

The year 1994 has been declared by the United Nations as the International Year of the Family, indicating the social importance vested in the Family. This investment would be a complete failure if the active members of this same society do not act upon the idea and use the family as the fulcrum for general social improvement.

One way of ameliorating society through the family has been acted upon by the Health Promotion Department. What the department has done is that it has changed from the thematic approach that is from themes such as smoking, AIDS, nutrition to the settings approach. This approach is basically looking at society as a number of different settings namely workplace, schools, and families/communities.

This is really a more advanced approach than the thematic one as it encompasses most of society and meets people wherever it is most convenient for them. This, however, does not mean that the themes have been left out, on the contrary, these have been expanded and adapted according to the needs of the different target populations.

What is Health Promotion?

Health Promotion is rapidly establishing itself as an important force within the "New Public Health", itself an important feature of contemporary approaches to health and health care provision. Health promotion is a multi-disciplinary endeavour. Different forms of expertise inform both practice and research. The academic roots of health

promotion lie in what might be called the primary feeder disciplines, that is, psychology, education, epidemiology and sociology. More recently, secondary feeder disciplines such as social policy, communications theory, marketing, economics and philosophy have also made substantial contributions. Underlying previous development in health education and to a large extent evident in health promotion also are the medical disciplines. A medical contribution has often been and still is present in the form of an underlying influence. In fact, the object and focus of much of health promotion work rests, certainly at practice level, on a medical perspective, though more often from a social medicine viewpoint.

A central theme of health promotion is to develop interventions that do not resort to institutional medical forms of care. As such it fits in with more general moves away from state welfare provision and within a new public policy environment. It is possible to consider health promotion as a frontier of contemporary policy and cultural change (Beattie, 1991).

Health Promotion is now a growing part of industrialized health care systems, and is increasingly an integral part of primary care provision. It is representative of fundamental shifts in the relationship between the state and citizens.

Central to health promotion is a commitment to multi-sectorial action. To be successful, collaboration in theory must be matched by collaboration in

practice. This can be done only by taking multi-disciplinarity seriously. A step in this direction is to bring together contributions from different disciplines to health promotion.

Health promotion has emerged in the 1990s as a unifying concept which has brought together a number of separate, even disparate fields of study under one umbrella. It has become an essential part of the new public health movement. Health promotion now forms an important part of the health services of most industrially developed countries and is the subject of a growing number of academic activities.

Adoption of a multi-disciplinary approach to health promotion could avoid a blinkered approach and may be more appropriate to the health issues of the late twentieth century.

Why the Family?

The family is usually the most immediate potential support to individuals and thus their first line of defence. The family can make a major contribution to health promotion through role-modelling, adopting healthy lifestyle patterns, and developing appropriate attitudes to health and use of health services. Alternatively, in some cases family relationships may not be conducive to good health and can result in physical and mental abuse. Hence the acute need for interventions.

On a more positive note, we know that the family is the first positive point of contact with society. We also know that the

family doctor would already be playing a very active role in the health of the family. This central role needs to be acted upon and utilised to the benefit of the individual, the family and society. What we are actually highlighting is the fact that the family doctor is also a health promoter. One who already carries credibility and who himself plays an important social role.

The family itself is the most important educator. So important that habits internalised at the early years are ever so difficult to wipe out. Most of these habits are basically family habits but parents are always ready to offer their offspring a better chance in life. The doctor can monopolize on this inclination and offer better information and advice.

However, no formal set-up for the education of people who are capable of forming a family has ever been established. The responsibility of disseminating health promoting information and other relevant information falls squarely on the many disciplines who, through the execution of

their professional work, come in contact with families. The medical profession is one such profession.

The term 'family' is used here to include non-conventional families and households as well as the traditional woman-man-child unit. One parent families are on the increase and present their own special needs. Health Promoters need to be well aware of these needs and cater for them.

Evidence on the positive and negative effects of families on health is now available in many countries. A study carried out in 1989 by Health Promotion Authority Wales named The Welsh Youth Health Survey demonstrated the important influence parents have on the development of health attitudes and behaviours. It also highlighted that children of smokers were more than twice as likely to smoke than the children of non-smokers. This is just one example.

The family also acts as an important care-giver for sick or disabled family members. A high percentage of the care provided

to the elderly living in the community is provided by informal careers – normally female family members. Therefore it is not just primary health promotion that we are considering!

The development and maintenance of 'healthy' families have traditionally been a focal point for the support services and the church. Based on experience, more support services and policy measures that support family life and family health can be developed. This point towards the political commitment that health promotion demands. However, this cannot be the bottom line. More support may simply mean further dependence. Education including information and role-modelling means empowerment – an enrichment to all concerned. Empowerment is the crux of health promotion.

How does this relate to family doctors?

In the local situation, the family doctor is a central figure, so central that people do not go to him/her for medical advice only. This central position can have a

considerable influence on the potential health promotion activities of the families. Family doctors can do much to encourage healthy lifestyle. Such advice should not only be positive, sensitive and timely, but should also acknowledge and address barriers that patients may come across when adopting new or altered health behaviours. These barriers may be apparent only to those close enough to be able to see through the social screens.

The family doctor is many times seen as a friend – he is not simply asked questions relating to health and lifestyle but he is watched and seen as a role-model too. Patients tend to look up to their doctor and rightly so but it is important for one to realise the responsibility of actually living a healthy lifestyle.

In Health promotion one cannot not mention the preventive aspect. In fact a particular model discussed by Tannahill (1987) sees the preventive side of health promotion as one of its integral parts. This aspect focuses very much on the knowledge, information given. The family

doctor is definitely a source for this kind of information. Such topics as physical exercise, smoking, alcohol and drugs, physical development, safety measures, food and stress control are in line with healthy lifestyle. One must not at this stage forget screening programmes. The family doctor is in an ideal position to guide those of his patients who need specific screening!

In case one feels that discussion may not always be possible due to other pressures on the family doctor – a supply of leaflets on these topics should enhance every waiting room although it can never replace one-to-one communication. Development of such material may be a means of different professions coming together.

In short, when we look at health promotion in the family, we see the family doctor as a very important protagonist.

- He/she is an important source of information
- Can help his/her clients increase their self-confidence by adopting a more open

attitude towards discussing health issues

- Educate on parental skills, healthy lifestyles
- Teach first aid measures
- Be informed on and refer to self-help groups
- Use the clinic as an educational outlet

The family doctor is an important point of contact between society and health promotion. Recent research has highlighted the fact that in developed societies about 80% of any given population have contact with the family doctor at least once a year. If this doctor is well versed in health promoting messages, then the vital link can be established, if on the other hand, health promotion does not rate high on his/her agenda, then an important opportunity may be lost for ever.

My last point is a simple question. Are our doctors willing to be health promoters? If the answer is yes, then let us apply our messages further. But if the answer is no, then another question follows: What are you/ we going to do about it?