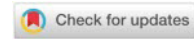


FAMILY HEALTH – A KEY FACTOR IN THE FORMATION OF CHILD HEALTH

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Abstract: Family is a kind of social system, the basic cell of society and is defined as a group of people who have a biological relationship with each other or are related, live together, and have a common budget. Each family, according to its structure, members, and dominant sex, is different, but its function and purpose of existence are the same. Among family members there is moral responsibility, social and physical necessity, reproduction, and maintenance of biological continuity. Educational, business, and economic relationships are also strongly expressed.

On one hand family health is influenced by various risk factors, and on the other by family members with risky behavior or personal health status. There are specialists who, during various medical or non-medical procedures, can diagnose specific health problems or deviations from health norms of behavior of a member or members of one family. It is the family physician who knows the bio-psycho-social problems and risk factors of given family and can act to prevent or treat imbalances. Impaired family health reflects directly or indirectly on the health of all family members. The negative influence is essential and could subsequently lead to deterioration or complete disintegration of family health. Family can be an etiological factor for some diseases, but it can also have a decisive role in prevention of diseases, in taking care of one's own health, in combating chronic diseases and in early detection of others.

Family and child health are closely interdependent. The family environment in which a child grows up and the parental example determine the future character of a person, and what its attitude in future professional tasks, in healthy way of life and the principles of help and mutual aid will be. That is why the role of parental example influences the formation of, even builds the image of a future own family and the role of present child in that future family. The importance of parental behavior in relation to adolescent disruptive/risk-taking behavior should not be underestimated. Particularly important is the emphasis on factors external to the family unit, such as neighborhood, school, peers, and the media. Socio-economic factors should not be neglected either, because low incomes have negative impact and most often are the cause of improper diet and unbalanced nutrition, while poor housing conditions determine either poor-formed health and hygiene habits or their total absence.

Since family has a leading role in formation of adolescents, its participation in health promotion is strongly recommended. These recommendations for family-focused health promotion are based in part on findings from several lines of research, including family aggregation and studies of parental influence on health during childhood and adolescence.

Keywords: *family, family health, child health, health promotion.*

“Health is a basic human right and meanwhile it is a global social goal.” (From the Alma-Ata statement of 1978). According to the World Health Organization, health is a state of physical, mental, and social well-being of an individual, in the absence of disease or disability.

The United Nations definition of a family represents it as two or more persons related to each other by a certain degree of kinship by blood or marriage, who live together and have a common budget. Evident from the definition, family is based on kinship, on a biological relationship between its members, but along with it, two social categories are also introduced - cohabitation (in one dwelling) and the presence of a common budget, i.e., general economy of the family. Family members are interconnected by moral responsibility and social necessity, arising from the society's need to reproduce itself physically and spiritually. The educational function is also emphasized through the succession of cultural heritage and spiritual growth. It has a communicative and economic function, since it is involved in the generation of means of living and the organization of their consumption. Family evolution throughout history overlaps with the evolution of society, it responds to the needs and circumstances of time through its protective or social functions. However, the ever-changing society needs its members to demonstrate flexibility and adaptability on the background of continuous growth, and the family is the matrix of this psycho-social adaptation.

Family health undoubtedly depends on the health of each of its members, but also on the interaction

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between them, as well as the interaction of the family with other social systems. It is influenced by various risk factors and by the risky behavior of the family members. From a biological point of view these factors are heredity and variability, and from a psychological point of view they include the psychological climate of the family, the relationships within it, the presence of certain deviations from normal behavior, such as alcoholism and drug addictions, the presence of neuroses and mental illnesses, and last but not least - social status: the social and living atmosphere, work capacity and financial means of the family.

There are specialists who, during various medical or non-medical events, such as inpatient treatment, physiotherapy, rehabilitation, medical nutrition, labour readjustment, dispensary treatment, social patronage, kindergarten teachers and schoolteachers, etc., can diagnose specific health deviations or deviations in the behavior of a family member or member in view of health norms. It is the family physician who knows the bio-psycho-social issues and risk factors in the family and can act to prevent or treat the imbalances. Thus, it is possible to act on the problem of primary prevention and implicitly on the reduction of general mortality and the increase of life expectancy. Health assessment criteria are most often clinically and paraclinically supported. Statistical studies show that within the period preceding the onset of depression, patients have an increased number of consultations, hospitalizations, and neuro-vegetative or functional disorders, which may signal to the family physician a brewing trouble. Family physicians summarized in their report that in families with highly stressed mothers, they more often resort to consultations regarding their children, even though the children do not suffer any organic disorders.

In general, impaired family health reflects on the health of its members directly or indirectly. We speak of a direct influence in cases where there are hereditary diseases, diseases transmitted by airborne droplets or diseases whose pathogenesis includes poor living conditions and hygiene habits. Indirect dependence is present in the case of all diseases arising in connection with lifestyle, abnormal psychological climate, low health culture, cohabitation with persons with special needs and disabilities, as well as the presence of two or more generations in one household.

On the other hand, however, the impact on the health of individual family members can be positive or negative, and the negative influence can subsequently lead to deterioration of family health or its complete disintegration. These influences are most often felt in the reproductive function, the economic function of the family, its communicative and educational function. The family can be an etiological factor for certain diseases, but it can also have a decisive role in the prevention of diseases, in taking care of one's own health, in combating chronic diseases and in the early detection of others. The optimal family environment successfully supports the solution of the health problems of its members, depending on their specifics, as well as positively affects the course of the disease, even determines the course of its development towards chronification or recovery. This is due to the fact that the family is the primary environment where healthy lifestyle and health problems of the community are formed and developed.

Psychological studies and population research show that multiple negative events can lead to family destruction and, accordingly, due to the stressful effects, they may worsen the health of all family members. It should be noted that these studies claim that certain diseases occur more often in situations of spousal violence, child abuse, frequent relocation, separation, morbidity, mortality, etc.

In the context of the childhood life cycle, it can be assumed that since their very conception children have a different chance to realize their potential. Later, these different life chances become the basis of risks and social inequalities, but they can be identified and managed effectively at the very beginning of children's lives.

Within the period from the child's birth up until the completion of its first year, the importance of parents/ adoptive parents and the general practitioner remains the leading factor for formation of children's perceptions of health and the child's life chances, but the circle of specialists expands and the specialists who are related to the health and social services offered in the community are also included. This is a trend continuing throughout childhood. In each subsequent phase of child development, the number and importance of public institutions, other children and adults increases, at the expense of a relative limitation of the leading role of the family. After the child starts visiting a nursery or kindergarten, it enters an environment that is different from the family one for the first time - an institutional environment. This transition is essential for the formation of children's attitudes and perceptions. The efforts of the institutions should be aimed at easing this transition as much as possible. This is the period from 4 to 6/7 years of age, when the number of institutions concerned with creating an environment that promotes choices benefiting the best interests of the child increases dramatically. The transition from the childcare facility to the school is also decisive for the overall development of the child. The expectations associated with this transition must be formed and addressed as early as kindergarten, as a new skill level. By entering school, the child finds itself in an even more diverse environment, where communication with other children, both of the same age and older ones, becomes much more important. In these conditions, communication between

older and younger children becomes an important independent thematic sphere, to which significant institutional and civil efforts need to be directed. The importance of parental awareness and responsibility for children's safety on the Internet is also growing, and additional measures are required in line with the advancement of technology. Cultural institutions also have a much more essential role in the public environment of child development. During the period of active development of the child's personality, basic orientations towards a certain kind of life path and professional development are being formed.

Physical activity and games are a daily and natural activity in the development of children throughout the entire period of childhood and are an important requirement for the development of children's psyche and skills, the evaluation of the opportunities for taking risks and the development of an independent safety assessment. Achieving success is becoming increasingly important in the value system of the youngest generations. In this regard, the school environment must develop not only the ability to learn, but also competences that allow the child to succeed under the conditions of free and equal competition, for acceptance and appreciation of diversity, for teamwork and active participation. In addition to active participation in the child's education process, they also play a decisive role in one of the most significant transitions in human life - from childhood to adulthood; from a subject engaged in a system of support and protection to a subject who in turn must provide support and protection to others.

Family and children's health are interdependent. It is the family environment in which a child grows up that determines what kind of person it will become when it grows up. Interpersonal relationships within the family are the first ones that the child gets to know in its life and leave a lasting impression on its behavior towards others. During the first periods of individual development, it learns mainly through imitation, speech, behavior, communication, healthy and rational nutrition, physical culture, sports, etc. That is why the role of the parental example affects the formation of the attitude of adolescents regarding work and the performance of professional tasks in the future, healthy lifestyle, the principles of assistance and mutual support, and even builds the concept of the future family of the child and its role in it. The favorable relationships on which families are based, include affection, harmonious environment, care, and love.

Over time the so-called energized family has been defined, that works much more effectively to protect the health of its members through autonomy and participation, than the traditional family. Each member's individuality and engagement is encouraged in a variety of mutually regulated interactions, and family issues are creatively resolved. The energetic family benefits much more from medical services because the woman and children are more involved in community group activities and men are deeply involved in the functioning of the family unlike the traditional family, and all of that contributes to maintaining the health of the entire family.

The importance of parental behavior for adolescents is indicated by the behavior of children whose parents spend more time with them and communicate more often. They show lower rates of alcohol and tobacco abuse. Conversely, spousal "wars" negatively affect their development on both mental and physical level. Constant quarrels in the family are perceived by children much worse than divorce. When watching a fight between its parents, the child does not know how to control its emotions and experiences a whole range of emotions, such as anger, fear, and anxiety. The little person still does not know how to deal with them and therefore it suffers. The child will try to get its emotions out by screaming, scheming, insubordination, mood swings and stubbornness. In such situations, children feel responsible for the events in the family, they feel they are the cause of the problems, and most of them start to demonstrate bad behavior, aggression, they stop studying. Others suffer from disturbed sleep, nightmares, fears, stuttering, nervous twitches, high level of anxiety and depression, increased heart rate, eating disorders (anorexia, bulimia), nocturnal enuresis, encopresis (faecal incontinence), etc. They try to attract attention, learning to be manipulators and if they feel that they cannot control the situation they may even develop an imaginary illness. The consequences of parental quarrels may not be immediately visible but become evident in a few months or years. Adults, consumed by their own problems, often fail to notice it. In the presence of heredity, in these conflicts children's reactions can turn into depressive episodes and psychoses, i.e., bad parental relationships may exacerbate an innate predisposition and lead to serious illnesses in children. In addition, boys and girls react differently to family quarrels: girls are more likely to have emotional issues, while boys become aggressive adults. One of the most painful pictures that a child paints in its mind is the destruction of its unity, ideals, reliability, and security.

The emphasis on factors external to the family, such as the neighborhood, schools, peers, and the media, is particularly important. For example, social and physical environments can influence health by moderating the child's developmental pathways and biological vulnerabilities. Health education and training from an early age contribute to high vitality and a fulfilling life.

Socio-economic factors should not be neglected either, because low incomes have a negative

impact and are most often the cause of improper diet and unbalanced nutrition, and poor housing conditions determine poorly formed health and hygiene habits or their total absence.

Ginsberg (1994) assessed the impact of poverty on children's health and the need for poor children to access and use health services, attributing poor child health and high child mortality since the middle of the last century to limited access to and provision of health care. Over the past few years, the definitions and dimensions of non-monetary poverty have become more complex and detailed. Since 2003, UNICEF has developed an approach for measuring multidimensional poverty, based on the rights of children established by the Convention on the Rights of the Child. It considers seven dimensions of child poverty set out in the convention: food, clothing, means of education, leisure activities, social activities, access to information and quality of housing conditions. Children deprived of at least two of these seven dimensions are considered to be suffering "multidimensional child poverty". One in every three children in most countries of Western, Central and Eastern Europe is exposed to deprivation in two or more different ways. Tackling child poverty is not only a matter of financial support (e.g., through housing benefits, child benefits or relevant tax relief for families), but also depends to a large extent on the adoption of an appropriate approach in other areas, prohibiting discrimination. If children are provided with an adequate standard of living and are supported in developing their full potential, high educational and health outcomes will be achieved.

Child well-being is linked to family well-being and support for parents. This conceptual element involves the vision, principles, approaches, as well as the thematic areas of impact with a view to its horizontal integration through all sectoral policies and fields of interaction. The right and responsibility of parents to raise their own children is recognized by the UN Convention on the Rights of the Child, where the obligation of states to assist parents, legal guardians and extended families in fulfilling their responsibility for raising children, is expressly regulated (Article 18, paragraphs 2 and 3), including to assist parents in providing the living conditions required for the child's proper development (Article 27, paragraph 2) and guaranteeing the necessary protection and care that children should receive (Article 3, paragraph 2).

The child policy is horizontal in its nature and implies the achievement of a new level of connectivity between the invested funds and the efforts made in various sectoral policies. The sectoral approach, which has dominated the previous periods of implementation of the state policy towards the child, has already exhausted its capacity. The interaction between the four main sectoral policies, namely health care, education, social policy, and security policy, should be reset and qualitatively improved. The degree to which models of effective institutional interaction can be established between them will depend on the achievement of strategic goals and on a higher degree of connectivity and sustainability in the regulatory framework.

The existing institutions and the implementation of new programs and policies require more qualified specialists, as well as the development of innovative approaches in combining competences and knowledge. The development of an environment which allows making choices benefiting the best interests of children requires a comprehensive approach to the assessment and development of the system of training, qualification, and continuous improvement of the skills of specialists engaged with children.

Since the family has a leading role in the formation of adolescents, its participation in health promotion is highly recommended. These recommendations for family-focused health promotion are partially based on the findings of several lines of research, including family aggregation and studies of parental influence on the health and health status during childhood and adolescence. Practice shows that upon an early diagnosis of problems within the family and timely intervention by specialists (physician, psychologist, social worker, teacher, etc.), all such problems may find a solution. Specialists work as a team with parents and children, through appropriate training and applying an individual plan. Psychologists believe that the conversations between parents or educators and adolescents held on the principle of equality, create conditions for proper physical development and the opportunity to prove oneself, but always accompanied by moderate control combined with support.

Health promotion is carried out through the implementation of several major mechanisms, such as: ensuring equal opportunities for all people for ensuring their health, support, and mediation in coordinating the actions of those interested in their health, along with respect for all ideas, values, and standards by the organizational and cultural structure of society in order to achieve a higher level of health. The theoretical model for health promotion includes: targeted development of positive health characteristics, health motivation and healthy habits; health education and positive personal behavior in supporting the individual, group and society as a whole; health protection by bettering positive health and creating a healthy living environment; health prophylaxis, including all measures taken by health professionals and

society to prevent the spread of risk factors and diseases and their complications among the population.

In today's cost-conscious world, the challenges of supporting health promotion activities targeting children and their families, while substantial, are not discouraging. On a global scale, there are active and well-established programs in the educational, social and health fields, tailored to public needs, to promote health.

Every child at every stage of their childhood should live and develop their potential in an integrated healthy, safe, and developmentally supportive environment that guarantees their rights and well-being, with the support of parents and professionals taking care for children.

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