

A QUALITATIVE COMPARATIVE STUDY OF WELL BABY CLINICS IN ARMY AND CIVIL HOSPITAL SET UP OF ALLAHABAD DISTRICT

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ABSTRACT

The concept of well baby clinic has been fading away in the lives of under 5 care, IMNCI or neonatology programs; of late. However, the stand of well baby clinic encompasses more proactive health than all other under 5 clinic programs. It was thus decided to carry out a comparative study of well baby clinics in the Army and Civil Hospitals of Allahabad; giving importance to the quality of care of well baby clinics was categorized by the score developed by the researchers. A total of 389 children were observed in the Army hospital as compared to 290 in the civil hospital. Over the past 2 decades, researchers have explored the quality of various child care settings and its effects on children. Key indicators of quality include the relationship between the child and the caregiver and structural characteristics of the child care setting, such as the child-to-adult ratio, the size of each group of children, and the formal education and training of caregivers. These two aspects of quality are often inter-related (White Book M et al., 1993). **Results:** The immunization coverage of BCG was to the tune of 89.97% in Army hospital as compared to 97.99% in city hospital coverage of measles was 92.94% in Army and 91.11% in Civil hospital. However the polio and DPT vaccine coverage in the Civil Hospital who double that of Army hospital.

Key words: Immunization, Vaccine, Polio, BCG.

Introduction

Well baby clinics or well child clinics as they are commonly known, deal with the total well being of children and family. As public health clinics, they provide a safety net for the economically disadvantaged by offering low cost health care. The clinics operate on a sliding fee scale or they may give free care to families unable to pay. One of the most important services offered by well baby clinics is the provisions of immunizations for childhood diseases such as diphtheria, pertussis, tetanus, polio, Haemophilus influenzae type-B, hepatitis-B, measles, mumps, rubella and varicella. The clinics are responsible for tracking immunization rates in the community and notifying families when shorts are due.

Well-baby clinics provide an array of diagnostic and preventive services, infant is checked for growth and development delays. At each visit the staff checks for vision abnormalities and muscle imbalance infections, heart murmur and hips for developmental dysplasia. Well baby clinics cover a wide area of services like Allergy,

Asthma Care, Diet and Nutrition EEG, ENT, Immunization Services, Paediatric Orthopaedics, Pathology and Radiology facilities. Well baby program was developed to improve quality of services given well-baby clinics. So well baby clinics aim to improve and maintain the health status and well being of children less than 5 year of age.

Material and Methods

The well baby clinic was started for children under 5 at Thapar Poly Clinic, Army Hospital Allahabad and Sarojini Naidu Hospital, Allahabad. The clinic was held daily. Any child reported by the mother to be under 5 was enrolled even when exact birth date was not known. At the time of enrolment a special card bearing the child's name and clinic number was given to the parents. Entries of subsequent appointments and records of immunization, weights, and height of children in both hospitals, from December 2013 to May 2014 and illnesses were made respectively on the card. Children upto 1 year were recalled at 1 month intervals and older children were called at 3 months intervals if

the immunizations were complete. Small children were measured on a beam scale (16 Kg/G) and their length measured with an infantometer (100 cm/cm). Older children were weighed on a bathroom scale (measuring in diversions of 0.5 Kg) and their height measured against the wall in centimeters. The head circumference, chest circumference and arm circumference were measured as recommended by ICMR (1986).

Information about the family, home conditions and the child was recorded on special forms used at our hospital clinic. The socio economic level was graded on Kuppusamy Scale (1962). The results were based on observations of the working of this clinic over a period of 6 months. During this period, 389 children from 289 families from Army hospital and 290 children from 208 families were enrolled. Some of them made repeated visits. These records were analyzed and results compared with those from our hospital clinic.

Results

Table-1 shows the number of visits paid by the children. Out of the total 389 children the numbers of drop out cases were more in Army hospital as compared to civil hospital. It is clear that large number of children dropped out after the first visit and the number steadily declined.

Table-1 : Dropout cases

No. of Attendance	Army Hospital (n = 389)	Civil Hospital (n = 290)
1	143	109
2	78	55
3	69	51
4	57	42
5	26	21
6 or more	16	12
Total	389	290

Most of the children dropped out either because of some difficulty at home or because of lack of proper motivation. A considerable number had moved out of the locality in both hospitals (Table-2).

Table-2 : Reasons for Dropouts

Reasons	Army Host.	Civil Host.
Difficulty at home	65	32
Out of Station	22	14
Illness of the child	16	08
Working Mother	14	04
Illness of other family members at home	13	08
Lack of proper motivation	48	29
Forgot appointment	23	16
Finished triple immunization	20	14
Triple courses vaccines	09	04
Irregular clinic	06	03
Attending other child health services	04	02
Lost the ticket	04	01
Left the locality/Transfer	27	07
Child died	05	02
Total	151	144

Table-3 : The immunization status of children attending Army hospital and other hospital clinics.

Vaccine		No expected to complete immunization	Children immunized			
			Before attending		After attending	
			No	%	No	%
Army hospital clinic	BCG	372	249	66.97	334	89.97
	Measles	372	314	84.41	346	92.94
	Triple vaccine	345	56	16.47	172	49.94
	Polio	345	61	17.94	176	51.02
Civil hospital child clinic	BCG	275	235	87.04	260	94.55
	Measles	275	234	85.09	246	91.11
	Triple vaccine	260	89	34.23	236	90.76
	Polio	255	65	25.49	222	87.04

The most remarkable improvement was in the status of the triple and oral polio vaccines (OPV).

Table-4: Shows the total number of doses of triple and polio vaccines revealed by children. About 150 children did not complete the course and 225 doses of triple vaccine and 213 doses of OPV were waste.

Table-4 : Number of triple and oral polio vaccine doses taken by the children

Number of children receiving vaccine dose						
Particulars		Number of Dose			Booster	Total
		First	Second	Third		
Army Hospital Clinic	Triple	87	69	130	33	319
	Polio vaccine	81	66	130	35	312
Other Hospital Clinic	Triple	75	60	95	30	260
	Polio vaccine	71	56	82	28	237

Table-5: Shows the educational status of parents. Approximately 1/4th of the fathers and 1/2 of the mothers were illiterate in the civil hospital. The literacy rate of Army hospital was better.

Table- 5: Educational status of the parents

Educational Status of Parents	Fathers				Mothers			
	Army Clinic		Other Clinic		Army Clinic		Other Clinic	
	No.	%	No.	%	No.	%	No.	%
Professional	146	46.77	0	0.0	41	13.90	0	0.0
Graduate	55	17.74	1	0.4	81	26.84	1	0.9
Intermediate	48	15.48	5	2.0	116	37.99	1	0.9
High School	43	13.55	26	10.4	51	16.93	10	4.5
Middle	15	4.84	84	33.6	11	6.02	38	15.90
Primary School or Literate	6	1.61	70	28.0	6	1.91	61	24.05
Illiterate	0	0.0	64	25.6	3	0.85	145	58.06
Total	313		250		317		256	

The child:

- (a) **Sex:** More girls than boys attended the clinic.
- (b) **Antenatal and Birth History:** The proportion of mother's attending antenatal clinics and going to hospital for delivery is less when compared to figures from hospital clinic.
- (c) **Dietetic History:** - All mothers had breast fed their children atleast in the initial period on an average breast feeding was continued upto 12.8 months on an average, top feeding introduced at 9.09 months and solids at 10.62 months.
- (d) **Growth and development Table-6:** Shows the various milestones recorded prospectively at both the clinics.

Table- 6: Milestones of the attended the both clinics

Milestones	No.	Mean age of achievement in months		Pathak (1970) norms
		Army Hospital	Other Hospital	
Smiles	110	2.5	--	1.4
Head holding	111	3.4	3.4	3.5
Sitting unsupported	169	7.1	6.9	6.2
Standing unsupported	74	11.2	10.6	10.8
Walking unsupported	97	14.6	11.6	12.5
Speaks two words	70	18.7	14.8	14.1
Runs	36	21.7	--	--

Discussion

The place for a health centre in a Army hospital and civil hospital may be profitably utilized for various social and health activities. However there is a disadvantage as well. If one of these activities produces some dissatisfaction in a section, these people are likely to project the impression to the other activities as well.

There should be at least two people to work at the clinic on a long term basis otherwise the system is likely to collapse. The paramedical and non medical staffs are also important. They can take a great bad off the responsibility of assessing the child and advising the parents. In our experience a local volunteer can be easily trained to work at the clinic and for some home visits if she is given some incentive and encouragement.

It is suggested to that the proformas should be prepared in the regional language

so that the local worker can fill up the background information.

Conclusion

At present and for many years to come the general practicenor must play an active and important role not only in treating diseases but also in preventing them by giving health advice to the parents just as it is necessary to draw to the well baby clinics more children from law socio-economic classes. It is also necessary to absorb the spirit of well baby clinics into the general practice nor. The general practicenor should run their own well baby clinics or volunteer their services for those run by social agencies.

It is only with the active participation of children practicenor that a large number of children would deserve the benefits of preventive health services.

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