



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



37th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26-28 March 2003

Provisional Agenda Item 7

SPP37/6 (Eng.)
11 February 2003
ORIGINAL: ENGLISH

FAMILY AND HEALTH

The role of the family in health and illness has gained recognition over the past three decades. The family is the setting where health behavior and health decisions are first established, and where culture, values, and norms of the society begin. "The family is not only the basic unit of social organization, but it is also the one that is most accessible for preventive and therapeutic interventions." Complex internal and external variables influence the family; however, these complex interrelationships between family and health are poorly documented.

"There is a constant dynamic interplay between health and family characteristics, family structure and function affects health and health affects family structure and function." In Latin America and the Caribbean (LAC), patterns of family composition and structure are rapidly changing, along with the social, economic, demographic, and health characteristics of the population. These changes are exerting significant pressures on the family.

The declarations from eight international summits in the past decade have supported and demonstrated the growing need and recognition for a new social and health agenda for the role of families.

In light of this situation, PAHO is proposing an initiative that places the family as the focus of health care, the aim being to increase the role and involvement of the family in improving the quality of life and health outcome of the population of LAC.

This document summarizes the conceptual aspects of the family and health, proposes promotion and prevention strategies that impact on the family and community, and identifies priority areas for evidence-based interventions.

This document is presented for the consideration of the Subcommittee on Planning and Programming with the following objectives: (1) to elicit comments on the family and health initiative; (2) to obtain input on family and health interventions of interest to countries; (3) to encourage suggestions on the best approaches in applying these interventions at the country level; and (4) to identify elements to be introduced in family health models and plans for the improvement of health outcome using a family-centered approach.

CONTENTS

	<i>Page</i>
Introduction.....	3
Importance of the Family as a Social Institution.....	3
Family and Health Links to Culture, Education, and Development.....	3
International Summit Mandates and Goals that Favor the Family.....	4
Situation of the Family in the Americas	5
Definitions, Structure, and Dynamics	5
Family Types, Marital Situation, and Single-Parent Family.....	6
Demographic Aspects, Trends, and Projections.....	6
Poverty, Marginalization of the Family, and Families in Crisis	6
Resiliency and Family Connectedness.....	7
Impact of Family Links to the Community and Role of Family in Health	8
Experiences in Family Health in the Americas	9
Role of Grandparents in the Health and Well-being of Grandchildren.....	9
Cost Effectiveness Data on Family Health or Family Interventions.....	9
Specific Country Experiences with Family Health Program	10
Guiding Principles for Action in Family and Health.....	11
Priority Areas for Action	11
Maternal and Child Health	11
Child Health and Development	11
Adolescent Health	12
Parenting Skills.....	12
Safe Physical and Social Environment.....	12
Family Caregiving of Older Persons with Disabilities and its Effect on Family Health	12
Mental Health/Psychosocial Development as a Continuum across the Life Cycle	13
Violence.....	13
Proposed Strategies.....	13
Action by the Subcommittee on Planning and Programming.....	14

Introduction

Importance of the Family as a Social Institution

1. The role of the family in health and illness has gained recognition since the World Health Organization published the 1976 statistical indices of family health, which states that “The family is the basic unit of social organization, and also the most accessible for preventive and therapeutic interventions. The health of the family goes beyond the physical and mental conditions of its members, it provides a social environment for the natural development and fulfillment of all who live within it.”
2. This report observed that in spite of its central position in society, the family has not been studied frequently from a public health point of view. The family is one of the social systems that characterizes all human societies. The complex interrelationship, however, between family and health is poorly documented; available data often tells very little about the family setting.
3. Increasing poverty and social inequity has resulted in decreasing access to services by an increasing proportion of the population in Latin America and the Caribbean (LAC). These changes call for a reevaluation of the traditional health promotion and prevention strategies. New approaches should enlist social institutions that can support culturally sensitive participatory health interventions. The family is the key social institution that joins individuals related by birth or by choice into a household and a domestic unit. The family is the setting where health behavior and health decisions are first established; it must be considered in the analysis, design, and planning for family health.

Family and Health Links to Culture, Education, and Development

4. Technological development and its diffusion have contributed to the improvement of living standards globally.
5. The family has experienced gains in enhanced educational opportunities for children and greater security, along with increased leisure time. Negative effects are also known, including the stresses of change in the living and working environment, displacement, and dislocation.
6. The Copenhagen World Summit for Social Development recommends that full educational opportunities be developed, paralleled by adult education and lifelong learning, which focuses acquisition of skills on ways of learning rather than on a subject content. From a cultural perspective, it is important to recognize the role of the family in the development of such a learning habit. Education is known to facilitate access to basic

health and social services. Better-educated women are more likely to marry later, bear fewer and raise healthier children, make better decisions for themselves and their children, and make greater economic contributions to the household and family unit. One of the strongest statistical correlations in countries of LAC is between mother's education and infant mortality. The children of women with more years of schooling are much more likely to survive infancy.

International Summit Mandates and Goals that Favor the Family

7. The International Conference on Population and Development (Cairo, 1994), the United Nations Millennium Development Goals, the Special Session of the United Nations General Assembly on Children 2002, World Summit for Children 1990, Education for All Declaration (Jomtien, 1990) and the World Education Forum (Dakar, 2000), the United Nations International Plan of Action on Ageing, 2002, have all addressed family issues extensively.

8. The Summits' declarations state that the family is the basic unit of society, entitled to receive comprehensive protection and support, and should be strengthened. The family has the primary responsibility for nurturing and protection of children; their introduction to the culture, values, and norms of their society begins in the family.

9. The declarations seek to develop policies and laws, which support and contribute to the family and its stability; promote equality, and identify objectives and actions of direct relevance to the family, such as those related to improving women's access to employment and educational opportunities and supporting shared responsibility with men and active involvement in responsible parenthood; emphasize the importance of investing in child and adolescent health and development as a cost-effective way of securing future prosperity for nations; highlight older persons' contributions to children and grandchildren; and call for immediate action to break the vicious circle of poverty and ill health affecting families worldwide.

10. The Mexico Declaration urges promotion of health across the life cycle and the establishment of healthy public policies to strengthen the family. It also stresses the importance of the role of the family in promoting health and identifies the need to reorient health services with a family focus. These recommendations were adopted in a PAHO Directing Council resolution in 2001.

11. The declarations from the summits demonstrate the growing need and recognition for a new social and health agenda for families. The goals identified are a global challenge and can only be achieved by finding new ways to expand coverage to underserved groups. Moving beyond survival to ensuring healthy growth and full

development for families will require strong commitment from political leaders and investments from national budgets. Investment in this area is sound economics.

Situation of the Family in the Americas

Definitions, Structure, and Dynamics

12. In the last decades, the structure and definition of understanding the family has been broadened. New trends in family formation, structure, and function are shifting toward: (1) single-parent family and female-headed households; (2) higher average age for women's first marriage and child birth, delaying formation of first families; (3) increased entrance of women into the labor force in unprecedented numbers and changes in gender roles within the family, shifting the balance of economic responsibilities in families; (4) decreasing family and household size; (5) increased burden on working-age families members by young and older dependents. Additionally the household has emerged as a strong socioeconomic unit, frequently taking the place of the family exclusively formed through parent-child and extended family relationships.

13. The effects of social forces exerting pressure on the family are notable. It is recognized that the family has a major responsibility for the socialization of its members, their education, and the set-up of social norms and gender roles. Also, the family's responsibility in the reproduction of power relations between men and women is considerable. Although some of the socialization functions such as education and labor have been transferred to schools, the family is still performing key socialization functions, such as developing stable interrelationships and solidarity with other persons, as well as developing mechanisms for coping with conflict within the family and managing pressures created in the work, social, and political spheres.

14. Family structure and function affect health, and health affects family structure, relationships, and function. There are subtle differences between "health of the family" and "family health," which are fundamental for the analysis of what constitutes health interventions in the family setting. The health paradigm based on the family as the primary unit of analysis, diagnosis, and practice should ground theories on the etiology of health and illness, and definitions of family as a functioning structural unit of society. This creates a definition of family as a dynamic process that is greater than its parts.

15. However, the family health paradigm is also concerned with explaining the development of the physical, mental, and emotional well-being of its members. Consequently, this proposal will employ the term "family and health" to denote both "health of the family" and "family health," and thus address both the health of the family and its individual members. In order to advance understanding of the family as an agent

of health and illness using systems analysis, additional research is needed in many areas for the construction of new family-based health models.

Family Types, Marital Situation, and Single-Parent Family

16. In LAC, patterns of family and household composition and marriage are changing; a marked trend toward households headed by women emerged in the 1970s and 1980s. In the Dominican Republic, in 1975, 20.7% of households were headed by women, and by 1986, the percentage had increased to 25.7%. In Trinidad and Tobago, from 1977 to 1987, households headed by women increased by 6.0%. In Brazil, between 1980 and 1989, there was an increase of 5.51%. Marriage statistics for the region show that, among women aged 40-49, a high percentage of first marriages dissolves through separation, divorce, or death. In the Dominican Republic, 49.5%; in Colombia, 32.5%; and in Ecuador, 25.5% of marriages dissolved in 1986.

Demographic Aspects, Trends, and Projections

17. The changing demographic structure, as well as the social, economic, and political environment in LAC places families and communities under great stress. The average family size is shrinking due to dispersal of family members; this affects the rhythm of the family cycle, family-centered socialization of children, and care of young children as well as aging adults. Given the above changes in LAC, dependent and aging family members are less likely to receive adequate care.

18. Other factors that fuel this include rapid urbanization, decreasing prevalence of the nuclear family, greater access and participation of women in the labor market, low levels of education, and high prevalence of absolute poverty. The result of this trend is the acquisition of new lifestyles related to urbanization, a gradual decline of infectious diseases with increasing burden of chronic illnesses (including violence, accidents, addiction, and mental illness) which are important causes of death and disability.

Poverty, Marginalization of the Family, and Families in Crisis

19. Poverty is an underlying theme in the health of women, children, adolescents, and the elderly. Globally under-5 mortality currently averages 6 deaths per 1,000 live births in the high-income countries but is as high as 175 per 1,000 in low-income countries. In LAC 22,000 women die each year from complications during pregnancy and child birth. Maternal and child health tends to be worse among the poor. In some countries children in the poorest third of the population are six times more likely to die before the age of 5 years than those among the richest 10%. Poor older people who survive to age 60 tend to have more years living with chronic disease and functional limitations than those in resource-rich families or communities. These inequalities are ethically indefensible, and

extend far beyond survival to documented inequities in exposure to risks through the physical and social environment and in access to information and services.

20. Inequities in socioeconomic conditions have implications on the physical quality of the work force, educational achievements, composition and size of the household, nutritional levels of the population, and availability of services and basic consumer goods, quality of housing, and levels of crime and violence. These factors influence family structure and economy and consequently the health of the family. Studies of the impact on family income and decision-making about investment of scarce family resources in health and education illustrate the coping strategies developed and implemented in the Region of the Americas.

21. Economic trends in the Region have propelled the family into an institution-centered health delivery system. Consequently, health institutions and professionals have adopted the individual as the focus for health delivery systems and services. Both the public- and private-financed systems do not take into account the needs of the family; the end result has been the marginalization of the family. In part due to the high costs and low return of institution- and individual-centered health interventions, there is a reawakening of interest in health and the family and in family-oriented services.

22. Families in crisis in the Region have increased; societies can no longer assume that all families will protect and nurture their members. Child abuse, neglect, sexual exploitation, spousal and other domestic violence, and neglect of the elderly are common occurrences that are of public health significance. Elder abandonment and elder maltreatment have become a silent epidemic throughout the Hemisphere. Data from Canada and the United States of America indicate that only one out of every four cases of elder abuse in the family is reported. Addressing these problems will require social support, social policies, and the development of a support network along with treatment of the family.

Resiliency and Family Connectedness

23. The family has shown remarkable vitality and resilience, rather than indicating an erosion or decline of the worth of the family, new forms of family life are developing to meet the challenges of the modern world. Adverse health outcomes associated with these family changes impact on children, whose self esteem and basic life skills are influenced by and are established at an early stage in life. Data from the United States show that 22% of girls and 12% of boys have attempted suicide at some stage in their lives. The data from the Caribbean region is similar: suicide attempts are associated with friends or family ever attempting or completing suicide and other risk factors, such as drug and alcohol use, physical or sexual abuse, health concerns, availability of a weapon, and a history of being in a special education class. For both males and females, discussing

problems with friends or family, emotional health, and connectedness to family were protective against suicide attempts. The probability of attempting suicide increased dramatically as the risk factors to which an adolescent was exposed increased; however, increasing protective factors was more effective at reducing the probability of a suicide attempt than was reducing risk factors.

24. In addition, older persons are disproportionately likely to commit suicide. In the United States, older people make up 13 % of the population, but they accounted for 20% of all suicide deaths in 1997. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently successful in the use of lethal methods of suicide. Fear of overburdening the family with long-term care is often one of the motivating factors behind suicide in the elderly. It is in this changing context that we need to reexamine the role of the family in promoting health and preventing illness. We need to contribute to family resiliency by increasing the protective factors associated with the family in our health interventions.

Impact of Family Links to the Community and Role of Family in Health

25. Families are often a reflection of the community and provide the first level of education for its members about healthy behaviors that should be followed, unhealthy behaviors to be avoided or changed, and their roles and responsibilities to themselves and to society. Sometimes elements in the family setting are not conducive to promoting or protecting the health of some of its members. It is therefore important that the community have family support systems in place to provide support and back-up in cases where the health of family members is threatened by violence, abuse, neglect, or abandonment.

26. Many different stakeholders in the community, such as religious and social groups contribute to the social support networks needed to strengthen the role of the family in promoting and protecting health. Increased awareness, information, advocacy, and access to health services, especially early detection and preventive care are of critical importance. The family as the focus for health promotion will require the development of practical approaches that employ social variables in the analysis of health and human development strategies, and the recognition of the power of social variables in influencing health behavior.

Experiences in Family Health in the Americas

27. “The family life cycle” has implications for health policy and planning and is recognized as a crucial factor for consideration in the development of an efficient health care system. The “family life cycle” differs from “life cycle”. The first refers to the life cycle of the family and to the various stages of development of the family as a social unit. The second refers to the various stages of development of the individual throughout his/her life as a member of the family unit but also as a participant in the various groups’ and institutions’ model of family. Addressing the changing health situation and improving the quality of life of the people will require a change to a family-focused approach.

28. In LAC there is no ongoing analysis that links mortality and morbidity with socioeconomic data that allows us to accurately characterize the family and analyze family behavior. In developing a family approach to health, consideration will have to be given to the critical relation between social variables and the major health areas. In the Region only a few countries collect this critical data; monitoring, evaluation, and strengthening of information systems will be a crucial part of the effort to design, plan, and implement family-centered interventions.

Role of Grandparents in the Health and Well-being of Grandchildren

29. The anthropologists Mace and Sear found that for Gambian toddlers weaned from the protective balm of breast milk but not yet possessing strength and immune vigor of their own, the presence of a grandmother cut their chances of dying in half. In LAC, grandmothers caring for grandchildren enable mothers to incorporate themselves into the formal or informal labor market, thus increasing the health and well-being of children and the family. In Guatemala “Grandparents for Health” and in Uruguay “Grandparents by Choice” link older people with children and adolescents. In the United States, grandparents who are the primary caregivers for grandchildren have new legislation to protect their rights, and they receive support from a number of NGOs in their parental role.

Cost Effectiveness Data on Family Health or Family Interventions

30. There is scant data available in the literature on the evaluation of the cost effectiveness of family health or family interventions. Evaluation of the family program in Cuba has reported reduction in medical costs through decreased hospitalization and emergency room use, while detecting a substantial number of health problems in the population.

31. Data from Project HOPE in Ecuador shows increased access and improvements in health practices by individuals, families, and neighbors. The project helped multiply health knowledge and practice within the families and the community.

32. The Brazil family health program, centered on the family, has been evaluated and shows positive results in terms of access, quality of care, and user satisfaction; however, cost-effective results are not yet available.

Specific Country Experiences with Family Health Program

33. In analyzing the family program in LAC, the Brazil and Cuba models have many similarities, are physician oriented, focus on the family in their communities, are State funded, and offer services that are delivered in an integrated manner.

34. Project HOPE in Ecuador is an example of an integrated project that views the family as a setting where health is produced. It has developed a health education/promotion component that helps to meet the economic and education needs of the family, increasing women's income and empowering them through education in business management and finance. The health of women, their families, and the community has improved.

35. These models are examples of the family health interventions in LAC. All use a team concept; however, some models utilize nurse practitioners, nurses, and paramedics with referral to polyclinics or referral centers for specialist diagnostic techniques. Others have focused on using fully qualified physicians to handle every level and aspect of health care. Most models place the health system resources directly in the community by placing the teams in close proximity to the families whose health they manage. Many countries in the Region, including Brazil, Canada, Chile, Cuba, Ecuador, Mexico, Peru, the United States, and some countries of the Caribbean, have to varying extents introduced family health interventions. However, the evaluation of these experiences is not completely documented and their applicability in varied settings has not been tested on a wide scale. PAHO has been working with the countries in this area and proposes to build on these experiences, using health promotion and prevention strategies.

36. The country experiences analyzed provide us with some information on functioning models that contain the following components: empowerment of the families to solve their own problems, an integrated approach with promotion of an intersectoral approach, state funding usually, a focus on the family from a holistic point of view with educational and economic needs considered, involvement of the community, access to services facilitated, strengthened monitoring, and evaluation and surveillance as an integral part of the system. These country experiences have produced results; however, their applicability in different settings has not been evaluated.

Guiding Principles for Action in Family and Health

37. The foundations of health are laid in the preconception, early childhood, and adolescent periods. At the same time, many individuals are not reaching their full potential due to poor health and inadequate care for their physical, intellectual, and social development. Therefore, a life-cycle approach is needed if we are to adequately respond to the needs of the family.

38. The preliminary data available from the Region shows that using the approach of placing the family as the focus of our activities can lead to improved health outcome. Our interventions will seek to strengthen the PAHO health promotion and protection approach, which addresses inequities and poverty, serving marginalized groups, while facilitating respect for and the protection of the rights of families.

39. A public health, intersectoral, interdisciplinary approach will be the basis for the planning of comprehensive family interventions.

Priority Areas for Action

Maternal and Child Health

40. The priorities in the area of maternal and newborn health are early enrollment to prenatal control with guaranteed access to higher levels of care according to the risk/needs of the mother, postpartum care, family planning counseling, prevention of cervical and breast cancer, and newborn care, breastfeeding, complementary feeding, parenting skills, and growth and development counseling.

Child Health and Development

41. Families are essential to and are active partners in promoting healthy child growth and development during the early stages of life. Families play an important role in strengthening protective factors and minimizing risk factors for child development. The involvement of the family will be promoted at all levels through improving parenting skills, community empowerment, promoting healthy environments, the reorientation of health delivery activities and the development of new approaches based on family-centered interventions. Health and development interventions that are child, parent, and family focused are more effective, than any one alone.

Adolescent Health

42. Through the development of healthy public policies, PAHO proposes to strengthen the empowerment of families with children/adolescents (33% of families in LAC have a child or adolescent). PAHO will also promote evidence-based interventions in families and define the roles of families in adolescent health promotion and prevention of risk behavior, as well as adapt health services at the primary level using a family approach for adolescence.

Parenting Skills

43. Parenting skills are directly related with each society, culture, and period of history. We will focus on the following areas: (1) relations and type of interfamily dynamics; (2) general interrelations between members of the community towards childhood; (3) relationships that are established by families and different public policies, mainly in the areas of education and health; and (4) images that are identified and the types of relationships that are modeled by media and social communication systems.

44. It is universally accepted that good parenting skills that are shaped by love to the newborn and sustained until the end of the period of growth, development, and autonomy will help the individual both to confront his/her reality and develop resilience.

Safe Physical and Social Environment

45. Many issues that potentially threaten the safety of the community's physical and social environments lie outside the control of the family. These physical and social threats are amenable to improvement through anticipatory planning for their prevention or control. Collective solutions can be found within families and through intersectoral support from multiple community institutions that will respond to the felt priorities of its residents.

Family Caregiving of Older Persons with Disabilities and its Effect on Family Health

46. Research on family caregiving has consistently validated its significant role in preventing or delaying institutionalization, but has also shown the problems and needs experienced by informal caregivers. Half or more of family caregivers juggle work, family, and caregiving responsibilities, resulting in work disruptions and lost productivity. The family continues to be the preferred setting for the delivery of care to older persons with disabilities; policy initiatives need to be developed to support the role of family members in the provision of care.

Mental Health/Psychosocial Development as a Continuum across the Life Cycle

47. The focus will be on early interventions to prevent school failure. Mother/child studies relating to the mental health of mothers will be carried out and the information obtained will be used to foster early child development.

48. Tools to evaluate child care institutions will be developed that will promote improvements in quality of care of institutionalized children, reducing violent behaviors and delinquency. The results will also be used to strengthen the coordination between the various agencies, such as health, education, and justice departments and institutions involved in the care of children with mental and psychosocial disorders.

Violence

49. The focus for violence reduction will be on helping families before the risk of violence or neglect escalates, i.e. prevention intervention that focuses on the family as a whole, and providing proactive and mutual support along with crisis and recovery interventions supported by education and policy development.

50. Suicides: The focus will be on early interventions with risk reduction and the use of protective factors in planning interventions.

Proposed Strategies

51. PAHO proposes using a combination of health promotion strategies, including the generation and dissemination of scientific knowledge and experiences, development of local models for health and education focused on the family, including community empowerment and participation in family health, as well as providing support to caregivers of persons with disabilities. PAHO will also advocate for and support healthy public policies development that will guarantee that essential supports and services are provided to the community.

52. PAHO also proposes strengthening strategic alliances/partnerships with other agencies and stakeholders, e.g., religious institutions, NGOs, and the private sector. PAHO will build on and integrate evidence-based interventions in the reorientation of health services in close collaboration with the countries of the Region.

53. PAHO will:

- (a) Strengthen the implementation of a health promotion framework throughout the life cycle to ensure optimal growth and development and improve the quality of life for families, especially those headed by women.

- (b) Promote healthy public policies to support healthy choices, as well as the creation of appropriate physical and social surroundings to achieve healthy and productive family life.
- (c) Strengthen the role of family and community in education and health.
- (d) Strengthen community participation and empowerment of families so they may become key actors for better health for themselves and their communities.
- (e) Contribute to human resources development in the areas of family health.
- (f) Promote and support operations research on reorientation of services with a family focus.

Action by the Subcommittee on Planning and Programming

54. The Subcommittee on Planning and Programming is invited to discuss the issues presented in this document and to consider the importance of the Member States in setting national priorities to strengthen the role and capacity of families in promoting and protecting their health.

55. The Subcommittee is further invited to provide suggestions and comments regarding the following considerations: (a) develop public policies that empower the families and support legislation to protect the health of families; (b) support the design, implementation, and evaluation of family health models, programs, and services; (c) develop advocacy/social communication interventions focused on the family; (d) support operations research in family and health, to develop an evidence base of effective strategies to strengthen the role of the family in promoting and preserving their health and that of the community; (e) improve information and surveillance systems to track family health trends, especially related to the United Nations Millennium Development Goals.

56. The Subcommittee is also requested to provide guidance with regard to appropriate technical cooperation to assist with the implementation of these recommendations and to meet these technical cooperation needs.