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World Health Organization

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FORTY-SEVENTH WORLD HEALTH ASSEMBLY

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Collaboration within the United Nations system:

International Year of the Family (1994) - the concept

of family health

Report by the Director-General

.The Forty-sixth World Health Assembly adopted resolution WHA46.27, which, inter alia,
:identified the opportunities presented by the International Year of the Family for 3
.strengthening intersectoral collaboration for family health within primary health care;
and .

gcalled for research on methods for evaluating the impact of policies and programmes on
'the health and functioning of the family. Family structure affects the capacity of famil
ies to

. meet the needs of its members. The role and status of women is a major factor affecting
;the health and functions of the family. Some families require additional external suppor
t to

continue adequately to perform their functions or to restore them to a functioning state.
(Without such support these families' health and well-being are in jeopardy. Since the fa
mily

.is essential to human development and health, it should be supported and strengthened. '
This document notes the implications for countries and WHO.

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INTRODUCTION

1. The General Assembly of the United Nations, in resolution 44/82, proclaimed 1994 as the International Year of the Family (IYF) with its theme of "Family: resources and responsibilities in a changing world". The Forty-sixth World Health Assembly adopted resolution WHA46.27, which, inter alia, urged Member States "to give effect to the objectives of the International Year of the Family including the strengthening of intersectoral collaboration as a crucial means for meeting the health and other development needs of families".

2. The United Nations Committee on Civil and Political Rights noted that "the concept of the family may differ in some respects from State to State, and even from region to region within a State, and that it is therefore not possible to give the concept a standard definition. However, the Committee emphasizes that, when a group of persons is regarded as a family under the legislation and practices of a State, it must be given the protection referred to in article 23".

3. The family, irrespective of its diverse forms, is recognized as the social unit upon which societies are built and maintained. The common purpose of the vast majority of families is bearing and nurturing the growth and development of children. The family, the natural bridge between the individual and society, depends on the mutual love, support and companionship of spouses and is the primary determinant of the survival of children and in many societies the only supporting institution for the aged. The family should be able to provide for the basic needs of its members for health, nutrition, shelter, physical and emotional caring, and personal development. Its members share their lifestyles, their intimate and extended environment, often their occupational environment, their diet and exercise patterns, and the risks of, but also the means of resisting, many infections, the social environment with its pressures and pleasures, modes of conduct, and the customs, values and beliefs of their culture.

4. Childhood and adolescence are critical times for the acquisition of social skills and the ability to cope with certain situations. This is dependent on positive attachments, the opportunity and resources to learn the skills and an absence of excessive stress. Health, survival and development are seriously compromised in families with poor and inconsistent support for the children, poor behavioural models for resistance to substance abuse, lack of involvement of the adults in the children's activities, low educational aspirations, weak control and discipline, and vulnerability to emotional, physical or sexual abuse. Children growing up in poor family circumstances are at greater risk of substance abuse and may feel that the streets and their other occupants provide a more caring "family". Such events as death and handicap, divorce, chronic illness, alcoholism, unemployment and enforced institutionalization of a family member are likely to be traumatic. As children and adolescents mature, there is a need for constant readjustment to new roles in each relationship. Failure to lay the foundation within one stage for the responsibilities and needs at subsequent stages may result in stress, conflict and deterioration of the family in subsequent stages.

FAMILY STRUCTURE IN A CHANGING WORLD

5. Besides the nuclear family - parents and their children - society recognizes the extended family which usually includes the households of especially male off-spring; other family forms include single-parent families or households, cohabitation and consensual unions. "Joint" and "stem" families

are variants on the extended family, which also may be characterized as covering three generations.

6. In response to economic imperatives, changing value systems and family planning, a majority of families in the world are smaller, with an increasing trend towards nuclear families which are more often geographically isolated from their relatives than formerly. More children survive than die, family members live to be much older and the proportion of the old and very old is rising. Many societies seem to need the replacement of family structures that do not reflect the perceived norm, is. the shift from extended to nuclear, and from nuclear to single-parent families and alternative family forms. Single-parent families now

account for up to 30% of all families in Africa, Latin America and the Caribbean, and about 15% in Asia

and the Pacific, 90% of the "single parents" being women, often as a result of war and migration.

7. The division of labour in traditional families is not primarily based on skill or education but on sex, age and family status, the male head of the household taking the decisions, while the private domestic scene

is the woman's domain. The rapid social changes of the Industrial Revolution and now the "information revolution" have altered the family drastically, shifting many of the health, development and social

functions to non-family institutions.

FAMILY HEALTH FOR HUMAN DEVELOPMENT

8. Family health is more than the sum of the health of its individual members. In its broadest sense it

is what permits all members of the family to realize the full potential of their personal development. It is

reflected in the nurturing, caring and support that the family provides to its members, women bearing the

major burden of such care. Despite poverty, displacement or discrimination, some families have a resilience

that allows them to continue essential care.

9. The family is one of the most important social contexts within which illness occurs and is resolved and

should serve as a primary unit in health and medical care. It is within the family that an individual is

defined as being sick or requiring care and that the process is initiated for seeking and providing care.

Health service decisions relate to the distribution of responsibility and authority within the family, access

to knowledge about health needs and knowledge of the services available.

BREAKDOWN OF THE FAMILY

10. Some families are unable to meet their basic needs for health, nutrition, shelter, physical and

emotional caring, and personal development, experience physical or psychological exploitation or abuse of

individual members, injustice and the maldistribution of responsibilities, and roles, and break up as a

consequence of external economic, social or political factors.

11. There are a number of situations in which stress and vulnerability can be anticipated. Divorce and

separation of parents affects the health and development of children. The need to care for elderly relatives,

often living in a separate household, can also cause stress. Poorer families may not be able to take care

of their elders, particularly if distance or limited accommodation are obstacles.

12. Often the breakdown of family integrity is attributed to specific problems such as alcoholism or other

substance abuse, mental illness, violence to women and child abuse, adolescent and unwanted pregnancy,

and most recently AIDS. Large numbers of families are not able to cope owing to forces beyond their

immediate control - particularly under circumstances of war, drought, famine, racial and ethnic violence,

and economic deprivation. Families broken up by labour migration, single-parent families, refugee and

displaced families, and those whose livelihoods have been destroyed by environmental degradation are but

a few examples of those whose integrity is threatened. Support from the community or the State, if

available, is usually strategic, yet to be most efficient and effective it should be family-oriented. While

therapeutic approaches exist for individuals and families in many of the situations described, experience

with family capacity-building is not sufficient. All too frequently, families in greatest need and those

needing support in many sectors slip through the "social safety net" or are recognized too late, when more

costly therapeutic approaches are required.

13. A small proportion of vulnerable families break down and an even smaller proportion of these do so catastrophically. The effect on society of this small number of serious breakdowns is disproportionately large. The consequences of family breakdown will always be culture-specific, the worst effects being inadequate social integration, loss of ties of affection, dysfunctional or damaging relationships, and

delinquent, authoritarian and violent behaviour - at community level, violence and crime feature prominently in such situations. Whatever the causes, there is a "clustering" of factors in a relatively small proportion of families which renders them vulnerable to breakdown.

SUPPORT TO FAMILIES TO MEET THEIR HEALTH NEEDS

14. As stated above, it is in the family that many of the opportunities for promoting health, development and the well-being of individuals arise. Communities may also have to draw upon other institutions and resources. In a large number of industrialized countries the majority of children under six years of age are covered by early child care and education programmes. While only a minority of children in developing countries participate in such programmes, their coverage is increasing. The most successful programmes provide a combination of health, nutritional and child development and education, coupled with efforts to strengthen the child care and development capacity of the parent(s) through home visiting or community-based meetings. Other interventions include the use of home-based child and maternal health records, which are designed to involve families in their own health care; and, the transfer of knowledge and skills for home management of minor illnesses through simple instructions such as those promoted through the joint UNICEF/WHO/UNESCO/UNFPA booklet, Facts for Life.

15. As institutional costs for long-term health care become an increasing burden in many developed countries, by default or intent, dependence on care in the family is becoming more widespread. Such care has in any case been traditionally provided in the family or the wider community. In both settings there is the need for the provision of the necessary knowledge and skills for care to the members of the family.

The needs of the care-giver must also be recognized.

IMPLICATIONS FOR NATIONAL ACTION

16. In order to ensure the well-being of the family and society, families and governments must perform interrelated tasks in health, education, income maintenance, social services, employment and housing. It would benefit the family to be treated as a single unit for health.

17. Education with government support will strengthen family resources and emphasize new responsibilities for self-care and healthy behaviour. A sensitive community takes what legislative, fiscal and practical steps it can afford: to reduce external threats and increase family security; to ensure food and nutrition support and related health policies; and, to facilitate the provision for the family of the necessary skills and the ability to cope. Priority should be given to those activities with highest yield in cost-benefit terms. Thus, support for women; security of food supply, living space and employment; care and protection of children; promotion of healthy behaviour among adolescents; safe motherhood; family planning; universal literacy; and - far less tangible but nearly as important - steps to encourage supportive neighbourhood and community groups, should all be given high priority. Practical attempts in education to ensure health promotion and protection within families require changes in school curricula. Schoolchildren can become effective agents of health education within the family. Home-visiting, whether by community health workers, nurses or others, provides an opportunity for assessing the family environment and involving the family in its own care.

18. When families have been mobilized in support of health development through health promotion, protection, care and rehabilitation, the focus has been on specific problems. Yet many of the problems are

interrelated and could be dealt with by communicating a common set of skills and knowledge to families.

. Access to information and communication skills Within families are key elements in child care, the best situation for the elderly, the meeting of women's needs in the family, household food security, adolescent health, and family planning. The family, With the support of the health and education systems, is the most appropriate context for the development of the well child.

19. International instruments, such as the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women provide strong support for the family.

After ratifying such instruments, countries must report regularly on the situation reflected in their various articles. The latter Convention underlines the "equal responsibilities of men and women in the context of family life".

20. In spite of the stresses of modern development and social change most families cope satisfactorily within the norms of their culture. The objective of health promotion is to maintain this normality through the continued provision of existing and new knowledge and skills for healthy lifestyles and self-care. These include the promotion of healthy food and nutrition, including breast-feeding; oral health; avoidance of substance abuse, including tobacco; responsible sexual behaviour, with adequate sex education for the young; exercise; personal hygiene; safety in the home; the use of oral rehydration therapy against diarrhoeal diseases; and, the appropriate and timely use of health services.

21. Paradoxically, when new institutions or mechanisms are created for care which may be outside the structure or value system of the family, the family's capacity for effective functioning and support may be weakened. When this happens the State is often accused of usurping the functions of the family to the detriment of all concerned, particularly children. If they are to avoid such pitfalls, interventions by public or voluntary agencies should to the extent possible, be designed so as not to make the family a passive recipient of care, but an active participant, with proper recognition and support; economic support and legal protection are two areas that can buttress the functions of the family. The integrity of the family is of such importance that its protection from catastrophe should, when possible, become a normal responsibility of the State. Since the family is the context of human development and health, its capacity to maintain and further develop these functions should be supported.