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Contribution of Christian Missionaries in the Maternal Healthcare in Colonial Punjab

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Abstract

Along with the colonial authorities, there were missionaries who came to India, though, their purpose was to spread the Gospel. They entered India with the aim of conducting philanthropic activities. The healthcare sector provided the easiest access to the native population, and within this sector, women's healthcare remained largely ignored. This paper examines the contribution of Christian missionaries in women medical care with special emphasis on the maternal healthcare. The area of study includes colonial Punjab, covering both prominent centres and rural regions. The paper demonstrates the gradual development of mission initiatives in maternal healthcare sector in province of British Punjab. The initial missionaries were men, later, they were joined by the female missionaries who took the lead in the medical work for native women. The work was started on a small scale, grew into well-known institutions sustained chiefly by private funds. Although the initial missionaries lacked formal qualifications but with the rise of formal medical education, they began to receive training in basic skills. They described the zenanas as unhealthy spaces and claimed the role of saviours, with the stated purpose of rescuing Indian women. They also worked towards the training of the native women in medical healthcare sector as midwives and other sub ordinate staff. This study sheds light on the impact of these missionaries on the changing local attitudes towards maternal healthcare in colonial Punjab.

Keywords: Maternal healthcare, missionaries, midwives, *dais*, zenanas, hospitals.

Introduction

Missionaries who entered India in the colonial period were involved in several social and cultural interventions such as religious engagements, particularly the spread of Christianity, westernisation of native people through various spheres like education and medical healthcare and, most importantly, process of colonisation. And they played a significant role in modernization of medical healthcare system of Punjab. Missionaries assumed authoritative roles in transforming the local healthcare. They penetrated the secluded spaces of Indian households, that is, zenana, which would have been difficult for the British government to access. The history of missionary medical and social initiatives is incomplete if the significant impact of zenana missionaries is ignored. Their efforts were a significant component in the mission as they were the pioneers of western medicine who won the trust of local women and contributed in the development of maternal healthcare. Their efforts were not restricted to big cities, in fact, they showed the same level of passion and hard work to their service in smaller stations. They faced resistance not

only from the native population, who placed their trust in the indigenous healthcare system and local *dais*/midwife (for matters related to maternity), but also experienced friction with the British government over religious issues, as the government aimed to maintain the medical sector as a secular sphere of administration. Starting with modest dispensaries, they expanded their medical work into large hospitals, several of which continue to operate today.

The Contributions of Christian Missionaries in the Sector of Maternal Healthcare

The early medical missionaries did not come to India with the intention of practicing medicine but their aim was 'to propagate the gospel.' Their medical intervention was more out of the circumstances they faced. When the first Baptist Missionary Society physician arrived in Malda in 1793, he was inspired by the sick people around him to establish a missionary hospital, the first of its kind, out of sheds. Mission personnel frequently made similar requests for medical work to provide healthcare services.^[1]

In a decision passed in 1862, the Punjab Missionary Conference recognized the medical missions as "valuable auxiliaries" to the direct work of the gospel. [2] Consequently, colonial authorities encouraged female medical missionaries to work within Zenana, which was an "uncolonized space" for them. [3] The British and American medical missions were the forerunners of Christian missionary work. The first was the London Missionary Society, which began operations in Madras in the late eighteenth century. The American Baptist Mission and the American Presbyterian Mission began providing medical assistance in the middle of the nineteenth century. Among them were the American Methodist Episcopal Board in Nainital and Pithoragarh, Uttar Pradesh; John Steele in Madurai; and Rev. John Newton of the American Presbyterian mission in Punjab. [4]

In the early years, most missionaries in the region of Punjab were men who lived alone far from their wives and families. But this pattern changed as British became more established in Punjab and their presence grew stronger. Travel to India became far easier and more secure. The long, difficult journey no longer had to be undertaken by male missionaries on their own. Also, several unmarried women began traveling to India, to join the various missionary societies. [5] Despite their lack of medical training, the early missionaries frequently offered their converts and other natives some basic medical care. It was also believed that medical care would be a crucial way for missionaries to appeal to non-Christians. Access to women, many of whom were hesitant to seek advice from male physicians, was another benefit for female missionaries. [6]

According to Balfour and Young, the missionaries who worked in zenanas, "saw women sinking into chronic ill health and fatal disease unrelieved, but when advised to go to the hospital, holding up their hands with horror at the idea of consulting a man." The majority of them arrived in India as Zenana missionaries, and while dispersed throughout the nation, they all had the same terrifying realization of the deadly, nearly unimaginable tragedies which frequently occurred in the zenanas they went to. They witnessed their Zenana pupils dying during childbirth without any guidance other than the uneducated old *dai's*.

Initially missionaries struggled to help women because they lacked proper medical training and could only act as intermediaries. But on realizing that this was ineffective, they began informally learning medicine, through borrowed medical books from 'friends,' hospital visits during furlough, and even disguises to access clinics. As opportunities for women's medical education slowly emerged in the late 19th century, institutions offering short training in medicine and midwifery began to appear. These institutions enabled missionaries to gain basic medical and midwifery training. After getting trained they returned to India better equipped and more confident in providing direct medical care. [7]

Balfour and Young called the missionary women as 'bold spirits' who never lacked courage. Driven by faith, they broadened the scope of their medical practice; "some bold spirits acquired pocket-cases and performed minor operations." Bible women in the region were also trained to act as practical assistants, supported by girls from Christian schools and orphanages. The medical practice of initially a "side issue," started as a small humanitarian initiative eventually grew into a successful enterprise, emerging as the main function of the mission station and requiring a considerable workforce. [8]

The Medical Missionary Society, which was founded as a result of the Missionary Conference that took place in Lahore in 1862, gave organized medical missionary work in Punjab institutional form by the early 1860s. [9] In addition to providing funding for the local operations of multiple medical missions, the Society was instrumental in preparing Native Christians to work in this new area of religious-medical ministry. However, the history of this medical practice dates back to 1842, when Dr. W. Greene was assigned by the Presbyterian Board to start work in Ludhiana. Despite having to stop his services because of the unfavourable weather [10], missionary medical work persisted, and Amritsar and Ludhiana became important stations for medical mission work.

Women from numerous missionary societies were working across the country including Punjab, they were managing dispensaries and were engaged with zenana visits. Some prominent stations among them were: Kurnaul (maybe Karnal), Amritsar, Peshawar, Tarn Taran, Ludhiana, Gurdaspur and Lahore. [11]

The late nineteenth century witnessed the beginning of medical and educational missions as they flourished in Amritsar. The Midwifery Hospital was established by the efforts of Mrs. Clark in 1866 and subsequently turned up to the government. She also founded the Zenana Medical Mission in 1867, which Miss Hewlett of the Church of England Zenana Missionary Society carried later on. At the same time, systems of support were established for missionaries. [12] By the middle of the nineteenth century, women were becoming more and more involved in the medical field and could serve as health missionaries in their local communities both in England and elsewhere. Women's medical practice became increasingly professional as more of them sought professional training in health and medicine. [13]

The numerous attempts to obtain access to the zenana in colonial India were made with the propaganda of "women's work for women" and the educational objective behind the civilizing mission. Here, missionary tactics changed, as the idea that women needed to be "rescued" gave way to the idea that women were the key to altering a society's entire moral code. Christianity and civilization would spread to the Indian peoples through its women if missionaries were allowed to enter the zenana, which is off-limits to European men. This would be similar to the role middle-class women were given by Victorian evangelical doctrine.

However, because their efforts were not acknowledged and valued, their influence in their own country was not as great. They looked for chances in the remote regions of the British Empire, and one important location that offered these ladies a fertile land to continue their medical careers was India. [14]

The priority of Christian missionaries was the spread of Christianity. They aimed to preach and spread the gospel of God and convert people into Christianity. As Kumari Jayawardena has mentioned in her work, *The White Woman's Other Burden*, that Christianity had a role that served two purposes, conversion as well as modernization. In the context of conversion, missionaries had alleged that it would bring salvation and true faith to people living in the darkness. And in modernization, missionaries participated in breaking down of established beliefs and patterns of social organization, by replacing them with western methods. [15]

The East India Company did not refrain from driving out missionaries who could cause social tension, to avoid any conflict with the native's religions and traditions since it would be detrimental for their commercial motives. But after

a significant pressure of various missionary groups of Britain the Charter Act of 1813 was passed that paved the way for Christian missionaries to gain entry into India.^[16]

From the year 1860s, missionary attitudes began transforming, and women missionaries' presence started growing in missionary activities. Initially the "lady missionaries" were not allowed to serve but gradually the "virtuous" and "valiant" women were permitted to serve abroad. The unmarried women without domestic obligations were invited to join the missionary societies and were encouraged to extend their natural domestic and maternal skills to non-Christian households. Hence, women were sent for a distinctive female mission, that was, "the Mission of women to women in the homes, to the mothers, and to the little children," to expand the scope of work that was already established by the women who were the relatives of male missionaries. The female missionaries were most needed in those societies that were practicing female seclusion and where male missionaries could not reach. By the late nineteenth century, mission boards understood that the work was too significant and the wives of missionary men were not enough for it as it required dedication. And therefore, for the development of women's mission work unmarried women missionaries were essential for this mission.^[17]

As the Mughal influence was firmly established in the northern, north-western and eastern parts of India, the tradition of female segregation was more prevalent in these regions.^[18] It was declared at the Punjab missionary conference of 1862-3 that male missionaries were not able to preach their message to the Indian women and it was referred as a "calamity". And it was perceived that this was the reason behind the minimal progress made by Christianity in India.^[19] The Baptist (1818) and Propagation (1854) Societies were the foremost missions and they had been putting efforts for many years in Delhi which was a part of Punjab. At the time of the mutiny, the Propagation Society was in its initial phase but was progressing in a satisfactorily manner. The Bishop of Madras who arrived in Punjab at the starting of the year 1857, stated that it as one of the most promising mission fields in India.^[20] Though, the attribution for the missionary work in Punjab is ascribed to the Presbyterians. Rev. John Lowrie initiated the work in 1834 and Ludhiana was selected as the focal point of their work.^[21] Amritsar was the first station to be occupied, then it was Kangra in 1854; Peshawar in 1855; Multan, 1856; Narowal 1859; Batala, 1878; Simla, 1899 and Islamabad in 1902.^[22] One of the oldest Christians missions in the region of Punjab was the Kotgarh Mission.^[23]

Mary Carpenter, a British philanthropist and social reformer visited India in 1868 and documented her experiences across two volumes. Christian ideology was clearly woven into her account, as she was concerned and wrote about the growing visibility of what she described as heathen practices within Christian society.^[24] She declared the zenanas as filthy and unhealthy spaces. But she was confident that the Europeans and Christianity would change the things, as she felt that contact with Europeans would make Indians to desire for improved living conditions and also, they would realize that it was unjust to keep women confined to the worst parts of the house.^[25]

The missionaries were quick to emphasize the importance of medical missions. Amritsar was among the main cities of the Church Missionary Society. In 1867, Mrs. Robert Clark initiated the medical missionary work for women.^[26] And it was supported by Sir Donald Mcleod, and Amritsar was chosen for it in 1872 because of with its huge population and

it was not far from to Delhi, so it was mentioned that after Delhi, Amritsar was most favourable destination as it was highly populous, the most suitable, and the busiest as well as flourishing city in the region of Punjab.

Dr. Henry Martyn Clark took charge of the CMS Amritsar Medical Mission in 1882. It covered the stations like, Jandiala, the Beas, Narowal, and Sultanwind. Encouraged by the positive response from the villagers, it was proposed that a central city hospital be established as a base, from which work could be extended to the neighbouring districts via branch dispensaries. The Midwifery Hospital at the Amritsar station was transferred to Miss Hewlett in 1883.^[27]

Rose Greenfield dedicated her life to the relief of suffering women of colonial Punjab. She wrote,

'But with the zenana work growing on my hands, I found it almost impossible to attend to the many that came for medical advice....'^[28]

Her desperation to help the women in time of need made her work towards opening of a medical branch of missionary service. Her devoted adherence to helping women directed her efforts towards establishing more branches for missionary services. And as a result of this Greenfield opened a women's dispensary in May 1881, and worked successfully there for eight years.^[29] The native people showed their faith in these medical missionaries as Greenfield had mentioned that some of them were readily available for experimentation just to convince others to trust the western medical system.^[30] A Branch Dispensary was opened in Gill and it was followed by another in 1897 at Phillaur.^[31] In February 1889, the Charlotte Hospital for Women and Children was opened. There were 30 beds in the hospital. In 1903, the number of in-patients treated in this Hospital was 655, and 17,859 visits to the Dispensaries were recorded.^[32] Ludhiana was a significant hub for missionary work of many types. It was evident from these and other factors that there would be chances for direct Christian and evangelistic work, as well as every benefit in terms of Christian instruction and effect on the pupils. And the school was intended for Christian women who were both morally and physically qualified to serve as missionaries.

Edith Brown had a vision of what was required to support Indian women. Now the first stages had been completed, the site had been selected, the resolutions formulated, and a faith-based commitment to the future had been established. Thus, the North India School of Medicine was established for Christian Women.^[33] The General Committee changed the name North India School of Medicine for Christian Women in 1912, and the medical college was renamed as The Women's Christian Medical College, Ludhiana.^[34]

The concerns for maternal healthcare could also be noticed since an English doctor who was appointed civil surgeon at Ludhiana in 1908 reported the high maternal mortality. And it was directly connected with the ignorant native *dais*. The process of reform had begun. Edith Brown documented,

"A great and, I am glad to say, a successful effort has been made to get hold of the indigenous midwives of the town, and the result in the saving of lives of both mothers and babies is already marked. Still, there is much to be done, and we shall not be satisfied till there is a midwives' register, and all are obliged to be trained and under supervision."

The missionaries became familiar with the approaches of native *dais* through their direct interactions with the patients. The missionaries argued that the indigenous women's poor health and high infant death rate were mostly caused by the *dais'* ignorance.

The missionaries and the Punjab government worked to train them in order to upgrade the situation. The Punjab Central Midwives Board was established in 1917. This was implemented in a few selected locations where there were suitable female missions. In the years that followed, the number of hospitals increased steadily. By 1929, Punjab had twenty-one mission hospitals, seventeen of which served women.^[35] although financial challenges persisted, medical student numbers and the uptake of outpatient and inpatient treatment rose significantly across the 1930s and 1940s.^[36] Later, missionaries were increasingly sidelined by the non-religious medical professionals who regarded them as having insufficient formal education and training. But these missionaries evolved according to the needs and continued to work in the field of maternal healthcare.

Conclusion

Colonial medicine is a significant issue that has attracted considerable concern from the social historians but one must give equal space and importance to the contribution of mission hospitals and medical missionaries to understand the real situation. And women's bodies became the site of struggle, where colonial medical system had to face indigenous practices and deeply rooted social norms.

The arrival of woman medical missionary marked a major development in the sphere of missionary activities. Though, these Christian missions were pioneers in the field of providing medical care in different parts of world, the main purpose was to spread Gospel among locals in order to civilise them by making them understand the teachings and beliefs of Christianity. The studies related to women missionaries and medicine had produced significant findings. Christian medical missionaries occupied a distinctive and important position in the development of women's healthcare in colonial Punjab. Their work grew in a society where women were mainly confined to the private sphere, and long-standing domestic customs. Male healers were not allowed so, missionary medical women entered households as caregivers to the women who were covered in *purdah* and needed reforms for their health, and reproductive lives. Medical work thus became an easy way through which the native women could be contacted. Moreover, the region of Punjab was considered suitable because its geography and population provided these missionaries with significant opportunities for practice and experience.

Hospitals and dispensaries for women, along with zenana visits, formed the core of missionary medical activity. These institutions addressed difficult childbirths, untreated infections and conditions that had long been managed by traditional dais. For many Indian women, mission hospitals was a last resort during moments of crisis. Their decisions to seek treatment in these mission hospitals were because of pain and fear, rather than by any attraction to Christian teaching.

The growth of women's medical missions in Punjab was shaped by a gradual progress. Financial instability was a constant concern that restricted further expansion and shortage of staff. Mission hospitals had to be depended on uncertain donations, foreign missionary societies, and local patrons. Furthermore, they also had to struggle against the resistance from the native traditions as many local families, particularly in rural areas, continued to trust in indigenous *dais* (midwives) because of familiarity, accessibility, and cultural presence that were seen as more significant than the benefits offered by hospital care. At the same time, missionary medicine cannot be separated from the broader

colonial environment in which it functioned. Government interest in women's healthcare remained limited as well as symbolic. Though because of this limited support several hospitals and training centres were established which might not otherwise have achieved much success.

An area of disagreement was childbirth practices that was largely handled by the traditional midwives. Traditional midwives/*dais* were the controlling authority in the maternal healthcare and their training was largely based on inherited knowledge, ritual practice, and familiarity, even as colonial medicine tried to marginalise and regulate their work. Medical missionaries criticized the indigenous midwifery practices and called them harsh, ignorant as well as dangerous. However, they had to put efforts to reform or replace *dais* which revealed the limits of cultural authority. More gradual strategies like training programmes, collaboration, and supervision were planned rather than direct attempts to displace local *dais* to avoid resistance. These encounters show how women's healthcare evolved which was not through immediate replacement of indigenous practices but through gradual adaptation and controlled change.

During interwar years, the result of these efforts became visible. Despite ongoing financial constraints, the number of women enrolling in medical training and the use of outpatient and inpatient services increased steadily through the 1930s and 1940s. It was the period of medical emergency and the women's hospitals emerged as significant institutions that were offering medical care. This shift was not only because of missionary persistence but also changing social attitudes, urbanisation, and the growing concern for the women's healthcare. Moreover, the impact created on the native culture because of the female missionaries is a crucial historical matter since it has a visible effect on the present culture.

So, the Christian medical missions in colonial Punjab were neither purely benevolent agencies nor just the instruments of cultural domination. Instead, their activities were shaped by colonial authority and gendered access to healthcare, and the everyday pressures of illness, childbirth, and survival within native societies. Their role was significant in the gradual reforming of women's healthcare practices and the creation of institutions that continued to influence medical care for women even beyond the colonial period. There is a need for more research to understand the significant effect of the work of medical missionaries on local societies. The medical missionaries were the torchbearers in the field of medical healthcare for women as they facilitated the entry of women who were professionally trained in medicine. These women were sent to spread the teachings of Church but their courage cannot be denied as they worked hard towards the healthcare provisions for indigenous women. They brought modernization in medical sector as well as in the social life of Indian women.

References

1. Potts E. Daniel. British Baptist Missionaries in India, 1793–1837: The History of Serampore and Its Missions, Cambridge University Press, Cambridge, 1967, 62–63.
2. Punjab Missionary Conference, Report of the Punjab Missionary Conference Held at Lahore in December and January, 1862–63: Including the Essays Read, and the Discussions Which Followed Them, American Presbyterian Mission Press, 1863:109.
3. Cheema G. Western Medicine and Colonial Punjab: A Socio-cultural Perspective (1849–1901), 1st ed, Unistar Books Pvt. Limited, 2013, 48.

4. Baru RV. "Women Missionaries in Medical Care and Institution Building in India," in *Gender in Modern India: History, Culture, Marginality*, ed. Lata Singh and Shashank Shekhar Sinha, Oxford University Press, Oxford, 2024, 223-240.
5. Kaur M. *Christian Missionaries in Colonial Punjab: Religious Activities and Social Work*, PhD diss., Panjab University, 2022.
6. Jayawardena Kumari. *The White Woman's Other Burden: Western Women and South Asia during British Rule*, New York: Routledge, 1995, 77.
7. Balfour MI, Young R. *The Work of Medical Women in India*, Oxford University Press, London, 1929, 14.
8. Ibid, 15.
9. Punjab Missionary Conference, Report of the Punjab Missionary Conference Held at Lahore, 1862-63, American Presbyterian Mission Press, 1863:109.
10. Presbyterian Church in the United States of America. *Historical Sketches of the India Missions of the Presbyterian Church in the United States of America, Known as the Lodiana, the Farrukhabad, and the Kohlapur Missions: From the Beginning of the Work, in 1834, to the Time of Its Fiftieth Anniversary, in 1884*, Allahabad Mission Press, Allahabad, 1886, 38-39.
11. Ibid., 42.
12. Clark R. *The Missions of the Church Missionary Society and the Church of England Zenana Missionary Society in the Punjab and Sindh*, Church Missionary Society, London, 1904, 36.
13. Harrison, Brian. "Women's Health and the Women's Movement in Britain: 1840-1940." In *Biology, Medicine and Society 1840-1940*, edited by Charles Webster, 15-71. Cambridge University Press, London, 1981, 52.
14. Norman Etherington, ed., *Missions and Empire*, Oxford History of the British Empire Companion Series, Oxford University Press, Oxford, 2005.
15. Jayawardena Kumari. *The White Woman's Other Burden: Western Women and South Asia during British Rule*, New York: Routledge, 1995, 22.
16. Gayathri Ch. Radha. *Female health care in colonial North India: a study of medical and educational interventions*, Jawaharlal Nehru University, 2007.
17. Fitzgerald R. "A Peculiar and Exceptional Measure: The Call for Women Medical Missionaries for India in the Late Nineteenth Century," in *Missionary Encounters: Sources and Issues*, ed. A. Robert Bickers and Rosemary Seton, Curzon Press, Surrey, 1996, 178.
18. Nair J. "Uncovering the Zenana: Visions of Indian Womanhood in Englishwomen's Writings, 1813-1940," *J Women's Hist.* 1990; 2(1):11.
19. Fitzgerald. "A Peculiar and Exceptional Measure," 180.
20. Kaur H. *A Woman Medical Missionary in Action: Edith Brown and the Christian Medical College and Hospital, 1894-1947*, PhD diss., Panjab University, Chandigarh, 2011.
21. Webster JCB. "Introduction," *J Presbyt Hist.* 1984; 62(3):190-198.
22. Church Missionary Society. *Proceedings of the Church Missionary Society for Africa and the East, One Hundred and Tenth Year, 1908-1909*, Church Missionary House, London, 1909:135.
23. Government of Punjab. *Punjab District Gazetteers, Vol. VIII-A: Simla District, 1904*:48.
24. Carpenter Mary. *Six months in India* (London: Longman Green and Do. 1868. p. 195.
25. Ibid.
26. Clark R. *The Missions of the Church Missionary Society and the Church of England Zenana Missionary Society in the Punjab and Sindh*, Church Missionary Society, London, 1904, 36.
27. Ibid.
28. Greenfield MR. *Five Years in Ludhiana: A Work amongst Our Indian Sisters*, S. W. Partridge, London, 1886:44.
29. Ibid., 52.
30. Greenfield MR. *Five Years in Ludhiana: A Work amongst Our Indian Sisters*, S. W. Partridge, London, 1886, 52-53.
31. Government of Punjab. *Punjab District Gazetteer: Ludhiana District*, Government Printing, Lahore, 1904:95.
32. Ibid.
33. Reynolds Charles. *Punjab Pioneer*, Word Books, 1968, 88.
34. Ibid.
35. Kaur M. "Pioneers of Women's Health in Punjab," *The Tribune (Chandigarh)*, March 21, 2004. Available from: <https://www.tribuneindia.com/2004/20040321/herworld.htm>
36. Kaur H. *A Woman Medical Missionary in Action: Edith Brown and the Christian Medical College and Hospital, 1894-1947*, PhD diss., Panjab University, Chandigarh, 2011.