

Family and Health

*Rita Borg Xuereb, MSc., PQ Dip Ed., Dip Ed (Adult), RN., RM.
16th February 2008*

Research shows that the health of the family members and the quality of family life are closely related. However, little attention has been given the family as a unit and health, apart from the labelling of families as good, problem, multi-problem, or dysfunctional.

Because the family forms the basic unit of our society, it is the social institution that has the most marked effect on its members. This basic unit strongly influences the development of an individual and may determine the success or failure of that person's life

The family unit occupies a position between the individual and society. Its basic functions are two-fold:

1. to meet the needs of society of which it is part, generates new members to assure the survival of the community, through procreation and socialisation. The family creates a network of kinship system that helps to stabilise a society, provides new recruits for society, prepares children to assume productive roles in society.
2. to meet the needs of the individuals in it. The family serves as the critical intervening variable, a buffer, or bargaining agent, between society and the individual. A basic purpose of the family is 'mediation' the taking of the basic societal expectations and obligations and moulding and modifying them to fit the needs and interests of its individual family members.

These functions which are fundamental to human adaptation cannot be fulfilled separately. They must be joined in the family. Parents are the primary teachers. Parents interpret the world and society. The interpretation parents give to the work and society is naturally based on their experiences and their reality. Hence, the family is seen as the most vital context for healthy growth and development.

Any dysfunction (illness, injury, separation) that affects one or more family members may and frequently will in some way affect other members, as well as the unit as a whole (the problems of one family member 'seep in' and affect the other family members and the whole system - 'ripple effect'). There is such a strong interrelationship between the family and health status of its members that the role of the family is crucial in the general wellbeing of the family.

Within the family, members learn about their own health status and body image. Families may also be the 'origin' of ill-health among family members. Studies (The California Health Project Fisher and Ranson 1995; Campell, 2000 among others) have shown that 3 principle factors are involved or provide explanations for a causal relationship between family and ill-health:

- Marital relationship
- Parenthood
- The social support system

Researchers found that husbands and wives from 'balanced' and 'traditional' families reported higher health scores than marital partners from disconnected and emotionally strained families.

What is family health? In family research family health is often conceptualised as family functioning and family adaptation (McCubbin and Patterson 1983). Family health can be defined as 'a dynamic changing relative state of wellbeing which includes the biological, psychological, spiritual, sociological and cultural factors of the family system' (Hanson 2001, p. 6).

Healthy families are described in a variety of ways, energised, competent, optimally functioning or/and resilient families

According to Beavers and Hampson (1993 in Friedman et al, 2003) optimally functioning families' characteristics include:

1. High degree of negotiation skills in dealing with problems
2. Clear open and spontaneous in their expression of a wide range of feeling's beliefs and differences
3. Respectful of members' feelings
4. Encourage autonomy of their members
5. Expect members to take personal responsibilities for their actions
6. Demonstrate affiliative attitudes (closeness and warmth); Parents are the leaders. They care for each other, leadership is egalitarian, and flows from the marital dyad. Marriage forms as strong parental coalition provide models of respect, affection, closeness for the children. The family is optimistic and enjoys each other's company.

Nevertheless one also needs to appreciate that families come from diverse socioeconomic and cultural backgrounds. Therefore, they may not fit well into Beaver's attributes of a competent family.

Contemporary and ongoing societal changes have greatly influenced family life. Societal changes include:

- Economic trends, e.g. rising costs in all areas of family life
- Demographic trends, e.g. aging population, decreasing birth rate
- Socio-cultural trends, e.g. changing racial and ethnic composition
- Changes in the family, e.g. dual earner families; 'double day job'

Family functioning is being redefined to include the degree to which families are able to adapt to the social context in which they live (McCubbin et al 1998).

Learning programs are identified as important elements in supporting the needs of the family and community. We are gathered here today to bring our heads together and propose suggestions for teaching and learning of family's health issues that we would like to see introduced in the educational system.

Bibliography

Friedman, M.M., Bowden, C.R. & Jones, E.G. (2003). *Family Nursing*, (5th Ed). New Jersey: Prentice Hall

Hanson, S.H. (2001). *Family Health Care Nursing*. In S. H. Hanson (Ed.), *Family Health Care Nursing* (2nd ed.). (pp.3-35). Philadelphia: Davis.

McCubbin, H.I. Thompson, E.A., Thompson, A.I., & Fromer J.E. (1998). *Stress, coping and health in families: Sense of coherence and resiliency*. Thousand Oaks , CA: Sage.