Despite much of the rhetoric urging health promoters to engage with the settings in which people ‘live, love, work and play’, the site of the family and the household as a focus for health education and promotion research and intervention has been relatively neglected. In many cases, the family is seen as little more than a backdrop in efforts to change individual behaviour, with the nature of the family as a dynamic, interactive social unit—with all that implies—too rarely taken into consideration. The publication of *Health Promotion and the Family* by the UK’s Health Education Authority (HEA) is therefore to be welcomed.

The Authority established a series of family research projects in 1994, to coincide with the United Nations’ International Year of the Family. The aim was to provide a better understanding of the mechanisms of health related behaviours and communication processes in families, and to establish how the family might be more effectively used as a ‘vehicle’ for health promotion. The project formed part of a wider program of research and needs assessment to inform HEA’s work with children and families. This approach in turn reflects what can be seen as a systematic and strategic program of evidence-based health promotion review and planning within the Authority.

The results of the project were published by the HEA in 1996. The volume reviewed here is the summary report, written jointly with the National Children’s Bureau. The report provides an overview of common themes to emerge from the research and summaries of four of the studies within the overall research program. These four studies examined the following topics: communication of health messages in the family; understanding and promoting mental health in the family; family belief systems and health promotion; and child health behaviours in the light of parental employment and the start of secondary school.

All of the studies utilised qualitative research based on ethnographic methods as their principle methodology. The number of households in each study ranged from 12 to 45. The child health behaviour study also incorporated a self-completion questionnaire survey. The research program allowed for a broad definition of the concept of ‘family’ and covered a diversity of family forms from a range of social classes and ethnic groups. Specific health topics investigated included sexual health, alcohol, smoking, diet and mental health.

The individual studies have also been published in full by the HEA as separate volumes. Depending on one’s needs and interest in these topics, obtaining the full set of reports is recommended, as they contain additional background material and references, in addition to providing the more detailed research results.

Overwhelmingly, the work presented here highlights the complexity and variety of family life. Families have different structures, needs, cultures and resources, and encompass many different approaches to health and communication.

How families respond to particular issues may not easily be predicted by simple explanations based on socio-demographic characteristics. For example, research into aspects of family communication about food and healthy eating found two basic approaches which were not dependent on social class position—a love of food and pleasure in some families, and a purely functional view of food in others.

Similarly, the study on family belief systems found evidence to support the idea of different ‘family health cultures’ which fell into two main categories of ‘individualism’ and ‘control’. In an ‘individualist’ culture, children are encouraged to take responsibility for choices and can negotiate their choice of behaviours with their parent(s). In
a ‘control’ culture, children’s behaviours are determined by parents, with little room for choice. These cultures were found in both middle- and working-class households.

The authors suggest in fact that probably the most significant difference between middle-class and working-class families lies in the resources available for health, rather than in specific constellations of attitudes, values and beliefs.

The studies clearly identified that health concerns are only one set of concerns among many for most families. The authors note that:

Families are limited by resources in the actions that they can take. Families may understand health issues and may wish to act, but healthy decisions are traded off against other competing demands: time, money and the views of other family members. Choosing healthy options may not be the first priority or be as important as other aspects of family life. (p. 1)

Also worthy of note is the point that while many issues are seen by health professionals as distinct and separate health problems (and which are often the responsibility of different agencies, campaigns or programs), within the context of everyday family life the boundaries are more blurred. Health problems interact with each other as well as with other family dynamics. For example, efforts to increase children’s safety outside the household—combined with media reporting of crimes such as sexual assault or abductions—were found to increase parent’s levels of stress and worry, and in turn to lead them to restrict children’s physical activity. Smoking was seen by many smokers as preferable and less harmful than the health dangers of stress, or irritability towards other family members, which smoking helped to alleviate.

The peripheral role in most areas of health communication played by fathers, contrasts in most of the studies with the importance of the role of women and mothers in contributing to a wide variety of aspects of unpaid health care work. These include: provision of food; teaching about and discussing health matters with children; mediating with health providers; and coping with crisis (see also Prout, 1996).

Health Promotion and the Family concludes with an examination of a number of general and specific implications of the research findings for family health promotion and health policy.

The authors note the potential difficulties in balancing the provision of different messages and health promotion approaches to meet the needs of different family cultures, with the need to ensure consistency of messages across agencies and campaigns. They suggest that while primary health care remains one of the key areas for promotion of family health, many issues affecting family health can only be dealt with satisfactorily through collaboration and alliances across the multiple agencies dealing with children’s and family services.

They also propose that the policy agenda for family health promotion must include not only how information can be better targeted at the family, but must also encompass the creation of an environment that supports and encourages healthier lifestyles. Such an agenda would need to cover such issues as poverty, housing and employment. For agencies daunted by such an agenda, and which feel these other issues lie outside their remit, the authors argue that at a minimum, careful note should be taken of the resource constraints under which many families live.

Health Promotion and the Family concludes with recommendations for a number of areas of further research, including, for example, investigation of the health impacts of more complex family structures such as children with two sets of parents.

Overall, I found that this publication, perhaps inevitably, raises more questions than it answers. While the recommendations for action are well considered and useful, readers will undoubtedly, need to consider more specifically what might be required to develop ‘family sensitive’ health promotion initiatives in the context of their own situation, and how these would interact with initiatives in other settings such as schools and workplaces.

One important contribution this report could make, given the emphasis on ‘family’ policy by governments in the 1990s (replacing the earlier emphasis on ‘community’), would be to stimulate thinking about how taking a family centred perspective might offer some powerful arguments for intersectoral, ‘whole of government’ approaches to health promotion. Both for those thinking at this macro level, as well as for those planning health promotion programs in local communities, this publication is highly recommended.

REFERENCES


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