what is child welfare

This series of Extension pamphlets is being published by the Directorate of Extension and Training, Ministry of Agriculture, Government of India, with the object of providing, in a handy form, detailed information on various subjects for the benefit of Extension workers. These pamphlets are written in simple, non-technical language and are based on the proven results of research.

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WHAT IS CHILD WELFARE

by

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CONTENTS

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What Is Child Welfare

We have 150 million children (persons under 16 years of age) amongst us. This group forms 41 per cent of the total population of India. Besides, each year about nine million children are added to the population. About 50 per cent of these die before they complete 16 years. The newly born human beings have to be nursed, fed, clothed and educated. If we lose 50 per cent of them before they become adults and start contributing to our national income by their productive effort, it means a great national waste. It is, therefore, obvious that our children being the citizens of tomorrow, the future prosperity and progress of our country depends on their health and well-being. In fact, from times immemorial it has been universally acknowledged that children are the best assets of a nation. Naturally, we must endeavour to give our children some measure of good care.

NATURE OF THE PROBLEM

Up to the Middle Ages, health care began and ended with medical measures when a person was actually ill. Later with numerous biological discoveries, it was known that most diseases are caused by specific disease producing agents which attack the human body. Attempts were, therefore, made to prevent the entry of these known, and often unknown, disease producing organisms into the human body. In recent years, however, we believe that prevention of disease is also linked with the availability of good and adequate food, clothing and housing ; pleasant atmosphere for work ; adequate opportunities for rest and recreation and protection against certain diseases, for instance, vaccination against smallpox, typhoid, plague, cholera etc. If a person, in spite of

the availability of these, falls ill, he needs adequate opportunities for early detection and treatment of disease, so that if any disability is likely to occur it can be controlled and the person restored to normal health and life in the shortest possible period. All this can only be achieved by constant supervision of health and education of the people in the art and science of conserving and promoting health. All child care and welfare programmes are, therefore, intended for the supervision of the health of our children and training of mothers in the art of mothercraft.

The child's first guarantee of health is the health of the parents at the time of conception. This fact is emphasised by the *Greha Sutra*, which says :—

> "Let him first examine the family of the intended bride and bridegroom, those who are on the mother's side and on the father's side. Let him marry a girl that shows the characteristics of intelligence, beauty and moral character and who is free from disease."

Our ancestors, therefore, were aware of the fact that the health of the child at birth and later, to a large measure, depended on the health of the parents. We now know that diseases such as haemophilia (diminished coagubility of blood), colour blindness (inability to distinguish colours), refractive errors of the eye (short-sightedness, long-sightedness), epilepsy (fits) and some physical abnormalities, such as extra fingers or a less number of fingers etc., are also passed down by the parents to their children and grandchildren. *Nature*, therefore, plays an important part in giving the child a good or bad start in life. *Nurture* is the care bestowed on the child from the moment it is conceived.

The second guarantee of a child's health, therefore, lies in the care of the mother before and after confinement. The needs of a child vary with its growth and, therefore, care during different periods of its growth also vary greatly.

Care of the child when it is in the mother's womb is called *prenatal care*. Care during the delivery period and 10 days after is

termed *intra-natal care* and care till it is one year old is called *infant care*. Care of children between the ages of 2 years and 5 years is known as *toddlers' care* or care of the pre-school child.

PRENATAL CARE

The life of a child begins at conception. During the first nine months of its life the child is entirely dependent on the mother for its nourishment and growth. Health and well-being of the child during this period is, therefore, dependent on the health and well-being of the mother during pregnancy.

Good and adequate prenatal care requires :—

1. Sufficient means to afford good food ;
2. Adequate clothing ;
3. Adequate housing ;
4. Adequate opportunities for rest and recreation ;
5. Freedom from over work either in the home or in industry-at least during the last few weeks ; and
6. Periodic medical examinations.

Such examinations must be monthly at first and later at increasingly frequent intervals, as and when necessary, until completed by the postnatal examination. Three complete medical examinations, inclusive of examinations of urine, blood and blood-pressure, are considered to be the minimum required.

This care is designed to make the period of pregnancy safe, healthy and natural. It affords opportunity to keep the pregnant woman under observation so that abnormal conditions can be detected before they become dangerous to life and can be treated early so that any disability, if it cannot be completely avoided, can be limited to the minimum. Such care, therefore, gives the unborn child the best opportunity to be born healthy so that it gets a good start in life.

The physical, mental, spiritual and social well-being of a child depends on how the child is brought up from the moment it comes

into this world. This requires special knowledge and preparation, particularly on the part of the mother. Educating the expectant mother in the art of being a good mother, therefore, forms an important item of the prenatal care programme and is necessary in the interest of the best possible all-round development of the child. On the other hand, the mother also needs to be assured of the birth of a normal healthy child, free from any danger either to the child or to herself.

Timely detection and treatment of abnormal conditions in the pregnant woman prevents much misery and saves many lives. It is also very important to ensure that throughout the prenatal period, the mother feels well and keeps fit. If adequate prenatal care is not available to expectant mothers, abnormalities remain undetected and many a woman dies during childbirth or gives birth to a weak child, who may die early in infancy.

In countries where prenatal services are adequate not more than one or two women out of every 1,000 delivered die as against the 20 that die in India at present. It is believed that the number of mothers suffering from illness due to the lack of adequate prenatal care is twenty times the number of deaths. About 1,80,000 to 2,00,000 mothers die every year, which means that nearly 40 lakh suffer from some ailment or other as a result of pregnancy and childbirth. Similarly in advanced countries only 30 to 35 infants out of every 1,000 born die before they are one year old. In India, at present, about 100 to 130 and in some places even more out of every 1,000 born die. Prenatal care is, therefore, planned and designed to prevent all this human waste and misery and over and above all to ensure that good health is maintained throughout the nine months of the pregnancy period by the expectant mother.

MATERNITY AND CHILD WELFARE CENTRES

Continuous health supervision of the expectant mother, therefore, is important and necessary if we aim at having healthy children

in our country. Such supervision is carried on in what are called Maternity and Child Welfare Centres. These generally are run by the local health authorities or voluntary organisations. These Centres are generally staffed by a lady doctor, a health visitor or a public health nurse and midwives. A lady doctor, who has to care for the mothers and children, must have special knowledge and experience of their health needs. A constant watch on the mother's health is kept through regular medical check-ups. The aim of such medical check-ups is to detect any deviation from normal health at the earliest possible moment and treat deviations promptly. The lady doctor is responsible for treating minor ailments. The Centre is not in a position to take care of major ailments, and patients, when occasion arises, are sent to hospitals, for treatment. The doctor, if necessary, prescribes supplementary diet, such as milk, cod liver oil, iron, calcium, etc., which are stocked at the Centre for this purpose. One lady doctor can look after five or six Maternity and Child Health Centres.

The health visitor or a public health nurse assists the lady doctor in carrying out the advice given to those who attend the Centre clinics, which are arranged regularly once or twice a week. The health visitor or public health nurse also gets special training in the problems and health needs of mothers and children. She is also a trained midwife and supervises the work of the midwives or trained *dais*, who also form part of the Centre's staff. In addition the health visitor or the public health nurse visits the women in their homes and gives practical help and advice, if necessary, by demonstration, and teaches them how to keep themselves, the family and the community healthy and free from disease. She keeps a record of the general and physical condition of each individual in the family, any special problem—physical, social or environmental—the advice given and the action taken on previous advice, etc. Generally a health visitor/public health nurse visits every mother once a month and twice during the last months of pregnancy and more often if necessary. The infants are visited by her twice in the first month and then once every month till the first birthday. Between two years and five years the children are visited once every three months and more often when necessary. One health visitor/public health nurse can look after 200 expectant mothers, about 250 infants and 600 toddlers.

DOMICILIARY MIDWIFERY

The midwives or trained *dais* attached to Centres are responsible for conducting only the normal cases in the mothers' homes or in the Centres, if beds are provided. Such cases in well conducted Centres are booked and the mothers are instructed and taught to keep everything for the baby and herself ready for the time of confinement. A well cared for mother, expected to deliver normally, should have no difficulty and the midwife should be able to conduct such a case without any outside interference. In this lies her skill. However, if any unexpected difficulty arises she can always get the help and advice of the Centre's health visitor/public health nurse, who is generally an experienced midwife. One midwife or a trained *dai* can conduct about 100 normal confinement cases in a year. She has to care for the mother and infant during the lying in period of ten days. She generally visits the mother and child twice a day for the first three days and later once a day. Mothers needing special care are sent to hospital, where previous arrangements are made by the Centre's staff for receiving them.

POSTNATAL CARE

Care of the mother when ten days have elapsed after birth, as mentioned earlier, is termed as postnatal care. Postnatal care is intended to ensure restoration of normal health to the mother after confinement. Lack of attention during this period often results in grave disabilities, such as displacement of the womb, chronic backache and other less or more severe conditions. To avoid all these, the mother should normally be examined by the Health Centre's doctor 10 or 14 days after the birth of a child and a second time at the end of six weeks. These examinations are very similar to the prenatal medical examinations. A record of all such examinations should be kept.

CARE DURING FIRST YEAR

Care during the first year of life presents special problems.

Children grow and develop in three ways—physically, intellectually and emotionally. Physical growth is seen and can, therefore, be

fairly easily assessed. In recent years intelligence tests have been devised which have made it possible to measure mental ability. Measurement of emotional growth and stability is however difficult to assess.

INFANCY

A great measure of growth takes place during the first year. The baby spends most of its time in sleeping in the first few weeks, seems very little aware of the external world and is only concerned about the satisfaction of its hunger. By the end of twelve months this picture changes considerably. At this stage, though the child is dependent on people around him for all its services, it constantly struggles to express himself both by movements and attempts at speech. Thus some curiosity about the external world is indicated and these efforts are directed towards exploration. No two babies, unless they are identical twins, are alike. Environment has marked influence on heredity from the very beginning and certainly modifies, suppresses, and encourages, characteristics such as excitability, pugnancity etc. The baby's first experiences and his environment during the first two years, therefore, are extremely important. The parents must remember that the child in the first year has an active mental life and needs sympathetic and tactful handling.

Feeding

Satisfactory breast-feeding at fairly regular intervals is essential. As no two babies' needs are alike, no hard and fast rules can be laid down. Any physical illness causes some disturbances in feeding. Anxiety, however, is likely to increase such disturbances. A good rule, therefore, is to be as calm as possible under any given circumstances.

It is not possible to give a complete survey of the management of infants here. However, special care is necessary in the feeding of normal infants when the mother's milk is not available for some reason.

The standard requirement is 2½ oz per pound body-weight per day, which means that for preparing a single feed you should multiply the weight of the baby by 2½ and divide it by the number of feeds the baby gets in 24 hours. Taking an average baby to be between 6 lbs and 7 lbs at birth, the hints given below can be usefully followed. A mixture of 12 oz milk, 6 oz water, and 4½ level teaspoonsful of ordinary sugar is correct to start with. Two and a half to three oz of this mixture should be given to the infant, keeping in mind the following points :—

1. The milk, water and sugar should be brought to the boiling point and allowed to boil for at least a minute. It should then be poured into a thoroughly cleaned and boiled *degchi* kept only for baby's milk. The boiled milk should be taken away from the fire and covered immediately and placed in a basin of cold water.

2. If the infant's weight is less than 8 lbs feed times should be 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m. and 10-30 p.m., *i.e.*, three hourly except

the last feed.

3. When over 8 lbs of weight, feed times should be 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10-30 p.m., *i.e.*, four hourly except the last feed.

4. Bottles and teats must be boiled immediately before use at each feed and should always be washed immediately after use each time.

5. The hole in the teat should be of such a size that when the bottle is inverted the milk should come out drop by drop. Baby must take the feed in less than 20 minutes.

6. The temperature of the milk should be that of the body and may be tested by putting a drop on the back of the hand.

Weaning

Weaning must be gradual. The loss of close contact with the mother during the weaning process is a source of real anxiety, fear and disappointment for the infant. The baby must, therefore, be weaned gradually.

The following points should be kept in view :—

1. Weaning is easy if the baby is taught from the 6th month onwrads to drink from a cup or spoon.

2. Solid food should be given after the 6th month and the best form is a starch food, *e.g.*, sago, *suji*, rice.

3. The solid must be given before the breast feed, otherwise, the baby is not hungry enough to try the new food.

4. If the baby refuses, the breast feed should not be given. He must be allowed to become thoroughly hungry when he will take the new food. This is not cruel. Many babies become weak and ill from being kept too long on breast milk only.

5. The first solid food is best given by someone other than the mother; then there is rarely trouble and conflict.

6. Hard foods, *e.g.*, hard biscuit, toast, rusk or a thick chappati provide useful exercise for the jaws and help the development of the teeth. They must be included in the diet from the seventh or eighth month.

7. A raw apple or carrot at the end of a meal is an excellent thing after the tenth month.

8. Careful planning and special cooking are required for young children and four meals a day are essential.

9. The actual hours chosen for meals are unimportant, provided the meals are regular and well spaced.

10. Plain food is best and steaming and boiling are the best methods of preparing food. *Masala* must not be added to children's food.

The food table given below has been drawn up to give the child a varied and well-balanced diet, containing all the necessary ingredients :—

CHILDREN'S MEALS (7-8 months)

6 A.M.	Breast milk
10 A.M.	Cow's milk.....1 chattank Water .....1 chattank Rice .....½ chattank Sugar .....½ Teaspoonful followed by Breast milk
2 P.M.	Breast milk
6 P.M.	Hard biscuit, toast or *chappati* Breast milk
10 P.M.	Breast milk

(9-10 months)

6 A.M.	Milk*
10 A.M.	(1) Rice, Sago or Suji ½ chattank Sugar .....1 teaspoonful Milk .....2 chattank boiled together with sufficient water. or (2) Baked potato mashed with milk or butter.
2 P.M.	Milk*
6 P.M.	Toast, rusk, or biscuit Milk*
10 P.M.	Milk*

(11-12 months)

6 A.M.	Milk**
10 A.M.	(1) Rice ½ chattank and dal ¼ chattank or Baked potato ½ chattank and dal (2) Spinach, tomato or carrot soup (3) Milk**
2 P.M.	Hard biscuit, toast or *chappati* with butter 1/16 chattank Milk**
6 P.M.	Sago, ground rice, *suji* made with milk 1½ chattank Baked apple or fruit pulp
10 P.M.	Milk**

(1-3 years)

6 A.M.	(1) Cow's milk..... 3 chattanks (2) Toast, biscuit or *chappati* with butter (3) Fresh fruit
10 A.M.	(1) *Suji*, *Daliya* (with milk) (2) *Rice*, *Dal*, and vegetables or *Dal*, *chappati* and vegetables (3) Water

*Breast milk or cow's milk 2½ chattanks, water 1½ chattanks, Sugar 1 teaspoonful, gradually decrease water.

**Breast milk, or cow's milk 3 chattanks.

1. Water should be given daily between meals.
2. Fruit juice or fresh fruit should be given daily.

2 P.M.	(1) Cow's milk or *Dahi*.....3 chattanks
	(2) Hard biscuit or toast with butter
	(3) Wholesome sweets
	(4) Fruit, fresh or cooked
6 P.M.	(1) *Rice* and *dal*, or
	Kheer (without nuts and raisins) or
	Sago and Milk or
	Dal soup and potato
	(2) Water.

Teething

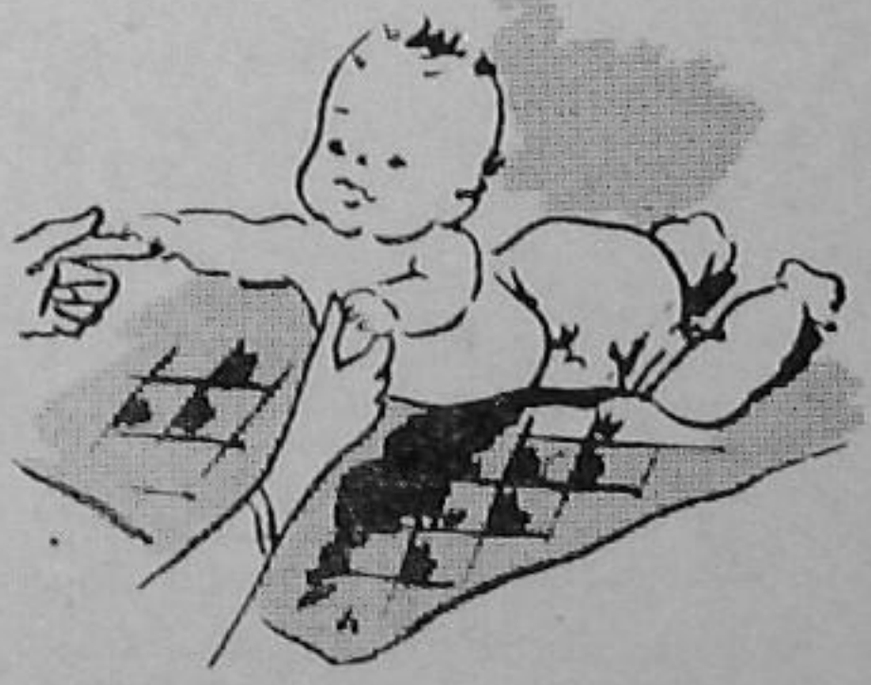
Teething often presents problems. Most babies suffer from a good deal of physical pain during teething and are inclined to be aggressive and burst into screaming fits. A good rule is not to give undue importance to such fits and not to feed the baby with force. The child will take feeds when the pain decreases.

Dummy and Thumb Sucking

A healthy, contented, well-cared-for baby will not need a dummy (*chusni*) comforter. Such comforters are usually a substitute for the breast. For psychological satisfaction of a child, they are a lesser evil but cannot be advocated for hygienic reasons. Thumb-sucking serves a similar purpose. This provides the child with a comforter in place of the mother's breast. Adequate nourishment, affection and alternative occupations will cure this habit in course of time. It is a signal of distress only if it persists too long in childhood.

Habit Forming

A well-cared infant, brought up with affection in a secure atmosphere, would normally have control over bowel and bladder movements at twenty and twenty-four months respectively. Differences will occur depending on baby's health. The natural rythm of each



infant differs. This should be discovered and the infant held out at fixed times to encourage regularity. The toddler should be encouraged to indicate when he needs to go to the toilet. Undue stress on accident should be avoided as accidents are bound to occur even in the best regulated families. Undue stress on habit forming is undesirable, even harmful. Praise should be given for successful efforts and the mother should help the child to gain control.

Crying and Screaming Fits

Crying is the baby's method of communication when he needs food, attention or company. If baby gets insufficient food, attention or company, he will cry a good deal. If he gets all these in adequate amount, he will cry only in an emergency. Contented, healthy and happy babies cry very little. However, care must be taken to see that the baby does not have his way always and makes adults dependent on his will. Early in life, he must be trained to wait a little and tolerate some disappointment.

A child may sometimes scream out of anger or fear and exhaust himself out by crying. On such occasions he needs comfort and reassurance from familiar adults. A child may wake up in the middle of the night from a slight sound, pain in a tooth or a bad dream. Under such circumstances, the child needs to be immediately reassured by his mother. It has, therefore, to be realised that an infant's physical, intellectual and emotional development needs continuous, thoughtful attention and care from the time he is born and even when he is in the womb.

NEUROMUSCULAR CONTROL

Development of neuromuscular control by the infant progresses gradually from *head to feet.* Generally speaking at the age of one month it gazes, smiles at two, turns head at three and holds its head at four months. It rolls over at the age of five months, transfers objects at six, sits for a short while at seven and creeps when it is eight months. It pulls up and cruises at nine and ten months respectively, walks with support at 11 months and stands alone when it is one year.

CARE OF THE TODDLER

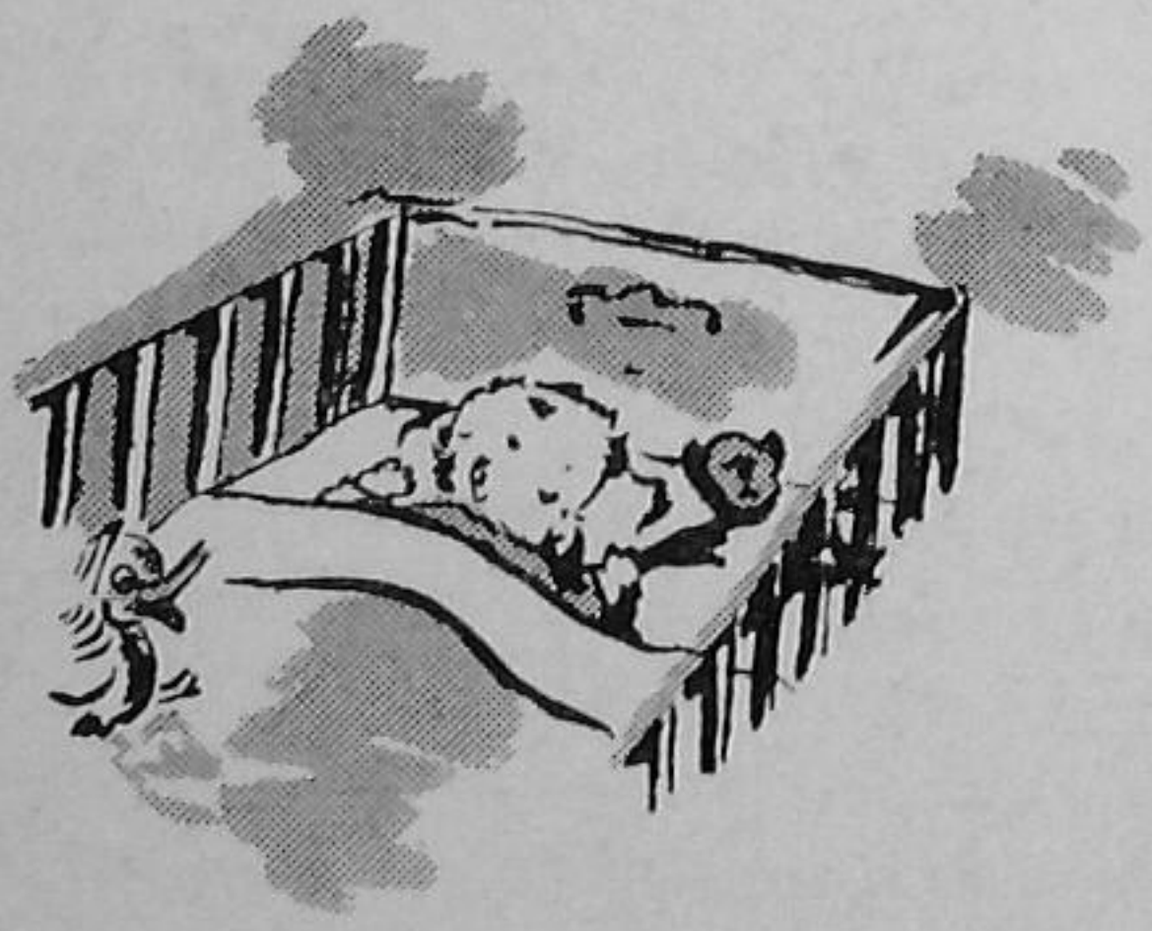
A normal child should begin to walk at the age of 14 months but may take a step or two before this and continue to toddle till he is 18 months old. Talking develops rather slowly until walking is well established. Much energy is taken up in the early part of the second year in learning to walk. The child's energies, therefore, cannot be diffused on two difficult arts namely walking and talking at the same time.

Bodily skills, such as balancing, jumping, climbing, hopping, skipping and running without falling, are established during this period. Encouragement and opportunities, under careful supervision, to acquire these skills should, therefore, be provided at this stage. A little later the child develops finer muscular movements. A child at two years is able to build a tower of small wooden bricks and fold paper. At $2\frac{1}{2}$ years he can cut with scissors, button large buttons and carry ordinary vessels without spilling contents. At the age of three, he can copy a circle, can place round pegs in round holes and square pegs in square holes. A little later he can copy a cross and draw a rudimentary man, a large round for head, two strikes for legs and dots for eyes. At four years, he can copy a square with right angled corners. And at 5 years copy a star and draw a man with body, eyes, hands and some indications of neck. A normal child appears contented and shows affection, is able to tolerate restrictions, appears courageous, is keen and alert and alive to new experiences, shows a certain amount of independence and attempts to handle difficulties.

Some children present difficult behaviour problems, such as violent screaming, temper, obstinacy, destructive devices etc. Corrective measures consist in giving the child a stable, satisfying, kind and affectionate environment and treating with great tact and gentleness when problems arise. Most of these behaviour problems are often due to internal anxiety, jealousy, a feeling of guilt etc. Activities both for constructive and destructive play, such as hammering, tearing, modelling, building and destroying the results are some of the few matters for channelising the energy.

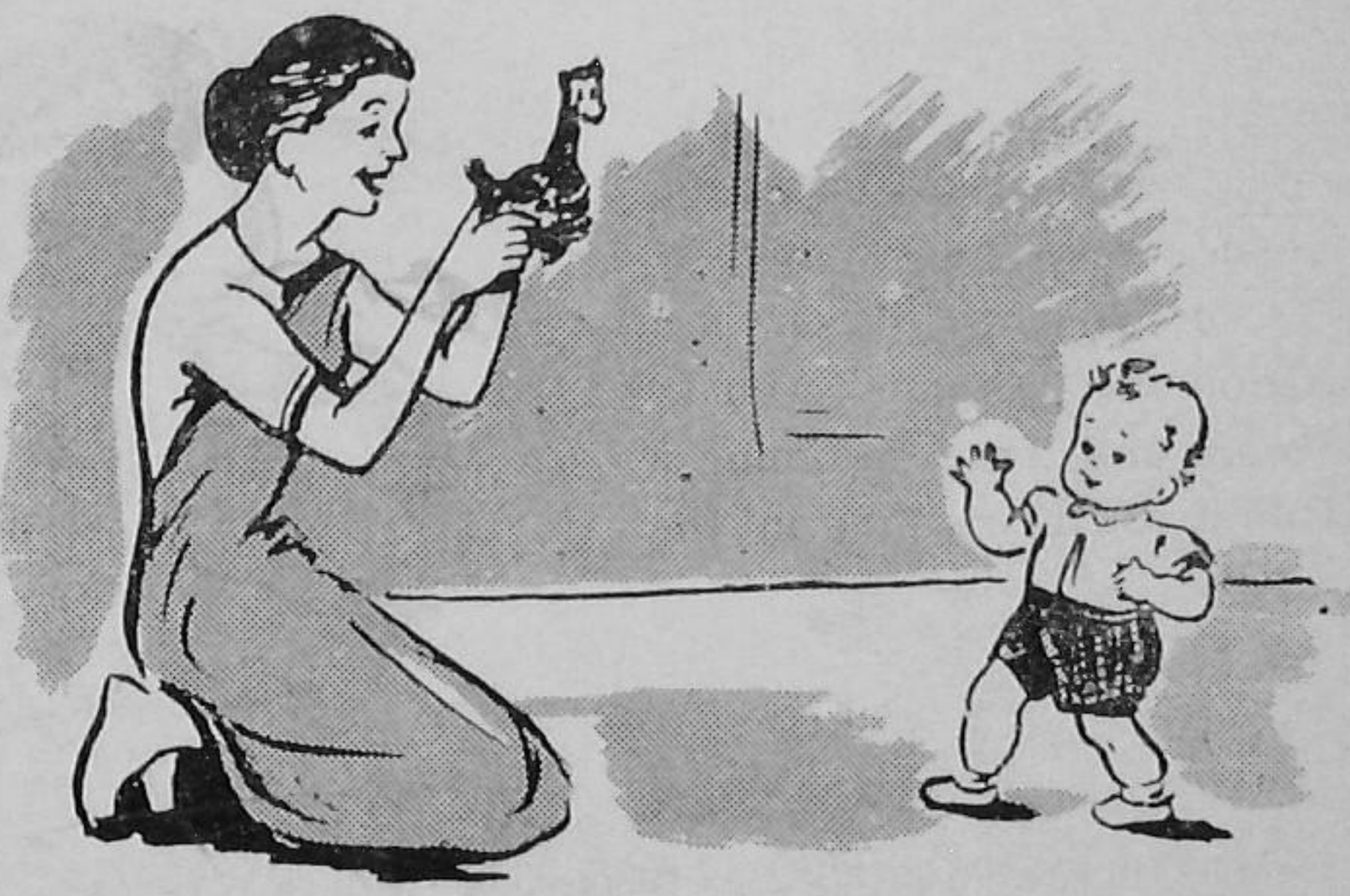
In the days of the joint family system the care and welfare of toddler (a child between 2 and 5 years) was in the hands of the grandmother or an aunt in the home. With the gradual breaking down of the joint family system, as a result of industrialisation and urbanisation, this care and welfare is now more and more becoming a responsibility of the mother in the home.

The creches, the nursery schools and the child welfare centres, when provided in sufficient numbers, can take care of the toddlers for a part of the day. However, this programme will take a long time. At present there are creches for children, whose mothers work in industries and a few nursery schools in the urban areas, but practically none in the rural areas. As the joint family system, to some extent, still exists in the rural areas, the toddlers are looked after by older women members or by an elder sister



when the mother is busy in the house, or on the farm.

Most rural mothers being ignorant and illiterate, it may not be wrong to say that adequate and proper child care is practically non-existant. Consequently most toddlers are far from healthy and a large number die before they reach school age. Needs of all children, including the school-going group are more or less the same but they vary according to age. These needs consist of adequate nourishment, proper clothing, regular habits, training in eating, sleeping, and cleanliness. Certain diseases such as colds, coughs, measles, whooping cough, diptheria, ear troubles, tonsillities, intestinal upsets



and a few others are common amongst children. Children must be protected against these and if they fall ill they should be treated early so that no permanent disability occurs.

In addition, children, to enable them to develop proper emotional attitudes towards the family, friends and the community in later life, need to have a sense of security which they get through proper parental attitudes towards the children, friends and the community. Children are very sensitive, keen observers and great imitators. This fact is often ignored by adults incharge of them as a result of which a great deal of permanent warping and damage to the personality may

unknowingly occur. Parents, teachers, nurses, doctors, social workers and others, who constantly come into contact with children, therefore, need to know the needs of the children so that they can adjust their behaviour so as to enable them to help to mould the future generation in the best interests of the community. If children are treated as nation's trust with parents, and not as possessions, a great deal of harm done to the young ones knowingly and unknowingly can be prevented.

DEVELOPMENT OF THE CHILD

The favourable determinants of the growth and development of the child are as under :—

1. Heredity

Absence of inheritable physical or mental abnormalities in both parental lines. Predominance of good to excellent mental and physical status of antecedents.

2. Prenatal

Healthy mother, who is not anaemic and who received optimum nutrition, and a proper balance of work, rest and mental tranquility.

3. Birth

Normal birth neither too fast nor too slow. Freedom from too much sedation.

4. Nutrition

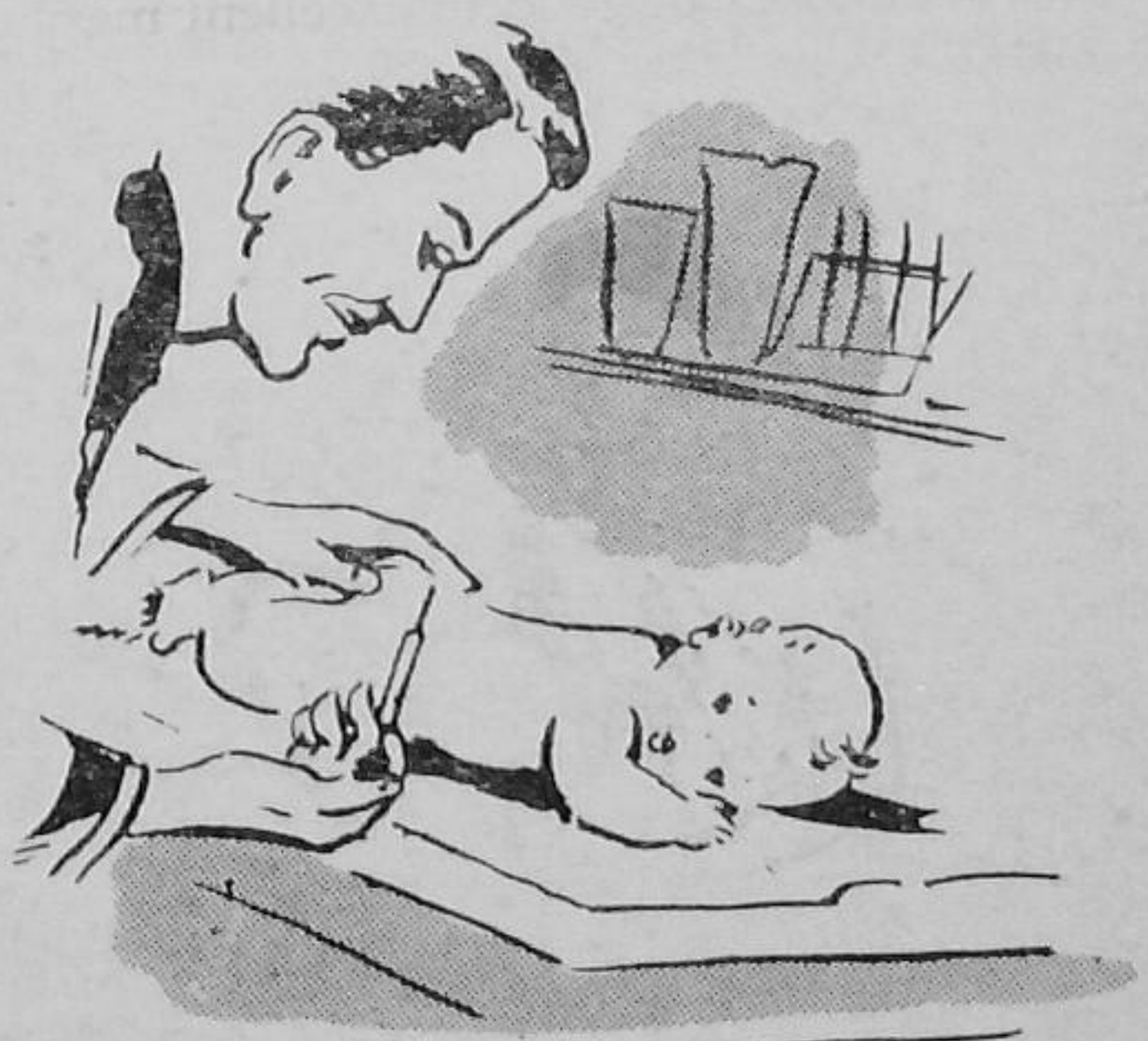
Adequate vitamin intake with vitamins D and C being provided as such, and continued until the adolescent growth spurt is finished. Adequate protein and calcium provision.

5. Family Life

Responsible, conscientious parents, abundant love, security and stimulation. A positive feeling on the part of the child that he is wanted, loved and cherished. Normal contacts with relations and colleagues.

6. Medical Aid

Adequate and timely medical aid when needed and also protec-



tion against certain specific diseases common amongst children such as diptheria, whooping cough, typhoid and vaccination against small-pox.

7. Education

Access to a school system able to meet the child's special needs.

8. Character and Moral Training

A positive programme initiated within the family to emphasise truthfulness, honesty, responsibility and consideration.

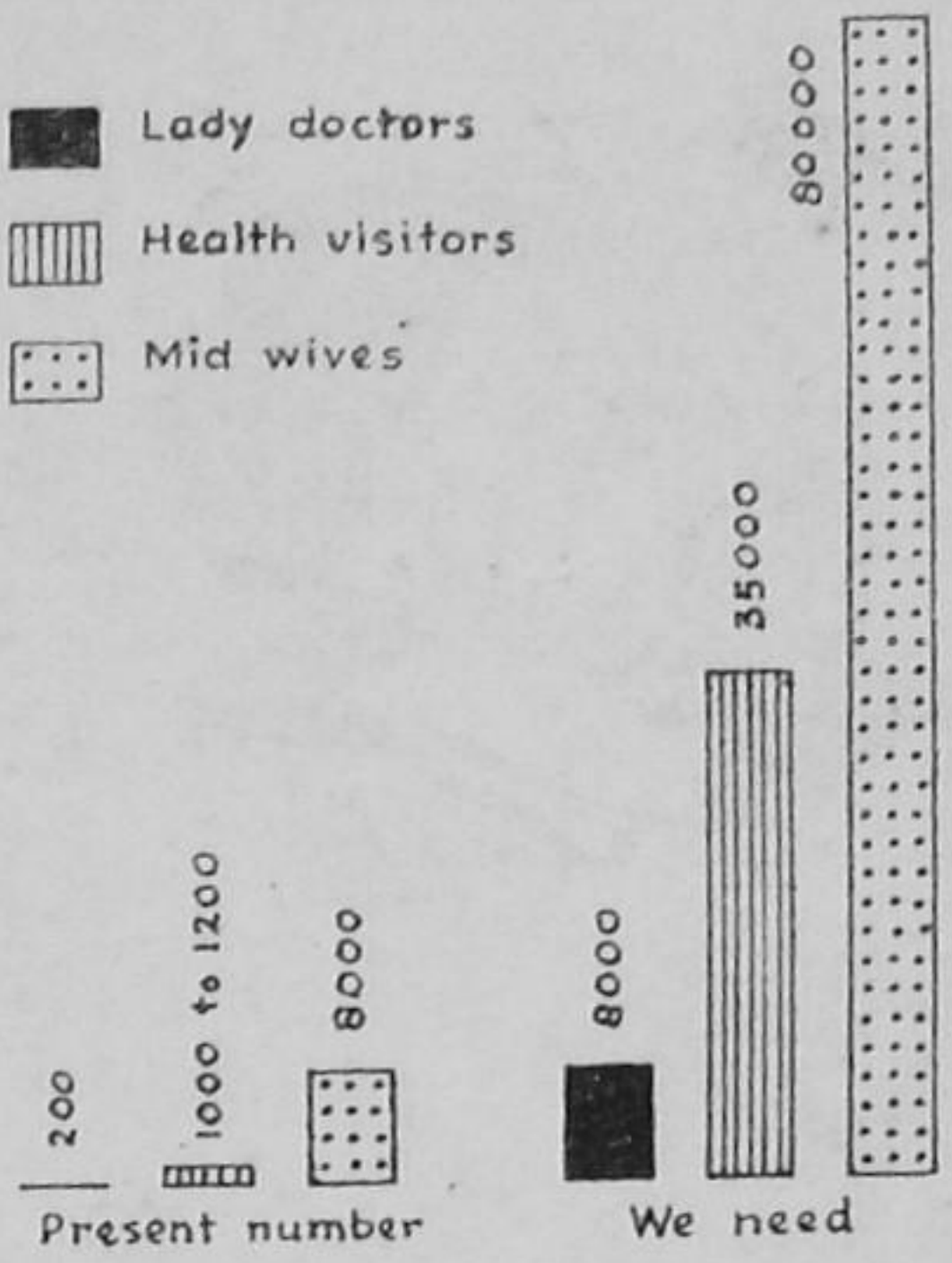
NATIONAL NEEDS

For reasonably satisfactory health supervision of all mothers and children up to the age of five years in the country, we need about 8,000 lady doctors, 35,000 health visitors/public health nurses and about 80,000 midwives. At present we have perhaps less than 200 lady doctors doing full time or part-time health supervision work, about 1,000 to 1,200 health visitors and about 8,000 trained midwives. A large number of our existing 2,000 Centres are in the urban areas. A great deal, therefore, remains to be done in the sphere of child care programmes.

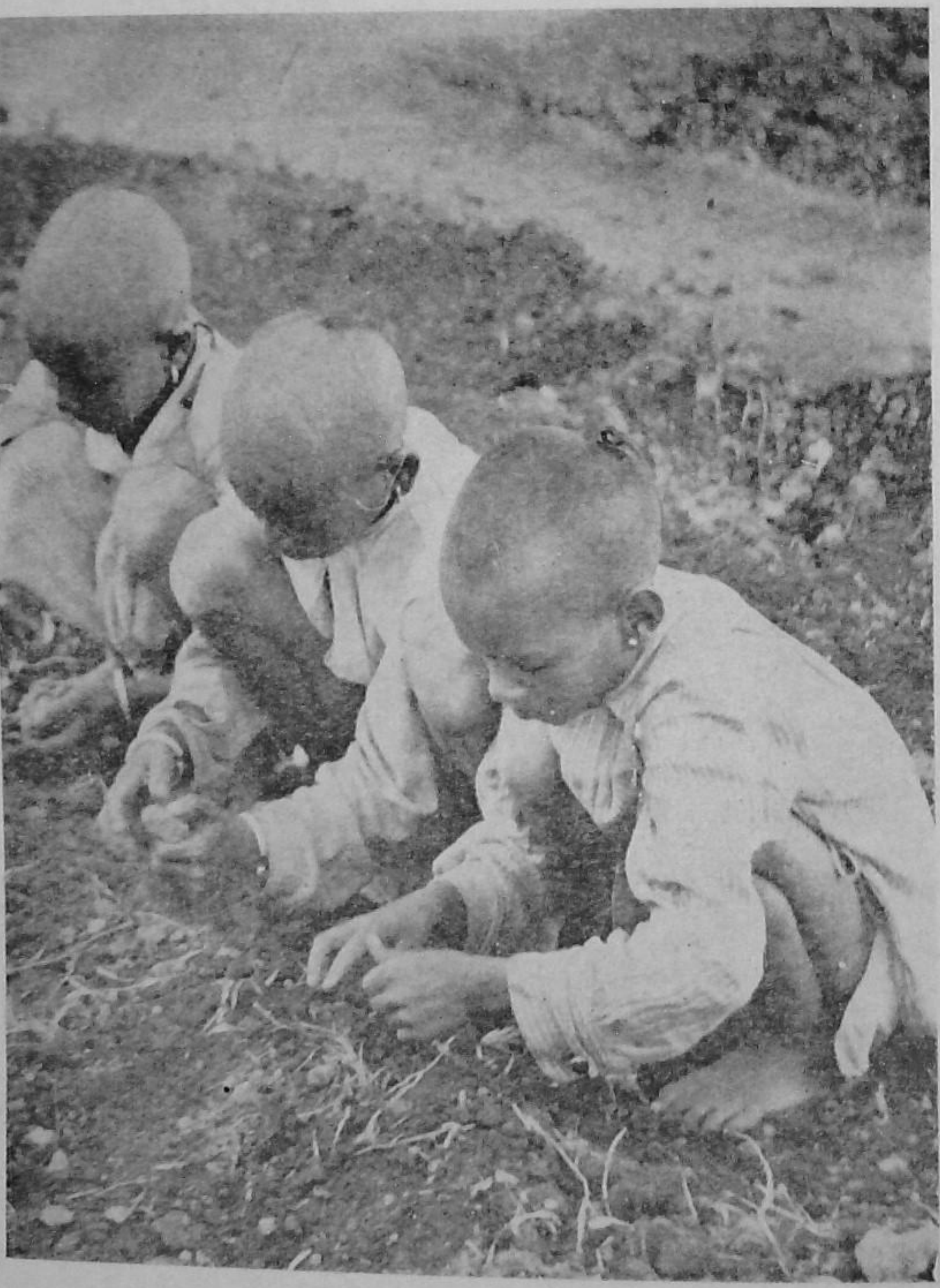
THE SECOND PLAN PROGRAMME

During the Second Five Year Plan it is proposed to start 300 urban and 2,000 rural health centres in the country. Nearly 80 per cent of our population is in the rural areas. Unless health supervision programmes are speedily extended to mothers and children in the rural areas, child care programmes will remain scanty and incomplete. Many circumstances in the past have stood in the way of our providing adequate resources and hence much more needs to be done for our

children, both normal and those needing special care.



Village Level Workers must bear this fact in mind and also realise that care of the children is a joint responsibility of mothers, doctors, nurses, midwives, teachers, parents and social workers. The work has to be done in a co-operative spirit leading to a unified and joint effort to solve the children's problems. In doing so one will need the help of many agencies governmental and voluntary alike. Rural workers, particularly women, must be aware of the magnitude, importance and necessity of solving these problems and the possible ways and resources, both material and human, in achiving the object of rearing healthy and happy children in the country.



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