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Health care for children in Indian Armed Forces



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ABSTRACT

Children of Armed Forces personnel constitute 33% of the clientele dependant on our healthcare. Various child health indicators and immunization coverage of Indian Armed Forces children is better than the national figures. With improved patient care, it has been observed that the morbidity and mortality pattern of diseases affecting the children of Armed Forces personnel has shown a change from infectious diseases in the past to more of chronic complex disorders at present. Hospital admissions of children in military hospitals due to nutritional and infectious diseases have reduced and constitute only around 21% of all paediatric hospital admissions. Various factors responsible for this shift are preventive health measures (antenatal care, immunization), Active promotion of health (baby friendly hospital concept, Well baby clinic) curative health services (outpatient services, in-patient care, specialty care, supportive Care) and supportive care-reaching beyond like ASHA schools. Presently, we need to handle, life style diseases like obesity, mental stress, teach coping mechanisms for common stressors such as parental separation, family reunification, parental loss, behavioral problems, diseases other than infectious diseases requiring super specialty care. The challenge lies in planning the road ahead for these children and adolescents ensuring a life-course approach.

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Introduction

Childcare has been given importance since the beginning of medicine as a science. The ancient ayurvedic scriptures speak in detail of child care (*Atharva Veda*, *Kaumarbharitya tantra*, *Kaumarabritaand* in *Sushruta Samhita*, *Sarira-Sthana* and *Ash-tanga-Hridaya*). Kashyapa and Jeevaka (400 BC) were well known Paediatricians of ancient India.¹ Modern medicine saw health care for children intensify. In 1798, with the discovery of smallpox vaccine began the era of vaccine preventable diseases.² Over the years mortality due to infectious diseases

has reduced drastically. The World Health Organisation (WHO) declaration at Alma Ata in 1978 on Primary health care includes maternal and child health, immunization and nutrition in addition to safe drinking water for everyone, especially children.³ However, it was not until the late twentieth century that Paediatrics emerged from the shadows of Internal medicine, and established itself as a separate specialty.¹

In the Indian Armed Forces, families of soldiers have been provided health care by military physicians for a long time. It was always realized that a happy soldier is one who knows

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that his near and dear ones are being cared for. No welfare measures for troops can match up to the interest accrued from a health care plan for his family. This is more relevant in India, where free health care is not assured either through health insurance or a national healthcare system. Children of Armed Forces personnel constitute 33% of the clientele dependant on our healthcare.

Children of Indian Armed Forces personnel

The children of Indian Armed Forces personnel have a different social environment vis-a-vis their counterparts in civil who are more likely to grow up within the environs of their own region and specific culture. They get to see the country and develop a pan India view without a parochial bias. They learn to be self-reliant early in life as quite often one parent is not available for long periods of time due to field postings, courses, deputations, temporary duties, etc. Over the years they become adaptable as they need to adjust to a new social environment every few years in a country that has diverse ethnic population across its various regions. They grow up in a nuclear family without growing roots in any particular place or culture. Nevertheless, they have a surrogate family of Armed Forces which provides the social support system where-ever they are. As far as their health needs are concerned they have access to world class care. They are brought up in clean cantonment areas with facilities available for all round development, timely vaccination and access to better nutrition.

Child health indicators

Various child health indicators viz. under-5 mortality rate, infant mortality rate, and neonatal mortality rate are much lower among children of Armed Forces personnel as compared to rest of the country and are comparable to some of the best world statistics. Immunization coverage is also far better vis-a-vis rest of the country (>90% for Armed Forces children vs 67% for India).⁴ The number of beneficiaries of various vaccinations are given in Table 1.⁵

Health care delivery system

Health promotion is the backbone of all welfare activities in the army. It starts at the unit level by the Regimental Medical Officer who is entrusted with the responsibility of early detection of diseases, treatment and timely referral to the hospitals. He ensures regular medical check-up of children, their vaccination and deworming along with curative services for minor ailments. Besides providing medical services he also disseminates information on topics like nutrition, hygiene and sanitation and family planning which contribute indirectly to improved health care. The role of Army Wives Welfare Association (AWWA) in improving the overall status of health of women and children through regular visits to homes and education of women is noteworthy. This has contributed significantly to a reduction in occurrences of infectious

Table 1 – Data on maternal and child health activities: 2014–2015.

Sr. no.	Vaccination	No. of beneficiaries	
		2014	2015
1.	BCG	39,768	30,009
2.	OPV (under one year)	1	38,526
		2	28,984
		3	27,553
3.	DPT (under one year)	1	29,379
		2	26,604
		3	23,228
4.	Measles	36,319	28,224
5.	OP V Booster	32,578	30,615
6.	DPT Booster	25,230	24,382
7.	Vitamin A	1	15,510
		2	15,852
		3	9279
		4	6881
		5	6192
8.	DT (5 years)	1	13,521
		2	4196
9.	TT (10 years)	1	13,022
		2	3016
10	TT (16 years)	1	7510
		2	2847
11	Pulse Polio up to 5 years of age	Dose	394,974
			366,856

diseases. At present, Paediatric services are available at all family stations. With improved patient care, it is observed that the morbidity and mortality pattern of diseases affecting the children of Armed Forces personnel has shown a change from infectious diseases in the past to more of chronic complex disorders at present. It has been seen that over past few years admissions of children in military hospitals due to nutritional and infectious diseases have reduced and constitutes only around 21% of all paediatric hospital admissions.⁵

As per the 'Health field theory' health status is affected by interplay of four key influences: genetic factors, the environment, lifestyle and hospital services.⁶ The Armed Forces is a true example to showcase how public health practice can successfully augment the curative services provided by the hospitals. It would be pertinent to state that the Armed Forces health care model provides comprehensive primary, secondary and tertiary care health services to all the dependants.

Factors responsible

The factors responsible for this change may be grouped as improved comprehensive care namely; preventive, promotive and curative. The Indian Army Medical Corps undertakes to provide comprehensive health care for the dependent children of all serving and retired personnel of the three services, free of charge from the womb and right through childhood. This is no easy task. The health of the child is ensured by a team effort of the Gynaecologist, the Paediatrician and the Community Medicine Specialist along with Nursing and paramedical care personnel and consists of:

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