SELF HELP IN FAMILY HEALTH

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The undergraduate is trained to view the family as a unit in practising medicine in a community.

The family shares two main aspects that are our concern *viz.* their heredity and their environment. It follows therefore that family health will be expressed in respect of these.

Heredity in short will be in relation to the common diseases such as asthma, diabetes and high blood pressure. In these heritable disorders, environment plays a great role such as the housing aspects in asthma, diet in asthma, diabetes and hypertension.

A stressful home environment can also precipitate mental disease such as manic depression.

In a cultural background such as in Sri Lanka, horoscopes and astrologers feature in arranging marriages. But quite unknown to many of our people, heredity plays a major role in the incidence of common congenital malformations such as hare-lips and cleft palates, club foot, gastrointestinal problems such as Hirschsprun's disease causing constipation, imperforate or closed anus, sterosis of the exit from the stomach called pyloric sterosis presenting with vomiting.

These facts of disease within a family should be understood to prevent them whenever possible, as occurrence of such conditions could hinder the mental, social and economic stability of a family.

Less common heredofamilial disorders occur with cousin marriages, some biochemical disorders leading to mental retardation, a type of anaemia called Thalassaemia seen very much in the North Western and North Central Provinces and many other rare disorders.

Inheritance of a dominant type is much rarer, one being dwarfism such as individuals seen performing in circuses.

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The environmental background of a family relates to infections which the family could share. The common childhood infectious diseases are now preventable by immunisation. These have not only eased the lives of families as regard to the infections themselves, but also the sequelae of disability they entailed.

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However, diseases like dysentery, hepatitis and typhoid are still common in Sri Lankan homes. Quite often, two children suffering from a diarrhoea with blood and mucus are brought to a doctor. Some of these are not from poor homes. Consumption of fish and meat from so called supermarkets with inadequate cold storage facilities accounts for a number of Shigella diarrhoea.

Hepatitis and typhoid are associated with impure drinking water and contaminated milk and milk products and eggs. Salmonella from eggs has caused epidemic diarrhoea in UK and America. Recent composition of poultry food has changed the bacterial flora inside the egg making half cooked eggs unsafe.

There has to be public awareness of food safety and the need to boil water to prevent these infections. Once infection has occurred in the home, a modified type of barrier nursing, even in a modest background, must be enforced. The use of disinfectants may not be always possible but the use of separate utensils for the affected and simple hand washing are essential.

In looking after a family, the individual members are certainly looked after. Doctors in training are taught to be mindful of cardiac and other disorders and problems of cancer in the older members of the family. Psychiatric disorders do not go unheeded. Occupational hazards have to be taken note of.

The nutrition of the whole family is taken count of. Dietary surveys, usually a 72 hour recall, is done. In actual fact, a visit to the home to counter check available food would need to be done in low-income groups. In a country where approximately 40% of households consume less than their required calories, it is essential to increase awareness of low cost calorie rich food items. It is said that if the calorie requirement is satisfied, then usually the protein content is satisfied. A modest family can use a combination of cereal and legumes to equate the value of vegetable protein to animal protein. If mixed in the proportion of 1:2/3, the value of protein from this mixture can approximate animal protein. Our staple rice is not merely a carbohydrate. Rice contains valuable protein, the only essential amino acid missing is lysine. This comes from legumes. Rice with any type of dhall can therefore suffice when money is short.

Most diets thus composed would include vitamins. In Sri Lanka, vitamin A can be obtained from yellow and green fruits, vegetables and leaves.

Iodised salt should be universally available in a country where goitre is endemic in the monsoon fed areas.

Iron in the diet needs attention where most women have anaemia. Besides this dire effect at one end of the spectrum, iron is necessary for optimum body and brain function.

Farthers' support for the health care

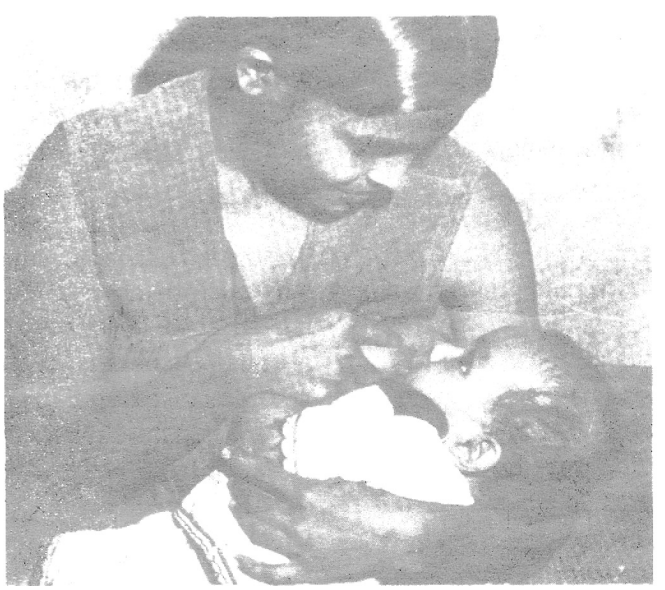
In Sri Lanka where most of the vital health indicators are turning satisfactory, nutritional status of the general community is far from a desirable level. In a family, the most vulnerable members are the women and this is why Maternal and Child Health Centres look after these most vulnerable groups.

Poor maternal nutrition must be highlighted. Little interest has been focused on the woman during her lifespan - from birth to beyond menopause. One reason for this negative aspect as compared to men, is loss during delivery and menstuation with the added requirement of pregnancy. Men do not suffer these losses. Further, when food is scarce in the home, it is the breadwinner who gets the giant share to enable him to work and earn the more. There is little to share with unwilling preschool siblings and the tougher school children, specially the adolescents get more than a fair share. In Sri Lanka, the nutritional status is adjusted at University age, when weight for height corrects itself, the result being short and fat teenagers.

Family health must necessarily emphasise family planning. A small family essentially has conserved resources in all aspects. It is not merely the economics of the situation, but mostly the health of the mother, the birth weights of her offspring, their nutrition and general well being.

Let us now turn to the approach for Family Health care. The new approach is specially for those who have never been reached because problems of health care system is inaccessible. All countries are rich in human potential and this wealth of resources can be maximised. The will and way to achieve this success lies in the people themselves.

The role of the mother as the first provider of care is often forgotten. This importance must be reiterated in situations where health care facilities already available are not utilised because of travel costs and unawareness of these resources. Where the child's health is concerned, mother's implicit interest in her child's welfare is obvious. All mothers could benefit from better understanding of family health as has been focused on in this contribution towards family health. Experience gathered over the years demonstrates mother's



avidity for such knowledge. This knowledge is sometimes available in the school years. A doubt is expressed because the feed-back to us practitioners is that this education has not been effective. It certainly is addressed only to a section of the school population without a stress on evaluation of that knowledge.

Whilst focusing on the role of the mother, one is not adding to her burdens. Responsibility is shared between the parents. Fathers of this new generation are willing partners to more family responsibilities. They have been awakened to his not only because of the fact that more mothers are working, but also due to the fact that families are now nuclear and extended family support is not available. Thus, men's support must be mustered early - at an impressionable age during the school years. Behaviour can be changed at that age. But this education has to be done in an imaginative fashion.

The health science curriculum in school should be on a priority basis without overload on the less important health aspects. Interest could be diverted unfavourably when the subject content is too vast. Year after year, the same areas should not be covered.

It is time to think of another aspect, namely paternity leave to consolidate the concept of the family unit. At least two weeks leave should be given for the first born's delivery, not only for paternal support for breast feeding, but to stimulate shared responsibility for the family.

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Another important aspect is decision making in respect of health care. Here again, it is a major point to score in achieving good family health if the mother has the father's support to unify the choice of health care.

Finally, positive efforts must be expended to improve the status of public health awareness. The steps taken thus far have been too diluted over mass media. Priority are as must be identified for educative programmes. These must go out from authoritative sources but in simple understandable language encompassing family health.

There is much to gain by revamping, ways and means of improving the health families by rethinking future directions. Broad based health education aimed at families for self-support is suggested.