

THE BRITISH COLONIAL POLICIES AND THE DEVELOPMENT WOMEN HEALTH IN MADRAS PRESIDENCY -A STUDY

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Abstract

The development of women's health under the British Raj, particularly in the Madras Presidency, was marked by a series of transformative yet uneven advancements. The colonial health initiatives primarily served British personnel, with minimal focus on Indian women's health. Over time, missionary activities, social reform movements, and the establishment of medical institutions began to shift this dynamic. Missionaries were among the first to address women's health, setting up hospitals and clinics that catered to local needs. Social reformers, influenced by Western ideas, advocated for women's rights, including healthcare access. The establishment of institutions like the Madras Medical College, which eventually opened its doors to female students, played a crucial role in training women healthcare providers. Women's organizations, like the All-India Women's Conference, emerged as vital advocates for maternal and child health, contraception, and nutrition. The Madras Presidency, with its diverse population and vast rural areas, exemplified these struggles. The advancements made during this period laid important groundwork for post-independence health policies and institutions.

Key words: Women's health, Madras Medical College, Reform movements, Western ideas, Healthcare, Madras presidency.

Introduction

The widely accepted definition of health is that given by the World Health Organisation (1948) in the preamble to its constitution, which is as follows "Health is a state of complete physical and mental wellbeing and not merely an absence of disease or infirmity" Health implies more than absence of sickness in an individual. Health is multidimensional The WHO definition three specific dimensions - the physical, the mental and the social¹.

Madras was one of the largest presidencies in British India. History provides a documentary record of the progress of public health. The British brought the modern system of medicine (allopathy) to India. As the East India Company grew from a trading company to an empire-building institution, doctors educated in modern medicine began to arrive in significant numbers. These services were initially intended to protect the health of troops and Europeans. The Madras Presidency pioneered health reforms in colonial India, focusing on medical education, public health facilities and legislative efforts. These initiatives set a standard for other places, helping to gradually improve women's health during this period. The presidency's emphasis on healthcare development not only improved women's well-being, but also paved the way for future health reform measures in India.

The Formation of British Raj in India

Madras presidency was one of the most prominent in British India. Madras Presidency was established in 1801. It was also referred to as Madras Province and formally as the Presidency of Fort St. George. It included southern India, including the states of Tamil Nadu, Kerala, Andhra Pradesh, Karnataka, parts of Odisha, and the Union Territory of Lakshadweep. Chennai was the capital of the Madras Presidency. In 1862, the province was split into 22 districts. Then it was split into twenty-four districts. In 1911, the province was split into 26 districts. The first British Governor of the Madras Presidency was Edward Clive, and the final Governor was Archibald Edward Nye. The Madras Presidency was renamed Madras State in 1947, when India attained independence. The Madras state was officially renamed as Tamil Nadu in 1967².

Women under the British rule

Women's positions changed only after the British began to rule India. During British rule, there were economic, social, educational, and political changes in India. Under their leadership, India experienced a massive social movement. Social reformers were concerned with issues such as sati, mistreatment of widows, denial of women's property rights, education, child marriage, and female infanticide. The social reformers believed that social awareness should be raised among the public in order to eradicate the evils of social injustice against women. Female infanticide was a major and complex problem³. It had multiple dimensions, including social, economic, political, and psychological issues.

Development of Public Health Administration

The Sanitary Code of 1840 and the Public Health Act of 1848 were introduced to address women's health issues in India. The British crown took over India's administration in 1859, marking the first significant advancement in public health administration⁴. The serious disease of European troops in India drew attention to England's parliament. In 1863, a sanitary commission was appointed in Bengal, Bombay, and Madras Presidency to enhance the health of the army and general populace⁵. In the mid-nineteenth century, the Tamil Nadu government implemented health development based on the constitution. The Health Department in Tamil Nadu was established in 1864, with a Sanitary Commissioner appointed to advise the Madras government on public health matters⁶. In 1865, the Vaccination Department was fully acknowledged, and the first attempt to record the death rate was made. Modern birth and death registration was adopted in Madras, Bombay, and Bengal in 1844, 1848, and 1870, respectively. The Sanitary Department was renamed the Public Health Department in 1920, promoting sanitation and disease management⁷.

Promotion of Public Health towards Women

In 1918-1919, the Madras Presidency had 118 hospitals and clinics, but in certain regions, like as Coimbatore, there was just one for over one million people. As the rural

population expanded, so did the demand for additional medical services. The Madras province administration acknowledged women's health as an important facet of public health, acknowledging that good public health, particularly for women, is needed for success in any activity. As a result, public health promotion and increased focus on women's health issues were prioritized⁸.

The Evolution of Women Education in Medical field

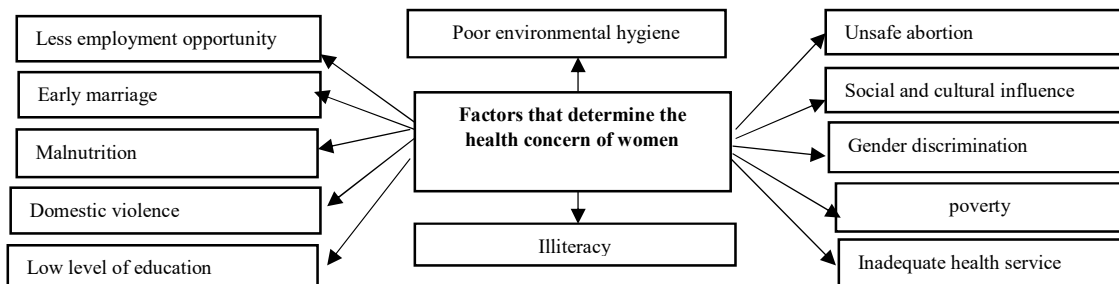
The history of women's education in the medical field in Madras dates back to Mrs. Scharlieb, an English woman who arrived in India in 1866 with her husband. She heard about the sufferings of Indian women due to lack of medical attendance and decided to take a midwifery course. She completed a one-year course at the Madras Maternity Hospital with the support of Dr. Balfour. However, she felt that midwifery training was inadequate to meet the needs of women patients in India. She proposed a scheme to Governor Lord Hobard and Dr. Balfour, Surgeon General, in 1872, to provide medical education for women. Balfour suggested providing nurses training at women and children's hospitals. The spread of the Western system of education attracted more young Indian women to pursue professional education. In 1841, a University Board was constituted to manage and administer the Madras University, which was later changed to Madras Medical College in 1850⁹.

Admission of Women

Madras Medical College made history in 1875 by admitting female candidates for the first-time following recommendations from Surgeon General Balfour. This was possible in Madras Medical College when no other medical college in India had ever dreamt of such a thing. In the year 1878 marked an epoch in the history of medical education¹⁰. Four ladies passed out from the medical college winning prizes in medicine, surgery, chemistry, ophthalmology, hygiene and practical chemistry. In the year 1928, by new regulations the medical degree was named as the M.B.B.S Degree¹¹. Dr. Muthulakshmi Reddy was the first woman Medical Student, House Surgeon and the Medical graduate of India¹². She worked against the evils of women and promoted the cause of Women's education and welfare. Other woman pioneers were Miss. Annit Jagandhan and Rukhmabai¹³.

Health problems of women

the economic and social circumstances also influence women health state. Most women experience illness, obstetric causes pose a significant risk to women's health. In comparison to industrialized nations throughout the world, the reason of maternal deficiency in India is significant. The primary causes include a lack of proper health care for women throughout the pregnancy, antenatal, and postnatal periods. These are the Factors that determine the health concern of women¹⁴.



Government Acts

The Public Health Code, enacted in 1924, is the most important document for state health official¹⁵. The Subsidised Rural Medical Relief Scheme (SRMRS) was established in 1924 to give medical assistance to rural residents. It did, however, come to a stop owing to the Depression. The Honorary Medical Scheme (HMS) was established in 1929, and private practitioners were appointed as unpaid honorary medical officials¹⁶. The Child Marriage Restraint Act (Sarada Act of 1928) set the marriage age at 14 for girls and 18 for boys¹⁷. In Calcutta, the All-India Institute of Hygiene and Public Health was founded in 1930, and the Indian Red Cross Society created a Maternity and Child Welfare Bureau the following year¹⁸. The Government of India Act of 1935 established autonomy for regional administrations.

Simon Commission

In 1930, the Simon Commission established a Central Board of Health to supervise public health issues in India. By 1937, the board had the ability to plan and coordinate, encouraging particular groups for nutrition, malaria, and school health. Medical facilities were supplied by hospitals and clinics, with 40 institutions throughout the Madras Presidency, including two hospitals for women and children. Medical facilities in the state were provided by means of hospitals and dispensaries maintained by the provisional governments as well as by local bodies and private agencies. These were 40 medical institutions in the Madras Presidency of them, only two hospitals were meant for women and children¹⁹.

Bhore Committee Report

Sir Joseph Bhore led a committee in 1943 to conduct a detailed examination of health conditions and organizations. Their 1946 study emphasized the need of health planning throughout the postwar period. The Health Survey and Development Committee (Bhore Committee) was formed, with the goal of arranging maternity care to minimize mortality. The group recommended prenatal care, professional labor help, postnatal care, and appropriate health protection for children from birth to infancy. The committee stressed the need of skilled midwives, health visitors, and woman doctors in providing these services. The committee stressed the significance of maternal and child health care for disadvantaged areas, highlighting the necessity for proper health protection for women and children²⁰.

The All-India Women's Conference

Mrs. Maragret E. Cousins launched the All-India Women's Conference in 1926, encouraging women to form local committees and convene conferences to address women's education and health. The organization presently runs maternity and child health clinics, medical facilities, adult education centers, and mother-training centers. Tmt. Sarojini Varadhappan was instrumental in the organization's growth, creating multiple branches around Tamil Nadu. So many balwadies are opened by her to take care of poor and orphanages especially girls²¹.

Andhra Mahila Sabha

Andhra Mahila Sabha, established in 1948, is a unique institution focused on women's upliftment. With 30 units, 9 in Chennai, its motto is "Building better lives for women." Durgabai Deskmukh, who served from 1953 to 1962, created 1,000 voluntary welfare organizations and 30,000 rural welfare projects. She introduced the "balwadis" scheme for child welfare and created Gramasevaks and Gramasevikas posts in Panchayat Unions. Her pioneering efforts led to the creation of educational training programs for women, such as health visitor, family planning, and Auxiliary Nurse-Midwives. The Sabha now operates in Mylapore, Chennai, providing shelter to poor women and children²².

Avvai Home and Orphanage Center

The Avvai Home and Orphanage Center was created by Dr. Muthulakshmi Reddy. She made various pioneering contributions, including admission to arts and medical institutions, nomination to the Madras Legislation Council, and the establishment of the Indian Women's Association. She was a torchbearer for the women's movement, attending conferences in London and Chicago to advocate for women's rights, child marriage, and the raising of the marriageable age²³.

The Women's Welfare Department

The Women's Welfare Department of Madras State was founded in 1941 to promote women's social and economic position. It works with volunteer groups, mainly in rural regions, to teach women and children about citizenship, health education, family planning, social and economic development, and thrift and savings. Committees at all levels monitor progress and offer advise on how to execute different women's and children's welfare initiatives.

Findings

- ❖ The study has traced the evolution of Health Department in Madras Presidency.
- ❖ Promotion of women health in Madras Presidency.
- ❖ The Evolution of Women Education in Medical field.
- ❖ The role of Government in promoting women health in Madras Presidency.
- ❖ Opening of medical college and hospital in madras presidency for women's benefits.

Suggestions

- ❖ Strengthening of healthcare infrastructure and access in rural areas.
- ❖ Community-based initiatives for health education and awareness.
- ❖ Encouraging women's participation in healthcare decision-making and leadership.
- ❖ Addressing the social determinants of health, such as education, employment, and poverty.
- ❖ Collaboration with NGOs and community organizations for women's health initiatives.
- ❖ Inclusion of women's health in policy-making and resource allocation.

- ❖ Research and data collection on women's health issues, with a focus on intersectionality.

Conclusion

During the British Raj, women's health in the Madras Presidency reflected a complex interplay of colonial policies, socio-cultural dynamics, and evolving medical practices. The introduction of Western medical practices and institutions brought both opportunities and challenges for women's health. While colonial health initiatives aimed to enhance women's health through the establishment of hospitals and the training of midwives, they often overlooked the specific needs and cultural sensitivities of Indian women. However, this period also witnessed significant progress in maternal and child health, largely due to the efforts of Indian reformers and women's organizations. These groups advocated for better healthcare facilities, education, and social reforms, contributing to a gradual improvement in women's health outcomes. The colonial legacy in women's health also laid the foundation for post-independence health policies.

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³ Neeradesai and Maithreyi Krishnaraj, *Women and Society in India*, Heritage Publishers, New Delhi, 1987, p.40.

⁴ B.N.Ghosh, *A Treatise on Hygiene & Public Health*, Scientific Publishing Company, Imperial Art Cottage, Calcutta, 1949, pp.10-11.

⁵ Kishore, *National Health Programmes of India*, Century Publications, Second Edition, New Delhi, 1997, p.74.

⁶ Annual Report of the Director of Public Health 1953, p.2.

⁷ Ms. Jyothi Yenkatachalam, *Administration Report on Public Health*, Minister of Health Madras, 1965, p.49.

⁸ Annual Report on the Administration of Madras Presidency 1919, pp.17-18.

⁹ Souvenir Book of Madras Medical College, Madras Centenary, 1965, p. 24.

¹⁰ Govt of Madras, Public Department, G.O.No. 120 dated 30th October 1882. p.7.

¹¹ The General Order No.6 of 11th January 1875.

¹² B.P Johari, *Outline of Indian Education*, Dikshith Press, Agra, 1963, p.225.

¹³ Administrative Report of the Madras Presidency, 1860-61, p.69.

¹⁴ K.Ramkumar, *Women Health Development and Administration*, Chandigarh, 1982, p.9.

¹⁵ Govt of Madras, Public Health Department, G.O.No: 1118(MS) July 2nd 1938.

¹⁶ Ramkumar, *Women Health Development and Administration, Principles and Practices*, Deep Publications, New Delhi, 1990, p.98.

¹⁷ Annual Report on the Administration of Madras Presidency 1929, p.9

¹⁸ N. Geetha, *Health Status in Rural Tamil Nadu with special reference to house Health Care*, published Thesis, Madras University, 1966, pp.10-11

¹⁹ B.N. Ghosh, *A Treatise on Hygiene and Public Health*, Scientific Publishing Company, Calcutta, 1949, p.10.

²⁰ William, Bonnie P Den, *Family Planning and its impact on the health of Women and Children*, p.5.

²¹ Annual Report of Director General of Health Services 1973. pp 38 -41.

²² Directory of Welfare agencies in Madras City and State committee, Indian Conference of social work (Madras Branch) December 1952. pp. 62-64.

²³ Directory of Welfare Agencies in Madras City and State committee, Indian Conference of social work (Madras Branch) December 1952, p.43