FAMILY HEALTH

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Summary

Well developed in industrialized countries during the first half of the twentieth century, family medicine has enlarged its scope and renewed its approach, leading to the concept of family health. Family health provides, besides the cure of disease, various activities and programs in prevention, rehabilitation, and health promotion for all members of families/households. It is more than the sum of individual health of these members, since it takes also into account the relationships between them, and between the family and its human, biological, and physical environment. Specific indicators—demographic; genetic; of physical, mental, social health; socioeconomic; cultural—may be used to describe family health.

Family health concerns all families, whatever their type. It applies to each individual member of the family, and to the family as a whole, considered as a unit of health and a unit for care. Indeed, many health problems arise and are cared for at this level, and women, in particular, are everywhere primary health care providers. As such, family health bridges the gap between individual health on one hand and community health/public health on the other. Family is indeed a health-support system.

The various functions of the family—reproduction, production, nutrition, education, etc.—open the door to health activities that, in turn, improve the well-being of family members. An operational entry point for these activities is the family life cycle with its various stages, each one with its own problems and opportunities.

Likewise, family care applies to the specific functions/stages of family life: family planning and reproductive health, maternal and child health, school health, adolescent health, health of old people. Vulnerable families deserve a special attention, with preventive activities as upstream as possible in order to avoid—or at least to minimize—the health consequences of stress, disease, violence, as well as the breakdown of the family.

Finally, it can be said that health begins at home. And healthy families contribute to the health of states and nations. Family health: a fruitful concept!

1. Introduction

It is being increasingly recognized that the individual approach to health problems does not suffice to comprehend health and disease process, and therefore to provide comprehensive health care. The fact that the family constitutes the primary and basic bio-social cell makes it logical and operational to address health issues within the context of family life, family being by essence a life-support system for the sustainability of human kin and human kind.

Starting with an attempt to define family in spite of its great diversity throughout time and space, this article will develop the concept of family as a life-support system, and then present the family as a health-support system. This will lead to consider in details the meaning, content, and place of family health and family care as part of an integrated health care program.

2. Family, Families

On the occasion of the International Year of the Family (1994) the United Nations Organization (U.N.) defined families and households as "groups of two or more persons living together who make common provision for food or other essentials for living, and who are related to a specific degree through blood, adoption or marriage (including consensual unions)." The family consists of "those members of the household who are related" and "one or several families may be living within the same household. A single family nucleus is called a nuclear family. Households having many families are of two types: first, the extended family household, which may have (a) a single family nucleus and other persons related to the nucleus; (b) two or more family nuclei related to each other; or (c) two or more related persons with no family nucleus; second, the composite family household, which may have (a) a single family nucleus plus both related and non-related persons living in the household; (b) two or more family nuclei, of which the various family nuclei may or may not be related to each other."

However, not all households are families. For instance, a single person household or households consisting of non-related persons are not families. According to the World Health Organization (WHO), "the concept of family in health studies must be clearly distinguished from the concept of household; it must be practical for statistical studies and it should serve as a basis on which other concepts related to the family can be based."

As a matter of fact, several approaches can be used to study family health: a demographic approach for which data are to be collected on the basis of specific indicators **(see *Section 5.4. Indicators of Family Health*)**; a sociological approach exploring the various functions of each and every family member, the relationships between the members and between the family and the human, physical, and biological environment; an historical approach for a better understanding of the various family types as an adaptive phenomenon to the evolution of a society; a cultural approach based on the values of a given society.

Last but not least, the genetic aspects are of crucial importance, leading to distinguish "persons related to a specific degree through blood" from those whose belonging to a family is through other bonds.

There is not—there never was—a specific model of family and, in spite of the international definition broadly accepted, it is not easy to get statistical data that are comparable in time and space. An essential criterion is the presence/absence of children and the U.N. statistics set apart three categories: one-person household, couples without children, families with children. For instance, families with children accounted for 92% of the total number of households in Bangladesh in 1981, compared to 45% in France in the same period and 39% in Denmark in 1986. Generally, "traditional" families with more than two children are still the rule in many developing countries. This is no longer the case in most developed countries.

However, a given family—like any human institution—goes through several steps **(see *Section 3.1. Family Life Cycle*)** and is changing throughout time whereas statistics provide a static picture of a dynamic, evolving phenomenon. Even in the "model"

families with children, there are various modalities, sometimes varying over years: couples with dependant children, single-headed families (woman-headed in most cases), reconstituted families in which children from three different biological backgrounds may live under the same roof. Single-parent families now account for 20% to 30% of all families in Africa, Latin America, and the Caribbean, and for about 15% in Asia and the Pacific. Some 90% of them are headed by women and are often concentrated among the poorest and most disadvantaged sections of the population. Single-parent families also arise as a result of war, migration, and hunger. Indeed, parenthood is not only genetic, biological: it is also of affective nature as well as defined by law, and these three facets do not always go together. Moreover, the legal status of adopted children differs greatly from country to country.

From these considerations it is quite clear that the concept of the family might differ in some respects from state to state, and even from region to region within a state. Therefore, it is not possible to give it a standard and consensual definition. Apparently, it is easier to define health. The WHO definition, universally acknowledged, is well known, with its positive side "not merely the absence of disease or handicap" and its triple dimension: "physical, mental and social well-being." Some people are proposing an additional facet: spiritual well-being.
Difficulties start when specific—and whenever possible positive—indicators are sought in order to measure health. Five domains have been proposed to describe the health status of communities and populations: (a) diseases and other health impairments; (b) health, social, and educational systems; (c) behavior and health; (d) environment and health; (e) nutrition. This is mentioned here only in order to emphasize the multifactor character of heath, which applies also to family health.

The holistic meaning of health and health care must be kept in mind in order to build a comprehensive health program at family level. Health care is not only the cure of illness: it consists of preventive activities, cure, rehabilitation of invalidating conditions, and health promotion. These four components must be present in family health activities, be they undertaken by family members or by external health care providers.

According to WHO "family health covers a broad field that is at best ill defined." It is not only the sum of "individual health" of each member of a family/household since it encompasses the complex interrelationships in the field of health between the members of the family and of the family as a whole with its physical, biological, and social environment. The following sections of this article will try to delineate the field of family health and to demonstrate the interest of using the family as a unit of health, a step in the sequence of health from individuals to population through family and community.

3. Family as a Life-Support System

Since "the fundamental attribute of life-support systems is that together they provide all of the sustainable needs required for continuance of life," family is undeniably a basic life-support system through the perpetuation of the species. However, this crucial function is not the only one of family life.

3.1. Family Life Cycle

Like every human being, every family goes through a life cycle where its various functions develop at different rhythms. Of the diverse dimensions used in describing the family, the family life cycle concept appears to be particularly useful in providing a framework for understanding the dynamics of how the family per se affects the health and well-being of its members and how the health and well-being of its members affect the health of the family. After reviewing several models of family life cycle, WHO has proposed describing it in six phases: formation; extension; completed extension; contraction; completed contraction; and dissolution.

To be useful in developing family health programs, the family life-cycle model must be adapted and modified to reflect the variations both within the model and between societies. Depending on the purposes to which the model is applied, the number of stages can be either reduced or expanded. Moreover, each step must be detailed to specify the process by which it is achieved: for instance, formation could result from a legal mechanism (marriage) or from a social arrangement (cohabitation); dissolution may be due either to the death of the last survivor or to divorce.

However, in spite of its interest, the present model does not accommodate the changing family patterns such as reconstituted families, those resulting from the divorce or death and the remarriage of the spouse(s); families that begin with childbearing and may not have a stable male presence, at least initially; families that for voluntary or involuntary reasons remain childless; or the extension of the family when grandparents or other older relatives are incorporated into the immediate family structure. In addition, the family life cycle must be seen as a transgenerational phenomenon: when a nuclear family comes to its end through the death of the last surviving spouse, it can disappear if there are no descendants or continuation by the following generation(s).

The passage through each phase of the family life cycle produces major family events and, at times, disturbances that could affect the health of one or other family member: marriage, birth of the first child, retirement due to age or illness, transient diseases, etc. Other crises, while closely related to family life-cycle stages, do not arise from the family life-cycle stage per se: death and handicap, divorce, chronic illness, alcoholism, unemployment, etc. What is crucial is to try and keep the continuity of the family life throughout and in spite of these critical life events.

3.2. Reproductive Function

Over the centuries, reproduction has been the main objective of couples, whatever their form and duration. Infertility—always attributed to the females—was considered a disgrace, the punishment for a sin, and a good reason for repudiation. This is still the case in some cultures. However, the demographic revolution, which is itself a consequence of the epidemiological transition, has drastically changed the pattern of human reproduction, not only in the developed world. This epidemiological transition encompasses three elements:

- Common infectious diseases have begun to be replaced by non-communicable diseases and injuries as leading causes of death.

- There is a shift in the peak age of morbidity and mortality from the young to the elderly, resulting, together with the declining birth rate, in a worldwide aging of the population.
- Another shift occurs by which there is a greater concern with morbidity and disability, not only with mortality.

Besides the heterosexual couples who, for one reason or another, do not want to procreate, there are in many countries "homosexual families" whose status and rights are diversely formulated from state to state. It is noteworthy that some of these homosexual couples—be they female or male—would like to have legal permission to adopt children.

Another crucial, yet quite recent, revolution is the possibility to dissociate sexual activities from reproduction. Indeed, some contraceptive methods have been used for centuries, apart from induced abortion. The point is that contraception is now quite effective and widespread, whereas induced abortion is legally accessible in many countries. Family planning programs have played and are still playing an essential role in most countries in spite of the opposition of some religious groups against so-called "artificial methods," and of the difficulty of enlisting young people and some groups of population—very often the most in need.

Moreover, the human immunodeficiency virus (acquired immunodeficiency syndrome: HIV/AIDS) is interfering with the reproductive function, killing young adults—especially young girls whose genital tract's immunity is poor—and young children through the materno-fetal transmission of the virus. The situation is critical in sub-Saharan Africa, with 2 million deaths per year and 23 million seropositive cases. As a result of this massive epidemic and the lack of drugs, the deaths of many parents by AIDS have broken millions of families and left behind millions of orphans (13 million in 2000, according to UNICEF). A huge catastrophe at the level of family, society, nation, and continent!

3.3. Productive Function

For a long time, the productive function was mainly organized within the family in order to meet—more or less according to the seasons and the years—the nutritional needs of all family members. As an independent unit of production, the joint or extended family provided a secure labor force and an established system for tenure and inheritance. The division of labor within traditional family structures, particularly where geographic morbidity was low, was not based primarily on skill or education but according to sex, age, and family status. Decision making in the family's social and economic life was made by the male head of the household, while the private world of the home was the woman's domain. Economic development, the demand for labor or perceptions of opportunities, and change, resulting in the mobility and migration of individuals and families, have profound effects on the structure, relationships in, and functions of, the family. On the one hand, there is a greater receptivity to change and adoption of beneficial technologies and institutions, including those of the health and education sectors, while on the other hand such change is associated with a decline in traditional community values and cohesion, erosion of the cultural norms, particularly

among the young, and a lessening of the social and cultural bonds that help maintain community self-reliance.

In the developed part of the world, the industrial revolution had the same destructuring effects on family life some centuries ago with men, as well as increasingly women, working outside the home, with the work of children, the drift away from land, and a sometimes wild urbanization. The increased productivity, the necessary mobility to find a job, the unemployment, particularly of young people, women, and workers close to retirement age, have completely modified the pattern. In the industrialized part of the world, which includes many newly industrialized countries, families are no longer units of productivity: they are only units of consumption of goods, including food. This is not the case for some occupations, like domestic agriculture, craft industries, and retail trade still partly organized on a familial basis.

Indeed, the relationship of human beings with the production of food and goods drastically changed everywhere in the last few decades of the twentieth century, diminishing radically the role of the family as a unit of production. The implications of occupational activities—whatever they be—with family and family health in the context of globalization and of new technologies, including those of information and communication, demand a new definition and organization of labor at all levels.

Before closing this evolving and critical field of family production, it should be emphasized that many families throughout the world still produce health care in order to control at least part of their health problems. Units of health, they are at the same time units for care by family members—mainly women—as well as by professionals, including family doctors. This important point will be further elaborated **(see *Section 4.1. The Family as a Unit of Health*; *Section 4.2. The Family as a Unit for Care*)**.

3.4. Other Functions

Of course, since the family constitutes the basic bio-social cell of any society, some specific duties derive from this situation: providing to its members shelter, clothes, food, support, education, and socialization.

Regardless of its diverse forms, the family is recognized as the social unit upon which societies are built and maintained. It has been described as the natural bridge between the individual and society, and it is considered the proper setting for mutual love, support, and companionship of spouses, the primary determinant of the survival of children born into it, the first agent for the education and the socialization of future generations, and in many societies the only institution of support for the aged. Functions of the family include meeting the basic needs of its members for health, nutrition, shelter, physical and emotional care, and personal individual development, as well as the maintenance of family morale and the customs, values, and beliefs of the family's culture.

In refugee and other situations of population displacement due to conflict, inadequate attention is paid both in policy and operational terms to ensure that the integrity of the family is maintained. As a matter of fact, it is the deliberate objective of the belligerents

to separate families in order to increase stress and disorganization among the civil victims: children, women, and the elderly. Studies of children's responses to extreme violence, death, abuse, or hunger indicate that they are able to resist emotional stress and physical hardship as long as they remain with their families and parents. Emergencies become significant as soon as separations occur and the child's primary attachments are disrupted.

Even in peaceful situations, the role of the elderly in the family is also undergoing considerable change in developing countries, particularly with the urban migration of young people and economically active adults. The elder members of the family and clan retain a key role even after their productive function has ended, in the socialization and education of the young, as reservoirs of knowledge and wisdom and providers of information on parenting and sexuality. However, the weight—increasing with age—of disease, disability, dependency might create a great burden to other family members. This point will be developed in ***Section 5.1.6 Health of the Elderly***.

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Biographical Sketches

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