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ABSTRACT

Although the military health care system is the second largest in the nation serving approximately 6,000,000 people, little research has examined military reproductive health care services or their quality. Medical services can be provided by regional military medical centers and by base infirmaries and dispensaries. Often base infirmaries and dispensaries lack specialized care for pediatrics and gynecology. Military families tend to be young and in need of obstetric and pediatric services. Satisfaction with health care is critical to the military family's sense of well being and security. Reproductive health services suffer from a shortage of obstetricians and gynecologists and an increasing patient load. Studies of military bases have found that obstetric services seemed adequate, but that access to family planning and birth control services was lacking. Elective abortions are no longer provided. Since 1981, Family Advocacy Programs have been developed in all service branches which describe protocols for reporting, assessing, and responding to child and spouse abuse. Military policymakers have failed to see the relationship between reproductive health and family violence. Military families experience the stresses of low income, frequent moves, and deployment of husbands. Comprehensive, accessible, and outreaching family planning and reproductive health services on a continuum for all military spouses are needed. Further research is needed on access to reproductive health services in the military and on the relationship between family planning and family abuse. (ABL)

Women and Reproductive Health: A Challenge for the Military

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INTRODUCTION

Community-based health care providers are generally unaware of the scope of services delivered to women who are the dependents of active duty servicemen on military bases and in regional military centers. Outside of the Veterans Administration, the military health system is the largest in the United States, representing a total beneficiary population of over 6,000,000 people.[1] For a population this large, of which women are a significant sub-group, it is surprising to find so little data about reproductive health services and almost no studies of the quality of such care available to military families.

An example of the scope of services to women is to be found at the U.S. Naval Hospital in San Diego, the naval regional medical center for the South Pacific area whose eligible service population is estimated at 400,000 persons. In 1984, obstetrical and gynecological services to women represented 29% of total hospital admissions and included between 475 and 500 deliveries a month.[2] In 1984, 145,758 women received obstetrical and gynecological services as out-patients alone.

Not all services to dependents are delivered in large regional military medical centers. Families located on smaller bases and in remote areas receive their medical care, for the most part, through base infirmaries and dispensaries. These small systems, whose primary function is to maintain the fitness of active duty personnel, often lack the capability to provide specialized care such as pediatrics and gynecology. Services which cannot be provided in the dispensary are frequently handled as referrals to the distant regional military medical centers, particularly as efforts have been made in recent years to reduce the use of Champus.

Those families living in small communities far from the regional centers depend on their Champus insurance benefits to purchase care in the civilian community.

Concerns about access to and quality of health care have been ranked high on the list of problems identified by residents at every base studied by the authors, who are consultants to the military on improvement of quality of life for military families and development of family services. Military families tend to be young, with many wives still in their teens and early twenties. High birth rates are also characteristic of these young families; in fact, admissions for obstetrical and gynecological care represent the single highest in-patient diagnosis in most military hospitals. It is not unusual to find more than 50% of the children on a base under the age of nine years, with an average range of 30 to 40 percent in the preschool years. As might be expected, the health concerns of military wives center on access to adequate reproductive health care for themselves and pediatric care for their children. These concerns are exacerbated in the case of Navy and Coast Guard families by the frequent absence of spouses due to deployment. Satisfaction with health care is critical to the military family's sense of well-being and security.

REPRODUCTIVE HEALTH SERVICES

Obstetrical and gynecological care for military dependents has been referred to as "traveling on a no-frills airline."[3] Two major problems have been cited: a shortage of Ob-Gyn physicians and support staff and an ever-increasing, crushing patient load. Over the past ten ytears, there has been a sharp rise in the number of women eligible for military Ob-Gyn services, due in large part to the sharp increase in female active duty enlisted

personnel who numbered almost 150,000 in 1983. The primary mission of the military medical system is to maintain the fitness of the active duty force. It is estimated that at any given time about ten percent of active duty women are pregnant.[4] Dependents have second priority, receiving whatever appointment times are left over and are often seen under less than optimal circumstances.

In the studies of military bases undertaken by the authors, access to prenatal and obstetrical services seemed adequate. However, a severe lack of reproductive health services were noted at the primary care level, particularly family planning and birth control services. Access was limited by both lack of available expertise and counseling and by fragmentation of the health care delivery system. On many bases, obstetrical services were delivered in one location and family planning services were referred out to a distant regional center or to the community. In the New York City/New Jersey region, for example, the old Public Health Services hospital has been taken over by a Catholic order. This hospital, renamed Bayley Seton, now provides in-patient and out-patient care on contract to the military. The gynecological services available to military wives are disease-oriented and do not include access to birth control methods other than those sanctioned by the Catholic Church.

Abortions for military dependents and active duty women performed within military hospitals were terminated in 1978, following the Hyde amendment. They are now available only in the event of a threat to the mother's life.[5] Elective abortions were the most frequent reason for female hospitalization until the change in policy. It is believed that termination of elective abortions in military medicine has indirectly contributed to an increase in childbirths to military women, although the matter has not been

studied.[6]

As described above, military wives experience many obstacles and disincentives to Ob-Gyn services which are most often disease oriented and almost universally lack a view of reproductive health services as a continuum ("well women" services through tertiary care). Of particular concern is access to a full range of family planning services for this young and vulnerable female population. The lack of coherent, comprehensive reproductive health services was a subject of great anxiety to women on all bases studied, but it has received no attention from the military policy makers as yet.

In preparation for this paper, the authors undertook an extensive literature search in an effort to uncover studies of reproductive health services for military wives with disappointing results.[7] There is a small body of medical literature on the obstetrical and gynecological care of military women and their use of inpatient medical services, but apparently no published literature concerning the overall reproductive service needs of female dependents and active duty women. The lack of published studies and of descriptive information on this topic was confirmed in conversations with several national and regional level physicians in military medical administration. The lack of official attention to these significant problems is probably due to the military focus on medical services as a support to active duty personnel (who are primarily male). The dissatisfaction of women with present services is apparently not made known to policy makers, due to a pervasive fear that complaints will hurt their husband's career (a fact of life cited by a military wife who is a journalist and has discussed this issue widely with other wives).[9] The

authors can confirm this dynamic through their contact with military wives in different parts of the country. As a result, the military medical system can claim that reproductive health services are not a problem since they receive few complaints.[10]

LINKING REPRODUCTIVE HEALTH AND FAMILY VIOLENCE

Since 1981 a unified thrust in all service branches has been undertaken with regard to family violence and treatment. Known as Family Advocacy Programs, protocols have been developed on all bases through which child abuse and partner abuse must be reported and can be assessed and responded to appropriately.[11] Linkages have been forged between medical services, family programs, the chaplaincy, the commands, and the civilian community protection and treatment programs. While much headway has been gained, this (Family Advocacy) conceptualization is not viewed as preventive at the primary level, but rather as a secondary level intervention.

In our view, military policy makers have failed to see the relationship between reproductive health and family violence. A high percentage of all military families are those of young enlisted personnel who earn low salaries and are sometimes deployed away from home for long periods of time. For example, the Army estimates that 94% of all enlistees are between the ages of 21 and 25 and that 28% of all first-time enlistees are married.[12] These families frequently encounter difficulties in supporting multiple children, even when the wife is working. Much of the stress experienced by military spouses is related to the problems of providing and caring for their children on low incomes (not unlike their counterparts in the civilian community). Added to this stress are special peculiarities of military life: frequent moves, marginal employment opportunities for wives, lack of extended support networks, deployment of husbands and continual

"separation" problems for families. All of these conditions strengthen the case for a primary prevention thrust to be added to the conceptualization of Family Advocacy services: comprehensive, accessible and outreaching family planning and reproductive health services on a continuum for all military spouses. Unwanted pregnancies are a source of significant stress to military wives, facing the difficulties of continual adjustment in new settings. Noted earlier, the current abortion policy for military medicine is to refer elsewhere, but not to assume responsibility for making information about choice available. We are suggesting that services such as the provision of information on pregnancy options and birth control use be viewed as a part of all proactive services intended to alleviate stress for military families of child-bearing age and not be left to the unregulated privacy of the doctor-patient relationship. Such an approach would no doubt alleviate some of the pressure on the Ob-Gyn services by providing knowledge to women about reproductive health care needs. In addition, we note that an aggressive and comprehensive program of family planning and other reproductive health services should be provided for active duty women. It is difficult to understand why such programs do not presently exist given the high (1 in 10) prevalence of pregnancy among active duty women. Development of new policies in reproductive health care will first require data on existing services and needs. This information is not available at present.

SUGGESTED RESEARCH TO BE UNDERTAKEN

The case has been made in this paper for the importance of reproductive health services to the well being of military families. In the formulation of new policies and programs at the preventive level in relation to reproductive health, the following studies appear to be needed:

1. Studies of access and availability of reproductive health services for dependent and active duty women.
2. Surveys of delivery systems for family planning services for women on military bases.
3. Surveys of women's experiences in obtaining family planning services through the military.
4. Comparative studies of the family planning histories of abusive and non-abusive military families to establish the linkages between these issues.
5. Studies of the degree to which an unwanted pregnancy stresses the military family system.

CONCLUSION

The largest medical system in the United States is the one which serves military personnel and their families (active duty, reserve, retired). That system has in the past been responsible for many pioneering efforts which have led the way in civilian medical practice (such as mental health services). A large at-risk population, young women in their most fertile childbearing years, is a significant beneficiary of military health services and represents an increasing presence when active duty women are considered as well. These young women are at risk of unwanted pregnancies which may also add to episodes of family violence through the added burden of stress for young, low income families. We are suggesting that a new opportunity for leadership in health care exists for the military through the research and construction of comprehensive reproductive health care services for women.

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