INTRODUCTION:
Family study is a method of exploring and analyzing the life of a family unit. It brings out all the important features of environment, common diseases, growth and development of children in the family and other health conditions in the family members, and allows us to think about solving their problems. This addendum gives insights regarding the intricacies involved in completing the family study pro-forma. Readers may refer to the previous issue of this journal for complete family study pro-forma. The addendums will be discussed in similar headings so as to provide comprehensive explanations for each topic.

AREA MAP
Area map helps us to get the following details about the area where the family is situated:
- Distance of the area (in km) from the medical college/ institution.
- Important landmark near the house e.g., temple, school etc.
- Type of road to approach the house: mud/ cement/ tar/ others.
- Appropriate roads and position of house in relation to adjacent dwelling- whether it is an isolated house or attached to adjacent houses.
- Availability of health care facilities- private/ public/ traditional healers etc.
- Accessibility - distance of the house from the nearby health care facility
- Location of Anganwadi and schools in the area
- Existence of functioning Mahila Mandals and Stree shakti groups in the area
- NGOs working in the area
- Location of Government office- village panchayat/ municipality/ corporation etc.

GENERAL INFORMATION
1. Name of the locality: Helps to know area where the family is situated; required for follow-up visits.
2. Name of the PHC/ UFWC/ UHTC:
   - Availability of government health care facilities in the area.
   - Refer the family to avail government health schemes- Janani Suraksha Yojana (JSY) and others.
3. Name of local governing body:
   - Village panchayat/ municipality/ corporation etc.
   - Refer the family to avail governmental programmes like:
     - Yeshaswini health insurance at village milk cooperative societies
     - Registration of births and deaths at village panchayat etc.
4. Major occupation in the area:
   - Occupational preponderance of diseases e.g., snake bites/ pesticide poisoning among agricultural workers.
5. Name of the head of family:
   - One who takes decisions in the family with respect to health seeking, health expenditure, marriages, preparation of food items etc.1
     - HOF need not be the person who is the oldest (by age)/ highest earning capacity/ highest educated member or even the gender.
6. Name of the person interviewed:
   - In case of non-availability of other family members.

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• Tells us about the quality/reliability of information provided
• Helps to clarify any issue at a later date if required.

7. Duration of stay at this address:
• Relate migration, uprooting, relocation etc. to the health problems identified or proneness for a health problem as a consequence.
• Where were they staying before moving to this location?

8. Address:
• Geographical preponderance of diseases/Medical geography- e.g., Kyasanur forest disease in Shimoga, Karnataka
• May also shed some information on health services availability and accessibility
• Cultural aspects prevailing in an area and which may impact health related state/condition- e.g., branding of skin of new born babies in north Karnataka.
• Classify area into rural/urban according to census definition\(^2\):
  - Urban area- a place satisfying the following three criteria simultaneously:
    i. a minimum population of 5,000;
    ii. at least 75 per cent of male working population engaged in non-agricultural pursuits; and
    iii. a density of population of at least 400 per sq. km. (1,000 per sq. mile)
  - Rural area: According to the Census of India 2011, all those areas which do not fulfill the criteria for urban area are grouped as rural areas
  - Slum: According to the Census of India 2011, slum areas broadly constitute:
    i. All specified areas in a town or city notified as ‘Slum’ by State/Local Government and UT Administration under any Act including a ‘Slum Act’.
    ii. All areas recognized as ‘Slum’ by State/Local Government and UT Administration, Housing and Slum Boards, which may have not been formally notified as slum under any act;
    iii. A compact area of a population of at least 300; or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.

9. Contact no: required for follow-up visits, clarify any issue at a later date if required.

10. Religion:
• Certain religious practices may have a role to play with certain health aspects, diseases, health beliefs or health seeking behaviour.
• Knowing the religion and caste may also help understanding the reasons for a health problem.
• Knowing the religion would also help make culturally sensitive recommendations.

11. Caste: General/ OBC/ SC/ ST/ Others
• Government has specific schemes for the socially oppressed (OBCs, SCs and STs etc)-
  a. BPL/APL cards
  b. Janani Suraksha Yojana (JSY)
  c. Anna Bhagya scheme

• To know economic status of the family
• To know whether the family can be beneficiary of governmental programmes/schemes
• If not having a card, refer the family to concerned governmental offices- e.g., Food and civil supplies department for BPL card.

13. Family\(^1\)
• Definition of family: A family is the primary unit in any society. It is defined as a group of individuals
  1. Living together under the same roof
  2. Related by

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Table 1: Difference between a Clinico-social case study and family study

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variable</th>
<th>Clinico-social case presentation</th>
<th>Family study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aims</td>
<td>An individual</td>
<td>Health of the family and the community</td>
</tr>
<tr>
<td>2</td>
<td>Covers</td>
<td>Curative aspects in detail</td>
<td>Comprehensive health aspect</td>
</tr>
<tr>
<td>3</td>
<td>Benefits to</td>
<td>The individual and the family</td>
<td>The whole family and the community</td>
</tr>
<tr>
<td>4</td>
<td>Vulnerable age groups</td>
<td>Not the focus of our action</td>
<td>Are the focus of our action</td>
</tr>
</tbody>
</table>
a. Biologically, or
b. Marriage, or
c. Legally- adoption

3. Eating from a common kitchen

4. Contributing to a common family purse

Because of this, they form
i. Biological unit- individuals share a pool of genes
ii. Social unit- share a common physical and social environment
iii. Cultural unit- family reflects the culture of the wider society of which it is a part and determines the behaviours of its members.
iv. an epidemiological unit

**Difference between a family and a household**: 
A household is where the individuals may not be related biologically. E.g. Servants

The census of India 2011 defines:

A ‘household’ is usually a group of persons who normally live together and take their meals from a common kitchen unless the exigencies of work prevent any of them from doing so.

Persons in a household may be related or unrelated or a mix of both. However, if a group of unrelated persons live in a census house but do not take their meals from the common kitchen, then they are not constituent of a common household. Each such person was to be treated as a separate household. The important link in finding out whether it is a household is to see if there is a common kitchen. There may be one member households, two member households or multi-member households.

**Different types of families**: a. Nuclear family / elementary family:

A nuclear family is the one which consists of **married couple living with their children while the children are still regarded as dependent on the couple.**

- They share a common dwelling place
- Husband plays a dominant role usually
- Greater burden in terms of responsibilities for child rearing.
- More intimate relationship between husband and wife
- ‘New’ families are the nuclear families that are less than 10 years old.

**Disadvantages:**
- Child rearing will be difficult.
- Sharing of responsibilities will not be there.

b. Joint family/extended family:

A joint family is the one where in a number of married couples and their children live together live in the same house. The men are all related by blood and the women are their wives, unmarried girls and widows of their family kinsmen. This is a lateral extension of the nuclear family

i. The property is held in common. There is a common purse to which all the money goes and the family expenditure is met with by that common purse.

ii. The senior most male member is the head of family and takes all the decisions. His wife is the head of the women folk in the family.

iii. Familial relations enjoy primacy over marital relations.

**Disadvantages:**

1. Independent decision will not be there- senior male who is the responsible person will be the decision maker.
2. Property will be held in common- they can’t take independent financial decision.

c. Three generation family:

It is a family where representatives of three generations are living together. Young married couples continue to stay with their parents and have their own children as well. This is a **linear extension of the nuclear family.**

i. This is fairly common in countries like India where married couples find it difficult to find separate accommodation.

ii. In urban areas with working women it has more relevance; the grand parents can take care of children in the absence of their parents.

iii. Also, senior citizens of the family stay with the young couple; they are also taken care of; thereby supporting them.

iv. It has some of the advantages of the joint family with regards to the responsibility in upbringing of the children

**Disadvantages:**

1. Financial burden.
2. Accommodation will be difficult.

**Difference between family of orientation and family of procreation**: 
- The family into which individuals are born is called the family of orientation.
- The family that the individual creates after he/she marries and thus ‘procreates into’ is called the family of procreation.

14. **Number of family members**: helps to calculate the family size, per-capita income and hence socio-economic status of family

**Family size**:
Common parlance: total number of persons in a family.
Demography: total number of children a woman has borne at a point in time.

Completed family size: total number of children borne by a woman during her child bearing age, which is generally assumed to be between 15 and 45 years.

15. Uses of family composition table¹,³,⁴:
   a. Total number of members in the family
   b. Distribution according to age and sex.
   c. Distribution according to Educational level.
   d. Distribution according to Occupation.
   e. Total family income per month (all sources included) Rs.
   f. Per capita per month family income & Social Class
   g. To know whether the family can be a beneficiary of governmental schemes/programmes
   h. To find out eligible couple for family planning services
   i. To know the beneficiaries of immunization.
   j. To know the dependency ratio.
   k. Contact testing in diseases like TB, Leprosy etc.,
   l. To calculate the floor space per person.

16. Literate²:
   • A person aged 7 years and above
   • Who can both read and write with.
   • Understanding in any language.
   • It is not necessary for a person to have received any formal education or passed any minimum educational standard for being treated as literate
   • People who were blind and could read in Braille are treated to be literates
   • A person, who can neither read nor write or can only read but cannot write in any language, is treated as illiterate
   • All children of age 6 years or less, even if going to school and have picked up reading and writing, are treated as illiterate

17. Dependency ratio³:
   • Proportion of persons above 65 years of age and children below 15 years of age are considered to be dependent on the economically productive age group (15-64 years)
   • Reflects the need for a society to provide for their younger and older population groups

\[
\text{Total dependency ratio} = \frac{0-14 \text{ years} + 55 \text{ years}}{15-65 \text{ years age group}}
\]

- Young age dependency ratio (0-14 years); and
- Old age dependency ratio (65 years and more)
- Relatively crude, since they do not take into consideration elderly or young persons who are employed or working age persons who are unemployed.

A. Monthly Expenditure pattern:
   • Tells us the prioritization of the family: health promotion related expenditure such as on Diet/Immunisation/Water filter/refrigerator etc.
   • Tells us the amount of money a family spends on health and the role an illness plays in impoverishing the family
   • Direct and Indirect expenditure on Health (Micro economics of health and diseases).

B. Vital events in the past one year
   • Vital events are defined as those important events in human life such as birth, death, sickness, marriage, divorce, adoption, legitimation, recognition, separation etc., which have a bearing upon an individual’s entrance into or from life together with changes in civil status which may occur to him during his life time.
   • This therefore will affect the family structure and thereby affecting the demographic characteristics of the family, a community and the country.

Implications of vital events on a family:
   • The vital events have a very important bearing on the family.
   • Birth/Marriage: heralds the entry of a new person into the family which increases the needs of the family. It also leads to the neglect of the other children and the other vulnerable groups in the family. Marriage is a change of environment for the girl and this might have an adverse effect on her.
   • Death: leads to a void in the family. It may decrease the burden on the family to some extent. However, it might take away a ‘decision maker’ or an ‘earning member’ from the family which definitely has adverse effects on the other family members.
   • Migration: indicates a change in the environment for all the family members and thus might have ill effects.

C. Health care services for the family
   • Availability, Accessibility, Affordability and Utilization of
Health Services for common/simple and complicated problems.

- Also make a note of Anganwadi, PDS, Government school which the family accesses
- Why do they go to this particular physician (Traditional/ISM/Allopathic/Quack)?
- What are the transport facilities available to the family?

During a health emergency do they have an access to some form of transport facility?

REFERENCES

1. Mathur JS. A guide book for family and field work in social and preventive medicine.