

FAMILY HEALTH AS A DETERMINANT OF MATERNAL AND CHILD HEALTH

Elusoji Christiana Irolo; Onuoha Happiness & Eze, Clementina N.

ABSTRACT

The family is the smallest unit of the society and the goal of its health is for optimal functioning of the individual members. Family health is more than the personal health of the individual member of the family. Family influences health of its members through genetic, shared physical and social environment. Maternal and child state of health is influenced by the family system stability. A family's physical, emotional, social, mental and financial health influences the health of the mother, children and unborn child. Assessment of a family health through comprehensive history taking exposes the clouds arising from the family members that surrounds and affects the woman and her children and unborn child. It is noteworthy that health workers should strategize and reinforce positive responses among women to help them adjust to any stage of their development. It is recommended that health care professionals should treat families as partners in healthcare and also view individuals as a whole and member of family and larger social environment.

Keywords: Family Health: Maternal and Child Health.

INTRODUCTION

Health, as defined by the World Health Organization (WHO, 2014), is "a state of complete physical, mental and social well-being, and not merely, the absence of disease or infirmity". Health is further described as a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis (WHO, 2014). The family is the

central and important social institution for health development in which individuals are born and receive resources for their growth and development. Families have universal functions, which are to care for and protect their members and to socialize upcoming generations for productive participation in society. It has the primary influence on the health and development of children. Families, not healthcare providers, are the primary caretakers for patients with chronic illness. They are the ones who help most with the physical demands of an illness, including the preparation of special meals, administering medication, and helping with bathing and dressing.

In addition, families are usually the major source of emotional and social support: someone to share the frustrations, discouragement, and despair of living with chronic illness (Doherty, 2008). The family influences healthy behaviours and provides care and facilitates recovery from the illnesses. The social context, such as socio-cultural norms and values, politics and governance, socioeconomic status, health system and individual lifestyle, influence individual as well as the family health. While the family is a source of nurture and emotional support, sometimes it can also be a source of inequality, control and oppression (Campbell and Patterson, 2015).

Maternal and child health focuses on family-oriented care beginning with the need to care for mothers and infants and recently expands to the entire family unit as it prepares for and incorporates new members (Carter and McGoldrick, 2009). Good health for women and children is beneficial as it leads to longer, more fulfilled lives allowing the woman and the child the opportunity to attain meaningful

development in life. It is also a basic human right. Women and children play a crucial role in development. Investing more on women's and children's health builds stable, peaceful and productive societies. Increasing investment has many benefits (UN Report, 2010). It is also a basic human right. Since the 1990's, Nigeria has made efforts and recorded some progress at reducing maternal and child mortality. Nigeria's Maternal Mortality Ratio dropped from 1,200 deaths in 1990 to 540 deaths in 2013 per 100,000 live births. Similarly, under 5 Mortality Ratio dropped from 191 deaths in 1990 to 94 deaths in 2012 per 100,000 live births. Despite this progress, Nigeria still occupies the unenviable position as a leading contributor to the regional and global burden of women and children's death (Agunwa *et al.*, 2017).

Furthermore, child survival in Nigeria is threatened largely by nutritional deficiencies and illnesses, particularly malaria, diarrheal diseases, acute respiratory infections (ARI), and vaccine preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood (Belsey, 2016). Men are important to maternal and child health (MCH). In early childhood, father involvement is associated with better cognitive and socio-emotional development in young children. During middle childhood, paternal involvement in children's schooling is associated with greater academic achievement and fewer behavioural problems (Amato and Gilbreth, 2009). In adolescence, high involvement between fathers and adolescents is associated with better educational, behavioural, and emotional outcomes (Coombs and Landsverk, 2008). Conversely, children growing up in father-absent families are at greater risk for various educational or behavioural problems and poorer developmental outcomes, even after controlling for parental education, income and other factors. Less is known about the male partner's influence on maternal health. In ethnographic studies, pregnant African

American women identified their male partners as a vital source of support or stress (Jones *et al.*, 2010).

The role of extended families on family health may be either positive or negative. The influence of grandmothers/mothers-in-law within families in traditional societies is hard to ignore. Most nutrition programmes still exclusively focus on young mothers. However, some studies indicate that grandmothers have a major role in deciding diarrhoea treatment, complementary feeding practices, exclusive breastfeeding and child feeding practices. Rural women play a key role in supporting their families and communities in achieving food and nutrition security, generating income, and improving rural livelihood and overall well-being. Rural women are more vulnerable than urban women for reasons such as illiteracy, less income, more experiences of physical abuse. Empowering women to promote family health and well-being to gain control of their own lives, income and fertility contributes directly to their family health and health development.

Family Health Care helps in improving the health of mothers, pregnant women, and children in many states, and the nation as a whole. With the recent task of health care reform, family health seems an appropriate topic for considering the merits of a family perspective. Recently, a growing number of health care professionals, researchers, advocates, and consumers recognize that families are a profound and powerful force on the health of individuals, and that health care in this country could be improved by supporting and strengthening family health and the family's role in health promotion and disease prevention.

Concept of family health

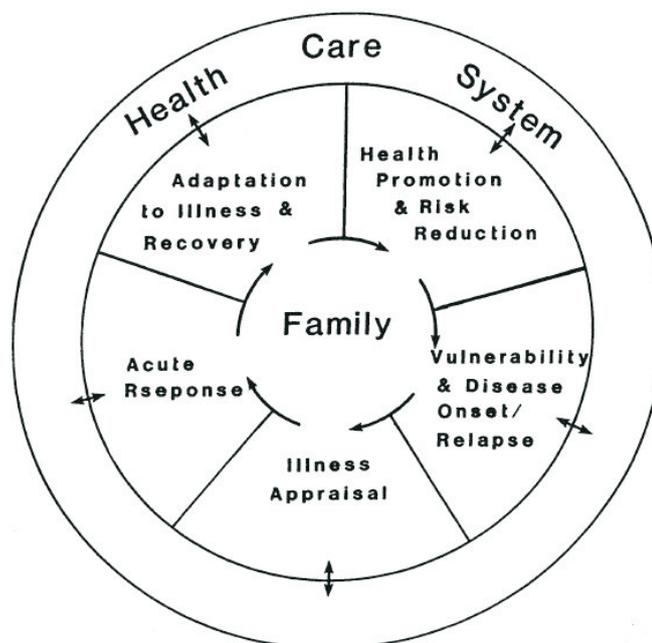
Family is the basic unit of society and the social institution that has the most marked effect on its members. From the perspective of Neuman's model, family health is defined in

terms of system stability characterized by the five-interactive set of factors which are: physiological, psychological, socio-cultural, developmental and spiritual. Family system stability is indicated in the integrity of flexible lines of defence for families, including role enactment, rule implementation, decision making mechanism, mechanisms for meeting family needs for intimacy and affection, and ways of dealing with loss and change, and the lines resistance (care characteristics such as inter-relatedness, values and beliefs, and interdependence) (Schor, 2003).

The family is the unit of service in all health care delivery. The health of one member affects the welfare of other members in the family. Every family is unique and is affected by every aspect of community life. The health service providers have to understand family ways, traditions, customs and beliefs of the family. Family health is a state of positive interaction between family members which enables each members of the family to enjoy optimum

physical, mental, social and spiritual well-being. The health status of the family is the impact of the health of one member of the family as a unit and on individual family members; it also includes the impact of family organization or disorganization on the health status of its members. The Family Health and Illness Cycle is a visual illustration of how the family affects the individual's health and the individual, in turn, affects the family. The model is built on the premise that all human problems are biological, psychological, and social in nature (Belsey, 2016).

The description of each category of the model gives specific example of how health care can be enhanced by taking families into consideration. The model can best be read in clock wise mode beginning with health promotion and risk reduction. The two-way arrows indicate the ongoing interactions between the family and the health system. The model applies to families at all stages of the life cycle.



Family health and illness cycle (Doherty, 2008).

Health promotion and risk reduction

Families are intrinsically involved in the promotion of health and the reduction of risky behaviours. For example, the major diseases in industrialized countries result from diet, exercise, smoking, drug and alcohol use, and failure to comply with treatment plans; all of these are heavily family issues (WIFIS, 2013). Family members influence each other's health habits. For example, we learn eating patterns as children in families and most food is consumed in families. We acquire exercise habits from our families. Adolescents are more likely to smoke if either of their parents or a sibling smokes; furthermore, family distress during early adolescence is a stronger predictor of smoking than whether parents smoke. Finally, an individual's ability to change an unhealthy behaviour depends on family support. Imagine a 50-year-old man with hypertension who has never cooked for himself and needs to make dietary changes; not surprisingly, involving his wife in treatment significantly improves long-term results (WIFIS, 2013).

Vulnerability and disease onset/relapse

Events and life experiences in the family influence a family member's susceptibility to illness or the relapse of chronic diseases. In other words, conditions in the family, such as stress and social support, increase or decrease the likelihood that family members will become ill. Social ties benefit health and the family appears to be the most important source of social support. Some of the most compelling evidence comes from studies of bereavement. People who have lost a spouse have markedly increase death rates; among young widowers, death rates are 10 times higher than the normal rate. Taken together, recent evidence on social support indicates that its absence has as detrimental an effect on health as the more widely-touted cigarette smoking.

Similarly, stress increases susceptibility to disease. In one study, bacterial throat infections in children were preceded by stress in the family. In families with more parental conflict, 5-year-old children have higher levels of a stress hormone in their blood, even when they didn't observe the conflict directly. Marital distress also reduces resistance to disease through poorer immune system functioning (WIFIS, 2013).

Illness appraisal

Family illness appraisal refers to the family's belief about illness and family decisions about health care. The family plays a pivotal role in diagnosing the symptoms, encouraging home remedies, deciding whether professional medical help is needed, and gaining access to medical services. Families usually generate their own rules about when to seek medical health, often times based on personal histories. For example, a family that experienced the death of an infant due to a high fever in the last generation will most likely rush to the emergency room when their infant has a 38-degree centigrade fever. If this family has 6 infants or toddlers in their extended family, they have experienced a 1 in 6 likelihoods that a child will die from such a fever, whereas the health care providers experience suggests a 1 in multiple thousand likelihood of a serious condition (WIFIS, 2013).

Acute response

The family's acute response refers to the immediate aftermath of illness for the family. The family often rallies around the sick family member. Studies and clinical studies demonstrate that the anxiety and stress level of the patient's family is often as high as that of the patient. This level often remains as long as the patient's, if not longer. The biggest single predictor of the wife's level of distress 6 months

later is how physicians dealt with the family in the hospital and whether they got the information they needed (WIFIS, 2013).

Adaptation to illness and recovery

The family usually becomes the setting for care of the recovering or chronically ill member (s) which is often more difficult than the acute phase. The family cohesiveness that is experienced during the acute onset of an illness may begin to diminish if the recovery is prolonged (WIFIS, 2013). In studies of the impact of cancer on families, the level of distress of the cancer patient decreases over time; the level of stress of their spouse does not lessen over time without sufficient support. Providing education, support, and therapy for families of schizophrenics prevents relapse of the patient and results in cost savings of 19 to 27 percent; the increased costs of family support are offset by decreased use of mental health services (WIFIS, 2013).

Family role towards health

Intra-family dynamics and relationship has a key role in health outcomes of the family. The pathways to health impact, both positive and negative, generally operate through marital relationships, couple dynamics and intra-family power relations. Supportive family/kinship relationships have reportedly decreased the likelihood of the onset of chronic diseases and mental illness and delayed mortality. But the protective function of family is diminished or even completely lost when family dynamics are characterized by conflict, tension and stress of various kinds.

Health policy and interventions should place more emphasis on the family's role in health. The contribution of the biopsychosocial model has been to emphasize the embeddedness of each person in a continuum of hierarchies from the molecular to the societal and the role that

each level of organization plays in determining health outcomes. Several studies have addressed both family and community influences on health. Family-level influences on health are derived from three (3) main sources: genetics, a shared physical environment, and a shared social environment. The last 2 factors become more important when family members inhabit the same household. The shared social environment includes functional relationships, such as care giving; shared socioeconomic circumstances, such as income and wealth that are linked to barriers and opportunities for healthy living; and shared relationships, both positive and negative (Medalie, and Cole-Kelly, 2002).

Family as a unit of health

Family health is more than the sum of the personal health of individuals (including father) who form the family since it also takes into consideration interaction in terms of health (physical and psychological) between members of the family-relationships between the family and its social environment-at all stages of family life in its different structural types". Family should be distinguished as: a unit of health and unit for care (Abebe, 2014). The basic principle underlying family health is that there are specific biological and psychosocial needs inherent in the process of human growth and development which must be met in order to ensure the survival and healthy development of the children in the family and future adult. Family members tend to resemble one another in terms of health status and health behaviours.

Similarities reflect familial, genetic predispositions; shared physical, social, and emotional environments; and learned health beliefs and values. Children's use of health services is largely controlled by their parents and, logically, resembles the utilization patterns of their parents. For example, parents

generally decide for children which symptoms require medical attention or restriction of activities, although they may establish different thresholds for seeking medical care for themselves. Left to their own initiative, children seek care in the same manner in which their parents have sought care for them (Schoret *et al.*, 2007).

Family can also be seen as a unit of health: if one of the members of a family is ill, the whole family suffers or is exposed to a health risk such as contagious diseases or parasitic infestations which are so easily transmitted from one member of the family to another because of the closeness of home life. Healthy and happy parents, whose children have been desired and fostered in their development from their earliest years: children who have been protected from health risks while bearing progressively their own responsibilities in this area. This represents the image of a healthy family – the only real basis for the self-realization of all its members (Abebe, 2014). Parenting, family communication and connectedness play a significant role in shaping child and adolescent health. Supportive parenting and supervision from parents impact on positive health outcomes like resilience among children, less smoking, alcohol and drug misuse, delayed sexual initiation, low incidence of teenage pregnancies and HIV infection. Supportive family/kinship relationships have reportedly decreased the likelihood of the onset of chronic diseases and mental illness and delayed mortality. But the protective function of family is diminished or even completely lost when family dynamics are characterized by conflict, tension and stress of various kinds (WHO, 2013).

Basic functions of the family

The basic family function is to protect the health of family members and to provide supportive nurturing care during period of illness. The family contributes to health of individual family members by supporting the

physical and psychosocial development of the members. It is within the family unit that members develop that concept of health and establish their health habits. The family is a social unit that develops a system of values, belief, and attitudes about health and illness that are imparted to and demonstrated through the health-illness that are imparted to and demonstrated through the health-illness behaviours of the family members.

The family also functions as the primary source of transmitting health-related cultural traits to next generation. Health-related functions and tasks of the family are as follows: Provision of adequate food, shelter, and clothing, maintenance of health supporting physical home environment, maintenance of health supporting psychosocial home environment, provision of resources for maintenance of personal hygiene, provision of meeting spiritual needs, health education, health promotion (nutrition, exercise, etc), health illness decision making, recognition of developmental disruptions, recognition of health disruptions, seeking health cares, supervision of medication (prescribed and over the counter), rehabilitation care and involvement with community's health.

Emotional impact

Family members suffer greatly from the emotional effects of living with and caring for a relative with a disease, with the impact of some diseases being felt by every member of the family (Basra and Finlay, 2007). The psychological distress felt by family members often results from their feelings of helplessness and lack of control (Bowen *et al.*, 2010). Children's emotional health is related to their parents' sensitivity to them, the developmental appropriateness of their parents' expectations, and the degree and quality of affective support received from their families.

Parents need to be able and willing to respond on an emotional level to their children. Appropriate family support can have a continuing influence on children (Elkind, 2001). Children from families who rate high on measures of affective support have higher self-esteem, are better able to cope with stress, and have fewer behavior problems; during adolescence they have less delinquency, depression, and drug use. Conversely, adolescents who experience low levels of family support are more likely to be depressed (Zil, and Rhoads, 2001).

Financial impact

One of the greatest burdens on family members of patients is the financial cost to the family. This can include treatment costs, transport to appointments, the cost of hiring a caregiver, and adapting their home environment. The financial strains felt by family members of patients often lead to stress and worry. The difficulties involved in accessing funding are greater in low income families, who often receive minimal support and face greater problems with social functioning and relationships (Davis *et al.*, 2009).

Social support

A family's social support is one of the main ways that family positively impacts health (Broadhead *et al.*, 2013). Social relationships provide emotional support and affection, information and advice, companionship and intimacy, and tangible support. Adults and children who feel that they have such resources are better able to function in society and to cope with the stresses they encounter. Children report receiving supports from parents, siblings, relatives, friends, teachers, and others in their environment. Their preferred source of support depends on the type of support and their developmental stage. Family support, however, is qualitatively different from support

from other sources and has a cumulative and lingering effect on children's subsequent development (Schor, 2003).

Adequate social development requires a supportive family environment in which family members have an enduring commitment to the well-being of the child. Family support has been related to several child outcomes including academic achievement, psychosocial maturity, adolescent risk behaviours, psychological adjustment, and self-esteem. Whereas the absence of a supportive parent-child relationship places the child at significant risk for poor social and emotional outcomes, children who are able to develop a substitute relationship with another adult can effectively compensate for the shortcoming within their families (Bouchard and Drapeau, 2011).

Influence of family health on maternal and child care

Health is a dynamic condition resulting from a body's constant adjustment and adaption in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis. Family health, however, has several aspects that make it up. These include social, mental, Physical and emotional health. They can be used as determinants of maternal and child health.

Influence of social health of the family on maternal and child care

Social health is the ability to form meaningful relationships with other people and interact in healthy, positive ways. The way one connects to the people around him, adapt to different social situations, and experience a sense of belonging all contribute to the social health. Within the context of one's family social health is the child's developing capacity to:

- i. Form secure relationships
- ii. Experience and regulate emotions
- iii. Explore and learn

It reflects a child's developing ability to form close, secure relationships with other familiar people in their lives such as parents, relatives and other nurturing caregivers. This trusting bond helps children to feel safe in exploring their world. Raver and Zigler (1997) define the term social competence as a group of behaviours that permits each individual's child to develop and engage in positive interactions with other people. The following groups of behavior includes: responding to and initiating interactions between caregivers, siblings, other adults, and peers, participating in co-operative and social activities, managing behavior and resolving conflict, knowing about self and others, showing empathy and developing a positive self-image and be self-worth.

A family's social support is one of the main ways that family positively impacts health (Broadhead *et al.*, 2013). Social relationships provide emotional support and affection, information and advice, companionship, intimacy and tangible support. Mothers and children who feel they have such resources are better able to function in society and to cope with the stresses they encounter. Family social support however, is qualitatively different from support from other sources and has a cumulative and lingering effect on children's subsequent development (Schor, 2003). Adequate social development requires a supportive family environment in which family members have an enduring commitment to the well-being of the child, even maternal health. Family social support has been related to several child outcomes including health, academic achievement, psychosocial maturity, adolescent risk behaviours, psychological adjustment, and self-esteem.

Conversely, when family members are not leaving according to the societal norms, it affects the health of the mother which in turn influences

the health of her children. For instance if the husband is a drunkard, and uses all his income on alcohol, the woman apart from experiencing financial stress in order to ensure that the family is cared for, will suffer emotionally which may lead to depression, hypertension or even the loss of a pregnancy. How comfortable and proud a woman is with her family determines how healthy she will be. However, social health influences family health in these ways: employment, neighbourhood and physical environment, education, socioeconomic status and access to the outcome of maternal and child health. For example, working generally has a positive effect on mother's well-being which in turn affects her children's health. Earned income enhances self-esteem and provides a sense of mastery. In addition, the positive effect of work on women's well-being is modulated by the extent of the husband's sharing of family tasks.

Another example is the neighbourhood and physical environment of a family. A healthy environment will reflect positively on maternal and child health while the opposite is the case for a filthy environment. Filthy environment with breeding sites for mosquitoes exposes the child to regular suffering from malaria and its complications. The mothers will be exposed to malaria, even in pregnancy. Of course, malaria in pregnancy comes with complications such as miscarriages, severe anaemia, preterm labour etc for the mother. Then the child is exposed to intrauterine growth restriction, intrauterine death, prematurity, low birth weight and so on.

Influence of mental health of the family on maternal and child care

Mental Health is the level of psychological well-being or an absence of mental illness. It is the state of someone who is "functioning at a satisfactory level of emotional and behavioural adjustment." From the perspectives of positive psychology or of holism, mental health may include an individual's ability to enjoy life, and

to create a balance between life activities and efforts to achieving (WHO), mental health which includes “subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others: The WHO further states that well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community.

Therefore, a stable mental health of members of the family will go a long way affecting the outcome of maternal and child health with regard to decision-making and adjustments. That mentally retarded parents have difficulty with successful child rearing is not surprising. Mentally retarded parents have significant difficulty with simple aspects of parenting. Some retarded parents have such limited knowledge and skills that safety is in jeopardy. Effective parenting is, in part, a complex cognitive task that requires appropriate contingent responses to unforeseen events and behaviours, yet these are precisely the behaviours with which retarded parents have difficulty (Tymchuk, 2002). The mother-child interactions of mothers with low Intelligent Quotients tend to be less variable, less reinforcing, and more punitive and directive than those of other mothers. Mentally retarded mothers may not know either how to or what to reinforce among their children's behaviours. Further interfering with child-rearing is the associated poverty, physical and sensory handicaps that are prevalent among retarded adults (Accardo and Whitman, 2010). Retarded pregnant mothers do not also find it easy during the course of pregnancy. This affects the outcome of pregnancy negatively.

Postpartum depression has been consistently reported to produce significant distress in the new mother and her family and may have a

further adverse impact on the cognitive and emotional development of the child. The adverse effects of maternal depression on the child include low birth weight, under-nutrition, and stunted growth, frequent episodes of diarrhea. Other infant-related challenges linked to maternal mental illness are increased rates of infectious diseases and diminished completion of recommended immunization schedules. The role of maternal mental health disorders as a leading cause of maternal morbidity and mortality has also been established in developed countries, with one in five mothers of full-term infants experiencing a perinatal mental health problem. This highlights the significant interplay between poor mental health during and in year following birth, its potentials significance impacts on the mother-in fact relationship and consequently on the social and emotional development of the infant (Misri and Kendrick, 2008).

Maternal mental illness has often would have a detrimental impact on a woman's ability to care optimally for her child. It has been established that social, emotional and mental health problems such as depression, anxiety disorders, domestic violence, drug and or alcohol misuse, and lack of social support occurring in women during the perinatal period are major public health concerns and are associated with poor outcomes for women and their children.

Influence of family health on maternal and child care

Physical health is defined as the condition of the body, taking into consideration everything from the absence of disease to fitness level. Physical health is critical for the overall well-being. Physical health and mental health are strongly connected. Taking care of your physical health is scientifically shown to improve mental well-being and vice versa. The quality of physical health is closely related to

the quality of life of those around them, including parents (Rees *et al.*, 2001). Therefore, any chronic illness carries the potential to impact on the life of the family. Compared to parents of healthy children, parents of children with impaired physical fitness or who are chronically ill report lower self-development, restrictions, on their well-being and emotional stability and also lower levels of daily functioning. This can also affect the mother's (maternal) health especially in pregnancy.

Also, a mother who is taking care of a very sick or chronically ill child may not have enough time to care for other children in the family, hence exposing them to health hazards. Most chronic diseases have similar effects on family members including psychological and emotional functioning, disruption of leisure activities, effect on interpersonal relationships and financial resources (Goldbelk, 2006). As earlier mentioned physical health is critical for overall well-being and can be affected by:

- i. Lifestyle: diet, level of physical activity, and behaviour (for instance smoking and excessive alcohol consumption).
- ii. Environment: our surroundings and exposure to factors such as toxic substances.

Adequate nutrition in the family helps to maintain good physical health or fitness in children and prevents protein energy malnutrition such as kwashiorkor and marasmus. Good diet for the pregnant mothers helps to keep them physically fit during the course of pregnancy and prevents anaemia in pregnancy. During the postnatal period it keeps the mother healthy for breastfeeding, especially exclusive and this breastfeeding impacts significantly on the baby's well-being within the infancy period, hence reducing infant morbidity and mortality rates. Smoking and alcohol consumption in pregnancy is associated with poor physical fitness and expose the mother to miscarriages, placenta

praevia, placenta abruption, retained placenta, hypertension in pregnancy, disseminated intravascular coagulopathy etc. The baby also faces the risk of alcoholic baby syndrome, intrauterine growth restriction, intrauterine foetal death, preterm low birth babies etc.

Influence of emotional health of the family on maternal and child care

Emotional health is a state of positive psychological functioning. It can be thought of as an extension of mental health. It is an important part of overall health; people who are emotionally healthy are in control of their thoughts, feelings, and behaviours. They are able to cope with life's challenges. The emotional health of members of the family is important for their overall well-being. Family members suffer greatly from emotional effects of living with and caring for a relative with disease, with the impact of some diseases being felt by every member of the family (Basra and Finlay, 2007). The psychological distress felt by family members after results from their feelings of helplessness and lack of control (Bowen *et al.*, 2010).

Children's emotional health is related to their parents' sensitivity to them, the developmental appropriateness of their parents' expectations, and the degree and quality of affective support received from their families. Parents need to be able and willing to respond on an emotional level of their children. Appropriate family support can have a continuing influence on children (Elkind, 2001). Children from families who rate high on measures of affective support have higher self-esteem, are better able to cope with stress, and have fewer behaviour problems; during adolescence, they have less delinquency, depression and drug use. Conversely, adolescents who experience low levels of family support are more likely to be depressed (Zil, and Rhodas, 2001). Parents with emotional health problems, such as

depression, anxiety, stress, poor body image and grief, may find it difficult in child-rearing. This can affect the health of their children especially in early childhood. Mothers with such health problems may also suffer same setback in pregnancy and child birth.

Contributions of family health to the improvement of maternal and child health

The health of women and children is at the forefront of the development agenda. Bold, focused, and coordinated action is required to accelerate progress on the health Millennium development Goals (MDGs). Women and children stand at the end of the health-care queue. Increasing investment in their health through a family health care is paramount for stable, peaceful and productive society.

Promotion of good health

Provision of basic family health care to women is cost effective as it prevents illness and disabilities, saving billions of dollars that would otherwise have been spent on medical treatment. In many countries, every dollar spent on family planning saves at least four dollars that would have been spent treating complications arising from unplanned pregnancies. At the current rate the MDG4 target of reducing the mortality rate of under-five by two-third will not be met by many countries, especially among new-borns. Nearly nine (9) million children under 5 die each year from causes that can be prevented (by immunization, for example) or treated. 3.6 million Infants per year die at birth or during the first month of life, accounting for an estimated 40% of all under-five mortality.

More than 1 billion children lack at least one of their essential needs such as food, water, shelter, health care for survival, growth and development. Under nutrition contributes to one – third of deaths of children aged between

one month and five (5) years. In many countries, achieving the MDG five (5) targets of improved maternal health and universal access to reproductive health remains a distant dream. The majority of women are dying from preventable causes for which highly effective interventions are known.

Improved women's health

The most common causes of maternal death are complications of pregnancy and delivery such as haemorrhage, sepsis, complication of unsafe abortion, hypertensive disorders of pregnancy, and obstructed labour (AIPDS, 2010; WHO, 2014). Due to poor family health or family planning, very young adolescent women who become pregnant face serious health risk because their bodies may not be physically mature enough to handle the stress of pregnancy and child birth. Women aged 15-19 have up to three times maternal death rate as those of aged 20-24. They are especially likely to suffer from pre-eclampsia and eclampsia, obstructed labour, and iron deficiency anaemia (AIPDS, 2010).

Termination of pregnancies can be risky to a woman's health. Unsafe abortions and their complications are major causes of maternal death and illness; large number of women dies each year as a result of unsafe or incomplete abortion and many more suffer complications. Infertility due to tubal infections resulting from unsafe abortion is common in some areas. Using anti-conception to prevent unwanted pregnancies helps to toll of unsafe abortion (WHO, 2014). Pregnancy is particularly risky to certain groups of women-very young adolescent women, older women, women with more than four children, and women with existing health problems. If all high-risk pregnancies are prevented, maternal mortality rate could be reduced by up to 25% (Royston and Armstrong, 2009). The risk of maternal death increases for each successive birth after the fourth; the risk is 1 in 5 to 3 times higher for

women with five or more children than for women with two or three children. Pregnancy and childbirth have more risk for these women as they are more likely to suffer from anaemia, require blood transfusion during delivery and may die of haemorrhage than women with fewer children (AIPDS, 2010).

Family health care:

Through family planning, education, women empowerment and provision of adequate nutrition for women and children, there has been meaningful improvement in reducing child mortality and improving maternal health, that is, millennium development goals MDG4 and MDG5. Family planning methods as a family health practice helps in child spacing, prevention of unwanted pregnancies and abortions and in maintenance of a given family size with resultant family's financial stability. Child spacing also encourages adequate care of the new born before next conception, adequate breast feeding which builds the child's immunity thereby reducing the child's exposure to health hazards.

Women empowerment:

Family health empowers women through education, employment opportunities and provision of source of livelihood. The woman now becomes independent, exposed enlightened and can make decision. This affects her general well-being and her children. It is the responsibility of families to educate their children, not exempting the females. Female education empowers women with knowledge, job opportunities and decision making. It goes a long way reflecting on how they care for themselves and their children. This also sets a high level of hygiene in the home, hence preventing infection diseases such as diarrhoea as well as reducing under-five morbidity and mortality rate. The women will always be

prepared to access healthcare during pregnancy and after delivery.

Provision of adequate nutrition:

During pregnancy the dietary requirement increases to help sustain mother and child. This helps to build mother's blood level before delivery and after delivery. Good nutrition for the baby helps to keep the baby healthy, preventing diseases, protein energy malnutrition and thereby reducing under-five morbidity and mortality rates. Studies have also shown that female children who are given adequate nutrition in childhood acquires gynaecoid pelvis which is the best for child birth, hence reducing the incidence of prolonged labour, *cephalopelvic* disproportion, obstructed labour, intrapartum and postpartum haemorrhage, hence further reducing maternal mortality.

Prevention of Children's death

Children's deaths are prevented through adequate birth spacing, prevention of birth among very young adolescents and prevention births among women with four or more children. Family health through family planning saves children's life. When births are space less than two years apart, particularly less than 18 months, infants are more likely to be premature and have a low birth weight, two factors that lead to increase mortality. The average chance of dying in infancy increases by about sixty to seventy percent (60 – 70%) for children born less than two years apart; the chances of dying before the age of five (5) years increases by about 50%. Achieving adequate birth spacing (more than two (2) years apart) could reduce children's death by up to a third in some countries (Hobcraft, 2017). Having too many children also places children's health at risk (Ross and Frankenberg, 2013).

Implications to Nursing

Assessment of the family unit based on knowledge and understanding of family process in this particular family is the first step. The nurse needs a thorough understanding of the family state because of its influence on the mother and child. The diagnosis of maternal and child problem is inferred from the family state of health. Listening and then asking therapeutic questions is the process by which professional nurses formulate plan and intervention. With an understanding of the needs and goals of the family, the nurse can choose appropriate intervention, which may include referrals to other health care professionals, design strategy for evaluating the progress of the family as they journey toward their goals (Belkin, 2003).

At the time of birth, the nurse must assess each family member's response to the experience. This is a time of heightened awareness, when potential risks to mother, infant, and family system can be identified, and a time when positive responses can be reinforced. In promoting a positive response to the birth, the nurse must validate the families. Reinforcing positive responses to the birth, the infant, and the support of the family is an important strategy in helping a woman to integrate the events that have occurred. Assisting the woman and her family in identifying those events that were consistent with their expectations and helping them to find honest adaptations to those events that were inconsistent with their expectations helps to promote a positive response to the birth (Carter and McGoldrick, 2009).

CONCLUSION AND RECOMMENDATIONS

Families play a critical role in the health of their members, a role that historically has been overlooked and under supported, recognition of the powerful impact of the family on health

care leads to many implications for the financing, organization, and delivery of health services, including the training of health care professionals (WIFIS, 2013). Thus, the importance of a family-oriented approach to clinical practice cannot be over-emphasized.

It is recommended that health care professionals should treat families as partners in health care. Health professionals should be encouraged to undergo training in the bio-psycho-social approach to health care which view the individual as a whole person and as member of a family and larger social environment. Management of care and cost containment measures should include mechanisms to assess the patient's life cortex and the family's values, resources and needs and positive traditional and family lifestyles should be strengthened to support family members.

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