The family is the fundamental institution of organization in society. Families provide the milieu where individuals are born, nurtured, learn to socialize and where the foundation of the individual’s behaviour and views is laid. The tradition of “family” in South-East Asia is particularly strong. However, factors like globalization, economic boom, inequities vis-a-vis social determinants of health, urbanization, gender issues and so on are influencing the traditional joint family norm. Whatever the nature of family, joint or nuclear, it will continue to play a pivotal role in nurturing and socializing children and influencing the development of adolescents, serving as a support structure for family members, influencing health impacting behaviours both positive and negative and providing opportunities and role models for healthy living.

The WHO Regional Office for South-East Asia organized a regional meeting to highlight the role of the family in promoting and protecting health in South-East Asia. Over 50 participants, including public health experts, sociologists, academics and representatives of civil society organizations deliberated on how families influence health behaviour and outcomes through the life course. Programme initiatives that can assist families to adopt healthy lifestyle options and a way forward across sectors that can empower families to adopt healthy practices were proposed. This publication reports the deliberations during the regional meeting including recommendations made by the participants for WHO and Member States of the WHO South-East Asia Region.

Family as Centre of Health Development

Report of the Regional Meeting
Bangkok, Thailand, 18–20 March 2013
Family as Centre of Health Development

Report of a Regional Meeting
Bangkok, Thailand, 18–20 March 2013
noncommunicable diseases and other health problems in families and communities according to Thailand strategy. In addition, His Excellency Dr Pradit Sinthavanarong; the Minister of Public Health, also introduced the care by aged groups, i.e. newborn to 6-18, 19-64 and then 65 and older. So the family can be more strengthened and integrated to be the Centre of Health Development with all tools and activities from all Departments under the Ministry of Public Health.

Ladies and gentlemen,

I would like to express once again my sincere thanks to you for participating in this meeting. While you are in Bangkok, I wish your stay here is both enjoyable and memorable. In addition to the substantial and fruitful discussions to be made in the meeting, I hope all of you take the opportunity to enjoy what Bangkok has to offer.

Thank you
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Annex 4

Welcome Address by Dr Chanvit Tharathep, Deputy Permanent Secretary, Ministry of Public Health, Royal Government of Thailand

Dr Samlee Plianbangchang, Regional Director of WHO South-East Asia Region, distinguished delegates, ladies and gentlemen,

On behalf of the Ministry of Public Health of Thailand, I have great pleasure and honour to welcome all of you to the Regional Meeting on Family as Centre of Health Development. I am pleased that Thailand is selected as the venue for this important meeting. I would like to thank WHO South-East Asia Regional for organizing this regional meeting.

As family play important roles in social development, 15 May of every year is then celebrated as the “International Day of Family”. Health-related themes were adopted such as “HIV/AIDS and Family Well-being”, Family and Persons with Disability”, etc. Most parents hope that their children will be healthy both physically and mentally. Thus, the period of first five years is the most critical for formative development and child care. There is also a need to raise interest and concern among youth about their own health status. The Ministry of Public Health by the Department of Health, the Department of Disease Control, the Department of Mental Health and Food and drug administration are reforming their health activities and new initiatives in accordance with the recommendations by the World Health Organization to place greater emphasis on health education, environmental sanitation, mental health etc. This helps strengthen family, school and community to be a healthy setting for living, learning and working. By this way the school aged children can acquire good health behaviour through the integrated activities on reproductive health, school health and dental health.

Her Excellency Yingluck Shinawatra; the Prime Minister of Thailand, has the policy to promote healthy women. It is affirmed that Thai women will have access to all information and communications as well as opportunity and equality. Her Excellency ensured that their leadership and literacy will be improved so that they can play their roles in combating
being practised, if the family, as a unit, decides to do so. It is evident that the foundation for life-long healthy living is laid firstly during the formative years of an individual’s life in the family. The health sector and other institutions have a primary role to play in promoting the family to be at the centre-stage of health development; anywhere, any time.

This meeting is an opportunity to deliberate upon how best the government programmes and civil society initiatives can foster health development through “family-centred actions”. The collective wisdom of all the participants who are here, I am certain, will lead to the emergence of a “practical roadmap” for countries and partners to move forward towards the realization of a family full of love, passion and “affinity” to be the centre and entry point for, healthy living in the community and society as a whole.

Ladies and gentlemen, with these words, I wish your deliberations during the course of this meeting are productive and fruitful and that the meeting is successful in achieving its objectives. I hope your stay in Bangkok is comfortable and joyful. Thank you.

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**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBO</td>
<td>community-based organizations</td>
</tr>
<tr>
<td>FCHV</td>
<td>female community health volunteers</td>
</tr>
<tr>
<td>HTC</td>
<td>HIV testing and counselling</td>
</tr>
<tr>
<td>MTCT</td>
<td>mother-to-child transmission</td>
</tr>
<tr>
<td>NRHM</td>
<td>National Rural Health Mission</td>
</tr>
<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
</tr>
<tr>
<td>CBHW</td>
<td>community-based health worker</td>
</tr>
<tr>
<td>ICT</td>
<td>information and communication technology</td>
</tr>
<tr>
<td>MBBS</td>
<td>Bachelor of Medicine, Bachelor of Surgery (undergraduate medical degree)</td>
</tr>
<tr>
<td>MCH</td>
<td>maternal and child health</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>PLHIV</td>
<td>people living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Annex 3

Opening Address by Dr Samlee Pliangbangchang, WHO Regional Director for South-East Asia

Dr Chanvit Tharathey, distinguished participants, honourable guests, ladies and gentlemen,

I warmly welcome you all to the Regional Meeting on “Family as Centre for Health Development”. While choosing this topic for the meeting, I must state that we fully recognize the important role of the community and society at large in health development. But this time, we would like to specially underline the critical role of “family” in such development.

The family is the fundamental unit in social hierarchy. It is where parents and their children live together. In many cases, grand, or even great grandparents live in a family with their children, and grandchildren. The family provides the basic physical and psychological environment within which children start growing and developing, and start learning how to live with their parents and siblings. The children’s behaviours and views take shape firstly in the family. Whatever the nature of the family, joint or nuclear, it plays a pivotal role in nurturing and socializing children as well as in influencing the development of adolescents.

Sociocultural traditions are extended basically through family to individuals. These traditions also have an important impact on individual behaviours, either positively or negatively. The family can be the best place to start inculcating “healthy behaviours” and “healthy lifestyles”. Importantly, family settings provide opportunities and role models for “healthy living”.

Ladies and gentlemen,

Let us work together to promote “family” to be the first ideal place for healthy “human growth and development”; the growth and development that contribute to “healthy population”; the “healthy population” that is achieved through “healthy family”. I very much thank all participants for

1. Background

Family is the fundamental institution of organization in society. Families provide the milieu where individuals are born, nurtured, learn to socialize and where an individual’s behaviour and views take shape. Sociocultural traditions and economic influences including those that affect health are extended through families to individuals and impact health behaviour. Interventions designed to modulate education and empowerment of individuals through families are an opportunities for contributing to health development of societies.

The tradition of “family” in South-East Asia is particularly strong. However, factors like globalization, economic boom, inequities vis-a-vis social determinants of health, urbanization, gender issues and so on are influencing the traditional joint family norm. Traditional roles ascribed to men, women and the aged are undergoing a metamorphosis. The increasing participation of women in the workforce is challenging the stereotype of the woman as a home-maker and man as the breadwinner.

Whatever the nature of family – joint or nuclear – it will continue to play a pivotal role in nurturing and socializing children and influencing the development of adolescents, serving as a support structure for family members, influencing health impacting behaviours – both positive and negative and providing opportunities and role models for healthy living.

Early childhood development — including social/emotional and language/cognitive domains — are determined by family conditions, and subsequently influence health. Adopting a life-course perspective directs attention to how social determinants of health operate at every stage of development — early childhood, childhood, adolescence, adulthood and on age — to both immediately influence health as well as provide the basis for health or illness during later stages of the life-course.
Traditionally, women play an important role in the family’s health. How well they perform this role is affected by their social status, education, employment and cultural practices that permit or inhibit them from family decision-making. Evidently, educational level and social status of women in countries of the South-East Asia Region is relatively low. There is an urgent need to improve the educational status of women. A systematic action that requires participation/cooperation from other sectors such as education, social welfare, local administrative bodies, and local health staff to educate and empower women to take informed health decisions will go a long way in improving the health status of the people.

There is a need for interventions that proactively work towards educating, empowering and supporting families to practice healthy behaviours. Community-based health workers and community health volunteers (CBHVs/CHVs) must be educated and skilled in facilitating people for empowerment. Women, in their role as mothers, play a crucial role in health decisions. With support from men, women can play an effective role in laying the foundation of healthy living.

Policies aimed at human development, including health policies, must aim to facilitate actions that support individuals and families to inculcate and practise healthy lifestyles and appropriate health behaviours. Health systems strengthening based on PHC principles needs to take this into account.

It may not be out of place to mention that the UN places a lot of emphasis on the role of families for social development. Every year, 15 May is celebrated as the International Day of Families. In the past few years, health-related themes have been adopted for the International Day of Families (HIV/AIDS and Family Well-being in 2005; Families and Persons with Disability in 2007; Mothers and Families: Challenges in a Changing World in 2009).

Several sectors contribute towards improving family health. These include employers, educational institutions, social welfare schemes, and health policies. Health development efforts need to focus on multisectoral policies that facilitate adoption of healthy lifestyles by individuals and families. These include the following:
The purpose of the meeting was to highlight the role of the family in promoting and protecting health in South-East Asia. The specific objectives of the meeting were as follows:

1. To discuss how families influence health behaviour and outcomes through the life-course;
2. To identify programme initiatives that can assist families to adopt healthy lifestyle options; and
3. To identify the way forward across sectors that can empower families to adopt healthy practices.

2. Inaugural session

2.1 Opening remarks

In his opening remarks, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, stated that the family is the fundamental unit in social hierarchy and provides the basic physical and psychological environment within which children start growing and developing. The family plays a pivotal role in nurturing and socializing children as well as in influencing the development of adolescents. Sociocultural traditions are extended basically through the family to individuals and have positive or negative impact on individual behaviours. The family can be the best place to start inculcating “healthy behaviours” and “healthy lifestyles”.

- gender-sensitive initiatives that assist women to play an effective role in the family for health decision-making;
- building capacity of CBHWs/CHVs to educate and empower individuals and families for healthy living/lifestyles;
- making use of the opportunities in primary care for health education, especially utilizing family physicians for health promotion; and
- strengthening school health programmes to serve as a two-way channel to influence better health practices.

The purpose of the meeting was to highlight the role of the family in promoting and protecting health in South-East Asia.
He said that in addition to health policies and programmes, health behaviours in the family are also affected by policies and programmes of sectors other than health. It is necessary to ensure multisectoral and multidisciplinary approaches to facilitate healthy living in the family.

He also pointed out that next to the family are schools, in which children learn to live in a broader physical and social environment. It is crucial for families and schools to work together in order to achieve an effective platform for the healthy development of children and for sustaining healthy behaviours and healthy lifestyles.

Appropriate “self-care” can be stimulated by sharing health information through the family and school in order to make “healthy living” a habit in the family. These good practices will be passed on from generation to generation. This in turn will contribute to a healthier population and also to reduced household expenditures on sickness and disability.

In conclusion he said that the meeting provided an opportunity to deliberate upon how government programmes and civil society organizations could work together to foster health development through a family-centred approach.

2.2 Welcome address

Dr Chanvit Thrathep, Deputy Permanent Secretary of Ministry of Public Health, Thailand, stated that as the family plays an important role in social development, 15 May of every year is celebrated as the “International Day of Family”. The Day focused on health-related themes such as “HIV/AIDS and family well-being” and “Family and persons with disability”. All parents want their children to be physically and mentally healthy. The period of first five years is the most critical for formative development and child care. It is also necessary to raise interest and concern among youth about their own health status. He said that the Ministry of Public Health, Thailand, was reforming its health activities and launching new initiatives to place greater emphasis on health education, environmental sanitation and mental health. This will help strengthen family and enable the school and community to be healthy settings for living, learning and working.
He stated that Her Excellency Yingluck Shinawatra, the Prime Minister of Thailand, had adopted a policy to promote healthy women. His Excellency Dr Pradit Sinthavanarong, the Minister of Public Health, Thailand, also introduced care by age groups, i.e., newborn to 6-7 – 18 years, 19 – 64 years and then 65 years and older to assist families to be more strengthened and integrated for health development by targeting the health needs of all age groups.

2.3 Office Bearers

Mr Hussain Rasheed, Permanent Secretary, Ministry of Gender, Family and Human Rights, Malé, Maldives, Mrs Mathuros Cheechang, Director, Bureau of Family Institute Promotion, Office of Women's Affairs and Family Development, Ministry of Social Development and Human Security, Bangkok, Thailand, Dr RRMLR Siyabalgoda, Deputy Director-General, Public Health Service, Ministry of Health, Sri Lanka, and Dr Ugen Dophu, Director General, Department of Medical Services, Ministry of Health, Thimphu, Bhutan, were nominated as Chairperson, Co-Chairpersons and Rapporteur, respectively.

3. Technical Sessions

3.1 Family as centre for health development: some sociological considerations

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. It has the primary influence on the health and development of children. The family influences healthy behaviours, and provides care and facilitates recovery from the illnesses.

The social context, such as sociocultural 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. Age
and gender-based discrimination on distribution of family resources is just an example. It must be realized that family impact on health outcomes can be bi-directional – either positive or negative, and must be factored in health interventions.

The family is commonly linked to positive health outcomes. Two-parent biological families are particularly shown to be more protective for mental health of children and adolescents.

The role of extended families on maternal and child 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.

Marriage has a protective role on health since married individuals report healthier lifestyle, less risky behaviour, early screening and testing for disease, more health checkups and timely treatment-seeking. But the benefits of marriage for health are strongly dependent on the quality of the marital relationship and conjugal harmony. Generally, married men benefit more from marriage than married women. Unequal gender relations and power dynamics in marriage place married women at a disadvantage. The role of marriage requires careful analysis in the developing country context.

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.

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

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Annex 1

Agenda

1. Technical Presentations:
   - Family as the centre for health development - sociological dimensions
   - Assisting families to become centres of health development: role of the health sector
   - Social support and intersectoral interventions to empower families for health: a multidisciplinary approach

2. Country experiences: (a) empowerment of women; (b) strengthening community-based health workforce; and (c) school health initiatives.

3. Panel discussions:
   - The role of women in health development;
   - Involving the family physicians, CBHWs/CHVs in assisting families for health development;
   - School health: an avenue for health development of the family;
   - Intersectoral action to empower families to adopt healthy practices.

4. Group work: development of recommendations on the topics listed for panel discussions

5. Conclusions and recommendations
B. Recommendations for WHO

1. The Regional Office should advocate for integrated family-centred, gender-sensitive approach for health development as a priority in the post-MDG agenda.

2. Member countries should be encouraged and supported towards developing and implementing Health in All Policies.

3. Member countries should be assisted in mobilizing resources, and sharing information, experiences and expertise for implementing holistic family health interventions.

4. Member Countries should be supported in enhancing capacities of the community-based health work force and family physicians for supporting families in health development.

5. The Regional Office should collaborate with Member Countries in multidisciplinary research to generate evidence for effective multisectoral interventions to assist and empower families in health development.

family is diminished or even completely lost when family dynamics are characterized by conflict, tension and stress of various kinds.

Gender-based power structure and dynamics within families have important implications for decision-making in critical domains affecting health such as diet patterns and nutrition, fertility and family planning, health-seeking, and others.

Women’s literacy and work status are positively associated with children’s health. In general, women empowerment can lead to positive outcomes, but new evidence from pockets in Bangladesh and India reveals that economic empowerment of women in poverty is perceived to be threatening to men and may lead to violence and abuse against them.

Presently, sociological research on family and health suffers from the limitation in that it is predominantly focused on stable, urban, classical nuclear families. The thrust of the research is on exploring pathways of family behaviours that impact health. It is desirable that more research be implemented to define the impact of family behaviour on specific bio-markers of health.

In conclusion, it is recommended that the need of the hour is to develop family-centred policies.

3.2 Assisting families for health development:
role of health sector

The institution of family is very strong in South-East Asia and influences health behaviours and outcomes. Families provide the support and conditions needed for healthy living, prevention of disease and opportunities for early diagnosis and treatment to avert or delay complications. Interventions for health to be effective, must necessarily take into account the social determinants of health. In addition to sociocultural factors, health is impacted by several other factors such as nutrition, environment, living and working conditions, urbanization, the ageing population, globalization and so on. This necessitates a multisectoral approach to address health issues.
The imbalance between emphasis and resources accorded to curative care at the expense of the more cost-effective interventions for health promotion and disease prevention needs to be corrected.

The South-East Asia Region is confronted with a double burden of disease. While the large burden of communicable diseases such as diarrhoea, acute respiratory infections, TB, malaria and AIDS are yet to be controlled, noncommunicable diseases including cardiovascular conditions, diabetes, cancer and chronic lung conditions are becoming more prevalent. Many of the risk factors for these conditions are modifiable by suitable action at individual and family levels. Education and empowerment are essential inputs to bring about behaviour change.

"Health" is not the business of the health sector alone. The preservation, promotion and maintenance of health necessitate a multisectoral approach, effective coordination between sectors, strong legislation and political will. Policies of multiple sectors are needed to address the social determinants that influence family health. Self-care within the family can prevent or delay the occurrence of not only chronic noncommunicable diseases, but also communicable diseases. It can reduce not only the health care costs, but also promote life-long healthy practices. Moreover, traditions of good self-care practices will be passed on from generation to generation.

Community-based health workers and volunteers play an important role in the health systems. This workforce can be effectively utilized in assisting families for adopting healthy practices. Another health workforce for the community health care is the family physician who takes a holistic view of health problems. For this reason, health systems need to consider how best to re-energize and strengthen this category of the health workforce.

The school health programme is another avenue that can be effectively utilized to inculcate healthy living habits in children who can take the health messages to their families as a significant spin-off benefit. The intricate linkages between the family, school and communities can be utilized for health education, promotion of healthy lifestyles and empowerment of families.

interventions supported by adequate budgetary provisions are needed to ensure social support structure for the vulnerable groups.

A. Recommendations for Member States

(1) National policies and strategies and institutional frameworks should be developed/strengthened to mainstream family-centred, gender-sensitive approaches for health development.

(2) The roles of family physicians and community-based health workers should be defined to empower families for health development. This should include a review of the support systems, workload in proportion to their numbers, distribution as well as the target population that they serve.

(3) School health and child development programmes should be further strengthened to address nutrition and overall development of the child. Strong family and school partnerships should be fostered.

(4) PHC-based health systems strengthening should be continued with a focus on providing equitable family health services, especially for the vulnerable sections (the poor, migrants, marginalized, women, children, adolescents).

(5) Adequate women’s participation in the decision-making bodies at the local level should be enhanced to ensure that issues related to women and children’s health development are appropriately addressed.

(6) Multisectoral initiatives focused at empowering women should be developed to support them in promoting health of the family including their own health. Participation of males as active partners in family health development should be emphasized.

(7) It must be ensured that the health sector takes a lead to coordinate existing multisectoral initiatives for health development.
an enabling environment, many risk factors responsible for illness and deaths are modifiable by appropriate action at individual and family levels. Education and empowerment are essential inputs to bring about behaviour change. Families can provide the support and conditions needed for healthy living and disease prevention. The importance of reaching out with updated and evidence-based health information to empower families to take informed decisions was emphasized.

(6) Gender-responsive policies are needed for encouraging gender-sensitive interventions for family health programmes.

(7) Multisectoral action is needed to empower families to take informed decisions for self-care for health.

(8) Women play a major role in the health of the family. Given the social realities of the South-East Asia Region a significant proportion of women are not sufficiently empowered to take health decisions either for their own health or for the health of their children. The primary responsibility for the health of the family falls on women, with inadequate support from men.

(9) Health development is impacted by the policies and programmes of several sectors other than health. There is an urgent need in the Region to work towards “health in all policies”. At the same time harmonization is needed in the existing health impacting policies of various sectors.

(10) Primary health care providers in general, and family physicians and community-based health workers and volunteers in particular, have a good potential in influencing healthy behaviours.

(11) Family physicians should ideally provide comprehensive (preventive, promotive, curative and rehabilitatory) care. In most countries, however, the primary focus of their activities is curative care. Social support structures for the vulnerable groups (senior citizens, single parents, the differently abled, and people with stigmatizing health conditions, the marginalized and the unreached) in most countries of the Region are weak. There is an urgent need for coordinated multisectoral action to establish social support structures/networks to assist social needs (including health needs) of families in need. Programmes and

As health is the business of everybody and the health sector cannot do it alone, advocacy to all sectors to strengthen health-promoting strategies in their sectoral policies and programmes and multisectoral approach is urgently needed for making family the core for health development.

3.3 Social support and intersectoral interventions to empower families for health

Social support for families needs to be responsive to the dynamics of today’s family structure and the composition, condition, and challenges faced by families. Family is the foundation for health development of individuals. Changing family structure, demography, roles, and responsibilities poses challenges in nurturing healthy behaviours. Intersectoral interventions to empower families are crucial to build adequate support systems for healthy family development; to strive towards social inclusiveness increasing family access to public services; to enable institutions to assess family at-risk before crisis; and, to design family-centred support systems. Active participation of families is crucial for family empowerment.

Examples and models on intersectoral interventions to empower families in child development, families dealing with chronic illness, and families faced with crises and in preparedness for natural and man-made disasters were discussed. Multidisciplinary approaches to address multidimensional challenges can address family needs in different stages with different partners, including communities, institutions, and policymakers. Holistic/comprehensive services and support should reconnect families, communities and other institutions to promote a healthy social environment and well-being. Social support from policies that enable families to sufficiently and effectively perform their roles must be encouraged, strengthened, and developed. Local government and the public and private sectors play important roles in improving family self-sufficiency and economic success.

A whole family approach, or family-centred support system, should be designed in the sociocultural, economic and political contexts with the families and communities.
4. Panel discussions

4.1 The role of women in family health and health development in general

Evolving roles of women in family health and health development

The family is the fundamental unit for health development and the best place for promotion of healthy lifestyles.

The relationship between urbanization and women’s roles was highlighted. Nowadays, women in urban areas enjoy relatively more freedom and power, but poor women in urban areas face several challenges. As women are getting more freedom, increase in health-risk behaviour is becoming more evident. For instance, in some areas, the incidence of conditions like STIs is on the rise. Increase in the percentage of women as heads of households and in the numbers of employed women has been observed. Another observation is that the percentage of women executives in the civil services in senior positions such as senators and members of parliaments is still very much lower than men. However, women play a major coordinating role in family health.

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. A key to ensuring women’s empowerment is to address inequitable gender power relations and persistent norms and beliefs.

The roles of women in urban and rural areas may be different, but there is a definite need to empower women to support them to balance their family health responsibilities with social life obligations.

6. Conclusions and recommendations

The following conclusions and recommendations emerged from the discussions:

Conclusions

(1) Participants agreed that the family and community play a critical role in health development.

(2) Programming for interventions aimed at the family must take into account family dynamics, power structures and the heterogeneous nature of families (conventional two-parent nuclear families, joint families, single parent families, families with same sex parents, migrant families).

(3) The concept of “family” is dynamic. Several factors such as globalization, urbanization, rapid economic growth, population ageing and explosion of information technology have profound effects on family behaviours.

(4) While a great deal of research on the sociological aspects of family dynamics is available, there is paucity of research on the relationships between family dynamics and health outcomes. Similarly, research on the relationship between health impacts and policies of multiple sectors that affect health is not fully understood.

(5) Important areas where families impact health include healthy behaviour, self-care, care during pregnancy and childbirth, child and adolescent health, care of the aged, nursing and nurturing the sick, individuals with special needs (including those with stigmatizing health conditions) and disaster preparedness. Within
Multisectoral partnerships should be strengthened to address concerned issues, inequity and gender bias.

**Strategies**

- Working through the education system, children, adolescents and youths can be empowered to be the change agents within families to adopt healthy behaviours.
- Parents and family members can be sensitized to the emerging needs of new generations.
- The use of media by market forces may be monitored to ensure counter-productive messages are not communicated.
- Ensure assistance for families in addressing gender-based violence, all sectors should be sensitized on gender issues (especially police and law enforcement officials, education).
- Governance in education/schools: healthy school lunches, quality education so no need for tuition, more time to spend with father and mother. Support good eating habits.

**Recommendations for Member States**

1. Adequate policy and institutional frameworks should be developed to mainstream family-centred approaches.
2. Food-safety rules and regulations should be formulated and implemented by all countries to promote safe and healthy food of families.
3. Strong family and school partnerships should be promoted to address the nutrition and overall development of the child.
4. The basic needs of marginalized, under-reached families, out-of-school children and adolescents should be addressed as a priority.

**Recommendations for WHO**

1. Availability of low cost, accessible, user-friendly test kits for food-safety assessment at family level should be strengthened.

**Women empowerment and supporting income generation to enable women in strengthening family health**

Sarvodaya means “awakening” and this model of women empowerment in Sri Lanka was founded in rural villages in 1958. It is a volunteer organization involved in civil society and grassroots development network. Sarvodaya adopts a highly decentralized model with legally independent community-based organizations in all districts. The focus of their work is on women empowerment, child development and other development issues through active community participation. An integrated, holistic and sustainable approach is adopted. Social infrastructure development addresses basic human needs and institutional development. Income and employment generation and self-financing schemes are contributing to social, technical, economic and political empowerment of the community. Women become role models in health development through active participation in livelihood development, health and nutrition programmes, and water and sanitation programmes.

Community health programmes like child health and nutrition; adolescent/reproductive health; mental health and suicide prevention; programmes for the needs of elderly and differently abled; HIV/AIDS and malaria prevention; social, economic and political empowerment of rural women; promotion of micro-enterprises and self-employment, promotion of political participation by women, initiatives for women's rights and prevention of domestic violence are other initiatives undertaken by Sarvodaya.

**Women's development committee**

The family is the fundamental building block for health development. In earlier times, women were expected to take care of the family members especially during sickness, and raise children. Women did not get higher education and suffered from various types of discrimination. In recent years, with gender and rights movement and socioeconomic changes, the role of women has changed significantly. Now, more women have access to higher education and opportunities to work outside the home to generate additional income. Consequently, they are more involved in decision-making. However, women in the marginalized group still face issues related to gender inequity, right to decision-making, and domestic violence.
The increasing ageing population in the South-East Asia Region necessitates long-term and special care for the elderly. Families have to prepare themselves to address this upcoming public health concern.

Under the current socioeconomic transition, the dual role of women as homemakers and income-generators places an additional burden on them. They also play a major role in promoting and maintaining family health development by means of taking care of children, the elderly, differently abled and sick people. To enhance the role of women in promoting family as centre for health development, gender perspectives need to be taken into account. Strengthening of women development committees is needed, as women education and empowerment are effective ways for health development. Also, more linkage between care providers and families is required to reduce gaps and increase the accessibility of health care by families.

4.2 Role of family physicians and community-based health workers in assisting families for health development

Capacity building of family physicians and focus on health promotion and disease prevention

The community-based health workforce is the first point of contact for community health care and plays a significant role in health promotion and disease prevention. Family physicians provide holistic care to individuals, families and the community for physical, mental and social well-being both in curative and preventive health care. They also play an important role in the health care system by providing primary care.

An increase in focus on health promotion and disease prevention in the practices of family physicians in Asia such as Bangladesh, India, Indonesia, Nepal, Pakistan and Sri Lanka was observed as a result of capacity building.

It was absolutely necessary to recruit sufficient numbers of family physicians in health systems to ensure that every family has its own family doctor to go to for all its primary health care needs. As the family physician has a definite role to play in health promotion and prevention both in

Recommendation for WHO

1. Member States should be supported in their efforts towards enhancing capacities of the community-based health work force and family physicians for supporting families for health development.

5.3 Multisectoral action to empower families to adopt healthy lifestyles

Objective: To discuss the challenges that families face in the present sociocultural context and the opportunities for educating and empowering families in order to adopt healthy practices and life styles.

Tasks: (1) To discuss the priority actions that need to be taken to be involved in promoting and facilitating healthy lifestyles; and (2) To suggest recommendations for Member States and WHO.

The discussions highlighted the following aspects:

Challenges

- Marketing and promotion of unhealthy products; production and consumption of processed foods.
- At individual and family levels, behaviours are determined by sociocultural norms and practices. A gender bias against women is a major challenge.
- Absence of family-centred service systems with adequate financing.

Opportunities

- Traditional and family values are still intact and can be positively strengthened to support family members.
- Marriage continues to be an important institution that is still valued and can ensure inter-generation healthy behaviour.
- Overall, religion is a positive influence for mental health and well-being and community cohesion.
Care should be taken to ensure that healthy living, health promotion and disease prevention are essential components of this training.

There is a gross shortage of family physicians in the Region. Deployment and retention remains an issue.

A systems approach is needed, with well-defined roles, referral and support systems and career progression for family physicians and CBHWs, to work effectively.

There is a high turnover rate of some category of CBHWs, particularly health volunteers.

Regular monitoring sessions, community meetings, and health days can be utilized by the CBHWs for health promotion activities.

**Recommendations for Member States**

1. Countries need to revisit health policies/strategies to define the roles of family physicians and community-based health workers to meet the national health needs. This should include examination of workload in proportion to the numbers as well as their target population. Their roles in assisting families for health development should be well defined.

2. It is recognized that most countries will take a long time to produce adequate numbers of family physicians. In the interim, existing doctors and other health workers who provide primary care should be trained (in-service) oriented towards the principles and concepts of family medicine.

3. The training should focus on enabling health promotion and disease prevention by individuals, families and communities with emphasis on actions for improving quality of life.

4. Appropriate support systems, referral support, career progression and continuing in-service refresher training for CBHWs and family physicians should be ensured.

Curative and preventive healthcare, the ideal health team leader at the community level would and should be a family physician.

**Female community health volunteers (FCHVs) and their role in Nepal’s health system**

Community health workers/female community health volunteers (FCHVs) are the primary links between the health system and the community in Nepal. They contribute effectively in improving the health of women and children especially in rural areas. The services they provide include family planning, MCH, deworming, immunization and vitamin A supplementation. The FCHVs are local women and are selected by their communities and trained by the Ministry of Health and Population initially for nine days and undergo refresher training every six months. They are recognized as the pillars of Nepal's community-based service provider and also act as health educators and community mobilizers. They have important roles in both curative and preventive health care for family health. FCHVs work through the local mothers groups and conduct monthly meetings, collect and report MCH and other health-related data and also promote women empowerment in their communities.

The results of 20 years’ experiences of community-based childhood pneumonia management in Nepal show that a significantly higher number of children receive treatment in pneumonia with the support of FCHVs. The effect of a participatory intervention with women's groups on birth outcomes has a significant between impact on the maternal mortality ratio. The support of FCHVs in MCH care is very obvious especially in obstetric emergency cases.

In order to be sustainable, the health system should consider expansion in the numbers of FCHVs as per the workload and population size; give appropriate incentive packages such as allowances to meet the real cost ensure political “non-interference” and provide community-funded professional development opportunities.
The role of family physicians and community-based health workers in assisting families for health development

The role of family physicians and community-based health workers is imperative in supporting family health. Family physicians provide personal, comprehensive and continuing care for individuals within the context of family and community. These include acute, chronic and preventive medical services. They also coordinate care provided by medical specialists or sub-specialists. Moreover, they are very important for the health system, as they are the primary points of contact with families.

Health volunteers or health “cadres” have been widely incorporated into supporting the delivery of health services in communities in many countries including in the South-East Asia Region. Their main roles are community mobilization, identification of health problems, bridging the gap between health workers and communities.

In Timor-Leste, there is a plan to have a health care team comprising one doctor, two nurses, two midwives and one laboratory analyst in each village by 2030 to provide for family health. This team composed of family physicians, family nurses and midwives and CBHWs will provide both curative and preventive care to the family. The team will also coordinate government sector, community leaders and other related sectors in assisting health development through the family-centred approach.

4.3 Multisectoral action to empower families to adopt healthy lifestyles

Multisectoral action to empower families to adopt healthy lifestyles: a grassroots perspective

The activities of the Tarayana Foundation demonstrated the Bhutan experience of family and community empowerment. This Foundation implements a holistic community development programme and works through the active participation of families and communities.

The major health care challenges are an ageing population, lifestyle diseases, climate change, poor client-provider relationship and uncertain

(2) Multisectoral initiatives focused at empowering women should be developed to support them in promoting the health of the family, including their own health; participation of males as active partners in family health development should be emphasized.

(3) Policies to protect women should be reviewed/revised and developed including vulnerable women, and gender-sensitive projects should be strengthened.

(4) Health-promoting education to women such as family life education, parenting skills and premarital counselling should be strengthened.

5.2 Role of family physicians and community-based health workers in assisting families for health development

Objective: To deliberate upon the opportunities and challenges of family physicians and community-based health workers in educating and empowering individuals, families and communities to adopt healthy practices and lifestyles.

Tasks: (1) To discuss the priority actions that need to be taken to strengthen these workforce; and (2) To suggest recommendations for Member States and WHO.

The discussions highlighted the following aspects:

- Countries have various categories of workers who provide primary care including various categories of doctors (MBBS qualified, RMPs, family physicians).
- Undergraduate medical education in most countries is hospital-based. Effective reorientation towards community-based education is needed. Training in family medicine at the undergraduate level needs to be introduced/strengthened.
- Depending upon the health systems organization, countries should aim to have family physicians in the primary care facilities. In the interim, doctors and other health professionals posted in the primary care facilities should undergo in-service training in family medicine.
5.1 The role of women in family health and health development in general

Objective: To deliberate on the factors that facilitate as well as the challenges for women for health development.

Tasks (1): To identify the sectors that can facilitate women to play a more effective role in health development; and (2) to suggest recommendations for Member States and WHO.

The discussions highlighted the following aspects:

➢ Women are good coordinators between family members and the health care system, caretakers of families during sickness and also health promoters by promoting healthy behaviours/lifestyles, including balanced diet and personal hygiene. They have potential roles in family health and health development. Women can participate in community health development and health programme.

➢ Education/knowledge, information, social network and gender-sensitive policy may be some of the facilitating factors in the role of women in health development.

➢ Socioeconomic status, level of literacy, decision-making power, health status, relationship within the families and gender-based violence are observed as the major challenges and barriers that impede women from playing a more effective role in health development.

➢ Multi stakeholders, government health sectors and other health-related sectors such as social welfare, finance and education, NGOs and UN agencies should collaborate for women empowerment.

Recommendations for Member States

(1) Adequate women’s participation in the decision-making bodies at the local level should be ensured so that issues related to women and children’s health development are appropriately addressed.
Thailand generated positive action from local communities, as well as those affected by the epidemic themselves, to deal with HIV/AIDS. Buddhist monks played a major role in counselling both people with HIV and non-affected populations, which greatly reduced the social fear and discrimination against people with HIV/AIDS. Thailand has had success with near elimination of mother-to-child transmission (MTCT) through this nationwide integration of the PMTCT programme with the existing MCH system. The programme goes beyond the prevention of vertical HIV transmission to include safe delivery, Antiretroviral therapy (ART), early childhood development, breastfeeding and nutritional advice, antibiotic prophylaxis, family testing, Tuberculosis (TB) care, vaccinations, sexual and reproductive health and psychosocial support.

The integrated approach of India with government ART centres and community care centres run by the nongovernmental sector, was able to improve access to populations living in hard-to-reach areas in collaboration with the National Rural Health Mission (NRHM). Initiatives to increase PMTCT coverage and strengthen existing models of integration were conducted through community-based HIV screening by auxiliary nurse midwives; extending HIV Testing and Counselling (HTC) services to primary health centres under the “facility-integrated model” in high-prevalence districts.

The Nepal National AIDS Programme collaborated with peer-led Community-based organizations (CBOs) such as positive networks, networks of drug users and NGOs to improved mechanisms for delivering counselling services, treatment and harm reduction services, and created strong partnerships between NGOs and ministries and enhanced working relations.

Multisectoral taskforces have been formed to respond to HIV/AIDS in almost all the countries. Intersectoral approaches were adopted under national strategies. Community health workforces played important roles within the existing mechanisms to promote health and tackle socioeconomic well-being of populations. Country coordination mechanisms existed under major global programmes such as The Global Fund (TGF) (HIV, TB, Malaria). With better knowledge of the disease and availability of ART, many PLHIV were now continuing treatment and surviving longer. HIV had shifted from a life-threatening condition to a chronic manageable disease. Furthermore, as they become healthier, they will be continuing with their normal needs in life. Supporting family cohesion, child care and support, reproductive and sexual needs, economic and social integration would be important.

**Disaster to development**

The role of multisectoral actions to strengthen the resilience of families in emergency settings was highlighted. The role of the community in mitigating crises is crucial and needs to be systematically planned. Disasters affect the lives of thousands of families, damaging property, buildings, hospitals, roads, jetties, plantations and agriculture land. Disasters can cause many health problems, shortage of food and safe water supply, sanitation problems, communicable diseases and also mental stress.

In terms of disaster management, the immediate response includes provision of food and water, shelter, clothing, sanitation, water for personal hygiene as well as immediate health care for injuries and illnesses.

Mobilizing the community to plan and implement for long-term rehabilitation is needed. Self-help groups, health-promoting schools, local elected representatives in collaboration with local administration can develop a participatory rehabilitation and development plan not only to ensure rehabilitation of families, but also for communities at large.

Long-term development plans and disaster preparedness for future prevention must be developed through community participation. The inherent strength of families and communities must be harnessed.

### 5. Group discussions

Participants were divided into three groups as follows:

**Group 1:** The role of women in family health and health development in general

**Group 2:** Role of family physicians and community-based health workers in assisting families for health development

**Group 3:** Multisectoral action to empower families to adopt healthy lifestyles
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Tasks (1): To identify the sectors that can facilitate women to play a more effective role in health development; and (2) to suggest recommendations for Member States and WHO.

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- Women are good coordinators between family members and the health care system, caretakers of families during sickness and also health promoters by promoting healthy behaviours/lifestyles, including balanced diet and personal hygiene. They have potential roles in family health and health development. Women can participate in community health development and health programme.

- Education/knowledge, information, social network and gender-sensitive policy may be some of the facilitating factors in the role of women in health development.

- Socioeconomic status, level of literacy, decision-making power, health status, relationship within the families and gender-based violence are observed as the major challenges and barriers that impede women from playing a more effective role in health development.

- Multi stakeholders, government health sectors and other health-related sectors such as social welfare, finance and education, NGOs and UN agencies should collaborate for women empowerment.

Recommendations for Member States

1. Adequate women’s participation in the decision-making bodies at the local level should be ensured so that issues related to women and children’s health development are appropriately addressed.

quality assurance of the services. Traditional healers, shamans, alongside conventional primary caregivers including village health workers are taking care of the health of the family in rural areas. There is less emphasis on mentally and physically challenged individuals and senior citizens’ homes/hospices and orphanages. Chronically ill individuals in need of full-time care are a burden to the family, especially women, who are in need of health care within the families.

Tarayana Foundation organizes camps with the motto of “Services from the heart” and helps the vulnerable and the disadvantaged to help themselves. The activities are aimed at community development through social, economic, educational, technical and physical empowerment. Livelihood programme, nutrition, access to health care, senior citizens programme and care for differently abled individuals are included through active community involvement and effective resource mobilization.

There is a need for multisectoral collaboration in health development for holistic health development and additional grassroots initiatives founded on evidence-based information.

Multisectoral approach: empower families for chronic care

Almost thirty years have passed since the HIV/AIDS epidemic was first reported in 1984 in the South-East Asia Region. The progress made in tackling this challenge was overwhelming and had ensured a reversal of the epidemic. In 2011, there were an estimated 3.4 million people living with HIV (PLHIV) in the Region, and this number has remained stable for the past five to six years. Countries in the Region had taken many innovative but effective approaches to combat HIV through a multitude of efforts by government and NGOs, community self-help groups and individuals. The Region had been able to stabilize, support those already infected and also articulated a vision for continuing support of care for HIV as a chronic disease.

Myanmar’s Comprehensive Continuum of Care for PLHIV is an approach that promotes a comprehensive and integrated response to the needs of PLHIV through a network of linked, coordinated care, treatment, prevention and support services that are provided by collaborating partner organizations.
The role of family physicians and community-based health workers in assisting families for health development

The role of family physicians and community-based health workers is imperative in supporting family health. Family physicians provide personal, comprehensive and continuing care for individuals within the context of family and community. These include acute, chronic and preventive medical services. They also coordinate care provided by medical specialists or sub-specialists. Moreover, they are very important for the health system, as they are the primary points of contact with families.

Health volunteers or health “cadres” have been widely incorporated into supporting the delivery of health services in communities in many countries including in the South-East Asia Region. Their main roles are community mobilization, identification of health problems, bridging the gap between health workers and communities.

In Timor-Leste, there is a plan to have a health care team comprising one doctor, two nurses, two midwives and one laboratory analyst in each village by 2030 to provide for family health. This team composed of family physicians, family nurses and midwives and CBHWs will provide both curative and preventive care to the family. The team will also coordinate government sector, community leaders and other related sectors in assisting health development through the family-centred approach.

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Tasks: (1) To discuss the priority actions that need to be taken to strengthen these health workforces; and (2) To suggest recommendations for Member States and WHO.

The discussions highlighted the following aspects:

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- Undergraduate medical education in most countries is hospital-based. Effective reorientation towards community-based education is needed. Training in family medicine at the undergraduate level needs to be introduced/strengthened.
- Depending upon the health systems organization, countries should aim to have family physicians in the primary care facilities. In the interim, doctors and other health professionals posted in the primary care facilities should undergo in-service training in family medicine.
Care should be taken to ensure that healthy living, health promotion and disease prevention are essential components of this training.

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A systems approach is needed, with well-defined roles, referral and support systems and career progression for family physicians and CBHWs, to work effectively.

There is a high turnover rate of some category of CBHWs, particularly health volunteers.

Regular monitoring sessions, community meetings, and health days can be utilized by the CBHWs for health promotion activities.

Recommendations for Member States

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The results of 20 years’ experiences of community-based childhood pneumonia management in Nepal show that a significantly higher number of children receive treatment in pneumonia with the support of FCHVs. The effect of a participatory intervention with women’s groups on birth outcomes has a significant between impact on the maternal mortality ratio. The support of FCHVs in MCH care is very obvious especially in obstetric emergency cases.

In order to be sustainable, the health system should consider expansion in the numbers of FCHVs as per the workload and population size; give appropriate incentive packages such as allowances to meet the real cost ensure political “non-interference” and provide community-funded professional development opportunities.
The increasing ageing population in the South-East Asia Region necessitates long-term and special care for the elderly. Families have to prepare themselves to address this upcoming public health concern.

Under the current socioeconomic transition, the dual role of women as home-makers and income-generators places an additional burden on them. They also play a major role in promoting and maintaining family health development by means of taking care of children, the elderly, differently abled and sick people. To enhance the role of women in promoting family as centre for health development, gender perspectives need to be taken into account. Strengthening of women development committees is needed, as women education and empowerment are effective ways for health development. Also, more linkage between care providers and families is required to reduce gaps and increase the accessibility of health care by families.

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The discussions highlighted the following aspects:

Challenges

- Marketing and promotion of unhealthy products; production and consumption of processed foods.
- At individual and family levels, behaviours are determined by sociocultural norms and practices. A gender bias against women is a major challenge.
- Absence of family-centred service systems with adequate financing.

Opportunities

- Traditional and family values are still intact and can be positively strengthened to support family members.
- Marriage continues to be an important institution that is still valued and can ensure inter-generation healthy behaviour.
- Overall, religion is a positive influence for mental health and well-being and community cohesion.
Multisectoral partnerships should be strengthened to address concerned issues, inequity and gender bias.

**Strategies**

- Working through the education system, children, adolescents and youths can be empowered to be the change agents within families to adopt healthy behaviours.
- Parents and family members can be sensitized to the emerging needs of new generations.
- The use of media by market forces may be monitored to ensure counter-productive messages are not communicated.
- Ensure assistance for families in addressing gender-based violence, all sectors should be sensitized on gender issues (especially police and law enforcement officials, education).
- Governance in education/schools: healthy school lunches, quality education so no need for tuition, more time to spend with father and mother. Support good eating habits.

**Recommendations for Member States**

1. Adequate policy and institutional frameworks should be developed to mainstream family-centred approaches.
2. Food-safety rules and regulations should be formulated and implemented by all countries to promote safe and healthy food of families.
3. Strong family and school partnerships should be promoted to address the nutrition and overall development of the child.
4. The basic needs of marginalized, under-reached families, out-of-school children and adolescents should be addressed as a priority.

**Recommendations for WHO**

1. Availability of low cost, accessible, user-friendly test kits for food-safety assessment at family level should be strengthened.

**Women empowerment and supporting income generation to enable women in strengthening family health**

Sarvodaya means “awakening” and this model of women empowerment in Sri Lanka was founded in rural villages in 1958. It is a voluntary organization involved in civil society and grassroots development network. Sarvodaya adopts a highly decentralized model with legally independent community-based organizations in all districts. The focus of their work is on women empowerment, child development and other development issues through active community participation. An integrated, holistic and sustainable approach is adopted. Social infrastructure development addresses basic human needs and institutional development. Income and employment generation and self-financing schemes are contributing to social, technical, economic and political empowerment of the community. Women become role models in health development through active participation in livelihood development, health and nutrition programmes, and water and sanitation programmes.

Community health programmes like child health and nutrition; adolescent/reproductive health; mental health and suicide prevention; programmes for the needs of elderly and differently abled; HIV/AIDS and malaria prevention; social, economic and political empowerment of rural women; promotion of micro-enterprises and self-employment, promotion of political participation by women, initiatives for women’s rights and prevention of domestic violence are other initiatives undertaken by Sarvodaya.

**Women’s development committee**

The family is the fundamental building block for health development. In earlier times, women were expected to take care of the family members especially during sickness, and raise children. Women did not get higher education and suffered from various types of discrimination. In recent years, with gender and rights movement and socioeconomic changes, the role of women has changed significantly. Now, more women have access to higher education and opportunities to work outside the home to generate additional income. Consequently, they are more involved in decision-making. However, women in the marginalized group still face issues related to gender inequity, right to decision-making, and domestic violence.
4. Panel discussions

4.1 The role of women in family health and health development in general

**Evolving roles of women in family health and health development**

The family is the fundamental unit for health development and the best place for promotion of healthy lifestyles.

The relationship between urbanization and women’s roles was highlighted. Nowadays, women in urban areas enjoy relatively more freedom and power, but poor women in urban areas face several challenges. As women are getting more freedom, increase in health-risk behaviour is becoming more evident. For instance, in some areas, the incidence of conditions like STIs is on the rise. Increase in the percentage of women as heads of households and in the numbers of employed women has been observed. Another observation is that the percentage of women executives in the civil services in senior positions such as senators and members of parliaments is still very much lower than men. However, women play a major coordinating role in family health.

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. A key to ensuring women’s empowerment is to address inequitable gender power relations and persistent norms and beliefs.

The roles of women in urban and rural areas may be different, but there is a definite need to empower women to support them to balance their family health responsibilities with social life obligations.

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6. Conclusions and recommendations

The following conclusions and recommendations emerged from the discussions:

**Conclusions**

1. Participants agreed that the family and community play a critical role in health development.
2. Programming for interventions aimed at the family must take into account family dynamics, power structures and the heterogeneous nature of families (conventional two-parent nuclear families, joint families, single parent families, families with same sex parents, migrant families).
3. The concept of “family” is dynamic. Several factors such as globalization, urbanization, rapid economic growth, population ageing and explosion of information technology have profound effects on family behaviours.
4. While a great deal of research on the sociological aspects of family dynamics is available, there is paucity of research on the relationships between family dynamics and health outcomes. Similarly, research on the relationship between health impacts and policies of multiple sectors that affect health is not fully understood.
5. Important areas where families impact health include healthy behaviour, self-care, care during pregnancy and childbirth, child and adolescent health, care of the aged, nursing and nurturing the sick, individuals with special needs (including those with stigmatizing health conditions) and disaster preparedness. Within
an enabling environment, many risk factors responsible for illness and deaths are modifiable by appropriate action at individual and family levels. Education and empowerment are essential inputs to bring about behaviour change. Families can provide the support and conditions needed for healthy living and disease prevention. The importance of reaching out with updated and evidence-based health information to empower families to take informed decisions was emphasized.

(6) Gender-responsive policies are needed for encouraging gender-sensitive interventions for family health programmes.

(7) Multisectoral action is needed to empower families to take informed decisions for self-care for health.

(8) Women play a major role in the health of the family. Given the social realities of the South-East Asia Region a significant proportion of women are not sufficiently empowered to take health decisions either for their own health or for the health of their children. The primary responsibility for the health of the family falls on women, with inadequate support from men.

(9) Health development is impacted by the policies and programmes of several sectors other than health. There is an urgent need in the Region to work towards “health in all policies”. At the same time harmonization is needed in the existing health impacting policies of various sectors.

(10) Primary health care providers in general, and family physicians and community-based health workers and volunteers in particular, have a good potential in influencing healthy behaviours.

(11) Family physicians should ideally provide comprehensive (preventive, promotive, curative and rehabilitatory) care. In most countries, however, the primary focus of their activities is curative care. Social support structures for the vulnerable groups (senior citizens, single parents, the differently abled, and people with stigmatizing health conditions, the marginalized and the unreached) in most countries of the Region are weak. There is an urgent need for coordinated multisectoral action to establish social support structures/networks to assist social needs (including health needs) of families in need. Programmes and

As health is the business of everybody and the health sector cannot do it alone, advocacy to all sectors to strengthen health-promoting strategies in their sectoral policies and programmes and multisectoral approach is urgently needed for making family the core for health development.

3.3 Social support and intersectoral interventions to empower families for health

Social support for families needs to be responsive to the dynamics of today’s family structure and the composition, condition, and challenges faced by families. Family is the foundation for health development of individuals. Changing family structure, demography, roles, and responsibilities poses challenges in nurturing healthy behaviours. Intersectoral interventions to empower families are crucial to build adequate support systems for healthy family development; to strive towards social inclusiveness increasing family access to public services; to enable institutions to assess family at-risk before crisis; and, to design family-centred support systems. Active participation of families is crucial for family empowerment.

Examples and models on intersectoral interventions to empower families in child development, families dealing with chronic illness, and families faced with crises and in preparedness for natural and man-made disasters were discussed. Multidisciplinary approaches to address multidimensional challenges can address family needs in different stages with different partners, including communities, institutions, and policy-makers. Holistic/comprehensive services and support should reconnect families, communities and other institutions to promote a healthy social environment and well-being. Social support from policies that enable families to sufficiently and effectively perform their roles must be encouraged, strengthened, and developed. Local government and the public and private sectors play important roles in improving family self-sufficiency and economic success.

A whole family approach, or family-centred support system, should be designed in the sociocultural, economic and political contexts with the families and communities.
The imbalance between emphasis and resources accorded to curative care at the expense of the more cost-effective interventions for health promotion and disease prevention needs to be corrected.

The South-East Asia Region is confronted with a double burden of disease. While the large burden of communicable diseases such as diarrhoea, acute respiratory infections, TB, malaria and AIDS are yet to be controlled, noncommunicable diseases including cardiovascular conditions, diabetes, cancer and chronic lung conditions are becoming more prevalent. Many of the risk factors for these conditions are modifiable by suitable action at individual and family levels. Education and empowerment are essential inputs to bring about behaviour change.

“Health” is not the business of the health sector alone. The preservation, promotion and maintenance of health necessitate a multisectoral approach, effective coordination between sectors, strong legislation and political will. Policies of multiple sectors are needed to address the social determinants that influence family health. Self-care within the family can prevent or delay the occurrence of not only chronic noncommunicable diseases, but also communicable diseases. It can reduce not only the health care costs, but also promote life-long healthy practices. Moreover, traditions of good self-care practices will be passed on from generation to generation.

Community-based health workers and volunteers play an important role in the health systems. This workforce can be effectively utilized in assisting families for adopting healthy practices. Another health workforce for the community health care is the family physician who takes a holistic view of health problems. For this reason, health systems need to consider how best to re-energize and strengthen this category of the health workforce.

The school health programme is another avenue that can be effectively utilized to inculcate healthy living habits in children who can take the health messages to their families as a significant spin-off benefit. The intricate linkages between the family, school and communities can be utilized for health education, promotion of healthy lifestyles and empowerment of families.

interventions supported by adequate budgetary provisions are needed to ensure social support structure for the vulnerable groups.

A. Recommendations for Member States

(1) National policies and strategies and institutional frameworks should be developed/strengthened to mainstream family-centred, gender-sensitive approaches for health development.

(2) The roles of family physicians and community-based health workers should be defined to empower families for health development. This should include a review of the support systems, workload in proportion to their numbers, distribution as well as the target population that they serve.

(3) School health and child development programmes should be further strengthened to address nutrition and overall development of the child. Strong family and school partnerships should be fostered.

(4) PHC-based health systems strengthening should be continued with a focus on providing equitable family health services, especially for the vulnerable sections (the poor, migrants, marginalized, women, children, adolescents).

(5) Adequate women’s participation in the decision-making bodies at the local level should be enhanced to ensure that issues related to women and children’s health development are appropriately addressed.

(6) Multisectoral initiatives focused at empowering women should be developed to support them in promoting health of the family including their own health. Participation of males as active partners in family health development should be emphasized.

(7) It must be ensured that the health sector takes a lead to coordinate existing multisectoral initiatives for health development.
B. Recommendations for WHO

(1) The Regional Office should advocate for integrated family-centred, gender-sensitive approach for health development as a priority in the post-MDG agenda.

(2) Member countries should be encouraged and supported towards developing and implementing Health in All Policies.

(3) Member countries should be assisted in mobilizing resources, and sharing information, experiences and expertise for implementing holistic family health interventions.

(4) Member Countries should be supported in enhancing capacities of the community-based health work force and family physicians for supporting families in health development.

(5) The Regional Office should collaborate with Member Countries in multidisciplinary research to generate evidence for effective multisectoral interventions to assist and empower families in health development.

Family as Centre of Health Development

Family is diminished or even completely lost when family dynamics are characterized by conflict, tension and stress of various kinds.

Gender-based power structure and dynamics within families have important implications for decision-making in critical domains affecting health such as diet patterns and nutrition, fertility and family planning, health-seeking, and others.

Women’s literacy and work status are positively associated with children’s health. In general, women empowerment can lead to positive outcomes, but new evidence from pockets in Bangladesh and India reveals that economic empowerment of women in poverty is perceived to be threatening to men and may lead to violence and abuse against them.

Presently, sociological research on family and health suffers from the limitation in that it is predominantly focused on stable, urban, classical nuclear families. The thrust of the research is on exploring pathways of family behaviours that impact health. It is desirable that more research be implemented to define the impact of family behaviour on specific bio-markers of health.

In conclusion, it is recommended that the need of the hour is to develop family-centred policies.

3.2 Assisting families for health development: role of health sector

The institution of family is very strong in South-East Asia and influences health behaviours and outcomes. Families provide the support and conditions needed for healthy living, prevention of disease and opportunities for early diagnosis and treatment to avert or delay complications. Interventions for health to be effective, must necessarily take into account the social determinants of health. In addition to sociocultural factors, health is impacted by several other factors such as nutrition, environment, living and working conditions, urbanization, the ageing population, globalization and so on. This necessitates a multisectoral approach to address health issues.
and gender-based discrimination on distribution of family resources is just an example. It must be realized that family impact on health outcomes can be bi-directional – either positive or negative, and must be factored in health interventions.

The family is commonly linked to positive health outcomes. Two-parent biological families are particularly shown to be more protective for mental health of children and adolescents.

The role of extended families on maternal and child 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.

Marriage has a protective role on health since married individuals report healthier lifestyle, less risky behaviour, early screening and testing for disease, more health checkups and timely treatment-seeking. But the benefits of marriage for health are strongly dependent on the quality of the marital relationship and conjugal harmony. Generally, married men benefit more from marriage than married women. Unequal gender relations and power dynamics in marriage place married women at a disadvantage. The role of marriage requires careful analysis in the developing country context.

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.

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

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**Annex 1**

**Agenda**

(1) Technical Presentations:
- Family as the centre for health development - sociological dimensions
- Assisting families to become centres of health development: role of the health sector
- Social support and intersectoral interventions to empower families for health: a multidisciplinary approach

(2) Country experiences: (a) empowerment of women; (b) strengthening community-based health workforce; and (c) school health initiatives.

(3) Panel discussions:
- The role of women in health development;
- Involving the family physicians, CBHWs/CHVs in assisting families for health development;
- School health: an avenue for health development of the family;
- Intersectoral action to empower families to adopt healthy practices.

(4) Group work: development of recommendations on the topics listed for panel discussions

(5) Conclusions and recommendations
Annex 2
List of participants

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He stated that Her Excellency Yingluck Shinawatra, the Prime Minister of Thailand, had adopted a policy to promote healthy women. His Excellency Dr Pradit Sinthavanarong, the Minister of Public Health, Thailand, also introduced care by age groups, i.e. newborn to 6–7–18 years, 19–64 years and then 65 years and older to assist families to be more strengthened and integrated for health development by targeting the health needs of all age groups.

2.3 Office Bearers

Mr Hussain Rasheed, Permanent Secretary, Ministry of Gender, Family and Human Rights, Malé, Maldives, Mrs Mathuros Cheechang, Director, Bureau of Family Institute Promotion, Office of Women’s Affairs and Family Development, Ministry of Social Development and Human Security, Bangkok, Thailand, Dr RRMLR Siyambalagoda, Deputy Director-General, Public Health Service, Ministry of Health, Sri Lanka, and Dr Ugen Dophu, Director General, Department of Medical Services, Ministry of Health, Thimphu, Bhutan, were nominated as Chairperson, Co-Chairpersons and Rapporteur, respectively.

3. Technical Sessions

3.1 Family as centre for health development: some sociological considerations

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. It has the primary influence on the health and development of children. The family influences healthy behaviours, and provides care and facilitates recovery from the illnesses.

The social context, such as sociocultural 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. Age
He said that in addition to health policies and programmes, health behaviours in the family are also affected by policies and programmes of sectors other than health. It is necessary to ensure sectoral and multidisciplinary approaches to facilitate healthy living in the family.

He also pointed out that next to the family are schools, in which children learn to live in a broader physical and social environment. It is crucial for families and schools to work together in order to achieve an effective platform for the healthy development of children and for sustaining healthy behaviours and healthy lifestyles.

Appropriate “self-care” can be stimulated by sharing health information through the family and school in order to make “healthy living” a habit in the family. These good practices will be passed on from generation to generation. This in turn will contribute to a healthier population and also to reduced household expenditures on sickness and disability.

In conclusion he said that the meeting provided an opportunity to deliberate upon how government programmes and civil society organizations could work together to foster health development through a family-centred approach.

2.2 Welcome address

Dr Chanvit Thrathep, Deputy Permanent Secretary of Ministry of Public Health, Thailand, stated that as the family plays an important role in social development, 15 May of every year is celebrated as the “International Day of Family”. The Day focused on health-related themes such as “HIV/AIDS and family well-being” and “Family and persons with disability”. All parents want their children to be physically and mentally healthy. The period of first five years is the most critical for formative development and child care. It is also necessary to raise interest and concern among youth about their own health status. He said that the Ministry of Public Health, Thailand, was reforming its health activities and launching new initiatives to place greater emphasis on health education, environmental sanitation and mental health. This will help strengthen family and enable the school and community to be healthy settings for living, learning and working.
Family as Centre of Health Development

- gender-sensitive initiatives that assist women to play an effective role in the family for health decision-making;
- building capacity of CBHWS/CHVs to educate and empower individuals and families for healthy living/lifestyles;
- making use of the opportunities in primary care for health education, especially utilizing family physicians for health promotion; and
- strengthening school health programmes to serve as a two-way channel to influence better health practices.

The purpose of the meeting was to highlight the role of the family in promoting and protecting health in South-East Asia.

The specific objectives of the meeting were as follows:

1. To discuss how families influence health behaviour and outcomes through the life-course;
2. To identify programme initiatives that can assist families to adopt healthy lifestyle options; and
3. To identify the way forward across sectors that can empower families to adopt healthy practices.

2. Inaugural session

2.1 Opening remarks

In his opening remarks, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, stated that the family is the fundamental unit in social hierarchy and provides the basic physical and psychological environment within which children start growing and developing. The family plays a pivotal role in nurturing and socializing children as well as in influencing the development of adolescents. Sociocultural traditions are extended basically through the family to individuals and have positive or negative impact on individual behaviours. The family can be the best place to start inculcating “healthy behaviours” and “healthy lifestyles”.

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Traditionally, women play an important role in the family’s health. How well they perform this role is affected by their social status, education, employment and cultural practices that permit or inhibit them from family decision-making. Evidently, educational level and social status of women in countries of the South-East Asia Region is relatively low. There is an urgent need to improve the educational status of women. A systematic action that requires participation/cooperation from other sectors such as education, social welfare, local administrative bodies, and local health staff to educate and empower women to take informed health decisions will go a long way in improving the health status of the people.

There is a need for interventions that proactively work towards educating, empowering and supporting families to practice healthy behaviours. Community-based health workers and community health volunteers (CBHWs/CHVs) must be educated and skilled in facilitating people for empowerment. Women, in their role as mothers, play a crucial role in health decisions. With support from men, women can play an effective role in laying the foundation of healthy living.

Policies aimed at human development, including health policies, must aim to facilitate actions that support individuals and families to inculcate and practise healthy lifestyles and appropriate health behaviours. Health systems strengthening based on PHC principles needs to take this into account.

It may not be out of place to mention that the UN places a lot of emphasis on the role of families for social development. Every year, 15 May is celebrated as the International Day of Families. In the past few years, health-related themes have been adopted for the International Day of Families (HIV/AIDS and Family Well-being in 2005; Families and Persons with Disability in 2007; Mothers and Families: Challenges in a Changing World in 2009).

Several sectors contribute towards improving family health. These include employers, educational institutions, social welfare schemes, and health policies. Health development efforts need to focus on multisectoral policies that facilitate adoption of healthy lifestyles by individuals and families. These include the following:
Annex 3

Opening Address by Dr Samlee Pliangbangchang, WHO Regional Director for South-East Asia

Dr Chanvit Tharathey, distinguished participants, honourable guests, ladies and gentlemen,

I warmly welcome you all to the Regional Meeting on “Family as Centre for Health Development”. While choosing this topic for the meeting, I must state that we fully recognize the important role of the community and society at large in health development. But this time, we would like to specially underline the critical role of “family” in such development.

The family is the fundamental unit in social hierarchy. It is where parents and their children live together. In many cases, grand, or even great grandparent live in a family with their children, and grandchildren. The family provides the basic physical and psychological environment within which children start growing and developing, and start learning how to live with their parents and siblings. The children’s behaviours and views take shape firstly in the family. Whatever the nature of the family, joint or nuclear, it plays a pivotal role in nurturing and socializing children as well as in influencing the development of adolescents.

Sociocultural traditions are extended basically through family to individuals. These traditions also have an important impact on individual behaviours, either positively or negatively. The family can be the best place to start inculcating “healthy behaviours” and “healthy lifestyles”. Importantly, family settings provide opportunities and role models for “healthy living”.

Ladies and gentlemen,

Let us work together to promote “family” to be the first ideal place for healthy “human growth and development”; the growth and development that contribute to “healthy population”; the “healthy population” that is achieved through “healthy family”. I very much thank all participants for

1. Background

Family is the fundamental institution of organization in society. Families provide the milieu where individuals are born, nurtured, learn to socialize and where an individual’s behaviour and views take shape. Sociocultural traditions and economic influences including those that affect health are extended through families to individuals and impact health behaviour. Interventions designed to modulate education and empowerment of individuals through families are an opportunities for contributing to health development of societies.

The tradition of “family” in South-East Asia is particularly strong. However, factors like globalization, economic boom, inequities vis-a-vis social determinants of health, urbanization, gender issues and so on are influencing the traditional joint family norm. Traditional roles ascribed to men, women and the aged are undergoing a metamorphosis. The increasing participation of women in the workforce is challenging the stereotype of the woman as a home-maker and man as the breadwinner.

Whatever the nature of family – joint or nuclear – it will continue to play a pivotal role in nurturing and socializing children and influencing the development of adolescents, serving as a support structure for family members, influencing health impacting behaviours – both positive and negative and providing opportunities and role models for healthy living.

Early childhood development — including social/emotional and language/cognitive domains — are determined by family conditions, and subsequently influence health. Adopting a life-course perspective directs attention to how social determinants of health operate at every stage of development — early childhood, childhood, adolescence, adulthood and on age — to both immediately influence health as well as provide the basis for health or illness during later stages of the life-course.
their interest in the subject and for sparing their valuable time to attend the meeting.

Promoting health care and services for optimal growth and development of children in the family must comprehensively encompass physical, mental and social dimensions. This promotion requires coordinated efforts of several disciplines and several sectors. The development of health behaviours in the family are certainly affected by policies and programmes of sectors other than health.

There is, therefore, a need for a multidisciplinary approach to facilitate a process, whereby multisectoral policies and programmes can work co-ordinately towards promoting healthy living in the family.

Next to the family is the school where children learn to live in a broader “physical and social environment”. The family and school must work in tandem, providing an effective platform for the development and sustenance of healthy behaviours and healthy lifestyles. The external environment outside the family also has a profound impact on the lifestyles of young people, particularly in light of the modern days of ICT development.

All concerned need to pay special attention to ensuring the positive impact of such development on the lives of our young people. The family and the school should work cooperatively to ensure, as much as possible, that children are immune to the adverse impact of the external environment. Education and empowerment of individuals is an essential support for healthy living.

Attention should be particularly paid to providing “health information” directly to the family in order to enable its members to take informed decisions on health matters. School is an important entry point, whereby health information to the family can be channelled through students. Appropriate “self-care” should be encouraged to become a part of “healthy living” in a family.

The tradition of practising proper “self-care” in the family will be passed on from generation to generation. These practices can contribute not only to better health, but also to reduced household expenditure on sickness and disability. Health-promoting habits have a greater chance of
being practised, if the family, as a unit, decides to do so. It is evident that the foundation for life-long healthy living is laid firstly during the formative years of an individual’s life in the family. The health sector and other institutions have a primary role to play in promoting the family to be at the centre-stage of health development; anywhere, any time.

This meeting is an opportunity to deliberate upon how best the government programmes and civil society initiatives can foster health development through “family-centred actions”. The collective wisdom of all the participants who are here, I am certain, will lead to the emergence of a “practical roadmap” for countries and partners to move forward towards the realization of a family full of love, passion and “affinity” to be the centre and entry point for, healthy living in the community and society as a whole.

Ladies and gentlemen, with these words, I wish your deliberations during the course of this meeting are productive and fruitful and that the meeting is successful in achieving its objectives. I hope your stay in Bangkok is comfortable and joyful. Thank you.
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Annex 4

Welcome Address by Dr Chanvit Tharathep, Deputy Permanent Secretary, Ministry of Public Health, Royal Government of Thailand

Dr Samlee Plianbangchang, Regional Director of WHO South-East Asia Region, distinguished delegates, ladies and gentlemen,

On behalf of the Ministry of Public Health of Thailand, I have great pleasure and honour to welcome all of you to the Regional Meeting on Family as Centre of Health Development. I am pleased that Thailand is selected as the venue for this important meeting. I would like to thank WHO South-East Asia Regional for organizing this regional meeting.

As family play important roles in social development, 15 May of every year is then celebrated as the “International Day of Family”. Health-related themes were adopted such as “HIV/AIDS and Family Well-being”, Family and Persons with Disability”, etc. Most parents hope that their children will be healthy both physical and mentally. Thus, the period of first five years is the most critical for formative development and child care. There is also a need to raise to interest and concern among youth about their own health status. The Ministry of Public Health by the Department of Health, the Department of Disease Control, the Department of Mental Health and Food and drug administration are reforming their health activities and new initiatives in accordance with the recommendations by the World Health Organization to place greater emphasis on health education, environmental sanitation, mental health etc. This helps strengthen family, school and community to be a healthy setting for living, learning and working. By this way the school aged children can acquire good health behaviour through the integrated activities on reproductive health, school health and dental health.

Her Excellency Yingluck Shinawatra; the Prime Minister of Thailand, has the policy to promote healthy women. It is affirmed that Thai women will have access to all information and communications as well as opportunity and equality. Her Excellency ensured that their leadership and literacy will be improved so that they can play their roles in combating
noncommunicable diseases and other health problems in families and communities according to Thailand strategy. In addition, His Excellency Dr Pradit Sinthavanarong, the Minister of Public Health, also introduced the care by aged groups, i.e. newborn to 6–18, 19–64 and then 65 and older. So the family can be more strengthened and integrated to be the Centre of Health Development with all tools and activities from all Departments under the Ministry of Public Health.

Ladies and gentlemen,

I would like to express once again my sincere thanks to you for participating in this meeting. While you are in Bangkok, I wish your stay here is both enjoyable and memorable. In addition to the substantial and fruitful discussions to be made in the meeting, I hope all of you take the opportunity to enjoy what Bangkok has to offer.

Thank you
The family is the fundamental institution of organization in society. Families provide the milieu where individuals are born, nurtured, learn to socialize and where the foundation of the individual’s behaviour and views is laid. The tradition of “family” in South-East Asia is particularly strong. However, factors like globalization, economic boom, inequities vis-a-vis social determinants of health, urbanization, gender issues and so on are influencing the traditional joint family norm. Whatever the nature of family, joint or nuclear, it will continue to play a pivotal role in nurturing and socializing children and influencing the development of adolescents, serving as a support structure for family members, influencing health impacting behaviours both positive and negative and providing opportunities and role models for healthy living. The WHO Regional Office for South-East Asia organized a regional meeting to highlight the role of the family in promoting and protecting health in South-East Asia. Over 50 participants, including public health experts, sociologists, academics and representatives of civil society organizations deliberated on how families influence health behaviour and outcomes through the life course. Programme initiatives that can assist families to adopt healthy lifestyle options and a way forward across sectors that can empower families to adopt healthy practices were proposed. This publication reports the deliberations during the regional meeting including recommendations made by the participants for WHO and Member States of the WHO South-East Asia Region.