

FOREWORD

Like their counterparts in the medical sciences, sociologists have often noted that health and well-being are essentials, not only to individuals, but also to the larger society. Each and every person, regardless of nationality, social class, sex, or age, has to deal with health problems and concerns, sometimes only occasionally, as is the case with acute ailments, but sometimes as a matter of daily life, as is the case with chronic health problems. Although health problems affect each person as an individual, the undeniable truth is that the health and well-being of individuals occur within the familial context. When a family member's health is failing, other family members will inevitably become involved in the situation. When a child is ill, parents will typically do anything and everything they possibly can in order to assist their daughter or son. When elderly parents become infirmed, adult children will rush to their aid. Even in the instance of extended kin who are ill or injured, the familial network will almost always react and become involved. Simply, health and well-being may be measured in terms of individuals, but the reality is that the family and the familial context are where the impact of health can be most readily understood.

The health of individuals is intertwined with the family in numerous manners. For example, families often represent the primary source of support for dealing with the financial costs associated with health care. Whether in westernized or developing countries, the costs of health care for a family member can often be overwhelming and beyond the means of the individual. In the United States, the annual healthcare expense for a family of four is over \$22,000. This figure is quite staggering, as it represents over 40% of the median income for such families. Beyond parent-child relationships and the mutual financial support which is typical therein, extended kin often come to the financial aid of one another when medical expenses and health care costs are great. In countries which lack either government or private health insurance, families are often the one and only source of financial assistance for dealing with health-related expenses.

Family members also provide instrumental care to infirmed, ill, or injured relatives. In many cultures, familistic norms prompt relatives of all varieties to provide care for other kin. This may entail becoming a family

caregiver, providing for the care of some or all of a relative's needs. Following the hospitalization of a family member, a family caregiver may dedicate several days, weeks, or even months to attending to their physical, mental, and emotional needs. Understandably, this can be a considerable burden, particularly in the case of chronic problems, where the family caregiver may take on responsibilities which last for years or even decades. Family caregivers are often seen as "filling the void" in the healthcare systems of some societies, and their assistance is, more often than not, entirely unpaid and frequently unsupported. Previous studies have even suggested that the role of family caregiver is not without its own risks, and that caregivers sometimes become "secondary patients" because of the stress and toil associated with their caregiving role.

Even basic behavioral habits which can affect health and well-being are developed primarily within the family. Families can influence the development of good health, such as encouraging proper dietary and exercise patterns, particularly among children and adolescents. The familial context can, likewise, be harmful to individuals' health, as a consequence of stress, neglect, or even abuse. Simply, the family represents a multifaceted context for health and health care, and one which absolutely necessitates greater study and understanding.

In this volume of *Contemporary Perspectives in Family Research*, we examine the changing nature of health issues and health care within families. Accordingly, the volume is entitled "Family and Health: Evolving Needs, Responsibilities, and Experiences." By learning more about how families cope with and respond to health issues, we can gain considerable insight into how families in the near future might better deal with the various complications which health problems often bring about.

In "A Multi-Level Analysis of Psychological Well-Being Related to Work and Family in 33 Countries," Makiko Hori and Yoshinori Kamo use data from the International Social Survey Programme to examine how the societal level gender climate impacts the effects of gender roles on psychological well-being for married and employed men and women in 33 countries. Their findings firmly support the contention that country-level gender equalities and gender norms affect individual well-being. Beyond cultural factors, basic sociodemographic characteristics of families, such as household income, often affect healthcare decisions. Hanna Jokinen-Gordon addresses this issue in "The Influence of Family Socioeconomic Status on Health Care Professional Recommendations of the HPV Vaccine." Using data from the National Survey of Children's Health, she examines whether family socioeconomic status influences the likelihood of healthcare

professionals' recommendation of the human papillomavirus vaccine (HPV) among female youth age 12–17. In her analyses, Jokinen-Gordon finds that lower income families have significantly lower odds of vaccine initiation, yet the effect of household income is mediated by HCP recommendation. Her findings suggest that low-income and poor families are less likely to receive needed health information regarding the HPV vaccine, thereby reducing the likelihood of vaccine uptake.

Even the basic roles and identities of family members can affect health and well-being. In “Multiple Motherhoods: The Effect of the Internalization of Motherhood Ideals on Life Satisfaction,” Kayla M. Pritchard and Lisa Kort-Butler examine how the life satisfaction and well-being of women can be influenced by their specific motherhood status. Using data from the National Study of Fertility Barriers, they find that women's well-being is significantly affected by motherhood status, and that biological mothers tend to experience the highest levels of well-being. Cultural ideals, however, are shown to have a salient effect upon the relationship between motherhood status and well-being. The maternal role is also examined by Amanda C. Ginter and M. Elise Radina in their study, “The Lived Experiences of Daughters of Women with Breast Cancer.” Through a series of qualitative interviews with adult daughters whose mother had experienced breast cancer, they find that mother–daughter relationships play a central role in how both mothers and other family members cope with the disease. The flow and nature of communication about the situation, both within the family and with healthcare professionals, is shown to be essential.

Understandably, health care and health-related concerns can vary dramatically from one society to another. In “Demographic Trends and the Healthcare System in Moldova: Reforms and Challenges,” Valentina Bodrug-Lungu and Erin Kostina-Ritchey examine changes in both the availability and quality of health care in the Moldovan population. Following its separation from the former Soviet Republic, the population of Moldova has experienced a decline in fertility rates. Over the past quarter of a century, this has led to an increase in the elderly population and, subsequently, a greater need for age-specific health care needs. Through an examination of demographic data, Bodrug-Lungu and Kostina-Ritchey examine and discuss the changes in health care policies, administration, and provisions which are necessary. Country-specific healthcare issues are also examined by Monika Reichert, Gerd Naegele, Ruth Katz, Ariela Lowenstein, and Dafna Halperin in “Long-Term Care Needs and Long-Term Care Policy: Comparing Germany and Israel.” Through a comparative analysis

of the healthcare programs and policies in Germany and Israel, the authors illustrate the cultural component of healthcare, specifically as it pertains to the long-term needs of the elderly population. Although each country is unique in its population characteristics and its respective healthcare needs, there are a variety of both positive attributes and shortcomings to each nation's approach to long-term care for the elderly.

In most nations, patients tend to assume that, within the healthcare professions, the flow and exchange of knowledge about specific ailments and treatment options is relatively smooth and seamless. In "An Examination of the Effects of Current Obstetrical Opinions, Diagnostic and Practice Trends in the Management of Twin to Twin Transfusion Syndrome Patients," Lauren Nicholas demonstrates that such assumptions are not entirely valid. Through an in-depth analysis of obstetric practitioners, she finds that exchange and dissemination of knowledge among medical professionals is often haphazard, to the point that the very lives of expectant mothers and their unborn children are endangered. Not all people in need of healthcare are able to avail of healthcare professionals. In "Stress and Support among People Caring for Homeless Adult Relatives," Michael F. Polgar, Carol S. North, and David E. Pollio explore the role of family caregivers who provide assistance to homeless relatives. Drawing upon a series of qualitative interviews of homeless individuals and their kin, the authors find that family caregivers who assist the homeless experience considerable stress, as a result. This is particularly the case among homeless individuals who may seek to harm themselves, as family caregivers often lack the skills and knowledge necessary to properly deal with such situations.

The dilemmas associated with impoverishment are also examined by Jacy Downey and Kimberly Greder in their study, "Depressive Symptomology among Rural Low-Income Latina and non-Latina White Mothers." Using data gleaned from interviews of rural, low-income mothers, the authors find that the stressors associated with depression vary substantially, depending upon the ethnicity of the women. The ethnicity-specific nature of depression was shown to be evident not only in terms of the levels of depression, but also in regard to its sources. The relationship between race/ethnicity and mental well-being is also examined in "From Boys to Men: Shifting Family Gender Ideologies among Black and White Adult Men."

The authors, Myron T. Strong and Erma Lawson, examine how variations in masculine identities and ideologies among African-American and White males are associated with their respective family roles and, subsequently, with mental well-being. They find that ideologies pertaining to

familial roles do, indeed, vary substantially by race/ethnicity, and that these ideologies can have salient consequences for mental well-being.

Overall, the authors in this volume provide a very broad and enlightening examination of the intertwined nature of health and the family. Together, their studies offer considerable insight into how families cope with health problems, how these patterns of coping vary across cultures and across a wide range of sociodemographic traits, and how the health needs of family members are met. Both individually and collectively, the authors also offer numerous recommendations for policy-makers and practitioners, with the clear goal of improving both the diagnosis and treatment of health problems for family members. Many thanks are due to the authors for their efforts herein, to the many reviewers who assisted in the review process, and to the editorial staff at Emerald Publishing.

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