

# Healthy Homes

## Mothers, Children, and Nurses

by Ginalie Swaim

**B**ecause some babies have lived through filth is no argument that yours will."

The message in a 1911 Iowa Board of Health bulletin was harsh, but the statistics were alarming. The United States ranked 11th in infant mortality. Between 1910 and 1913, one out of every five U.S. deaths was a child under age one. Maternal deaths from puerperal infection (childbed fever) were increasing. In Iowa, more mothers and young children died than other adults and older children. A third of the child deaths under age five were preventable; most were blamed on impure milk.

By the turn of the century, the new movement in public health was to teach mothers hygiene in the home, and to teach children new health habits while they were

still young. Iowa joined the "Save the Babies" movement early on, demanding in a 1911 bulletin (left) that "something must be done to prevent the excessive mortality among children" and giving explicit directions to mothers. "Remember that absolute cleanliness is necessary in all details of the feeding." Diarrhea, generally preventable, was a leading cause of infant deaths, especially in the summer. Because of the dangers of impure water and milk, the bulletin advised mothers to breast-feed if possible. If not they must scrupulously disinfect baby bottles and use boiled water. At the first sign of diarrhea, they should consult a doctor. Mothers must not assume that all summer rashes were prickly heat but could be something far more serious. Windows must be screened to keep out disease-carrying flies. And children must be immunized.

Women's clubs, mainstream magazines, and Extension Service agents took up the cause of better babies, spreading the advice of public health experts. Iowa was one of the first states to use better-baby contests as ways

LEFT AND CENTER: SHSI (IOWA CITY); RIGHT: SHSI (DES MOINES) DES MOINES REGISTER AND TRIBUNE



to promote child health. The contests, often at county fairs and the Iowa State Fair, attracted large crowds of participants and onlookers. Judges were not looking for the prettiest baby. Babies were scored on their health—diet, personality, and whether their height and weight fell within average growth norms. Photos were taken of champion children next to trophies, and parents won cash or merchandise, but the larger messages were that America should value healthy children (more than livestock judged at county fairs), and that much disease was preventable through education and better hygiene. Baby contests became popular in many states, especially before World War I. In 1917, the American Medical Association adopted Iowa's scorecard as a national model.

"By 1919, Iowa families could turn to infant care pamphlets, baby health contests, fair exhibits, and a few city volunteer clinics for information on how to keep their babies well," writes medical historian Susan Lawrence. "But infant mortality in Iowa, while certainly lower than the rates in many urban tenement areas, did not decline as expected." Nor did the maternal death rate.

First proposed in 1919 and passed in 1921, the Sheppard-Towner Act provided federal funds to promote maternal and infant health and welfare. Senator Morris Sheppard (Texas) and Rep. Horace Mann Towner (Iowa) sponsored the bill. Sheppard-Towner clinics were strictly for education and diagnosis—not treatment. Iowa first received federal funds in 1923. By the next year Sheppard-Towner clinics had been set up in 97 of 99 counties. In largely rural Iowa, Sheppard-Towner

clinics had the support of local farm bureaus. "Parents came miles over all kinds of roads when there was no clinic nearer," wrote a participating doctor.

**M**any of the nation's early public health efforts to reach mothers had ignored rural families, partly because of the mainstream assumption that rural life was inherently healthy and that farm children were rosy-cheeked children who played and worked in fresh air and sunshine. For decades, urban social reformers had even placed children from tenements with farm families. The reality, however, was that life in rural America did not guarantee healthy children. Just as families in towns and cities had to learn about preventing disease through cleanliness and nutrition, so did rural families. In addition to disparities between urban and rural living standards, farm families had less access to medical services.

Reflecting the spirit of Progressive-era reforms and armed with scientific studies, public health officials partnered with social welfare agencies to address rural

**From left: Jefferson County mothers and babies at a local healthy-baby contest. Center: Charting young children's weight and height helped determine if they were within average growth ranges. Right: On an in-home visit in 1937, nurse Ruby Brouillete demonstrates newborn health care as Mrs. John Hartsock beams at her granddaughter Carolyn Ann. Brouillete was from the Washington County hospital.**





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needs. Between 1923 and 1927, the University of Iowa's Child Welfare Research Station conducted extensive studies in a rural school district and a rural township.

The fieldworkers rigorously evaluated the health and living conditions of rural families, particularly children's physical and mental development. They visited rural schools, checking water supplies and school attendance. The sociologists found that some farm women had no pre-natal care unless there were complications, that most had their babies at home with doctors attending, and that mothers had very little post-natal rest before they resumed their duties. The report concluded that farm families saw childbearing as "a natural function that should normally be carried on with little curtailment of regular activities and with a minimum financial drain." Rural parents also believed that their children could not escape certain contagious diseases, and that it was best that they contracted them and developed immunity early in life.

Although the detailed study found some rural-urban differences, historian Pamela Riney-Kehberg concludes that it "revealed that farm children in Iowa were relatively healthy. Mothers had fairly good maternity care, babies relatively high birth weight, and children exhibited normal levels of health and well being."

Sheppard-Towner federal funds dried up in 1929, when the act expired. The act had been intended to encourage the use of local resources, and mothers and babies with problems diagnosed at the clinics were directed to local doctors for treatment. Although many experts argued that the clinics were desperately needed, Lawrence writes, "by the middle of 1926, the tide had turned against federal involvement in state affairs. Medical opinion lashed out particularly against the fed-

eral Children's Bureau, which supervised the act, and its domination by lay people."

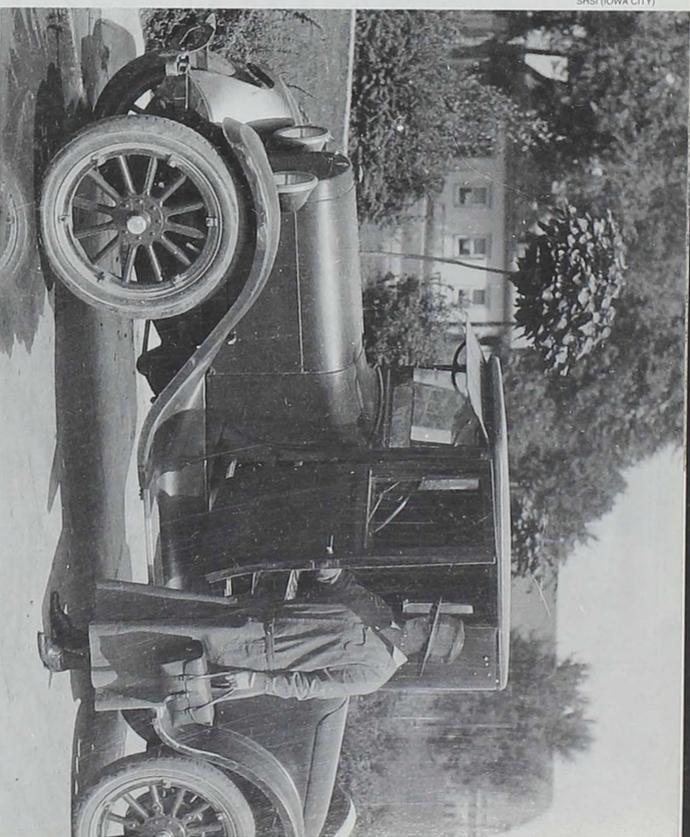
During the Great Depression, the federal WPA trained household aides to teach mothers how to best care for infants and children, the sick and the aged. By early 1940, writes historian Louise Noun, 571 aides worked in half of Iowa's counties, under the direction of the Department of Health. As World War II pulled many health professionals out of Iowa, WPA household aides assisted indigent families—nearly 5,700 by 1943.

Public health nurses also directly reached women and children. The concept of visiting nurses began in late 19th-century settlement houses, such as Lillian Wald's Henry Street in New York and Jane Addams's Hull-House in Chicago. Nurses going out and working with families in their own neighborhoods and homes became the foot soldiers of public health. They demonstrated how to care for the sick and how to prevent disease through simple sanitary measures.

Iowa's Public Health Nursing Bureau was established in the State Board of Health in 1921 and funded by the Iowa Tuberculosis Association. Funding nurses at the county level was an eternal problem, especially during the rural economic downturn in the 1920s and the depression that followed. Many Iowa counties lacked public nurses for great stretches of time. The town of Iowa Falls, however, was more fortunate.

Public health nurse Ruth Hager Cousin described the first step in her career as "getting her foot in the door." Cousin was a school nurse in Iowa Falls from 1934 to 1965. Her duties must have seemed endless: visiting all rural schools; checking children for vision, hear-

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ing, and head lice; facilitating visits to doctors; checking on absences; providing clothes for needy children; adjusting school-desk seats to better fit each child; performing exams; and maintaining health records. She organized an annual downtown dental parade of all students who returned signed dental cards as proof of visits to the dentist. Complete with marching bands, Cousin's parade idea was picked up by other Iowa communities. She was credited with helping see that 70 percent of area schoolchildren were vaccinated in 1936, carrying out a tuberculosis clinic with x-rays, and chairing the 1951 Hardin County March of Dimes, which raised \$10,000. "Mrs. Cousin has brought an understanding to her job that has won the confidence of the pupils and the parents and the entire community," one local tribute read. "She has moved right into the hearts of Iowa Falls families. Business firms and individuals and organizations give Mrs. Cousin money and clothing, knowing that such gifts will be put to the best possible use in the most needful cases. She handles such cases, both the receiving and the dispensing, with a true art of diplomacy."

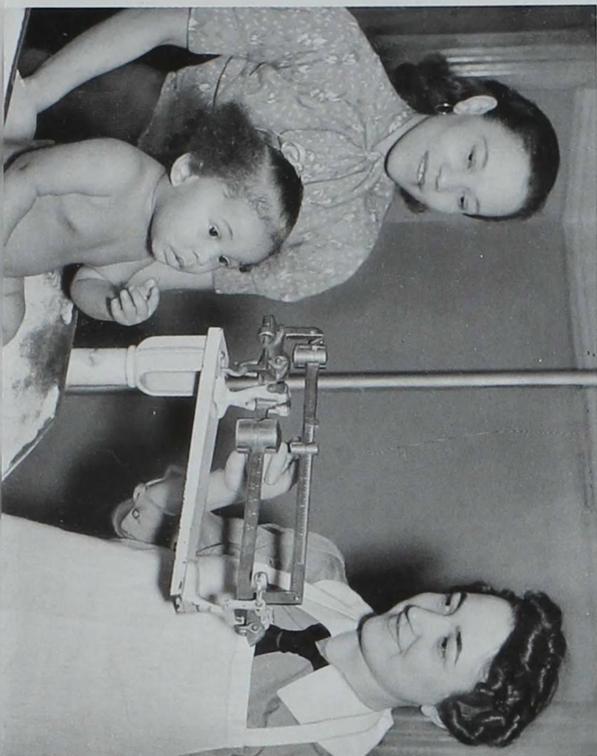
"At the same time there are many very delicate matters arriving in connection with the health of 1,600 or so school children. Not a few of these arise at the teen-age level. But where-ever they come, Mrs. Cousin goes quietly and knowingly about her assignment in a way that has the respect and admiration of everyone."

Like Ruth Hager Cousin, thousands of public health

nurses have earned the trust of Iowans to enter their neighborhoods, schools, and homes, in order to do the essential work of public health on the personal level. ❖

Public health nursing opened up new job opportunities for women. Above: A nurse with bag in hand, 1924. Below, from left: During National Negro Health Week in 1940, Betty Lou Burrell is weighed at the Negro Community Center, as her mother, Mrs. John Burrell, watches "for any show of temperament;" Center: Dressed as "Germs, Microbes & Diseases from the Valley of Illness," students from Gaza, Iowa, participate in a health pageant, 1921. Right: Public health nurse Elna Olson checks Ina Raines for sore throat and measles in the Salvation Army center, Des Moines, 1946.

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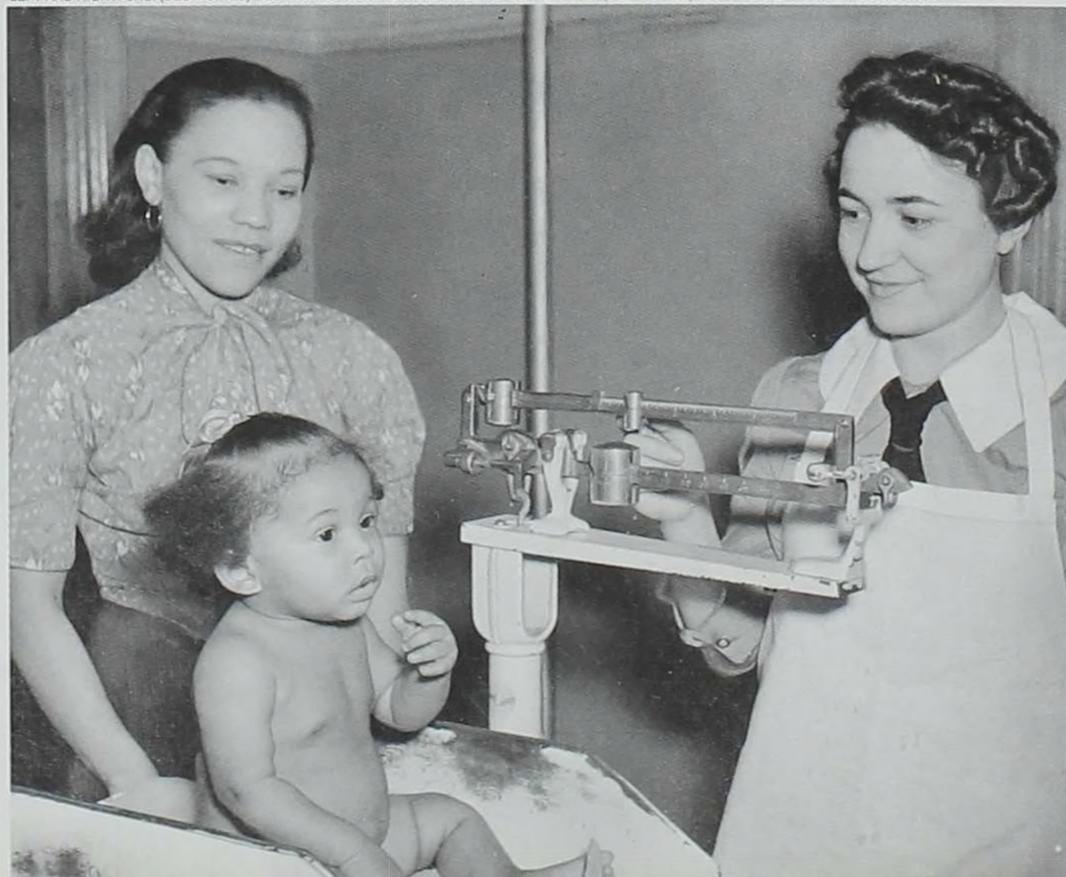
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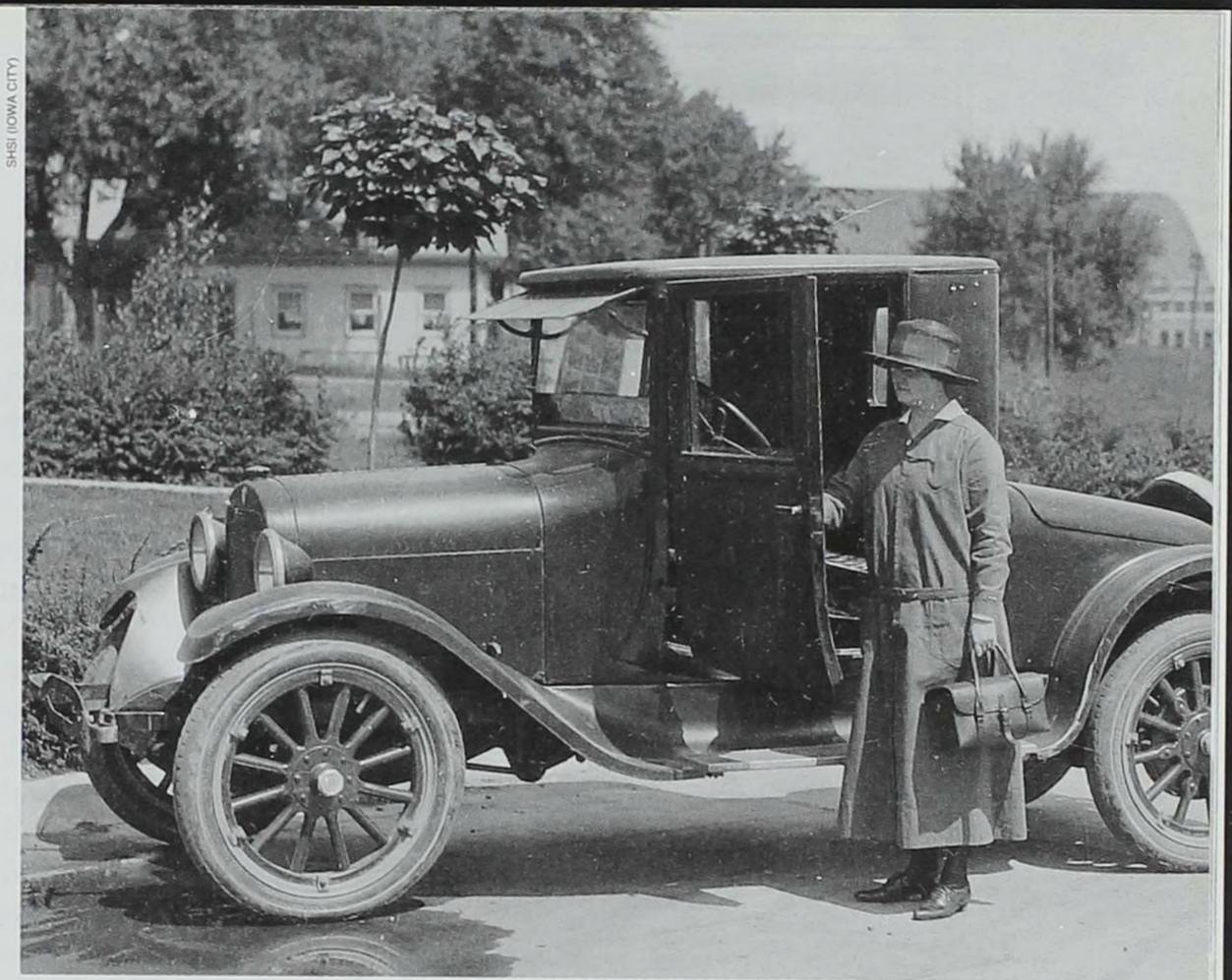
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