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Child Health and Educational Policy in Colonial Bengal (1910-1947)

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Abstract

In the early decades of the 20th century the colonial government was concerned with the problem of infant mortality and child health particularly in Bengal. They began to reformulate educational policies keeping in mind the issues related to health and hygiene. Since 1910, initiatives were undertaken for medical inspection of school children in Bengal. This article attempts to focus mainly on two issues i.e. Why the question of child health became vital for the colonizers and how it chalked out the pattern of educational policy in Bengal since 1910?

Keywords: intervention, mortality, morbidity, sanitation, curriculum

The end of the East India Company's rule in India brought manifold changes in various spheres including administration, education, health and allied subjects. The British in India incorporated these changes as it was a part of their 'civilizing mission'. As a result, British India and particularly colonial Bengal underwent rapid transformation in various fields including health and education. There is little or no disagreement among the researchers on colonial Bengal that the British health policies recognized the diverse social and cultural perspectives of the indigenous people and therefore policies were formulated in such a manner that it would provide them with the much-needed support for medical intervention. The idea of medical interventions by the British in India has become an integral part of the history of science, technology and medicine. It essentially represents the story of the introduction and dissemination of Western ideas, techniques and practices on indigenous society. The success of which depended on its acceptance by the 'natives'. Education and health are the two issues which are inter related. It is understood that quality education promotes good health and as a result there is a popular belief that educational policy and programmes must cater to the mental and physical developments of the school children. In order to serve this elementary purpose, the school curriculum includes subjects like physical education, school health services etc. If we contemplate the educational policy in colonial Bengal,

we will find utterly contrasting scenario. It was the question of child health which began to determine the structure and pattern of the educational policy, because during the early decades of the 20th century the colonizers were much concerned with the problem of infant mortality and child health particularly in Bengal. Moreover, 'colonizing' the body of the children as medical subject became vital for colonial medical intervention.

Therefore, area of medical intervention centered on efforts to reform the educational curriculum for school going children or to replace the age-old indigenous education system which was passed from generation to generation and which continued even after the advent of the Europeans in India. It can be argued that an extensive system of indigenous education prevailed which was not conducive for the propagation of the concept of Western science, technology and sanitation. Emphasis was laid on growth and development of western science and sanitation not only in Europe but also in the colonies of the mother country. Colonialism used the body as a site for establishing its authority, legitimacy and control over the colonized.[1] In this context the British in India considered education as a 'tool' to introduce the concept of Western science, health and sanitation among the Indians. Elementary or primary education which was meant for the age group 5 to 12 years was chosen as the initial stage for its development and growth. Although later on it was extended up to university and medical education and research. The first initiative in this direction was the appointment of the Indian Education Commission or the Hunter Commission in1882. It mainly focused on the development of elementary education in British India. It also aimed at reforms for doing away with the existing defects at this stage. The Hunter commission suggested changes in the curriculum, teacher training and methods of teaching. It also stressed on the appointment of school inspectors from among the Indians.[2] It can be said that this was recommended so as to provide better opportunities to the colonial government to understand the problems and aspirations of the indigenous people and to reformulate its education policy so as to have greater control over the Indian subjects. With this intention since 1904, the colonial government began to reformulate its educational policy keeping in mind the problem of child mortality and hygiene. The whole thing began to take shape as early as 1910, when efforts and initiatives were undertaken for medical inspection of school children in Bengal. It is worth mentioning that there is no scholarly monograph on the child health and changes in educational policy in colonial Bengal. There are some books and articles which deals with the development of education in India[3], particularly Bengal and as well as on the rights of children in India.[4] It is also to be noted that there are books, articles and occasional academic discussions on maternal and child health in British India. [5] But the question related to child health and changes in the colonial education policy lacks comprehensive work which if explored will enrich the scholars engaged in the study of the history of science, technology and medicine in colonial Bengal. It can be said that there is scant literature in this arena. As a result, this study is mainly based on Government reports and proceedings. Archival sources provide sufficient scope for making a systematic and comprehensive study dealing with the subject. This article is an endeavor in this direction. This paper attempts to focus mainly on two issues - Why the question of child health became so vital for the colonizers and secondly, how it chalked out the pattern of educational policy in Bengal since 1910?

As mentioned earlier the rate of infant and child mortality had compelled the colonizers to treat the matter of child health seriously. The colonizers believed that the increase in infant and child mortality was due to the unhygienic conditions prevailing among the 'natives'. They were also of the opinion that the indigenous people preferred to live under such conditions because, they did not possess formal training in matters related to hygiene. They lacked training as most of them were illiterate. The problem of infant mortality could be controlled by providing services related to maternal health. But perhaps the greatest challenge before the colonial government was to control and check the rate of mortality among children belonging to age group 4-12 years. This age group was expected to receive elementary education. British government opined that the rate of child mortality could easily be checked if a child was detected with sickness by the school or medical staff on inspection. Therefore, the colonial government decided to go ahead with medical inspection of schools and colleges and educational policy began to take shape in this direction.

Moreover, medical inspection of schools and colleges were undertaken in Bengal as the benefit of such inspection to the health of the child community had been fully appreciated in Great Britain, where there was no hesitation regarding its value. The difficulty in India and particularly in Bengal was the paucity of school inspectors and medical officers, their lack of training for this particular type of work and the initial cost of carrying such measures.[6] Colonial government was very much concerned with matters related to hygiene and sanitation as it hoped to accomplish their 'civilizing mission'.[7] The appealing indifference of lower classes people of Bengal regarding hygiene and sanitation was the greatest obstacle for the government to control the rate of child mortality. Thus, the question of sanitation perhaps became the greatest challenge for colonial medical intervention.

In order to deal with the insanitary conditions in 1912, the local government introduced on an experiment, the system of granting small sums to village committees for the purpose of keeping their villages clean in their own way. Most of the villagers refused to take them and so the experiment had to be withdrawn.[8] Thus the colonial government realized that nothing but continuous education could only overcome this terrible apathy towards health and hygiene.

In 1913, the colonial government introduced further changes in its educational policy with the intention of addressing the issues related with child health. Healthy environment in and around the school was an essential criterion for maintaining good health of its pupils. In this context location of the school was an important factor. The colonial government realized that proper and careful planning was a key to achieve success in this direction. And for this basic purpose the plains for school building were examined. Besides, condition of the existing schools and hostels were inspected. Due attention was given to the health of male scholars, the length of the school day and home gardens, gymnasia, reading rooms and common rooms. In addition to it, emphasis was laid on the proper and hygienic furniture for reading and relaxing. Moreover, attention was given towards physical training and with the intention to make pupils physically strong the colonizers introduced the book *deshikasrat*[9] in school curriculum. It is worth mentioning that all these initiatives were undertaken by

considering the importance of the concepts of hygiene, sanitation and healthy school environment which was bound to help the child to enjoy good health.

Apart from it in 1910, some Indian members of the Legislative council were anxious so far as the question of child health was concerned. Babu Ambika Charan Majumdar felt that mere medical inspection without the student having knowledge in the elementary rules of hygiene and sanitation could not be of much use. He opined that before the medical men go to inspect the schools and to instruct the students, they must know something about hygiene and sanitation and suggested that the health of the school children should receive utmost attention at the hands of the educational authorities. This idea become more important as larger percentage of rejections among the recruits to the Bengali Battalionand the Indian Defence force was an alarming indication how the Youth of Bengal was weak in respect of health[10] which was detrimental for the emergence of nationalism. Measures which would be beneficial for promoting nationalism and the physical well-being of the people of Bengal were acceptable to the members of the Legislative Council.

Moreover, with the national movement gaining momentum the question of education and child health received a fresh impetus. Mrs. Annie Besant, in the course of her address on behalf of the Home Rule League to his Excellency the Viceroy and the Secretary of State at Delhi on 26th November, 1918 attributed the short life period and the high death rate in this country to the lack of education and the appealing poverty.[11] On the other hand the Indian National congress was worried regarding the mortality and morbidity by malaria, and plague and other epidemics[12] and urged that the question of sanitation should receive a far larger attention through education. Thus, education and health were the two issues which drew the attention of national leaders.

Apart from it the Scientific Advisory Board of the Indian Research Fund Association in 1919 recommended that health teaching should be made compulsory in every educational institute from the primary school to the college. The scientific advisory Board felt that unless this teaching be made compulsory part of a curriculum, there was little chance of any local progress being made in preventing and combating the spread of the diseases.[13] Thus concern from different quarters regarding child health percolated in drastic changes in educational policy.

On the other hand, the colonial government realised that the changes in its educational policy will eventually bring change in the society. For the successful implementation of the educational policy the Government of India from 1912-13 allotted a grant of thirty lakhs of rupees and suggested that consideration should be given to the application of free elementary education amongst the poorer and more backward sections of the population who was suffering from poor health.[14] For this purpose suitable textbooks on hygiene and sanitation for the use of pupils in upper and primary and middle stages in all government and aided schools [15] were provided and the books on various subjects were to be examined by an expert committee.

Besides, the Education Department undertake to provide suitable lantern and slides after the completion of first World War on the teaching of hygiene and sanitation in schools with special reference to malaria within the municipal areas by the health officers and sanitary inspectors, provided, the municipalities were willing to meet the

remuneration for such lectures at rupees two to health officer and rupee one to sanitary inspector.[16] The Lectures were to be delivered in vernacular as it was more widely accepted. Lectures in vernacular drew the attention of a large section of the indigenous population.

In the same year a course on the instructions by means of illustrated lectures on hygiene and sanitation with reference to malaria was provided on an experimental basis for a period of three years in all government high schools, first grade training schools and as well as in a certain proportion of aided high schools. Moreover, three, third grade assistant surgeons were also appointed to deliver the lectures in vernacular. For this purpose, a tour programme was arranged with district inspectors of schools. The work was carried by the Assistant Surgeons in groups. One group each for the Calcutta and Burdwan divisions, the Presidency and Rajshahi division and the Dacca and Chittagong divisions. The lectures were delivered mostly in the month of September and March[17] as these months coincided with the onset of malaria. Besides a sum of Rs. 2,760/- was also provided to the Young Men's Christian Association, on the basis of recommendation of the Director of Public Instruction, in order to appoint an officer called Physical Director to systematize and make physical training more effective.[18] The services of this officer were at the disposal of the Education department because he was also to instruct the class teacher and various other persons associated with drill. It is to be noted that grant for this purpose was sanctioned at first for three years and later on it was renewed from time to time.

Moreover, the educational policy was formulated to give training to teachers in guru-training schools. In the beginning the trainings were imparted with the help of health officers or sanitary inspectors, working under the municipalities which had guru training schools in their respective localities. The officers meant for this purpose illustrated their views with the help of suitable lantern slides. With the intention to make it successful the sanitary commissioner of Bengal had consented to provide training and lectures in hygiene in training colleges and schools in and around Calcutta, Dacca and Kurseong.[19]

Keeping in view, the above factors, The Bengal Municipal Act 1932 made provisions for school health services and sanitation of the school premises within the municipal jurisdiction.[20] Thereafter the municipalities and district board took steps in respect of school health activities. On the other hand, the colonial government, along with regular medical inspection of school children, the educational policy was formulated to start new courses like school hygiene work in 1935.[21] In order to cater to this need school medical officers under the Education Department were appointed. These school medical officers examined physical condition including the height and weight, skin, teeth, nose, tonsils, adenoids, enlarged spleen and infectious diseases. For undertaking this work the school children in colonial Bengal was broadly categorized viz. school children of Calcutta, school children of municipalities and school children in rural areas.[22] It can be argued that the object of such examination was not merely to diagnose diseases but also its treatment so that it can be cured and prevented. This enabled the colonizers not only to stop further progress of diseases but also to bring the child back to health. This also acted on the one hand as preventive measures and on the other it laid to the way for medical intervention which enabled the colonizers to colonize the

mind as well as the body of the indigenous child who was a 'miniature adult'. The French historian, Philippe Aries in his land mark book *Centuries of Childhood* claimed that the idea of childhood did not exist at all in earlier times. As the child moved from its infancy it belonged to the adult society. According to Arie's analysis children dressed, behaved and conversed like adults. He was also of the opinion that they are also engaged in similar social activities and work.[23] As a consequence it became imperative for the colonial government to educate a child and to introduce changes in the educational policy. It can also be argued that there was an educational dimension which enabled the British government in India and particularly Bengal to secure control over the children's mind and in a way, they were institutionalized to make further advancement in the process of colonial medical interventions through the instrument of 'civilizing missions'. Another landmark event in the history of education in British India was the appointment of Sir John Sergeant as Educational Advisors to the Government of India. He suggested that to keep school children healthy an efficient medical service was to be arranged. Special schools for children suffering from mental or physical disability were to be set up with suitable curriculum. It gave utmost importance to general education, nutrition and health education for creating civic consciousness in society. It also suggested that there was a great need for cooperation between the medical officer and school teacher in promoting the health and general welfare of the school children. It opined that the teacher will play an important role in the organization of preventive and curative medical care in the early stages of school. It also emphasized on the detection and treatment of diseases and creation and maintenance of hygienic environment in and around school premises[24] and malnutrition. Later on in 1943, the Government of India appointed the Health Survey and Development Committee with Sir Joseph Bhore as its Chairman. The committee criticized the colonial government for poor condition of public health. The report highlighted the poor state of maternal and also child health.[25] Later on, various programmes and committees recommended improvement of nutrition of the child by providing balanced mid-day meal in order to meet the modern conceptions of desirable nutritional standards.

From the above discussion it seems that the colonizers made efforts to overcome the obstacles which hindered the growth and proper development of children. This was undertaken in order to curb the rate of child mortality. It should be mentioned that the above said measures were only meant for the physical development of the pupils. No attention was given on providing proper nutrition to those school going children whose health was a matter of concern for the colonizers. Without proper nutrition all round development was not possible. The nutrition of the larger percentage of children were generally poor. Cases of malnutrition and the diseases related to it were not unknown. This problem could have been easily tackled by providing school going children with milk, vitamins and other supplementary diet. Moreover, most of the measures related to child health and hygiene had to be taken by the local governments, although, Government of India occasionally provided financial assistance, which was not sufficient to deal with the situation. No doubt it laid greatest emphasis on a thorough enquiry by a small committee of experts into school and college hygiene and had accordingly assigned non-recurring grants amounting to twenty-five lakhs to provinces for this purpose and had assured that in future further allotment for recurrent

expenditure will be made available. It is pertinent to say that while providing funds the Government of India also mentioned that the local governments will not experience any difficulty in carrying out the projects and should make arrangements of funds themselves.[26] Thus, it can be said, that the Government of India defrayed from expenditure. It can be clearly understood from official proceedings that there was continued confusion between the Imperial and Provincial Government regarding the grant-in-aid to be provided for carrying out measures related to health and sanitation among the pupils. It should be further noted that confusion prevailed among the medical officials regarding the introduction of simple course of hygiene as compulsory at the various stages of school education. In order to cope with the situation educational policy was formulated in such a way that it was voluntary on the part of the student to adopt. It should be taken into consideration that the health of the people and particularly of children in our country was far from satisfactory. A great deal of ill-health among the children was due to the ignorance of simple rules of hygiene and sanitation. Educational policy should have been chalked out in a manner making such subjects compulsory. Teaching of subjects like hygiene and regular medical inspection of school children in England had led to improvement in public health and gave a greater financial return not expressive in figures. Although, the proportion of children of school going age in colonial Bengal was relatively small nevertheless, it was through the medical inspection of school children the colonizers hoped to make a real advance to the problem of child health. For this purpose, measures related to inspection, sanitation, hygiene, physical education was incorporated in the educational policy. Moreover, such a policy was necessary to arouse the interests of parents in matters related to health and sanitation. Even at present the child's proper nutrition, health care and health education are matters of concern to the state. The education policy is being reformulated from time to time not only on the basis of recommendations of different education commissions but also based on the elements of Basic Education system as expounded by Mahatma Gandhi which, contains the essential ingredients of school health programme. Gandhiji advocated special attention to matters related to health and there by declared that cleanliness and sanitation should be a part of the school training. Most of the recommendations were made keeping in mind the problem of child health, hygiene and as well as nutrition. Accordingly, in 1959 surveys were made of the health content of the syllabi in vogue in school education. In 1995 National Programme of Nutritional Support (NP-NSPE) to primary education was launched by the Government of India to improve the nutritional levels of pupils. At present this is being followed in West Bengal as Midday meal for the age group 6-14 years to mitigate the problem of nutrition and child health, which a legacy of the colonial rule. But the provision of mid-day meal must be combined with health education of the children to enable them to appreciate the importance of nutrition as an essential factor for improvement of positive health and wellbeing. It is worth mentioning that the initiatives undertaken by the Government in post-colonial India will not be of much value unless and until pupils put the lessons on hygiene and sanitation into daily practice. Moreover, studies and research in this arena is quite essential for not only making school health programmes effective but also economical.

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