

# **Public Health or Rural Reconstruction? Developing Pratapgarh District, 1930-1940**

By Hillary Bracken

Senior Program Associate  
Gynuity Health Projects  
15 East 26<sup>th</sup> Street, Suite 801  
New York, New York 10010

[hbracken@gynuity.org](mailto:hbracken@gynuity.org)

© 2009 by Hillary Bracken

*Editor's Note:* This research report is presented here with the author's permission but should not be cited or quoted without the author's consent.

Rockefeller Archive Center Research Reports Online is a periodic publication of the Rockefeller Archive Center. Edited by Ken Rose and Erwin Levold. Research Reports Online is intended to foster the network of scholarship in the history of philanthropy and to highlight the diverse range of materials and subjects covered in the collections at the Rockefeller Archive Center. The reports are drawn from essays submitted by researchers who have visited the Archive Center, many of whom have received grants from the Archive Center to support their research.

The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

## ***Introduction***

During the first half of the twentieth century, north India served as an important site in a growing global debate about government efforts to reduce infant mortality. My research is a political and social history of these discussions, from the first decades of the twentieth century to the eve of Indian independence in 1947. My work charts how political and professional interest came to shape the design and mechanisms of maternity and child welfare policy and programs in one province in north India, the United Provinces. Rising nationalist opposition and changing political institutions pushed colonial officials in India to explore new strategies to placate critics in India and abroad. The rhetoric and ritual of maternity and child health activities served as means to consolidate colonial and local political approval. Yet the work of saving Indian babies also facilitated the involvement of international health organizations keen on improving life in

Indian villages, and public health training and medical practice within and outside the country. In addition, maternal and child health propaganda and programs also provided ground for local officials, Indian journalists, and medical professionals to establish and challenge political and professional legitimacy.

The documents available at the Rockefeller Archive Center have provided some valuable insight into many of these issues. The Rockefeller Foundation introduced training programs for medical professionals in maternal and child health (MCH), supported the development of schools for public health nurses and developed health units or rural health pilot projects with substantial MCH and community outreach components. During my visits to Sleepy Hollow, I reviewed the Rockefeller Foundation files pertaining to the development, administration and evaluation of the health unit in Pratapgarh district in the United Provinces (present day Uttar Pradesh) in North India as well as the correspondence and diary of William P. Jacocks. I also examined the records related to nursing reform in India and the correspondence of Victor Heiser and Mary Beard.

### ***Public Health or Rural Reconstruction? Developing Pratapgarh District, 1930-1940***

In 1930 there were few maternity and child welfare centers in rural areas of the United Provinces (hereinafter UP). The efforts of the Indian Red Cross Society, the primary supporter of maternity and child welfare work in India, had been, in the words of one official in the UP Public Health Department, “not so brilliantly popular or successful.” Provincial public health officials had also initiated several experiments in “rural relief” but these efforts were largely confined to the prevention of infectious disease, ill-funded, limited in scope and relatively unsuccessful at delivering health services to women or men in rural areas.

Yet these official attempts at rural relief convinced senior officials in the International

Health Division (hereinafter IHD) of the Rockefeller Foundation that this was a “very progressive” public health department. UP was subsequently selected as the place for one of the IHD’s first experiments in rural development work in British India. The purpose of this pilot or “health unit” was to introduce systematic public health service “organized along scientific lines” in rural India. The demonstration project sought to show local officials and the general public the efficacy of scientific public health practice in a rural setting, to serve as a laboratory for rural public health research, and to act as a training center in rural public health for public officials and public health and medical students.

According to IHD officials, the project was to be a dramatic innovation in public health services and management in India. Yet, the work of the health unit and associated maternity and child welfare activities resembled the British Raj’s earlier forays into maternity and child welfare work. The activities undertaken in the health unit, including maternity and child welfare programs, served as part of the provincial government’s efforts to counter nationalist opposition and organization related to the Civil Disobedience movement in UP.

The history of the health unit in Pratapgarh illuminates the politics and debate surrounding the task of rural uplift or rural reconstruction in India. Rockefeller officials were keen to implement scientific public health practice, and inform the shape of health services in India after successive constitutional reforms. Colonial officials’ interest in directly controlling the work led them to manage the project through the Indian Red Cross Society, a quasi-official organization not regulated by the popularly-elected Indian legislative bodies. Provincial authorities used the project to solidify relations between the colonial government and local landlords. Public health was dressed up as anti-revolutionary propaganda and a means to foster loyalty among traditional imperial allies.

The “health unit model” prescribed that public health activities should not be combined with “medical relief,” but should promote self-help and self-improvement. The Rockefeller Foundation’s financing helped facilitate work that resonated with a growing interest among local and provincial officials in improving rural health. Though the project appeared to create new realities and choices, it was structured by pre-existing interests and perceptions. The financing arrangements guaranteed that medical relief, particularly maternity services, would be an integral part of health unit work. Public health practice in Pratapgarh was more determined by political expediency and the operation of culturally crafted institutions, like the Indian Red Cross Society, than shared ideas about the best mechanism for social change.

The health unit model reiterated the notion that the legitimacy of local government was intertwined with its ability and efforts to improve public health through the provision of targeted health services. There was a public interest in private welfare. To a limited extent, the project was successful. The Rockefeller Foundation seeded the project, which despite political opposition and reduced financing gathered enough public support to continue for an additional three years. Indeed, after independence, the development of public health services in Pratapgarh was memorialized as an act of the progressive Congress Ministry. The ‘official’ history in the *District Gazetteer* made no mention of the work of either the Rockefeller Foundation or the Indian Red Cross Society in facilitating the development of public health services in Pratapgarh.

***“Who should be a Mother’s Friend?”  
The Indian Health Visitor and International Nursing Reform***

In the 1930s, the Foundation’s public health projects in India led them to directly consider the scope and future of nursing education there. Since the early 1920s, the Rockefeller Foundation’s International Health Division (IHD) had sponsored a series of public health

demonstration projects in India. These projects sought to demonstrate model systems for the provision of public health services – particularly for the eradication and control of communicable diseases. The pilot projects or ‘health units’ conducted sanitation and hygiene projects, including the construction of latrines and improvement of water sources, efforts to eradicate malaria, and maternal and child welfare programs, that included antenatal care and preventive health clinics. Like many colonial authorities and women physicians, Rockefeller officials believed that Indian gender relations required the use of female public health workers in domestic outreach programs in India. In the words of one senior officer with the Rockefeller Foundation, female public health nurses offered “the way into the home” in India.<sup>1</sup> Yet trained public health nurses were not available in India. Instead, the IHD regularly employed health visitors in pilot projects in South India and, later, in Pratapgarh, UP, and Najafgarh.

In a visit to India in the early 1930s, a senior officer from the Foundation, Dr. Victor Heiser, met with members of the Indian Red Cross Society and suggested that if the government were to request an invitation for a review of nursing programs in India, the request would likely be granted by the Foundation. The Government of India was enthusiastic to extend the appeal, in part because they anticipated that the study tour could lead to financial support for nursing programs in India. The Foundation had recently agreed to provide financial assistance for the development of the All-India Institute of Hygiene and Public Health after a similar assessment of the state of public health training in India. The Director General of the Indian Medical Service was optimistic that the review of nursing programs in India would result in similar assistance. However, other members of the Public Health Department were less confident about the possibility of financial assistance given the ongoing administrative and logistical problems associated with the Rockefeller Foundation’s grant to the All-India Institute of Hygiene.<sup>2</sup>

Thus, in the hopes of obtaining support for the health schools that they themselves were reluctant to fund, the colonial authorities extended the invitation to the Rockefeller Foundation. In the winter of 1932-33, Mary Beard, Associate Director of the Rockefeller Foundation, came to India to review the state of nursing education in India. Trained as a nurse, Beard was also the director of the nursing program for the Division of Studies and the Division of Medical Education of the Rockefeller Foundation. The course of Beard's travels was dictated by the presence of established missionary and government medical institutions. In December 1932, Beard visited nursing schools and hospitals throughout the country, including the Lady Reading Health School, the Lady Hardinge Medical College, and the Lady Irwin College of Home Science in Delhi. During her visit she met with prominent women physicians and other public health officials and made a public address at the annual meeting of Trained Nurses Association of India (TNAI).

Beard did not readily seek out guidance from Indians engaged in welfare work in India. However, as will be discussed below, she did entertain requests from groups engaged in maternity and child health work. Prior to Beard's departure for India, Cornelia Sorabji, a judge in the High Court of Calcutta who was in New York on a lecture tour to "acquaint America with the social needs of India," wrote a letter to Heiser requesting a meeting to discuss a proposal for social service work in India. Sorabji had obtained Heiser's address from the infamous Katherine Mayo who also had ties to the Foundation.<sup>3</sup> Sorabji proposed that she accompany Beard on her study tour. Sorabji explained that Beard "could not see real conditions in and out of the way and [that meetings with] "orthodox directors [would be difficult] without someone who knows the country and speaks the language." The Foundation's refusal of Sorabji's offer is not present in the study files but we know Beard proceeded unaccompanied to India.<sup>4</sup>

After the completion of her tour, Beard presented her findings at a conference on Public Health Nurse Training in India. The conference was held in Ceylon (present day Sri Lanka), another part of the British Empire where the Foundation was engaged in work. According to other participants at the meeting, Beard's impressions of the training and work of health visitors in India were generally negative. She criticized the health visitors' focus on maternity and child welfare work and their haphazard training. Given this state of affairs, the group discussed issues related to the development of nursing education in India. These included the benefits of hospital training for public health nurses; the possibility and benefits of creating a post-graduate program in India, versus sending existing personnel on fellowships to the Foundation's flagship school in Toronto; and the role of doctors, particularly women doctors, in the provision of maternal and child services.<sup>5</sup>

Foundation officials refused a proposal by the IMS to build up the Lady Reading Health School or, as they called it, the "Red Cross School" in Delhi. They felt the school was inherently flawed, in part, because of the poor quality of instructors available in India. Instead the group advised, at Beard's suggestion, the creation of an entirely new institution in India. The group recognized that, given the absence of Indian staff with proper qualifications, the creation of a new institution would take time. Therefore, promising Indian students would be trained abroad at the Foundation's flagship school in Toronto until such time as suitably trained faculty became available at the entirely new institution in India.

Theoretically, the teaching at the proposed new school would follow the Toronto model with a central school, public health center, practical training in a hospital, and midwifery courses offered in another institution. The school would be attached to the newly-established public health institute, the All-India Institute in Calcutta, rather than any existing nursing school. The

director of the school would be a public health nurse or other nursing leader. Although participants believed public health nurses' duties should not be confined to maternity and child health work, they resolved that midwifery training was essential for the public health nurse in India.<sup>6</sup>

Following the conference, the IHD sponsored Young, then the director of the Maternal and Child Health Bureau of the Indian Red Cross Society, on a tour of nursing schools in the United States, Canada, China and Japan. The Foundation's use of such study tours was strategic. The intention was to convert key policy makers (or those individuals the Foundation considered particularly influential) to the Foundation's perspective on public health and nursing issues. Young visited several nursing schools in the United States but spent the most time at the Yale University School of Nursing, the School of Nursing at New York Hospital, and the Mary McClellan Hospital, Cambridge, New York affiliated with Skidmore College. Young described the curricula and training patterns at the American schools, but acknowledged that, even in the United States, the "progressive ideas" of American nursing leaders were difficult to implement. The financial crisis of the early 1930s led many hospitals to use student nurses as a primary labor force. Also, despite the efforts of nursing educators and the Rockefeller Foundation, many practicing public health nurses received their training in less formal settings, such as short-courses arranged by nursing visiting associations.<sup>7</sup>

After her visit, Young's assessment and recommendations appeared in a pamphlet published by the Indian Red Cross Society in 1934 titled "Suggestions for Improvement in the Training of Health Visitors in India."<sup>8</sup> Young's recommendations were wide ranging and sparsely implemented; however, they do provide valuable insight into many of the debates within the profession. Young's ideas remained unchanged from her writings at the time of the



foundation of the Health School in Delhi. Again, she reiterated that Indian-trained nurses did not make good health visitors. Instead she advocated longer and more advanced training and more stringent entrance requirements in order to raise the status of both health visiting and nursing professions. Until such advanced training was available, however, she was hesitant to endorse the employment of hospital-trained nurses in the field of public health. Young agreed with Rockefeller officials that the public health training school should be part of the All-India Institute of Hygiene and Public Health. Still, unlike the Rockefeller officials who felt that nurses should direct what they now called the “public health nursing program,” Dr. Young believed that women physicians with public health training should direct such programs.

Senior public health officials were publicly skeptical of the relevance of American models for nursing in India. In an address given at the annual TNAI conference in 1938, Young described her experience in the United States and the implications for nursing in India. In response to her address, Lt. Col. Russell, the Commissioner of Public Health for the Government of India said,

Whilst giving willing admiration to American drive and powers of organization, you may be inclined to agree with me that their methods in connection with Public Health Nursing are not altogether applicable to this country. I feel sure, indeed, that Dr. Young had no intention of suggesting that what she saw in the U.S.A. was possible of transportation to India without modification.<sup>9</sup>

Unfortunately, Russell failed to explain what modifications were required to transplant the American models to Indian nursing education. His skepticism, however, seems to have been widespread.

Despite the Rockefeller Foundation’s efforts to establish consensus regarding the training for women working in public health, the merits of hospital nursing for the health visitor remained a point of contention among health educators in India. At a summer school sponsored by the

Maternity and Child Welfare Bureau of the Indian Red Cross Society for “ladies” and prospective volunteers in 1936, speakers provided contradictory visions of the qualifications and duties of the ideal health visitor. Dr Jean Orkney, a senior member of the Women’s Medical Service and the sole member of the Maternity and Child Welfare department established at the All-India Institute of Hygiene, argued that health visitors required special public health training. Yet, she also believed that nursing training was neither essential nor desirable. A woman trained as a nurse and accustomed to identify illness and carry out a doctor’s orders would not be qualified to collect and interpret statistics – duties essential to the health visitors’ work.<sup>10</sup>

The debate about the training and qualifications of the health visitor spoke to larger movements toward professional consolidation in the nursing and medical professions in India and internationally. For western medical educators in India, health visitors were primarily public health workers who worked independently, albeit under the watchful eye of women physicians, to extend the benefits of the “new midwifery.” The supervision of the health visitor helped to solidify women physicians’ role as experts in maternal and child health and as directors of an expanding array of public health programs. The work of the health visitor also served to strengthen women’s physicians place within established medical institutions where they waited to receive health visitor’s referrals. In other words, the employment of the health visitors supposedly marked the end of the physician’s house calls and provided new administrative and management opportunities for women physicians.

Public health and maternity and child welfare work also offered additional professional and administrative opportunities for nursing leaders. Yet, nursing leaders in India and the Rockefeller Foundation officials engaged in nursing reform were not supportive of the training and promotion of public health workers without ‘modern’ nursing training. Nursing leaders in

India believed that the employment of “partially trained” workers or health visitors without clinical training promised to undermine efforts to professionalize the nursing profession.<sup>11</sup>

Rockefeller officials believed that public health nursing training, modeled on programs in the United States and Canada, provided an opportunity to replace the health visitor with a suitably trained public health worker. Although a number of Indian women attended the conference (their names are listed in the proceedings) their perspectives on the future and need for health visiting were not published.

The voices of Anglo-American medical and nursing educators, the new maternity and child welfare experts, dominate official publications.<sup>12</sup> Indian women physicians and all-India women’s organizations were also actively involved in the promotion of scientific maternity and childcare services and the broader debate about how to instill scientific hygiene and sanitation practices into everyday Indian life.

During her tour in India, Mary Beard of the Rockefeller Foundation exchanged correspondence with Dr. S. Muthulakshmi Reddi of the Madras-based Women’s Indian Association (hereafter WIA). The WIA was founded in 1917 by Annie Besant, Margaret Cousins, Dorothy Jinarajadasa, Malati Patwardhan and other women sympathetic to the goals of the Indian National Congress (hereafter INC). Each local branch of the WIA devoted itself to work in four areas: religion, education, politics and philanthropy.<sup>13</sup> In 1926, Reddi, together with other members of the WIA dissatisfied with the political activities of the organization, founded the All-India Women’s Conference (hereafter AIWC), an organization with educational, rather than political aims, and unaligned with specific national or regional political parties.<sup>14</sup>

Trained as an obstetrician-gynecologist, Reddi was a vocal advocate in both organizations for state-supported scientific maternity care for women. At the first AIWC

meeting held in Lahore in January 1931, Reddi proposed a resolution calling for the government to spend more on health schemes, to launch research into the causation of diseases “peculiar to the East,” and to provide facilities for the development of indigenous systems of medicine. Reddi was careful to note that her support for indigenous medicine was a pragmatic one: foreign drugs were costly, and those medicines, grown, prepared and distributed in India would be more accessible to the Indian public. Even so, Reddi’s support for “indigenous” medicine and indigenous practitioners did not include a laudatory assessment of the day. Rather, she called for government support for scientific maternity care in order to ameliorate the high rate of maternal mortality and morbidity in India.<sup>15</sup>

Health visitors were to play a role in Reddi’s plan for the expansion of modern maternity care in Madras Presidency. In a letter to Beard dated May 24, 1934, Reddi asked the Foundation to support the expansion of the number of fully trained midwives and health visitors in Madras. She wrote that the “absence of purdah” in the Madras Presidency meant that a large number of young women from the “higher classes” who were well-educated in the vernacular were willing to come forward for training to attend women during delivery, prenatal and postnatal periods. In Reddi’s mind, the value of such care was irrefutable as:

It is well known throughout the world that the mortality and morbidity of the Indian mothers and children is very largely due to the want of care during childbirth as they are entrusted at that critical moment to the care of unclean and untrained barber midwives, who do more havoc in this presidency than epidemic diseases, such as, plague and cholera.<sup>16</sup>

Reddi asked the Foundation for scholarships for this training and refresher courses for health visitors and midwives to keep them “in touch with all the modern improvements in midwifery practice.”<sup>17</sup> Reddi’s request was forwarded to W.P. Jacocks, the official responsible for programs in India, but the Foundation’s records do not indicate whether the demand was met.

Hence the identification of the need for and qualifications of the women public health worker served as ground for the consolidation of professional and national identity in late colonial India. In fact, few women entered the health visitor profession in India. In 1947 there were only 700 trained health visitors in the entire country. Yet despite the small number of practicing trained health visitors, the foundation of health visiting facilitated an international exchange of public health personnel, ideas, and practices that had a real impact on public health policy and training in India. The idea of an Indian woman educated in matters of hygiene and committed to rural uplift became a potent symbol of, and agent for, national progress.

## Endnotes

---

- <sup>1</sup> Diary of V. Heiser, April 13, 1931, RG 12.1, Box 27, Folder 7. RAC
- <sup>2</sup> "Note" Education, Health, Lands, Health, 41-3/33-H. NAI On the controversy surrounding the foundation of the All-India Institute of Hygiene see John Farley. *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (Oxford: Oxford University Press, 2004), pp. 244-257.
- <sup>3</sup> Mrinalini Sinha. "Introduction" to *Mother India* (Ann Arbor: University of Michigan Press, 2004), p. 23. Heiser met Mayo in Calcutta during her stay in India. After the meeting he wrote that "I am beginning to fear that the book will not be on international health." Diary of V. Heiser, March 18, 1926, RG 12.1, Box 27, Folder 7, p.408. RAC
- <sup>4</sup> RF, RG 2, Series 464 Box 74 Folder 596. RAC
- <sup>5</sup> New Delhi, March 20, 1933, Diary of V. Heiser, RG 12.1, Box 27, Folder 7. RAC
- <sup>6</sup> Diary of V. Heiser. RF RG 12.1 Box 27 Folder 7, New Delhi, March 20, 1933. RAC
- <sup>7</sup> Ruth Young, "Training of Nurses in Public Health in America" *Nursing Journal of India* 29 no. 1 (June 1938): pp. 14-20. TNAI
- <sup>8</sup> Ruth Young, *Suggestions for the Improvement in the Training of Health Visitors in India* (New Delhi: Indian Red Cross Society, 1934) New York Public Library (NYPL).
- <sup>9</sup> Address by Lt.-Col. Russell in Ruth Young, "Training of Nurses in Public Health in America" *Nursing Journal of India* 29 no. 1 (June 1938): pp. 17-18.
- <sup>10</sup> Maternity and Child Welfare Bureau, *Report of Summer School, 1936* (New Delhi: Indian Red Cross Society, 1937). NML
- <sup>11</sup> For example, in 1938 the TNAI and Health Visitors League publicly opposed the scheme proposed by the King George Anti-Tuberculosis Fund Committee to train tuberculosis health visitors in India. The scheme called for the creation of a six-month training course and waived the requirement that candidates be qualified nurses or health visitors, although they were required to be a matriculate of a university or possess an equivalent qualification. In an editorial published in the *British Journal of Nursing* the League opposed the introduction of "less trained personnel" and argued that without "the most highly trained workers" no progress would be made and the funds would be wasted. *British Journal of Nursing* (September, 1938), pg. 239.
- <sup>12</sup> Ibid.
- <sup>13</sup> Geraldine Forbes, *Women in Modern India* (Cambridge: Cambridge University Press, 1997) p. 73.
- <sup>14</sup> Mary Hancock, "Home Science and the Nationalization of Domesticity in Colonial India" *Modern Asian Studies* 35 no. 4 (2001), pp. 891-894.
- <sup>15</sup> *Proceedings of the First All-India Women's Conference* (Bombay: Times of India Press, 1931), p. 156. NMML
- <sup>16</sup> RF, RG 2, Series 464, Box 27, Folder 220, May 24, 1934. RAC
- <sup>17</sup> Ibid.