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“SAVE THE CHILDREN”: THE CHILD WELFARE MOVEMENT OF COLONIAL BOMBAY, 1919-1929

My research paper examines shifts in the notions of modern childcare and child welfare in Colonial Bombay. The post-World War One or 1920s was a watershed period in the development of child-welfare activities in various forms throughout India in interaction with the global trends. I have demonstrated how the Anglo-Indian and Indian middle-class social activists formed different associations and organisations to propagate new ideas of child welfare in society. The child-welfare movement was indicative of the interest of Indian social activists in the expansion of public health measures in the early twentieth-century. Children were frequently depicted as ‘hapless creatures’ and ‘national assets’ in middle-class writings. The child-welfare had a close relationship with the national future for the Indian social activists. In relation to children, maternal health became important to the educated intelligentsia as they intended to cast mothers in the role of primary caretakers of children. An interesting aspect of this period was the inauguration of spaces reserved exclusively for the children. Spaces like crèche were designed to not only ease the burden of parents but to keep children entertained while their parents worked. I have strived to show how in reality, there were difficulties in materializing the ideals of child welfare. Over time, the universal significance of ‘all children irrespectively’ was questioned due to the imprint of Social Darwinist and Neo-Malthusian discourses.

The Background-Development in Public Health, World War One and Influenza

The social history of children and children’s health in colonial Bombay is a considerably underworked topic. The concern for children’s health took center stage at the turn of the twentieth century and was connected with the expansion of public health, high rate of mortality due to epidemics, and growth of civic activism. Mridula Rammana’s work on Public Health in Bombay is a major source of reference. It throws light on the politics of Maternal Health-Care in the early twentieth century, however, doesn’t engage specifically with childcare and children’s health. Prashant Kidami’s work on social activism in 20th century Bombay has been utilized to understand how the ideas of middle-class circles of Bombay were shaped in a global context. I have sought to interlink the developments in the domain of children’s health to the debates in the realm of nationalist politics, labour activism and global notions of childcare. I have used a variety of sources: official and non-official. Digitized articles of the newspaper *Times of India*-constitutes my major source. I have used the administrative reports of the Bombay Presidency to see what the

official data contains and explore its relation to the debates in the public sphere. I have utilized nationalist leader M.R.Jayakar's [legislative member of Bombay] private papers on the National Baby Week Association. Additionally, I have gone through the Labor Gazette and pamphlets on Child-Care/Children's Health and Social Service League conference papers.

The middle-class' concern for children's health and diseases in India must be set against the backdrop of concern for sanitation and hygiene. Mridula Ramanna has argued that twentieth century colonial India witnesses the formation of voluntary associations for the promotion of western notions of preventive medicine to combat challenges posed by infant mortality, venereal diseases, and sanitation. (Ramanna 2004, 4560) While significant funding came from Indian donors, the Municipal Corporation begrudged financial support.(ibid.:4560) There was a general acceptance among the middle-class public that better sanitation and hygiene could prevent deadly diseases leading to more public involvement in the health and hygiene issues. As early as 1904, the Bombay Sanitary Association (BSA) was formed to create educated public opinion, diffuse the knowledge of hygiene, arrange public lectures to instruct on public health by the Bombay Health officer.(ibid.:4561) BSA functioned through homely talks on the importance of proper ventilation, personal cleanliness, disposal of refuse and vaccination of children. (ibid.:4561)

Prashant Kidambi has argued that the turn of the twentieth century marked a critical juncture in the expansion of public discourse about 'social question' as the uppercaste Indian intelligentsia began talking about the condition of the lower sections of the society alongside the emerging practice of 'social service'. (Kidambi 2011, 217) While the thrust of nineteenth century social reform discourse was directed towards countering the outdated internal practices within communities, the discourse of social service sought to civilize and discipline the poor.(ibid.:2018) As a premier imperial city in the Indian Ocean region, Bombay was a nodal point for the circulation of global ideas and the development of civic activism. The associational traditions that developed in the public sphere during the nineteenth century were crucial to the rise of new forms of social activism directed at the poor. Social Service League (SSL) was formed by the prominent professional middle-class men in Bombay's public life. The local activists perceived a number of pressing problems in Bombay's working-class neighborhoods.(ibid.:230) The League campaigned for mass education, sanitary awareness, and social purity to raise awareness about the value of social service and relief work amongst the lower sections of the society.

The spread of the Spanish flu pandemic preceding World War One in Bombay had further revealed inadequate medical organization and precarious condition of the public health provisions in Bombay. Influenza claimed about 17 to 18 million lives in the Indian sub-continent, more than the military casualties sustained in the First World War. (Ramanna 2003, 85) In the absence of

medical experts, occupied in the war service, the local government appealed to the educated members of Bombay to come forward to help the government. (ibid.: 87) Influenza was found more deadly for those between the ages of ten and forty, the most 'vigorous of the population'. Additionally, total failure of the monsoon and famines aggravated the problems. In these trying circumstances, the co-operation between the health officials and voluntary associations saved lives.(ibid.:87) The appalling high infantile rates due to influenza were the most covered topic of newspaper. The experience of War had in many ways changed the way the children were looked at globally.

The allusion to the global social work trends is essential to locate the Child Welfare Movement within the larger global context of the 1920s. Scholars have shown how the decline in the nation's birth-rate in Britain in the early twentieth century due to Boer War of 1906 casualties caused immense anxieties among the middle-class circles, facilitating greater attention to the services of mothers and children. (McCreal 1988, 245) The dismal number of physical fit men found during military recruitment in Britain during the Boer War further strengthened the belief that the health problems of the military men could be traced back to infancy. (ibid.:245) The idea of children's value in terms of usefulness to the future generation of nation led to greater intervention to improve public health measures in Britain. Infant deaths were found taking place due to housing conditions, maternal employment, and artificial feeding.(ibid.:247)

Children's health and surroundings

'Save the Children' movement that began in the 1920s was primarily concerned with the issue of childcare and child health infused with the notion of children's utility for the future of the nation. Infant mortality rate was defined as the annual number of deaths under one year of age to every 1000 births during the same year. The medical community considered the first year of a child's life the greatest danger because of the high possibility of death. In the period following World War, the infant mortality of 625 deaths per 1000 births due to famines and epidemics became an alarming cause of worry. The consensus among the medical community in India was that infant deaths were preventable if proper attention was paid to children's health.

The Bombay Administrative Report for 1919-20 has many illuminating clues to understand how children entered the realm of official data. It also informs us on what basis the infant mortality rate was counted. The administrative report claimed the high rate of death to be defining feature of the

year 1919.¹ Series of epidemics including influenza, cholera, and smallpox in 1918 and 1919 was responsible for unusually high death rate. The administrative report denoted that the infant mortality rate for 1919 was highest with 652.87, higher than the preceding years, with 590.3 1918, while in 1917, it was 409.6. This information was based on registered births which also reflected that the registration of birth in the year 1919 was lower than 1918.² The report also highlighted that the death rate was as high as the birth rate among poor and working-classes; the high number of the population also belonged to that section. The data informed how infant mortality was based on actual births registered and not the 'corrected' number of births which included infant mortality based on registered as well as unregistered births.³ The report tells us that registered deaths of infants were tallied with the birth rate to get infant mortality rate. The report inadvertently threw sufficient light on the declining health of infants and, most importantly, the lack of registration of births.

Social environment and economic conditions, house, surroundings, neglect by mothers due to hard industrial employment, poverty, unhygienic conditions were told to swell the number of the infants' deaths. The majority of children were believed to have died due to 'debility', equivalent to want of vitality, immaturity of birth, willful or ignorant neglect, and 'unskilled methods' adopted at the time of birth.⁴ The high number of deaths against less number of registered births was considered a curious paradox. The report offered no reason for how the deaths reported were higher and how the state tracked those children who escaped registration. The explanation for this ambiguity was the the neglect of parents to register due to the custom of sending the expectant mother to a country home for delivery and then returning afterward.⁵ The report criticized the conventional practice of delivering infants at home and encouraged hospital-based delivery. Further data was furnished to tell that the death of infants by solitary confinements and unskilled mid-wives was quite higher than those from hospital born.⁶ The superiority of hospital birth vis-à-vis home delivery could have been asserted to encourage parents to report to the local registration offices.

This data about infant health was procured from the Maternity and Infant Welfare centres between 1914 and 1919. The public health measures included home visits by health officers to persuade

¹ Municipal Commissioner of Bombay, *Administrative Report of the Municipal Commissioner of Bombay 1919-1920*. (Public Health , Bombay : Times of India press, 1922) pp 455

² *Ibid* .,460

³ *Ibid* .,460

⁴ *Ibid* .,461

⁵ *Ibid* .,462

⁶ *Ibid* .,462

people to visit Maternity Homes and Infant Welfare Centres. It is told how 10 municipal nurses qualified as mid-wives visited localities inhabited by the poor and helped to diffuse elementary knowledge on health and hygiene.⁷ One of the important tasks undertaken by these health-workers was to bring to notice unregistered births, unvaccinated children and causes of sickness among children. However, the decline in recorded births and visits was attributed to nurses being deployed in Infectious Diseases Ward.⁸ Apart from other reasons, large and growing population of India was held responsible for the health problems. Hardly fault lines of government-run hospitals with the dismal provision of hospital beds or lack of healthcare-takers were mentioned. It's crucial to note how the resources for child and maternal health could be easily diverted to other departments citing emergency as a reason.

The report connected the infant mortality rate to particular localities and households. In localities inhabited by 'poor and ignorant classes', infant-mortality was told to be high. The data of infant mortality by number of rooms occupied revealed that those sharing one rooms had the highest infant mortality rate with 83.1 percent in 1919 (and 76.7 percent in 1918), followed by two rooms with 56.4 percent and three rooms with three rooms with 35.8 percent.⁹ The relation drawn between high-infant mortality rates and single-room tenement further tells us how the report established that infant mortality is higher in the neighbourhoods of poorer sections. Of course, this report didn't mind administrative negligence and somehow blamed dwellings and individual parents for children's ill-health. Another indicative comment was that the highest number of infant deaths was caused by debility and neglect out of 'ignorance'. At the same time it pointed out how infant deaths were lower among sections with bigger dwellings. The knowledge of these figures was further popularized in the print media, which helped to consolidate middle-class notions about infant mortality. This phenomenon coincides with Kidambi's assertions about rising interest of the middle-class social activists in the urban poor.

Children as Future Citizens: Nationalist and Anglo-Indian Social activists

The findings of the high infantile mortality rate were linked with the nationalist discourse. The importance for looking into children's health also laid in the fact that they constituted future citizens of the Indian nation. There was a growing consensus among the Indian middle-class about the necessity of an 'internal civilizing mission' that sought to uplift the lower sections of the society. (Kidambi 2011 :218) This trend was emerging in conjunction with the 'global civilizing

⁷ *Ibid* .,463

⁸ *Ibid* .,462

⁹ *Ibid*., 467

mission' that saw elites and middle-classes worldwide engaging in distinct forms of civic activism in response to the threats posed to the social order by the rapid industrial urbanization. (ibid.: 218) Educated middle-class Indians had come to share with the colonial ruling authorities beliefs like making arenas for collective action benign, regulated places, clean and healthy incapable of producing either disease or disorder. (ibid.:224)

The Anglo-Indians and Western-educated middle-class attempted to shape public opinion for the health of children in India, but their perception had social Darwinist undertones. An article in Times of India stated that the children welfare movement in Bombay was necessary for the age of fierce international competition.¹⁰ Opinions like 'high-grade citizens' cannot be created out of 'low-grade nurseries, gutters and chawls of Bombay' frequently appeared in the print media.¹¹ Child welfare organizations asserted that the actions need to be taken for safeguarding the nation against the 'greatest danger' of high infant mortality rate and 'deadly peril' of 'sickly, weakly, ailing, disease-ridden infant populace'.¹² The high infant mortality rate was seen as an obstacle for a nation's progress towards self-governance.¹³ The child welfare organisations argued how the accumulated wealth of Bombay laid waste with no investment in constructive work for saving 'nation's asset'.¹⁴ These assertions should be seen in the light of wartime and the post-war-periods witnessing growth of profits for Indian businessmen.¹⁵ The economic value for propagating child welfare activities was also stressed as it was believed it would lead to progress, people's efficiency, high production, and regulate questions of labor and capital.¹⁶ For child welfare organizations, the newspaper like Times of India served as a potent means to attract philanthropists.

The experience of influenza and cholera had made the voluntary and semi-voluntary organizations confident about handling public health work. The administrative report of 1919 also appealed for co-operation from voluntary organizations. In the 1920s, there was a spate of Child-Welfare and Child-Health activities in South Asia at large. Many associations were formed by the upper-class, educated groups that aimed at spreading awareness about children's diseases, preventive medicine and childcare like All India Infant Welfare League, Women's Council, National Baby Week Association, Infant Welfare Society, etc. Most of these associations were founded by Anglo-Indian and Western-educated Indians with the involvement of municipal authorities. These associations were composed of Anglo-Indian women and Indian female medical professionals. The wives and daughters of Indian social reformers didn't participate as much as the female relatives of the British

¹⁰ "Save the children", *Times of India*, January 2, 1919

¹¹ "Save the Children", *Times of India*, March 9, 1920

¹² "For the children: logic and sentiment at once", *Times of India*, March 1, 1920

¹³ "Save the children, what is welfare work?", *Times of India*, February 3, 1920

¹⁴ "Bombay Women's Council", *Times of India*, September 30, 1920

¹⁵ *Ibid.*, 11

¹⁶ "Bombay Children", *Times of India*, October 21, 1920

officers or doctors. The already existing voluntary organizations like Social Service League (SSL), Salvation Army and Servants of Society (SIS) also took an active interest in such philanthropic efforts.

In collaboration with BSA, Lady Willingdon's scheme was already in place from 1914 to cater to infant-related problems. Lady Willingdon's scheme of BSA included construction of small hospitals in quarters of towns with two qualified women doctors. Health visitors were appointed to give talks on infant welfare and report insanitary houses as well as unvaccinated children.¹⁷ Lectures were given to dais (traditional community of mid-wives) to train them as midwives. Lastly, Infant Milk Depots were run to provide pasteurized milk at low prices to the poor parents. The Ladies Committee of Bombay Presidency opened Infant Welfare Centers in early 1919 to advise and instruct mothers on infant management, establish day nurseries or crèches, give free medical advice and begin appropriate home visiting.¹⁸

Bombay Presidency's Women Council was one of the earliest organizations to start such activities with organizing lectures on children's diseases and epidemics. The council expressed that the important problem of health and welfare of children remained untackled in Bombay where 'thousands of children' stayed in unhealthy and insanitary surroundings.¹⁹ An article appeared in the newspaper on 2nd May 1919 claiming that the war and its destructive consequences have led to the 'recognition of supreme worth and importance of children'.²⁰ Public appeals were made in newspapers by organizations like Lady Chelmsford Infant Welfare League to introduce schemes for improving infant life conditions. Insanitary conditions and overcrowdedness were frequently held responsible for the health crisis. Lady Chelmsford All India League for Maternity and Child Welfare was started in October 1920. The foundational idea was to look into the welfare of children of poorer classes. It aimed to organize activities like training qualified persons, educating the public through lectures, and assisting poorer districts. By May 1920, Infant Welfare Society was opened in different quarters of the city.

Certain problems harmful to children's health were considered peculiar to the Indian context. Lectures on child welfare and syphilis under the aegis of Bombay's Women Council informed how health was in danger in Bombay and preventive measures needed to be taken to 'stamp out incidences' of 'terrible scourge', and venereal diseases.²¹ Explaining the history of syphilis, it was

¹⁷ Municipal Commissioner of Bombay. *Administrative Report of the Municipal Commissioner of Bombay 1919-1921*. (Public Health, Bombay: Times of India press, 1922) pp 470

¹⁸ *Ibid.*, 470

¹⁹ "Lady Lloyd: Welfare of Children", *Times of India*, December 36, 1919

²⁰ "Save the children", *Times of India*, May 2, 1919

²¹ "Bombay's Women Council", *Times of India*, September 1, 1920

told how a child suffering from it would look wrinkled and, causing early death.²² The knowledge for racial health and cleanliness was considered important in a city space for the sake of children. Even when Children Welfare's Fete showed a film on motherhood, it focused on high mortality rates of Indian cities and problems like housing, ignorance, and lack of laws for health. Service providers like Dai and milkers were frequently attacked for insanitary practices. The inability of poor milkers to provide quality milk because of bad breeding of cattle, lack of proper feeding to cows, and using dirty methods for procuring milk was a point of denunciation.²³ As per the reports, in the Women Council's exhibition model environment for healthy babies was shown.²⁴ In this exhibition, the faulty environment in terms of insanitary areas and narrow gullies was a breeding ground for mosquitoes and flies, increasing the propensity for diseases.

The perception of children as future citizens was a cardinal idea in the discourses about child welfare. The necessity of making child protection an object of public concern emerged out of the notion that the sickly childhood meant children would be unable to avail themselves of opportunities later on.²⁵ In short, it meant that it was necessary to concentrate on the health of future citizens. Save the Children and Children Welfare Funds asked for more money by arguing that children of this generation would be 'citizens, administrators, soldiers for tomorrow'. Aims of child welfare work were 'building up nation' through care work and reducing mortality.²⁶ These children welfare societies often complained about the lack of response from the houses of the poor. The reports frequently complained about lack of acceptability of the health visitors among 'ignorant parents'. Building up children lives was considered necessary to make 'content' and 'useful' citizens who would 'support their country' and 'empire' to not be an 'anxiety or burden in the future'. An article entitled "*Take care of Children*" talked of the effects of hardships like the depreciation of money and rises in prices on the population in India. It was proposed to form a National Baby Week Council in India by philanthropist Countess Reading along the British lines first in Delhi in 1919. The plan was to educate people about child health, 'mother craft' [defined as "art of rearing a healthy baby" and of "maintaining mother's health before, during and after birth] importance of sanitation through exhibitions, lectures, essay competitions and other means through a weekly celebration of "Baby week" at various locations.²⁷

²² "Children's Welfare", *Times of India*, September 23, 1919

²³ "Children's Welfare", *Times of India*, March 12, 1920

²⁴ "Children's Welfare", *Times of India*, March 5, 1920

²⁵ President, National Baby Week Council for India to Government, Delhi. "Grant of rs. 15,000." Wales, 20-2-1919, Home Political, Nos.2-6, National Archives of India

²⁶ "Infant Welfare Society", *Times of India*, February 2, 1920

One of the reasons that the Indian educated sections of Bombay was so pumped up about such activities could be its international appeal, the funding, and validation it received from a substantial Anglo-Indian population. As against the Anglo-Indian class that alluded to the welfare of the Empire, the Indian nationalists co-opted baby weeks for the nationalist propaganda. With the intention of 'saving babies' and generating public enthusiasm for the cause of welfare work for children, a group of Indian philanthropists and nationalist educated professionals formed the 'National and Health Week Association'-a propagandist association in 1925 in Bombay Presidency. Philanthropists and socially important figures in Bombay middle-class circles like Lady Wilson, Dr. H.V.Tilak, G.D.Devdhar, B.V. Jadhav and M. R. Jayakar were the leading figures involved in this association. The mobilizing idea was reflected in the quote published in the propagandist material, "avoidable human life shouldn't be wasted".²⁸ The nationalists put forward an argument that 'national babies' are as important as mothers. This committee intended to expand its business through distributing leaflets, showing films in vernacular as well. In a way to link infant's health with the national prosperity implied that children were the responsibility of everybody who belonged to a particular nation. This concept was significant in shaping legislation for the children and putting forward arguments to increase 'national productivity' and avoid 'wastage of human a resource for the nation'. Members of this organization like M.R.Jayakar were members of the nationalist Swaraj Party and hence, we must understand that the child-welfare idea appealed to the nationalist sentiments.

The committee seemed to have expanded its scope by talking about helping in establishment of infant welfare centres, maternity homes, and most significantly, 'passage of comprehensive public health laws' in its memorandum of 1926. The nationalist association strived to further the cause of improving the public health system in Bombay through the forum of Children's welfare. The National Baby Week Association further stated to create strong public opinion in favour of sanitary improvements by organizing such exhibitions in towns and villages of the presidency.²⁹ These papers inform us how many public health officials, civil authorities and local government bodies were involved in it at local levels. By late 1920s, the propaganda was taken to rural areas of Bombay Presidency like Khed-Shivapur, coastal area of Janjira and military cantonment of Kirkee in Poona.³⁰ The activities of this nationalist association were far broader as they also communicated in vernacular languages.

²⁸ M.R. Jayakar, *Private papers of Mr. Jayakar-*"National Baby Week Association Papers "(1925-32) digitized by National Archives of India, pp 120

²⁹ *Ibid.*, 26

³⁰ *Ibid.*, 147

Women as care-takers of children

In conventional writings, the early twentieth-century was when women were casted in maternal role and expected to do the affective labour and care-work for the babies. I have attempted to show how casting women as primary care-takers of children was a complicated notion. In reality, the working mothers could hardly conform to the standards of motherhood set by the middle class. Single mothers being the sole economic providers for the children, neither the state nor the middle-class expected women workers to give up their jobs altogether. In relation to the healthy growth and development of infants, a focus over maternal health became equally important. The alarming rates of high maternal mortality rates were a cause for worrying for which official explanations ranging from the 'inferior status' of women in Indian society to tradition-bound health habits were forged. (Ramanna 2007, 138) Mridula Ramanna has pointed out that the idea of hospitalization for something as domestic as childbirth was unheard of in the late nineteenth-century when hospital-based delivery was introduced.(ibid.:139). Efforts to improve maternal health were taken through Lady Willingdon's Scheme, yet in reality, two-thirds of the births were attended by unskilled women.(ibid.:141)

Indian doctors made forceful plea for raising standards of midwives and opening more Maternity Homes. There was more need of female doctors as Indian women were reluctant over physical examination by male doctors. The intrusive gender insensitive measures during the plague epidemic had changed the colonial health policy of curative medicine to preventive medicine.(ibid.:142). Women found it difficult to communicate their ailments to male doctors therefore, importance of women doctors and new medical fields like obstetrics increased. British opinion blamed mishandling of deliveries by dais for delivery complications. Umbilical sepsis was considered one of the highest reasons that would lead to an infant's death caused due to traditional methods of delivery. (ibid.:142) On the other hand, the Indian doctors took a more pragmatic approach. Efforts were made to train dais rather than ignore them because it was difficult for the medical community to negotiate with customs. (ibid.:143) The organizers of the National Baby Week Association solved this dilemma by inviting dais for midwifery training.

The concern over maternal health was aggravated in the aftermath of series of epidemics in 1918-1919 due to 915 deaths and 523 reports of infectious diseases of the mothers.³¹ One of the things pointed out in the administrative report was that the municipal nurses would have to follow up with repeated visits even after the lying-in period to attend on confinements The summary of data

³¹ Municipal Commissioner of Bombay. *Administrative Report of the Municipal Commissioner of Bombay 1919-1921*. (Bombay : Times of India press, 1922) pp. 571

from 1914-1918 showed not much improvement, in fact lowering of the number of the births attended by nurses with the high percentage of children dying within 30 days after birth. One of the interesting facts revealed in this report was the low number of beds provided in Municipal Maternity Homes, with 56 beds alone reserved for this purpose.³² The number of women was counted on the basis of Census of 1911, it was concluded that great majority required care and assistance during and after pregnancy. A provision of midwives visiting homes and giving lectures to women had been made. It was recommended that the dispensary staff should be increased in order to increase the number of house visits as it was believed that poor people were reluctant to visit hospitals.

Deaths of infants were divided in to two categories, neo-natal-took place within first four weeks, and post-natal-took place within one year. The Indian Medical Fraternity argued that half of the deaths of infants occur due to a tough start in life.³³ It was believed that the proper management of the maternal diseases could prevent ill health for infants . Maternal health problems that could cause problem of child health were lead, alcohol, industrial poisoning, syphilis, etc. The maternity and child welfare centres and mothers also asked girls to attend pupil training by Health Visitors as they would be in charge of young siblings.³⁴ Mothers were told to attend such centres as they were not places of treatment on the first occasion but primarily of advice. A female Health Visitor was appointed to deal with the mother, who would register birth and supply information to the centre. The emergence of the medical field of obstetrics could be seen as an important juncture in focusing on maternal health. The practice of preventive obstetrics would begin from the period of pregnancy. Indian doctors also asserted the importance of birth notification to ascertain the circumstances of births. The method of obstetrics included the care of women not only through pregnancy but lying-in period. Indian doctors asserted the importance of attending to the health of expectant mothers.

The official number of mothers leaving home for work in the administrative report tells us that the number of women going to the industrial workplace was high. The middle-class reformers took an interest in the health of working women. Yet, they accepted that it was impossible to ask women to give up their work thoroughly, hence the need for a compromise. Women were asked to engage in 'light work' where a pregnant worker could sit and work instead of carrying out heavy work

³² *Ibid.*, 572

³³ Dr.DJR Dadabhoy, "Infant Mortality: It's Causes and How to Remedy It." *All India Social Service Conference* . (Bombay: Servants of India Society , 1924.) pp 65

³⁴ *Ibid.*, 67

that involved considerable straining.³⁵ Undernourishment due to overwork were considered problem of working women and, hence they were asked to use less physical strength in work. Maternity Benefits for the industrial occupation as well as the health of women workers was also the focus of the child welfare movement. With the efforts of certain reformers and women's organizations, 1929 saw the passage of Bombay Maternity Benefit Rules that provided medical relief and leave for eight weeks before and after childbirth.

Many historians have emphasized the separation of the domestic sphere and public sphere in the wake of the late nineteenth and early twentieth century. The middle-class notions of domesticity and maternal health endeavored to confine women to the domestic sphere. Yet, it was admitted that women workers needed to work due to socio-economic compulsion. Indian doctors suggested that female industrial workers engage in light work that required less physical strength instead of expecting them to give up their work completely. In fact, Dr. Jeejobhoy was of the opinion that working relieved a woman of the anxiety of inefficient income and nourishment of a pregnant woman would be better if her ability to pay for food is better.³⁶ He argued that due to the inducement of going out in fresh air, the working women would be fit and would have satisfactory labour during lying-in period owing to maintenance of muscle tone.³⁷ While heavy-lifting and night-work were told to avoid, the middle-class was not bothered with women's industrial work. The Maternity Resolution passed by the Washington Convention of 1919 by ILO said that six weeks of confinement before and after childbirth was necessary to be set free from work. However, Indian doctors argued that the general rule of resting six weeks before confinement would be unnecessary as light work outdoors requiring walking would benefit women. Medical examination and grading according to women's physical strength when they enter mills was recommended to ease the physical strain of women.

The middle-class took a more sympathetic and patronising attitude towards the problems of working mothers. For instance, an article by social activist Kanji Dwarkadas complained that the public had neglected its duty towards female workers. Dwarkadas reported that as many as 30,000 women were employed, and although the Factory Act of 1922 laid down working hours for women to be ten, during inspection it was found out that often these provisions were defied, and no serious attempt was made to follow them.³⁸ In fact, Dwarkadas complained that the factory act seemed to have passed to enter International Labour Office records as the ground reality pointed out that hardly factory inspections were carried out sincerely. Dwarkadas argued how women had to work in the factory and fulfill the duties of domestic work, including looking after children. An average

³⁵ *Ibid.*, 68

³⁶ *Ibid.*, 69

³⁷ *Ibid.*, 75

³⁸ "Women Workers", *Times of India*, October 4, 1922.

working woman was believed to be working for 16 to 17 hours with no time for recreation or rest, and bad housing conditions affected her health even more.

A report published in Labour Gazette by a 'female doctor' pointed out that the hygienic conditions in the factories were better for women than the time spent in their own crowded chawls. The living space was packed, and the air that the family inhaled was laden with smoke and other impurities.³⁹ On visiting chawls, it was found out how most of the rooms contained animals like fowl, goats and were infested with rats. In a tightly packed room women expecting to be delivered would be found by the activists.⁴⁰ The condition of pregnant women workers was often discussed. The medical practitioners pointed out that the dietaries of working women were not ideal and their physical development was stunted.⁴¹ Improvement of the physical and economic condition of women became a matter of concern.

Although the draft convention of the Washington conference subscribed six weeks of rest before and after childbirth for women workers, in the labour gazette, it was argued that a fortnight after childbirth Indian women were capable of working, unlike their western counterparts.⁴² As it was customary in Bombay for the expectant mother to leave for her parent's house before the child's birth, the newborn would be born into more healthy surroundings than it would in its own home in the city.⁴³ Hence, women wouldn't want their earning to be precluded before or after childbirth. Further; the labour gazette stated that because of the prejudice against male doctors, the women workers preferred the barber's wife as a midwife, an 'immemorial custom'.⁴⁴ These remarks tell us that while the government and medical fraternity criticized women for not attending hospital-based delivery, at the same time labour department suitably used these grounds to justify not providing adequate maternity benefits to the working mothers. The gazette also claimed that many pregnant women were dismissed during wartime as they were found incapable of indulging in heavy labour.⁴⁵ Hence, the reason they should be allowed to have earnings for the crucial months that followed a child's birth. Arguing that Indian pregnant woman was capable of working was a strategy devised by the colonial government to assure that the expectant mother wouldn't starve to make the state liable for providing maternity benefits.

³⁹ Labour office secretariat, "Employment of women(maternity and child welfare)" in *Labour Gazette* 1, no 5 (Jan, 1922) pp. 29

⁴⁰ *Ibid.*, 30

⁴¹ "Women Workers" , *Times of India*, October 4, 1922

⁴²Labour office secretariat, "Employment of women(maternity and child welfare)" in the *Labour gazette* 1, no 5 (Jan, 1922) pp. 29

⁴³ *Ibid.*, 28

⁴⁴ *Ibid.*, 29

⁴⁵ *Ibid.*, 3

Modern Child-Care

The linkage of high infantile mortality rate to single room tenement had established that children's growth would be affected due to inadequate housing conditions. The letter of social activist Kanji Dwarkadas complained how the millowners were opposed to the passage of the Maternity Benefits Act.⁴⁶ Social activists demanded millowners to provide crèches for the children and pointed out that the expenses of maintaining a crèche were minimal.⁴⁷ The creche was a modern facility for childcare introduced in mills for the first time to ease the burden of care work for the women busy with the industrial occupation. Some efforts to provide medical relief to women were also found in Goculdas and Tata mills, Social Service League established a crèche that included iron cradles, beds, etc. The utility of crèche was explained to the women workers with babies through practical demonstration.⁴⁸ The scheme for babies of women workers of Ahemdabad at Ginning mills included 48 cots and mosquito nets along with the provision of open ground. An *ayah* or nurse was appointed to look after them.⁴⁹ In the Calico mill of Jamalpur, around 64 cots with mosquito nets under the supervision, a nurse was provided under this scheme. Even clean clothes and toys were given to children.⁵⁰ Separate wards were kept for sickly children, and between intervals mothers could visit their children.

The social reformers tried to open facilities like crèches for the children of working women, however we cannot say that their efforts were always met with success. Infant Welfare committee had opened a crèche near mills in Tardeo in 1917. Certain social activists affiliated with women's council visited the mills to convince women workers to leave their infants at the crèche; however it was accepted that it had been difficult to win over their confidence as women were found too timid to leave their children.⁵¹ Certain descriptions tell us how it must have been difficult for working women and their children to get attuned to the idea of a crèche. The crèche- 'Babies Welcome' - was meant to provide comfortable shelter to the little children while women were at work in Ahemdabad mills but it was claimed that working mothers viewed it suspiciously due to 'caste problems'⁵². The same article in the newspaper complained how 'coolie's baby' was everywhere in the factory space, swinging from Lories between boxes, slinging from beams, and

⁴⁶ "Women Workers", *Times of India*, October 4, 1922

⁴⁷ *Ibid.*, 2

⁴⁸ "Workmen's Institute", *Times of India*, August 22, 1922

⁴⁹ "Mill Creche at Ahmadabad", *Times of India*, November 11, 1919

⁵⁰ "Mill Day", *Times of India*, September 2, 1920

⁵¹ "Working Hands", October 25, 1921

⁵² "Mill Creche at Ahmadabad", *Times of India*, November 11, 1919

lying amongst beams.⁵³ Yet, it was difficult to convince women to leave their children in another room under the charge of a stranger.

An anonymous woman shared her experience of welfare work in the mofussil and the difficulty of working in such places.⁵⁴ The Women Council workers' job consisted of visiting mills, counting the number of infants in crèches, and making inquiries about the missing infants. Time and again it was found that women were suspicious of their children being left behind. The activist claimed that mothers got annoyed that children would have proper baths instead of water poured over head.⁵⁵ The 'ordinary maternal instinct' of keeping an eye on the eye would not allow them to trust crèche and hence, the activists demanded making crèche compulsory by the employers.⁵⁶ These activists deemed it necessary for outsiders to visit such places as it was found that the nursery was located in godowns with playgrounds turning into dumping grounds for industrial waste.⁵⁷ Based on such narratives, we shouldn't assume that the women were always reluctant to accept the idea of crèche, but the improper facilities could be an issue. We cannot estimate the popularity of crèches, but it must have relieved working-mothers of the obligation of looking after their infants. In fact, in 1929 when the labour union in Ahmedabad had threatened to go on a strike against bad working conditions, one of their grievances was no visible advance in the provision of crèches.⁵⁸

"Opium drugging" of infants and working mothers

One of the reasons why welfare workers insisted ardently upon the introduction of crèches was to curtail the practice of feeding opium to the children to keep them quiet while their mothers worked. It must have been difficult for working women to live up to the ideal standards of motherhood of the middle-class. The practice of feeding opium to the infants by the working women became an object of criticism for the social reformers. The social activists asked Mill owners to take steps to prevent the drugging of infants if they didn't want 'inefficient' and 'unintelligent' labour.⁵⁹ A report by medical practitioners claimed that around 98 infants born to women industrial workers were administered opium in various forms. Women workers were seen frequenting opium shops to buy *bala-goli*[pills for children] to put their babies to sleep while working.⁶⁰ It became a matter of concern for the European public as they compared the Indian context to the European context,

⁵³ *Ibid.*,8

⁵⁴ "On Welfare Work: Mofussil Experience", *Times of India*, March 1925

⁵⁵ *Ibid.*,6

⁵⁶ *Ibid.*,6

⁵⁷ *Ibid.*,6

⁵⁸ "Worker's strike", *Times of India*, May 9, 1929

⁵⁹ "Women Workers", *Times of India*, 4 October 1922

⁶⁰ "Opium given to babies: views of a visitor", *Times of India*, 11 April 1927

where they claimed that women workers were not found buying opium in shops.⁶¹ European medical practitioners were of the opinion that opium could be fatal for babies under 12 months.⁶²

In response to the reportage of Times of India, the issue of drugging infants with opium by women-worker employed in factories and mills became a topic of discussion in the local assembly. While the British members demanded action against the mothers for drugging their infants, Indian social activists took a more sympathetic view. An Indian doctor, Dr. K.E.Dadacamji, in the parliament pointed out that *bala-goli* was not necessarily harmful for children and there is no direct link between infant mortality and administration of *bal goli*.⁶³ He pointed out that women fed these pills to work peacefully and punitive action for this practice would result in loss of livelihood for working mothers.⁶⁴ In fact, another Indian member argued that unless and until the government takes up the issue of taking care of children while mothers were at work they cannot take such actions as the high infant mortality rate was due to the structural reality of poverty.⁶⁵

Motherhood and its complexities

Years between 1919 and 1930 saw reportage of a high number of infanticide cases in Bombay. The killing of newly born infants doesn't figure as a factor for high infant mortality rates either in administrative reports or medical opinions. Infanticide could be one of the reasons that kept Indian mothers away from the hospitals and other institutions in which births of infants got officially registered. The newspaper reported many cases of dead infants found on railway tracks, in gutters, gullies, dustbins, and latrines, and wrapped in pieces in cloth and buried in the ground.⁶⁶ Most of the death cases showed signs of asphyxiation, and at times, the parents of these infants were untraceable for the government. Getting rid of unwanted babies and not approaching any hospital authorities must be seen as a choice for working mothers as without adequate means of sustenance, it must have been difficult to take care of the children. On the basis of cases reported, female infanticide cases were higher. The notions about caste purity and gender discrimination were definitely at play for the disparity in numbers.

⁶¹ "Our Readers Views: Opium for Babies", *Times of India*, 14 August 1924

⁶² *Ibid.*,6

⁶³ "Infant mortality: campaign against opium drugging", *Times of India*, 13 June 1925

⁶⁴ *Ibid.*,8

⁶⁵ *Ibid.*,8

⁶⁶ The reports between 1919 and 1930 are replete with these incidents.

Most of these infants were birthed by widows or women without familial support. Widows gave birth to ‘illegitimate’ children and, out of social stigma attached to such incidents, wouldn’t have been able to approach the hospital authorities. A case was reported in which a young widow of Trimbak chawl gave birth to a baby in latrine and placed it on bathroom window⁶⁷. After the mother was traced, she was taken to Motibal hospital, and she showed recent delivery signs.⁶⁸ In another case, it was claimed by the parents of a newly born female baby that it was an accidental death as the mother was delivering the baby in *mori* [latrine] and the head of the infant inadvertently hit the bucket.⁶⁹ The dead body of a newborn child was found by a gardener of a bungalow in Byculla, and a female servant was arrested as her medical report showed signs of delivery.⁷⁰ A case of a 22-year-old Brahmin widow being shunned away from the countryside and sent to the city was reported. In the state of distress, she gave birth to the baby and threw it on a hedge.⁷¹ The same article lamented the rise in the cases of the gruesome discovery of newly born dead body of infants every other day. In most cases, a punitive action would be taken against mothers as it would have been difficult to ascertain the father’s identity. However, most of the reformers sympathized with the cause of widows and working mothers.

When the maternity benefits bill was discussed, some writers expressed that it should be the father’s responsibility, not the state, to look into the welfare of women and children.⁷² The anonymous author said that the emphasis should be laid on rescue as several cases of infanticide were reported every day in the city. While the mother was sent to prison after tracing, the father escaped detection. It was observed that Maternity Homes couldn’t be considered a safe place for mothers as they had to return back to live under the roof of the working father.⁷³ Ironically, these comments reflect upon the existing unequal patriarchal relations in the industrial city of Bombay, where working women were faced with distinct problems. They not only suffered socio-economic hardships but were subjected to patriarchal compulsions and complex realities of working in an industrial city. Contemporary observers commented in the newspaper that the reluctance over remarriage was also responsible for high rates of infanticide. The obsession with caste pride was held responsible for the ‘murder’ of babies.⁷⁴ The high cases of infanticide reflect upon the harsh social realities and explain the official paradox of a high number of deaths of infants reported in comparison to births. In many ways, the official data is inconclusive as it doesn’t shed light on the source of death reports of infants, a part of which formed infanticide cases. An explanation for the

⁶⁷ “Dead Child in the latrine”, *Times of India*, November 25, 1925

⁶⁸ *Ibid.*, 5

⁶⁹ “Strangulation or natural causes?”, *Times of India*, December 1, 1926

⁷⁰ “Secretly disposing of a dead body”, *Times of India*, November 14, 1924

⁷¹ “Infanticide cases: increasing in the city”, *Times of India*, December 25, 1927

⁷² “Problems of women workers”, *Times of India*, July 5, 1927

⁷³ *Ibid.*, 2

⁷⁴ “Widow remarriage”, *Times of India*, November 14, 1919

popularity of home delivery can be sought in the fact that it augmented the chances of escaping state's surveillance as hospitalized delivery meant compulsory registration of births.

Baby Weeks or Birth Control Weeks?

The belief that children are valuable national assets and hence, every child needed to be protected was not shared everywhere. A substantial section of middle-class influenced by Neo-Malthusian and Social Darwinist ideas promoted birth control to counter the child welfare initiatives. Promoter of rational birth-control, Prof. N.S Fadke, in the monthly review, remarked how Baby Week with its 'gay functions', 'pretty functions' and 'neat little speeches', enjoying patronage from aristocratic men, had become an 'institution'.⁷⁵ While he admitted that proper infant care is necessary, he commented that "nothing is more deplorable than the unabating rise in the infant mortality in all the cities of India". The unabating infant mortality pointed out those infants died early despite efforts put in their clothing and caring, their death meant a 'clear wastage of national strength and national resources'. Fadke argued that India deserved a movement of birth control that makes the Indian race stronger as only training parents in scientific care after babies arrive is not a probable solution for high infantile rate. He argued that taking care of diseased babies is as good as looking after 'damaged goods'.⁷⁶ He criticized baby weeks for unnecessarily promoting vaccination, ways to cure malaria, and baby food like Glaxo, Horlicks and Mellins for a fitter generation.⁷⁷

He further elucidated how every problem emerged out of unplanned pregnancy- a point unacknowledged by baby week organizers- who were busy sidetracking 'nation's mind' into 'futile shows, attractive but worthless'.⁷⁸ Instead of teaching about children's diseases, 'real radical reform' was for him to ask Indian parents to adopt a Birth control policy to 'enhance the quality of babies'.⁷⁹ He said that if baby week organizers want India to give better babies, they must talk about the family limitation policy. Investing in 'sickly children's health' was called 'wastage of national resources'. He felt baby week aimed to ban all talk of Birth Control which was already a long-held. "Welfare work should not begin with child, but long before parenthood".⁸⁰ According

⁷⁵ N.S.Fadke. "Baby Weeks or Birth Control Weeks?" *Cosmopolitan* (1925) pp. 312.

⁷⁶ *Ibid.*, 312

⁷⁷ *Ibid.*, 313

⁷⁸ *Ibid.*, 313

⁷⁹ *Ibid.*, 314

⁸⁰ *Ibid.*, 314

to him, it would be wiser not to allow unfit child to be born and then endeavour to improve its quality and organize birth-control weeks instead.

An article "*Rational Birth Control*" by H.W. Seton-Kara , adequately sums up how Neo-Malthusians perceived children. The article stated that the growing population in India is due to interference in nature.⁸¹ 'India of past centuries' had 'natural laws and conditions' that eliminated weak and unfit to 'produce strongest races'. The 'so-called philanthropic institutions' allowed 'unfit children' to stay who would further reproduce 'mentally and physically unfit children' who would be otherwise naturally eliminated.⁸² Birth control should be promoted in order to prevent diseased and weakly and unfit from being born. In a highly classist fashion, the author said that 'not numbers but quality matters', 'not masses of physical and mental degeneration' but 'few number of strong virile men and women'.⁸³ Unlimited production of unhealthy babies should be sternly discouraged as 'multitudes of weaklings are a burden to the government'. Most of these jibes were directed at the philanthropists and social activists who wanted the government's attention in the sphere of healthcare.

By 1925, newspaper editorials criticizing baby weeks through supporting Neo-Malthusian ideas appeared. An article titled "*Science and Birth Control*" told how low birth-rate would not only contain the population growth but the problem of starvation and disease could be averted.⁸⁴ The limited family would mean better food for children as it would lead to less pressure on agricultural output. In June 1925, leading figures of the Baby Week movement, Dr.H.V.Tilak and G.K.Devadhar, organized talks on Birth-Control method. 'Embarrassing rates of already overpopulated and impoverished India' necessitated not only knowledge about baby care but birth control as well, asserted the anonymous author.⁸⁵ It was also argued that babies would still die in high numbers even if birth-control was used, in short infant mortality would remain unchanged.⁸⁶ The civil surgeon of Alibaug influenced by Neo-Malthusian ideas argued that if birth control measures were not adopted, nature would have revenge by producing famines and pestilences.⁸⁷ India being overpopulated and poor, usage of birth control was necessary as long as livelihood didn't improve. The medical faculty seemed divided on the opinion of birth control. An article criticizing Baby weeks said that the baby shows are organized to improve to health of children but

⁸¹ "Rational Birth-Control ", *Times of India*, April.4, 1927

⁸² *Ibid*

⁸³ *Ibid*

⁸⁴ "Science and Birth-Control", *Times of India*, April.17, 1925

⁸⁵ "Birth Control or Baby Care", *Times of India*, June.5, 1925

⁸⁶ It's important to remember that Indian nationals were keen to expand public health laws through the forum of baby week .

⁸⁷ *Ibid*

for some it had become ‘annual tamasha’ (drama).⁸⁸ The blame for the high birth rate was placed on ‘pernicious customs’ like ‘purdah’ and ‘early marriages’.

Neo-Malthusians also advocated birth-control as a solution to health and economic problem of India. It was said that diminution of the total number of births and the total population was not a bad thing for a country like India. Interestingly, the argument given was “for longtime children were seen as assets and at the age of 12 would earn enough to keep up for themselves by providing little help to family”. The Indian Factory Act had increased the average minimum age to be admitted to industrial workplace [from 9 to 14]. It was argued that due to the implementation of minimum age provision for children to work in factories, they could no longer be considered assets to the parents in the economic life of the household. The logical conclusion of the argument was that the working classes should have smaller family size to ‘increase the value of new labour’ but the diminution in the number of families of professionals was deemed unnecessary. The question of abolishment of child labour became intimately tied with the promotion of birth-control as children’s economic value was believed to be reduced.

In the article of stated that doctors experienced in maternity work and having intimate connection with diseased parents believed that birth-control was the solution to avoid sickly children. In a very harsh tone the author further says that there’s no point in saving ‘puny weaklings have parents of equally degenerate of trappings’.⁸⁹ The article further stated that if ‘future race needs to be fit and healthy in body and mind’, ‘prolific breeding’ that leads to ‘famine and pestilences’ should be stopped.

A combination of Neo-Malthusian, racist, and economic arguments seemed to have furthered attacks against the celebration of baby weeks. The popularity of children’s movement among the larger population and even the educated circles can be questioned as there was no uniform agreement over taking social responsibility of children. A significant educated section reflected their classist bias while promoting birth-control, as it was seemed necessary only for those sections who couldn’t afford to bring up ‘healthy children’. These arguments were forwarded when associations like baby weeks and other social activists were urging the government to take responsibility for children and their mothers through the passage of public health laws.

⁸⁸“ Baby Weeks “, *Times of India*, March 18, 1926

⁸⁹ “Birth Control”, *Times of India*, March 25, 1928

Conclusion

An important consequence of the World War One was the public attention globally towards children's welfare. In my research paper, I have shown how the perceptions of the middle-class about modern childcare and children's health were shaping in the 1920s. The high infant mortality rate was an important pretext for pushing forward the public health measures. For most of the social activists, the children welfare had become a question of national significance. Official reports as well as the middle-class activists blamed individual parents for the neglect of children's health. There were many discrepancies in how the rate of infant mortality was calculated in the official data. It didn't mention the inadequacies of colonial government's healthcare measures, neither did it explicitly state how infanticide cases were dealt with. A major part of the paper explored what were the complexities involved in casting individual women in the role of primary caretakers of children as widows and working-mothers would be posed with material problems if they decided to 'save children'. With respect to children's health, maternal health also became important but suiting to the colonial Indian context, medical practitioners made certain changes in the field of obstetrics. The child-welfare movement didn't address the issue of female infanticide or turn a blind eye to it. The problem of opium drugging of children became a grave concern due to which modern sites of childcare like crèche were introduced rigorously. In reality, social activists faced considerable resistance from the parents to leave their children in the hands of strangers. This paper showed that there was not a unanimous consensus about children-welfare among all sections of the educated middle-classes as by late 1920s several Neo-Malthusians began questioning the protection of all children irrespectively in economic terms. In short, this research paper examined the contestations within the child-welfare movement, the practical problems in the implementation of children welfare measures and the changing perception of children.

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