



# 9

## Families and Health Issues

### CHAPTER SUMMARY

Part IV of the textbook now shifts to examine social institutions. The goal of Chapter 9 is to introduce to the reader the sociological concept of the family. Although most of us take it as a given, the family's structure, its function, and its strength changes over time and the family serves different roles in different cultures. As sociologists, we need to gain perspective the relationship between family structures and the social structures that influence the family including economic, political, religious, and especially health-related issues. For sociologists, the term “family” is a heuristic device understood as a social institution with a common structure and behavioural patterns.

The first and perhaps most familiar type of family is the nuclear family, which consists of two parents and their children. The other is that of the extended family, which spans several generations in one dwelling. Another type of family that is often used from a census-taking point of view is that of the census family. The authors also make a clear distinction between a household and a family, citing that households can refer to people sharing a dwelling, while families are people joined by blood ties, adoption, or marriage.

Four theoretical paradigms are often employed for studying the family and health and medicine: structural functionalism, conflict theory, interpretive theory, and feminism/anti-racism. From a structural functionalist perspective, individuals abide by the cultural and/or societal guidelines to ensure continued existence of the society. Health, like the family, is necessary for the smooth running of society. Deviant behaviour is carefully controlled and good health is an essential component for keeping our society functioning. From the perspective of conflict theory, health and ill-health results from ine-

quality and oppressive economic conditions. Interpretive theory looks to interactions and perceptions to examine how society perceives different illnesses and their causes. Feminist and anti-racist health sociology recognize the centrality of gender and racialization on social life. Why do people of different races and different genders and sexual orientations experience health and the family differently?

This chapter will introduce you to medical sociology, the social determinants of health, and key issues concerning “medicalization” and privatization, both significant concerns in our developing society. Are we really facing a global care crisis? With changing demographics, changing family structures, and an aging population, what will Canada’s health-care system look like in 30 years?

## KEY TERMS

Allopathic medicine	Morbidity	Prevention policies
Bi-nuclear families	Morbidity rate	Privatization
Complementary and alternative medicines (CAM)	Mortality rate	Public-health measures
Disability	Mortality	Sandwich generation
Extended family	Multigenerational household/ family	Sick role
Household	Neo-liberalism	Stigma
Incidence	Nuclear family	Surplus suffering
Life expectancy	Precarious employment	Work–family conflict
Medicalization	Prevalence	

## STUDY QUESTIONS

1. Why are there more bi-nuclear families in Canada today than in the past? (p. 204)
2. Why are terms like “family” or “family by choice” interchangeable with the term “household”? (p. 204)
3. Why is the term “family violence” misleading? (p. 212)
4. What is the difference between a family and a multi-generational family? (p. 203)
5. Why are some health practices labelled “alternative”? (p. 202)
6. How have globalization, individualization, and detraditionalization changed family life in Canada? (p. 205)
7. Why would children at the lower end of the social hierarchy have a greater variety of health and developmental deficits than those higher on the socio-economic ladder? (p. 214)
8. How much difference is there between the health and wellbeing of Indigenous Canadians living on-reserve versus non-Indigenous Canadians? (p. 215)
9. What do sociologists mean by the term “medicalization”? (p. 216)

10. How could Canada be facing a “care crisis” in the near future? (p. 217)

## READINGS AND WEBSITES

**Dermott, Esther. (2011). *Displaying families: A new concept for the sociology of family life*. New York: Palgrave Macmillan.**

This book contains a plethora of information for those studying the sociology of families and personal life. Unlike traditional books, this book begins with the author discussing the future and possibilities in the sociology of personal life. This is followed by addressing issues such as gender and class. The next chapters address families in three regards: fatherhood, motherhood, and the emerging familial lifestyles of a gay/lesbian household. This is complemented then with an amalgamation of the genders and how the family life is reflected onto work, institutions, and society.

**Ford, A.R. & Saibil, D. (Eds.). (2010). *The push to prescribe: Women and Canadian drug policy*. Toronto: Women’s Press.**

This edited collection of articles offers a critical analysis of the impact of pharmaceuticalization on the lives of men and women.

**Funk, L. (2012). “Returning the love,” not “balancing the books”: Talk about delayed reciprocity in supporting ageing parents. *Ageing and Society*, 32: 634–654.**

This article deals with a topic that most university students might not have had to deal with yet. In her article, Funk looks at the idea of reciprocity in terms of taking care of our parents when they age. The concepts contrasted are based on the idea of “paying back” one’s parents for their years of care. This “paying back” is addressed through the understanding of either “mutual obligation” or simply “out of love.” The study set out to find which of these two the children of the elderly are more likely to rationalize as the reason for providing care for their parents or in-laws in the future.

**Angus, C. (2011, Nov. 13). *State of Emergency: Attawapiskat First Nations*. [Video File]. Retrieved from <https://www.youtube.com/watch?v=6abZ0LFT5CQ>**

This short video shows the horrific housing conditions on the Attawapiskat reserve. Try to think about the overall social impact these conditions have on the population.

**Students for Medicare. (2010, Oct. 4). *Debate: Would Canada benefit from greater privatization of health care?* [Video File]. Retrieved from <https://vimeo.com/15611153>**

Engage with the debate about the privatization of healthcare in Canada? Would we all be better off with a new system or is this the start of a slippery slope to good health care only for the wealthy?