



FAMILY HEALTH – HOW TO ENSURE OUR NATION’S FUTURE

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Accepted April 7, 2022

The concept of family health includes various activities, communication and programs in prevention, rehabilitation, and health promotion for all members of families/households. Family health refers to the physical and mental health of its members, to which are added many daily behaviours, related to common activities and communication between the family members, also between family members and society and the emotional support offered to each family member. The influences of the family, whether it is restricted or extended, and the social environment are associated together at different stages of development. The role of the family physician is to advise and to identify risk factors for family dysfunction. The family doctor, based on a good understanding of the association between family life and individual health behaviour, can develop interventions based on personalised family assessment, analysis of risk factors, educational and socio-economic background. The key moments of the family doctor's intervention are represented by the prenatal consultation, by the monitoring of the pregnant woman, the periodic preventive examinations from childhood to senescence. Further research is needed in primary health care that should focus on families as a system.

Keywords: family health, family physician, prevention.

INTRODUCTION

The concept of family health does not only refer to the simple sum of the health of each member of the family. Definition of family has changed according to challenges of the current times for the purpose of study of the family as a factor in health¹. Now, family health refers to the physical and mental health of its members, to which are added many daily behaviors, related to meals, rest, common activities and communication between the family members, but also between

family members and society and the emotional support offered to each family member². Family health is based on the health of its members also considering their interpersonal interactions, social, economic and health resources³. Family has also a social dimension influencing each individual health and can project future health⁴. The interrelation between the individual and the social environment goes through different stages depending on the developmental stage, going from the restricted family to the extended family, and then to the social environment when the individual enters the community. The influences of the family, whether it is restricted or extended, and the

social environment are associated together at different stages of development⁵.

EPIGENETIC INFLUENCE AND FAMILY HEALTH

Epigenetic appeared as a term to attempt to explain the complex, dynamic interactions between the environment factors and the genome that led to the expression of phenotype. While epigenetic changes are required for normal development and health, they can also be responsible for some disease states⁶. These disruptions have been associated with chronic diseases as cancer, cardiovascular disease, obesity or diabetes mellitus^{7,8}. While in utero, mother-fetus-placenta interactions will bear upon the growth and development of the child/adult-to-be⁹. All this while, many environmental factors (stress, maternal nutrition, smoking, drugs, toxic substances) act upon the fetal genome through epigenetic mechanisms without changing DNA structure^{6,8}. Research has shown that both maternal overeating (diets rich in fat, protein and calories) during pregnancy, as well as maternal undereating based on caloric and protein restrictions and on low vitamin intake influence the health of the future child^{8,9}. The complex interactions among genetic, epigenetic and environmental factors bears upon the improvement of noncommunicable disease prevention. Epigenetics proves for the importance of prophylaxis, which should be initiated by family physician as early as possible, preconceptional, most of the time. Nutrition at all stages of life, level of stress, physical activity, smoking, alcohol and infections can activate epigenetic mechanisms favouring the development of chronic illness, acting on the family health. The epigenetic principles of sanogenesis must be put into practice as early as pregnancy and followed throughout childhood as building blocks of a good state of family health^{6,8}.

INTRA-FAMILY RELATIONSHIP

Healthy families promote a sense of belonging and build the capacity of family members to develop independently, to care for each other, and to fulfill their life responsibilities in a social context³.

The behavior of a healthy family develops gradually through interrelations between family members who share the same understandings, views and behaviors about health and health promotion. Healthy family behavior reinforces

individual health habits³.

Families are an important influence and resource for health maintenance and disease prevention, both through health promotion and cultural, social and economic aspects¹⁰.

Family is considered a social network with features that cannot be explained by individual attributes alone⁵.

To analyze and understand such networks, relations between family members are analyzed either between two, three or more individuals, and differ depending on the family structure. These relationships enable mutual communication, coordination, support or building trust².

From a network perspective, family structures are not only the result of the interaction of individual family members. Structures also influence each family member^{2,5}.

Health-related interactions between family members are influenced by individual factors eg: biological and psychosocial and environmental-social, cultural, traditional^{2,10}.

This model of family health interactions overlaps with the holistic aspect of the family doctor, which addresses the bio-psycho-social model of the individual in the context of family and society^{2,5,10}.

BIOLOGICAL FACTORS

Biological factors influence both the health behavior of the individual and the health behaviors of other family members and therefore the family. Biological factors include the age of the children and of the parents, the sex of the children and the presence of grandparents daily².

The age difference between children influences the interaction of each family member and the interaction of the family with the social environment in general. Older husbands might provide more resources for the family, thus facilitating production of high standard of living, promoting health through diet and exercise¹¹.

Another biological factor influencing the interaction between members of a family relates to the ideal size of a family. Often the number of children desired when starting a family differs from the final number of children³.

PSYCHOSOCIAL FACTORS

Individual behaviours, attitudes, beliefs or values regarding lifestyle, diet and physical activities affect health of individuals and influence family life^{12,13}.

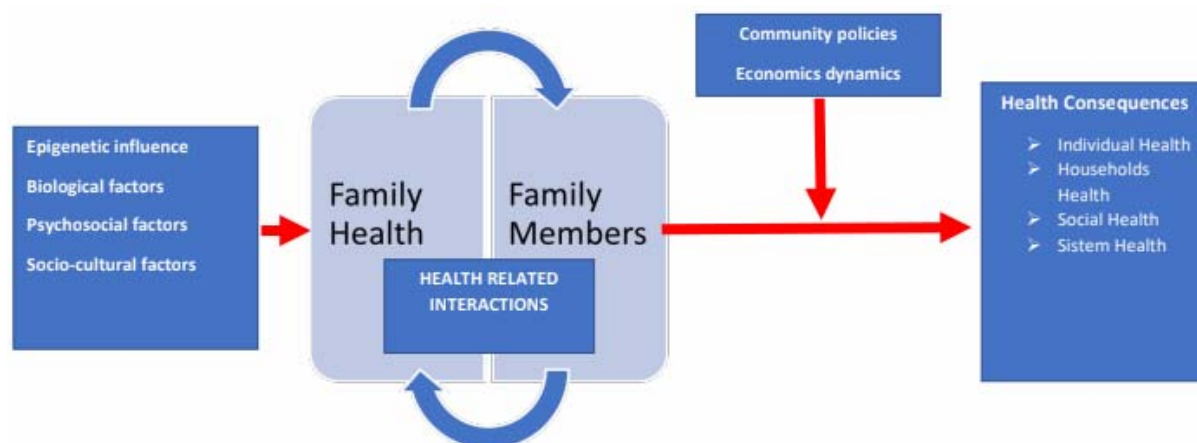


Figure 1. Risk factors and health-related consequences of family health.

Different models (vegan, vegetarian, outdoor activities) have shown that individual preferences and values have a significant impact on health-related family interactions. Distinct preferences often lead to difficulties and conflicts in the family¹⁴.

SOCIO-CULTURAL FACTORS

Various socio-cultural aspects affect health-related interactions between family members. Socio-cultural factors have a direct, immediate influence, but sometimes exert an indirect influence on family interactions. Communication within the family has a strong socio-cultural influence. In certain circumstances it can have a negative impact on the health behavior of individuals².

The socio-ecological model must be considered as a comprehensive approach to the factors that influence sanogenic behavior in children¹⁵.

THE ROLE OF THE FAMILY PHYSICIAN

The role of the family physician is to advise and to identify non-modifiable risk factors (age, gender, race, family history) as well as modifiable ones (low-fiber, high-fat and high-carbohydrate diet, smoking, alcohol consumption, a sedentary lifestyle) in order to avoid these risk factors by developing a personalized plan for the prevention and health promotion. The key moments of the family doctor's intervention are represented by the prenatal consultation, by the monitoring of the pregnant woman, the periodic preventive examinations from childhood to senescence. In Romania, one of the important activities of the family doctor is prevention, primary, secondary and tertiary. The disadvantage of this approach is

the lack of medical staff. On the other hand, in Romania, it is still necessary to introduce integrated strategies and financing¹⁶.

The chronic care model could certainly have benefits for health care, especially in rural. In this regard the staff competency would need to be maintained and improved funding for primary care¹⁷.

One of the main barriers of the activity of the family physicians in rural areas is represented by the importance of curative activity – they should prioritize health care problems to the detriment of preventive activity¹⁸.

The activity of the family physician is emphasized the importance for an individual risk assessment for each family, to reinforce the maintaining health strategies, irrespective of urban or rural area^{19,20}.

Occupational health physicians and family physicians valued their collaboration particularly as related to occupational health risk assessment, because sometimes the effects of occupational exposure are delayed or appear many years after the cessation of exposure²¹.

The different factors that can influence adherence to chronic diseases therapy are educational attainment, socioeconomic, and cultural level^{22,23}.

The family physician knows the educational level of the patient, the family, the socio-economic conditions, can guide further strategies to improve adherence therapy and indirect improve family health²⁴.

DISCUSSIONS

Technological progress, the health inequalities arising in the modern times due to its increasing costs, has challenged the medical community, more in rural than urban areas²⁵.

Relationships between family members, their attitudes and behavior can contribute to the health of the family and the health of future offspring. The consequences of healthy functional relationships are both healthy individuals with healthy offspring, but also reproduction or changes in socio-cultural norms or in the built environment at a macro-level².

The consequences at the society's level are not simple, they are also influenced by other environmental factors such as community policies and economic dynamics (Figure 1)^{2,5}.

Furthermore, published studies have highlighted the need to consider heterogeneity. The relationships between family members and family health differ not only according to covariates already evaluated, such as gender, age, education or family income but also according to the timing of events (e.g. early or late life), the duration of different family stages (e.g. length of marriage, time of first child, time of first child's departure) and the quality of the relationship, among other aspects^{2,26}.

The emergence of the COVID-19 pandemic is changing the analysis of family health due to challenges related to social disruption, such as financial insecurity, caregiving burden, and isolation-related stress. The consequences of these challenges are long-lasting because of how contextual risk permeates the structures and processes of family systems. There should be an examination of the way in which social disruption caused by COVID-19 is linked to child adjustment, adult adjustment to telecommunications, family well-being and family processes (i.e. organization, communication and beliefs)^{5,27}.

Different conceptual and theoretical models of family health promotion potential are described. Environmental factors are central components for most models or conceptual frameworks^{2,28}.

Cultural diversity allows for a wide range of differences between family types with different and expanding social norms and roles. Reported studies emphasize the role of the child as a passive recipient rather than an active agent in promoting family health²⁸.

Community health promotion, with children as passive recipients, requires a conceptual framework to support children and families and improve their health opportunities sustainably. Family-oriented, relationship-focused health promotion is a complex approach that assesses vulnerable periods: pregnancy, early childhood and adolescence and transitions between age-specific social institutions²⁹.

Health promotion oriented towards family should avoid stigmatization and support the family by social interventions and economic policies².

CONCLUSIONS

The family is based on processes and mechanisms that can irreversibly determine the health of the family, and consequently influence the health-related behavior of individuals. The family doctor, based on a good understanding of the association between family life and individual health behavior, can develop interventions based on personalized family assessment, analysis of risk factors, educational and socio-economic background. Further research is needed in primary health care that should focus on families as a system. Innovative data targeting intergenerational linkages may allow researchers to shed new light on health issues across generations within families.

Acknowledgements/Disclaimer: Authors declare that there is no conflict of interests.

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