

# A study of family health problems in Iran from the stakeholders' perspective

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## ABSTRACT

**Background:** Family health is one of the World Health Organization's (WHO) programs concerning individuals' and families' health and development. If properly implemented, family health may ensure the health of human beings and support their self-fulfillment; and may pave the way for bringing up a healthier and better generation by achieving two important and specific quantitative and qualitative results. This study aims at establishing the existing problems in the medical education system with respect to family health, which may be managed by the family health professional if a Masters' course educational program is developed.

**Materials and Methods:** In this cross-sectional, descriptive study, five Type-1 and four Type-2 and Type-3 universities were randomly selected. Then, the faculty members of health services/public health departments, health managers, health and treatment networks managers, personnel of provincial health centers in family health units, and also public health B. S. students were surveyed on the existing problems in the national health system which can be solved by family health professional. A questionnaire containing one open-ended and several demographic questions was sent by mail for some and personally handed over to some others. Since the data were of a qualitative nature, first the categories were specified through content analysis and then the opinions of each category of individuals were differentiated based on the relevant categories. **Results:** Results obtained from the comments of the study population led to specification of problems in health system, which could be solved by the family health senior expert. Such problems were categorized into six groups as: Planning and implementation, research, education, management, service-providing, and cultural problems. **Conclusion:** Given the problems in our nation concerning various family health issues, the field of family health in the levels of associate and bachelor degrees cannot respond to all public requirements, and health personnel in these levels do not possess various professional, planning, research, and educational skills required to analyze family health problems. Therefore, it is suggested that a Masters' course educational program be developed.

**Key words:** Family health, health, health problems, health system

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## INTRODUCTION

Family, as the first and the most essential social institution, consists of a gathering of two or more people who are biologically related by family ties or consanguinity, and live under a roof, and is formed of a parent/parents and his/her/their child (ren), and individuals' health is affected by its principles, communications, social evolution, and economic and cultural conditions. How family influences individuals and/or vice versa is better determined by paying attention to natural evolutionary changes in individuals throughout awareness of risk factors in the family. To know the family

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better, it must be considered as the first care unit. Decision on an individual, especially a patient, will be dangerous if made without consideration of his/her family and his/her role in connection with other family members. A healthy family, among theirs, is characterized by its ability to adapt with natural changes in life, including birth, presence of a child in a family, new relationships, separation of young children from the family, aging, and death.<sup>[1]</sup>

Health is a basic individual and social right. A healthy human being is a fundamental keystone for progress and social development, so provision of physical and psychological health is instrumental to human fulfillment and is of a considerable importance in terms of economic and social development.<sup>[2]</sup>

Family health is a World Health Organization (WHO) funded program concerning individuals' and families' health and people's development and includes mother and child health, human fertility, nutrition, and basic health care program.<sup>[3]</sup> If properly implemented, family health may guarantee the health of human beings and support their self-fulfillment; and by achieving two important and specific quantitative and qualitative results, may prepare the ground for bringing up a healthier and better generation.<sup>[4]</sup>

Any effort to dynamicize health and treatment centers must be toward giving an appropriate response to society changes and its necessary interventions; in other words, recognition of needs and giving direction to variable service demands, intervention in service process and aligning it with society needs, flexibility in supporting processes to increase service productivity, and ultimately relying on standard results and service receiver are the fundamental points that require necessary interventions to be performed coordinately in all its components.<sup>[5]</sup>

Studies in foreign countries suggest the presence of a number of family health-related problems, some of which are indicated below.

In a study in Vietnam, newborns' low levels of breastfeeding and low quality of children's complementary nutrition are pointed out as a problem. Also, this study emphasized on low levels of health staff awareness in this respect.<sup>[6]</sup> In another study in Brazil, risks during pregnancy and newborn death are indicated, and prenatal cares in the form of health programs are suggested as a solution.<sup>[7,8]</sup>

A review study pointed out the post-delivery depression as an important public health issue, with significant effects on mothers, newborns, and family, and must be particularly considered in post-delivery cares.<sup>[9]</sup>

In Iran, different aspects of family health have been studied. Each of these studies has considered some of family health problems some of which are mentioned as follows:

In a study in Qazvin, it was recommended that national health and education policy makers should consider adolescents'

health requirements more than before through education and service, planning, and implementation, so that we will have a productive, future-building generation. Simbar and colleagues indicated that students believed that family planning services were not effectively sufficient. In Borromand Far's research, knowledge and performance problems of health staff on consultation about nutrition during pregnancy were pointed out and it was recommended that educational planners should pay more attention to pregnancy-related qualitative and quantitative education.<sup>[10-12]</sup>

A study on susceptibility of Iran's health systems shows that incidence of malnutrition, mortality rate of children below 5 years old, and crude death rate have had the highest effect on Iran's health system efficiency, respectively. Thus, one may conclude that investments toward reduction of annual mortality rate, improvement of nutritional status, and ultimately enhancement of childbirth standards and vaccinating children in rural areas will lead to increased efficiency of health system.<sup>[13]</sup>

Given the foregoing, it seems evident that family health-related problems must be identified through a comprehensive plan, if a step is to be taken toward enhancement of families' health. The aim of the present study was to identify family health problems of the health system, which may be managed by the family health professional if a Masters' program is developed.

## MATERIALS AND METHODS

In this cross-sectional descriptive study, five Type-1 medical science universities, including Tehran, Shiraz, Tabriz, and Mashhad, and four Type-2 and -3 universities, including Yassoj, Booshehr, Araak, and Bandar-Abbas, were randomly selected. Health vice-managers and managers of health and treatment networks, family health unit's staff at health centers of the province, professors, and students in these provinces were selected by census and were surveyed.

Questionnaires were personally handed to public health B. S. students (preferably discontinuous 2<sup>nd</sup> semester or continuous 6<sup>th</sup> semester students) and were collected after 10 days. In the universities where 2<sup>nd</sup> semester students were not available, higher semester students were included. Discontinuous 2<sup>nd</sup> semester students were used because this enabled us to use them in further stages of the study and certainly they would have more experience than lower semester students.

Entry criteria for family health unit staff of provincial health centers were having a work experience of more than 3 years and giving their informed consent for participation. Questionnaires were also given to them and collected after 10 days.

Questionnaires were personally handed over to faculty members and collected after 10 days, too. In universities with public health departments, professors from the same departments were surveyed, and in those universities without such a department, professors from health services departments were surveyed. Questionnaires were mailed to professors at medical science

universities of Tehran, Mashhad, and Tabriz. Also, health managers' questionnaires were sent by mail. Necessary follow-up was done to guarantee return of the questionnaires.

At first, a questionnaire containing an open-ended and several demographic questions was sent/delivered to the study population and the comments were categorized after data collection.

Individuals' comments were extracted from respective questionnaires. Since the data were qualitative in nature, their categories were specified first using content analysis and then the comments from each category of individuals were differentiated according to the respective categorizations and placed under a related category.

## RESULTS

Our total study population included 248 individuals, 8 of which were absent from work on the day of questionnaire distribution/collection for travel, leave, or other reasons. One hundred and fifty-six individuals completed the questionnaires. Those completing the questionnaires from different groups included: 5 health vice-managers (83%), 30 family health unit employees (90%), 75 students (88%), 24 professors (40%), and 22 health network managers (34%).

Extracted problems were categorized into five groups: Planning and implementation, education, research, service provision, and cultural problems. Service-provision problems were divided into seven subcategories as follows: children's, mothers', family planning, problems related to elderly, school health, psychological health, and other problems [Table 1].

## DISCUSSION

The present study aims to derive the existing problems related to family health from different stakeholders' perspective. Observed problems have been categorized into various scopes to achieve the proper groundwork for scholars' educational training course intended to provide services for promoting family health.

Given the results of this study, there are some problems related to family health and health systems which may be solved by family health personnel with a master's degree and they can make further advances. We can point out some of these problems such as planning, education, research, management, cultural, and service-providing problems. One of the family health problems, which all stakeholders are concerned about, is the problem related to children, mothers, and family planning. These results are in conformity with the results obtained in Ghonabad.<sup>[14]</sup> Despite the fact that one of the main strategies for improving mother's/children's health is prenatal care, this medical care is not followed to a good extent in health and treatment centers.<sup>[15]</sup> Unintentional pregnancy and abortion are the main issues in pregnancy health scope internationally, and concurrence of these issues is a reason of shortcoming in family planning services.<sup>[16]</sup> The results of present research

are in conformity with the results of the study performed by Simbar and colleagues entitled, "The requirements for health in pregnancy by Ghazvin University students". The research shows that 78% of students acknowledged the lack of sufficient health care services during pregnancy.<sup>[17]</sup> The result also is in compliance with the result of a study done by Broomandfar and colleagues, which shows that service provider personnel in health and treatment centers do not possess proper knowledge to perform tasks concerning pregnancy nutritional consultation and it has been suggested that educational planners pay more attention to qualitative and quantitative related training issues in the pregnancy period.<sup>[18]</sup>

The results of this study are also in conformity with the result of a study done in urban health centers of Shahid Beheshti University of Medical Science which evaluated quality of family planning services, and showed that these services tend to have low quality and also that people's knowledge about family planning methods are insufficient or moderate.<sup>[19]</sup> But the results of the present research are not in compliance with those of the research done by Pakghohar and colleagues showing that the quality of family planning consultation is moderate and sufficient concerning primary interaction of personnel and history taking done by health workers (health graduates with an associated degree), and selecting the proper method and choosing the follow-up appointments by majority of assisted individuals were average.<sup>[20]</sup> This lack of conformity may be caused by research experimental environment. Other reasons for this lack of compliance may be derived from the different sets of standards in the research.

Another problem is lack of formulated plans about unintentional pregnancy from stakeholders' perspectives. On a yearly basis, out of every 210 million pregnancies in the world, 100 (47%) are considered unwanted. Despite the widespread use of contraception methods in Iran, the rate of unwanted pregnancy is very high. Unintentional pregnancy ranges between 18 and 32% in Iran.<sup>[21-24]</sup> The results of this study also are in conformity with the results of studies done by Sanaienasab, Mansouri, and Mohammabaigie, which point out that unintentional widespread level of pregnancy is high and requires interventional planning such as proper education about birth control.<sup>[21-24]</sup> In another study, it has been pointed out that undoubtedly, one of the important health priorities is population growth control and prevention of unintentional pregnancy in our country. The needs assessment in Ghonabad presents the same results.<sup>[14,25]</sup>

Another problem from stakeholders' perspective that should be pointed out is psychological health problems such as family splitting up, mental-psychological problems among the women referred, divorce, and social dissatisfaction. In the country that we live, spread out of psychological problems is so high that some of the psychological health professionals named this century as the century of mental hunger. Based on a report by WHO, depression in the year 2020 possibly will rank the second disorder among the world population. Beck reported that depression has spread out extensively in the last decades and considers it one of the worrisome problems.<sup>[26-28]</sup> A study

**Table 1: Family health problems in iran in the view of vice-managers, managers, faculty members, employees, and students**

Comments	Vice-managers 1	Managers 2	Faculty members 3	Employees 4	Students 5
<b>Planning and implementation problems</b>					
Extensiveness of family health plans and divisional orientation of departments in the Ministry of Health	©			©	
Heavy load of tasks assigned to county office experts <sup>2</sup>	©	©			
Problems regarding plans for children, mothers, family planning, middle-age group, elderly, adolescents, youth	©	©	©	©	©
Lack of formulated plans on unwanted pregnancy	©		©		©
Lack of executive plans suitable for conditions and executive instructions		©	©	©	©
Lack of appropriate educational planning according to relevant standards			©	©	
Personal biases and preference in planning					©
Lack of health indicators' analysis	©	©	©	©	©
Lack of effective planning for person with associate degree					©
Lack of family planning references in health system			©		
Insufficient master degree programs in operational level for enhancing the indicators		©			
Lack of demographic planning for better distribution of services		©			
Lack of long- and regular-term strategies		©			
Lack of operational plans for family health		©			
High number and variety of plans		©			
Lack of needs assessment in family health problems			©		
Lack of skills to accurately determine health requirements for fathers, mothers, and children			©		
Lack of interaction between departments specializing for mothers, children, elderly, or adults for improving indicators			©	©	
Unidentified problems and weaknesses in provincial family health plans		©		©	
Insufficient solutions provided for health problems (family planning, mothers, children, pregnant women)		©		©	
Lack of active collaboration in retraining		©			
Absence of enthusiasm for carrying out instructions and completing Ministry of Health forms properly and in the health centers					©
Lack of proper performance by family health center personnel and related systems' employees		©		©	
<b>Educational problems</b>					
Disregard performing educational needs assessment	©		©		
Not giving proper education to different social classes (corresponding to their status)		©		©	
Problems related to educational methods for students in the field of health and medical-related branches			©	©	
Lack of properly instruct definition to associate degree students				©	
Not giving proper education to the children by their parents before adolescence					©
Insufficient health education on mothers' health issue				©	©
Insufficient health education about children's health				©	©
Insufficient health education about family planning health				©	©
Insufficient health education about vaccinations					©
Lack of proper educational sources meeting needs of employees for instructing people who refer to centers					©
Insufficient educational related subjects meeting needs of experts and individuals with associated degree			©		©
Insufficient educational course for application of health-related educational models			©		
Insufficient educational courses on epidemiology			©		
Insufficient educational courses on planning			©		

**Table 1: (Cont)**

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Comments	Vice-managers 1	Managers 2	Faculty members 3	Employees 4	Students 5
Insufficient education courses about assessment	©		©		
Insufficient education courses on analyzing tools and data analyzing, biological statistics analyzing in applied type			©		
Lack of educational courses on conceptual and analytical developmental skills			©		
Inconsistency of educational programs and learned subjects on health system needs for students graduated in public health			©		©
Lack of mothers' awareness recognizing signs of dangers in children during pregnancy and post-delivery		©			
Lack of knowledge about modern methods of contraception		©			
Lack of mothers' awareness recognizing signs of dangers in children		©			
Low level of awareness among women in villages about health-related issues (high-risk pregnancy and repeated deliveries' consequences)		©			
Lack of educational courses for family health personnel		©	©		
Low degree of education for society's lower class		©		©	
Lack of availability of banners for children's education		©			
Lack of availability of banners for family planning		©			
Lack of attention to women's infectious disease on subject topic					©
Lack of providing related terminology about infectious disease and GYN on topic					©
Lack of psychology course for pregnancy period in each related topic					©
Lack of awareness among low education class about family health programs			©		©
Employees' lack of familiarity with various planning models in health levels in province or town county			©		
<b>Research problems</b>					
Lack of study of problems and their elimination by proper proposed and operative strategies				©	
Lack of proposed and formulated research projects for recognition of achievement in problems and technologies applied				©	
Lack of integrated research in system		©		©	
Lack of practical research on family health	©		©		
Lack of implementation or execution of these research results			©		
Lack of planning and intervention of key family involvement in health system			©		
Lack of research performed for establishing family health problems and their causes and guidelines provision in provinces		©			
Insufficient university facilities for research		©			©
Lack of research and academic groups on health issues		©			
<b>Service-providing problems</b>					
<i>Children</i>					
Low level of effective care for children under 5 years	©				
Lack of knowledge concerning routine tests for children under 2 years					
Problems related to supplementary nutrition for children		©			
High index for NMR, IMR		©			
High index (indicator) of powdered and dry milk use		©			
Children's growth disorders		©			
Problems related to provided services to children				©	
High rate of Children mortality				©	
<i>Mothers</i>					
Insufficient care during pregnancy or its ineffectiveness	©				
Insufficient care during nursing period	©				
Problems related to service providing to mothers				©	

**Table 1: (Cont)**

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Comments	Vice-managers 1	Managers 2	Faculty members 3	Employees 4	Students 5
Insufficient prenatal, during pregnancy, and postnatal care		©			
Lack of attention to high-risk pregnancies		©			
Lack of measuring height, weight, and examination of pregnant women by health experts					©
High rate of mortality among mothers				©	
High rate of unsafe delivery					©
High rate of unhygienic abortions					©
<i>Family planning</i>					
Insufficient effective works regarding family planning for prevention of unintended pregnancies	©		©		©
Population high growth rate		©		©	
Insufficient information providing to family for unwanted pregnancy prevention			©		©
Low level of people's (especially mothers') awareness about family planning					©
Family and health issues					©
Lack of solving family planning problems for individual with specific requirements		©		©	
Lack of proper consultation for women on family planning					©
Lower coverage for contraception methods in villages	©				
Lack of efficient consultation before marriage for women				©	©
<i>Elderly people</i>					
Elderly service-providing problems and their needs				©	
<i>School health</i>					
Problems related to school health			©	©	©
<i>Psychological health</i>					
Psychological health problems such as family split up, mental-psychological problems among the women referred, divorce, and social dissatisfaction				©	©
Little attention of country's health system on preventing related problems in family and physical and mental health issues				©	©
<i>Other problems</i>					
Problems related to providing services to middle-age group				©	©
Problems related to providing services to teens				©	©
Problems related to providing services to youth		©		©	©
Incorrect information and health statistics				©	©
Insufficient family information about related problems regarding teens and youth			©		©
Sexual problems such as sexually transmitted diseases					©
Spread out of addiction					©
Lack of attention to society's lower class concerning nutrition					©
Lack of attention to society's lower class concerning vitamin requirement					©
Lack of attention to society's lower class concerning anemia					©
Immunity-related issues such as lack of on-time vaccination for children			©		
Lack of interaction among family members for improvement of family health level			©		©
<i>Cultural problems</i>					
Lack of performing proper health behaviors					©
Majority of the people's lack of interest on health programs			©		
Lack of giving priority to disease prevention in place of treatment by health and treatment centers			©		
Lack of health domination in health decision-making system (clinical domination)		©	©		
Lack of family planning programs' acceptance such as vasectomy			©		

performed in Indian American Tulsa region of United States of America shows that one of the most important problems among them is psychological health problems such as depression and stress. In our country, the rate of psychological disorders is increasing very fast. In the needs assessment performed in Ghonabad, psychological health problems were pointed.<sup>[14,26,29]</sup>

One of the other problems is incorrectness of some health information and surveys. In one research, it has been noted that in many countries some key leaders are worrying because of weak documentation of health-related files and also other false and imprecise information.<sup>[30]</sup> The results of this research are also in conformity with the results of a study by Arshi and colleagues from Ardebil province, which mentioned insufficient information and expertise among health personnel in completing related statistical forms and also the result of weak statistical reports on family health.<sup>[13]</sup> The results of Farahbaksh's study show that analysis and preparation of information of country's standard instruction applications do not exist, and dissemination of health information is based on bias and personal preferences.<sup>[31]</sup> Another study in our country has reported that registered information concerning mortality causes is not precise, while the accuracy in England health information is about 95%. This lack of consistency can be a result of standardized instruction related to educating sufficient personnel for completing the forms and allocation of information based on standards.<sup>[32,33]</sup>

Performed research shows that educational programs about family health problems are not likely to answer all family health problems. One of these studies done by Ojaghi and colleagues in Kermanshah shows that current educational programs are not completely in concordance with experimental and practical courses for student education.<sup>[34]</sup>

A research by Ali Shahidzadeh *et al.* mentions the need for substantial review in family health care programs and emphasizes on skills training (in general, obtaining technical skills and communication skills) and not only passing the courses.<sup>[35]</sup>

Considering the various health problems such as family planning, nutritional issues, pregnancy care, and other health problems, it seems the current educational programs are incapable of addressing these problems. Current graduate programs cannot provide sufficient training necessary for tackling these various problems. Family health graduates (Bachelors and Associate Degree holders) do not receive enough instruction, due to the length and level of the programs, to be well equipped to handle these problems. The necessity of developing higher level educational programs for training higher educated workforce is felt. Development of Masters' degree programs for family health, with regard to the national health mission for training professional health staff, seems necessary.

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