

Family Health

ABSTRACT

The family is a fundamental social organization including people of different or same genders as parents, with children, relatives, and even clans. Members of different ages and genders all go through life stages with differing health issues in maintaining health and preventing disease. Health for women through all phases of life includes equal rights, fertility, pregnancy, and child care. Child nutrition for physical and cognitive development is vital in family and community health. Women's and men's health involves healthy lifestyles and prevention of cardiovascular diseases, cancer, and social and mental health problems. Aging can place stress on individuals and the family, who may depend on social and health services to provide help. The health of the family is also the responsibility of society, the health system, and the family itself. Family health is impacted by poverty and social distress, displacement, wars, terrorism, and mass trauma of all kinds.

SUPPORT MATERIAL

Student Competencies: Transferable Knowledge and Skills

The following are points of emphasis highlighting key principles that public health graduates are expected to understand and apply into practice. The key points arise from this chapter and other studies in specialized courses, seminars, readings during public health education, and continuing education. The selected skills and knowledge are divided into two parts. The first consists of core questions pertaining to immediate student requirements, while the second refers to competencies essential for successful public health practitioners. These include competencies recommended by the American Public Health Association in 2007, as well as those of the European Association of Schools of Public Health and the Public Health Agency of Canada's 2008 Report on Core Competencies. For more detailed competencies please consult the Association of Schools of Public Health website at: <http://www.asph.org/document.cfm?page=851>

Part I: Core Questions

1. What is the significance for public health of: declining birth rate, increasing longevity, aging of the population, and the nuclear family?
2. What are women's health issues in individual, family, and societal contexts?

3. What is the significance of family planning from religious, political, civil rights, public health, and personal care points of view? How do they clash and how can they coexist?
4. What defines a high-risk pregnancy and a high-risk pregnancy care program?
5. What is the significance of low birth weight? What are the risk factors for its occurrence and how can it be prevented?
6. What is the significance of failure to thrive? How is it detected and managed?
7. What are the causes, effects, and methods of preventing: iron-deficiency anemia, iodine deficiency, neural tube defects, and other birth defects?
8. What public health interventions are needed to address the following:
 - (a) maternal mortality of 150/100,000 live births; of 8/100,000
 - (b) infant mortality of 35/1000; of 5/1000
 - (c) crude birth rate of 35/1000; of 10/1000
 - (d) crude death rate of 15/1000; of 7/1000?
9. What is the public health significance of family violence?
10. Discuss health risks for infants and children and their management.
11. Discuss health risks for adolescents and their management.
12. Discuss health risks for women and their management.
13. Discuss health risks for men and their management.
14. Discuss health risks for the elderly and their management.
15. Discuss US and international trends in infant and child health.

Part II: Knowledge and Skills

1. Recognize and be able to incorporate in health programs the importance to health through the lifespan of:
 - (a) family structure
 - (b) housing
 - (c) education
 - (d) occupation
 - (e) employment
 - (f) working conditions
 - (g) economy
 - (h) underprivileged groups
 - (i) socioeconomic status; socioeconomic position.
2. Conduct preliminary research in order to evaluate the cultural landscape of women's and men's health in each society.

3. Discuss optimal human growth, development, and dignity across the lifespan.
4. Incorporate safe motherhood initiatives aimed at reducing morbidity and mortality in regular public health and clinical care programs.
5. Incorporate programs to reduce risk factors for birth defects and provide examples of interventions to reduce risk.
6. Promote protocols for counseling newborn parents with respect to handling their newborn babies, specifically those with birth defects and other conditions requiring special attention.
7. Promote recognition of the importance of cultural sensitivity and respect for diversity when training new public health professionals and students.
8. Promote policies that recognize the necessity of addressing health inequalities in society, and that neglecting vulnerable populations may compromise the health of the wider community.

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