidance of the health visitors and the maternity assistants attached to the centre. It continued to assist maternity and child welfare centers in this State by free gifts consisting of equipment, drugs etc. Twenty four centres most of them staffed with one health visitor and two maternity assistants received mid wifely kits maternal and child equipments, muslin cloth 17 items of drugs and diet supplements useful for maternal infant care more than 1500 kids were distributed to the mother in the district in the year 1965-1966.¹⁶

MATERNAL MORTALITY

Maternal Mortality is generally defined as the death of the Women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its managements but not from accidental or incidental causes.¹⁷ Although the maternity services in rural areas is less than that in urban areas, enquiry regarding cause of maternal deaths as part of the enquiry into the cause of Infant Mortality in Health Unit area was held. Though the number of maternal deaths thus investigated was small in the restricted area which is under investigation of the causes of deaths in rural areas. This is mainly because of the steps taken by the government.

HEALTH PUBLICITY

Health propaganda was carried out in Tamil Nadu State through the usual channels of publicity. All health problems were studied in field and the results were applied over wider areas. It must be remembered that the large mass of people who were in need of health education in those days in rural areas were illiterate.¹⁸ Audio-visual education was the best means of propaganda in rural areas, which was of vital importance in carrying out propaganda work so that the co-operation of the villages in such life saving work could be fully enlisted. In 1950, the government sanctioned four vans with equipment of audio - visual education -16 mm cinema projector, radio etc., to the department of public health.¹⁹ Health propaganda was conducted in the state by the Health staff with the leaflets, pamphlets, pictures, posters, magic lantern slides, cinema films and talks. During the year 1947-67 two sets of posters one on "venereal Diseases" and the other on "nutrition" were prepared and issued for the health propaganda purpose. The scripts on the subjects of food and nutrition, soil sanitation protected water supplies in rural areas and filariasis control in the state were sent to the all-India radio stations in madras and Trichirapalli to be read over by their staff.²⁰ Background material on various health subjects were sent to All India radio, Tiruchirapalli for use in preparing the feature programme on health for broadcast in Radio Rural Forum programme. The film division, ministry of Information and broadcasting, Government of India have sent the films "profitable pastimes", "Case of Mr. X" and "your Eyes" had been selected for health propaganda purpose in Madras State. The cost of two films is Rs.125/- and Rs.100/- respectively.²¹ Two color poster on Food Adulteration and a colour poster in connection with Triple Antigen programme were printed. A Tamil folder with photo Picture showing how to

constitute Russian vaccine, was printed and distributed to Smallpox Eradication Programme workers. For Nutrition programme 1000 sets of posters were procured from Wheat Associated of India and distributed two monthly journals 'Madras Health' and 'Arokyam Margam' (it is a name of health monthly journal) in Tamil were circulated as usual.²²

FOOD AND NUTRITION PROGRAMMES

A population which is habitually used to a diet sufficient in quality and quantity will have a store of general health and vitality. The diet will enable to resist the onset of disease and successfully to combat faulty nutrition directly which is directly responsible for a large amount of ill-health in the community.²³ A continued insufficiency of specific food factors in the diet is associated with special conditions known as deficiency disease. In 1955-56 with the implementation of first five year plan in Cuddalore district were produced. The initiation of a national food policy as a part of agricultural policy was designed primarily to accelerate the production of India's principal food stuffs viz., wheat, rice, jowar and others. This production alone cannot guarantee nutritional health unless their dietary value is fortified with more of protective foods.²⁴ The production and consumption of more milk and dairy products, Pulses, flour from oil seeds such as ground-nut and sesamum, leafy green and vegetables, citrus and other fruits, eggs, poultry, fish and meat was considered to essential.²⁵

The United Nations Children's Emergency Fund (UNICEF) programmes were only beginning to make their contribution in the field of nutrition in India. A large number of mothers and children in India including Cuddalore district were reached by these programme. Despite the efforts made, a major obstacle overcome was malnutrition due in part to an insufficiency of total food stuffs and also to lack of the specific kinds of food, the essential or protective food stuffs. The cereals diet which no doubt formed the foundation of a nutritious diet in the rural areas in Cuddalore district by essential foods.²⁶

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