

# 7

## Caring Community

**Health Management  
and Social Care  
(Secondary 4-6)**

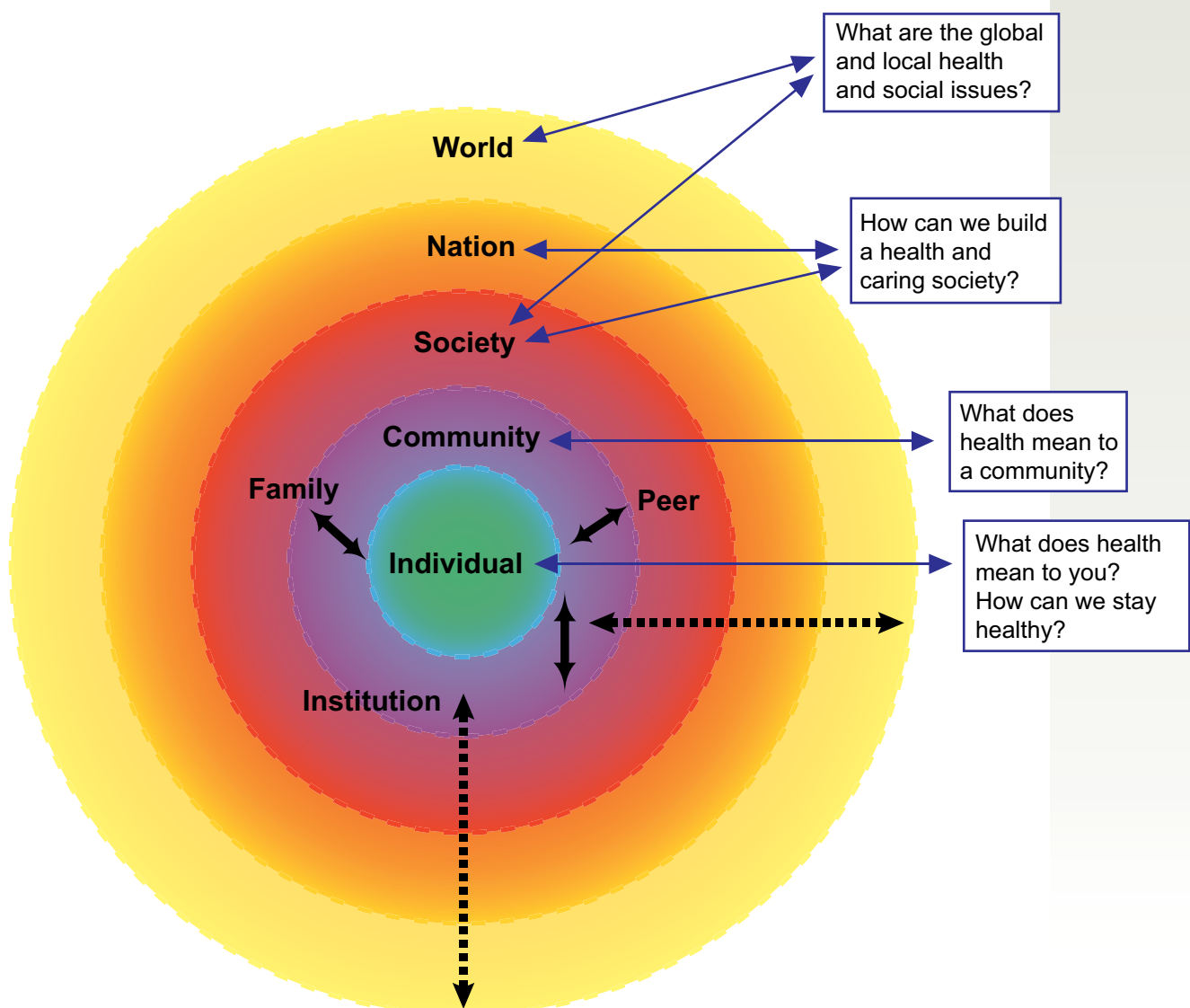




# Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world (Figure 1).

Figure 1 The Various Levels and Essential Questions of HMSC



This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care Curriculum and Assessment Guide (Secondary 4-6)(2007). The booklets facilitate teachers to develop an overall framework of HMSC and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details of these booklets are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being - Healthy Body
		4	Mental Well-being - Healthy Mind
		5	Social Well-being - Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue - Ageing Population
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

Each booklet will start with the essential questions. The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situation, background of students, interest, learning skills and the prior knowledge of students. Social issues as well as the graphic organizers that illustrated in Booklet 3.1.5 can be used to help student organize and analyze complex and abstract concepts, construct their knowledge effectively and achieve deep understanding.

# What Does Health Mean to a Community?

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There are different meanings of community. A community can be referred to as a group of residents who are living in the same geographical area, sharing a common living environment and quality of life. It can be also referred to as a group of people who have common lifestyles, beliefs, backgrounds, interests or functions. In addition, a community can also be a social network in which people care for each other. In this regard, a healthy community refers to a healthy environment, a group of healthy citizens with healthy lifestyles and competence in disease prevention and a support network which promotes health and social care.

Apart from individual, family and social groups, the community and its environment are also factors affecting physical, mental and social health of their inhabitants. A healthy community helps promote the people's physical health and strengthen their adaptability and mental health in adversity and at different life stages.

What does health mean to a community?

In 1986, the World Health Organization (WHO) proposed the healthy cities project. Healthy cities are concerned about issues beyond the physical health of an individual. They are also concerned about the cultural life, the living environment, the social life and the community participation etc. A healthy community is also a sustainable community, having a sustainable environment, living style and resources. All of these are closely related to health.

There are four booklets under the essential question 'what is a healthy community?'. They are: Booklet (6) – Healthy Community, exploring the communicable and non-communicable diseases and how they affect community health so that students are able to build a healthy community through establishing a healthy lifestyle; Booklet (7) – Caring Community, exploring the social factors such as social support which affects health so that students are able to suggest how to build a caring community or society to promote personal and community health; Booklet (8) – Ecology and Health, analyzing the relationship between health and the environment so that students are able to cultivate and maintain a healthy environment for the community; Booklet (9) – Building a Healthy City, introducing the concepts of healthy cities and how it is applied to different settings to promote health and build a caring community.

The topics of the Health Management and Social Care Curriculum and Assessment Guide included in the Booklet 6 - 9 are listed in the following table:

Booklet		Topics in HMSC Curriculum and Assessment Guide
6	Healthy Community	<p><u>Compulsory part</u></p> <p>2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes</p> <p>3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services</p> <p>4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles</p>
7	Caring Community	<p><u>Compulsory part</u></p> <p>2A Structural issues related to health, social care and personal and social well-being</p> <p>2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes</p>
8	Ecology and Health	<p><u>Compulsory part</u></p> <p>3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services</p> <p>3B Developing health and social care / welfare policies</p> <p>4C Aspects of risk assessment and health management</p>
9	Building a Healthy City	<p><u>Compulsory part</u></p> <p>4B Health and safety</p> <p>4C Aspects of risk assessment and health management</p>

# 7 Caring Community

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## Learning Targets

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Through the study of the topic on caring community, students are expected to:

### Values and attitudes

- ❖ Make commitments to family, community and groups

### Knowledge

- ❖ Analyse the relationship, impact and implications of structural issues in relation to personal and social well-being
- ❖ Identify problems and effects associated with family changes, migration and displacement
- ❖ Suggest possible means and solutions for the crises
- ❖ Understand that social care can be promoted in various ways

## Key Questions

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To achieve the above learning targets, teachers may use the following questions to enhance understanding:

- ❖ How do social factors affect the health of a community?
- ❖ How can we build a caring community and a caring society?

## 7.1 Social Changes

Why do some particular diseases occur at a particular time in some particular communities? In reality, the answer may not be explained by the triangle of agent, host and environment only (refer to Booklet (6)) . For example, in the 19th century, Tuberculosis was very prevalent in the United Kingdom. In addition to Mycobacterium, which caused Tuberculosis, the poor hygiene of the living environment and industrialisation, which brought poor working conditions and fatigue, and urbanisation, which brought poverty and malnutrition, also played a role. This explains how social changes and development affect our health.

This booklet starts with some key concepts about social changes which bring economic changes, displacement and family problems. They affect the physical, mental and social health of an individual. In order to cope with the difficulties and challenges brought about by these social changes, an individual will have to make use of their personal resources such as their social networks. However, when the personal resources are not sufficient in solving the problems, the community needs to play a supportive role. A caring community is vital in maintaining the health and well-being of an individual. For this reason, this booklet will explore the ways of developing a caring community.

Technological advancement leads to social changes. The invention of television has changed the culture of the mass media as well as family leisure activities. Air travel has reduced the temporal and spatial distances that facilitate international trade and population displacement across nations. The Internet makes the circulation of information faster and more efficient, which impacts on interpersonal communication. The advancement of medical technology increases life expectancy so that the government has to develop policies such as reform of health care financing and the Mandatory Provident Fund to deal with the ageing population. Thus, the advancement of technology may also bring about changes in the social system. These changes impact on the health of individuals, families and communities.

The sociologist Anthony Giddens remarks that social changes are the changes in the social structure, especially the changes in the infrastructure in a particular period. The major social changes affecting individuals and families are: modernisation, industrialisation, urbanisation and globalization.

## (A) Modernisation

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Modernisation refers to the evolutionary changes in technology, lifestyle, social organisation, modes of production and ways of thinking brought about by social revolution. The sociologist Neil J. Smelser concludes that the features of modernisation are:

- ❖ Industrialisation
- ❖ The larger scale of agricultural production, from self-sufficiency to the large-scale production for commercial purposes
- ❖ Rationality, belief in science and logic and the removal of superstition
- ❖ Stratification, emphasis on organisation, structure and systems
- ❖ Urbanisation

Modernisation has brought changes in the family structure, and part of the educational role of schools and families has now been replaced by the mass media. The greatest impact on health has been to bring longevity to human beings through advancement in technology and health care systems. Meanwhile, this has also changed the interpersonal relationships in which the bonds between people have been weakened and have brought about negative effects on health. More details will be discussed later in this booklet.

## (B) Industrialisation

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Industrialisation refers to the social changes brought about by the Industrial Revolution. Due to the replacement of labour by machines and working in assembly lines for mass production, economic activities have shifted from taking place in family businesses with flexible working hours and modes to a formal workplace with fixed working hours. The lifestyle is totally different from what it had been in an agricultural society. Some governments and the factory owners have even built dormitories to allow workers to live together to facilitate their work.

Industrialisation has had an impact on individual and family living. For example, during the Industrial Revolution, the scale of production was expanded due to technological advancement. As a result, more labour was needed, and many women left home to work. However, these women were still expected to maintain their family responsibilities and be the care givers in the family, even when they became part of the labour force. This resulted in tension between their individual and family responsibilities.

In recent years, the industrial development in China has also brought about similar social changes. Women in China are faced with demands from both family and work, as well as the tension between them. Dr Pun Ngai wrote a book titled "Made in China: Women Factory Workers in a Global Workplace" in 2005 to describe the plight of the working women under the industrialisation in China. She bravely became one of the Dagongmei (nickname of the female factory workers in China). For six months, she worked, ate and slept alongside her co-workers - members of a growing but ignored social underclass.

## (C) Urbanisation

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Urbanisation is the physical growth of urban areas from rural areas as a result of population immigration to an existing urban area. The proportion of the urban population increases while that of the rural population declines. A study conducted by the Department of Economic and Social Affairs of United Nations in 2005 showed that only 40% of the area in Asia is cities. However, by 2030, the highest number of residents will be living in the urban area in Asia.

Urbanisation is a product of industrialisation and modernisation. In traditional societies before the Industrial Revolution, the majority of the population resided in rural areas. After the Industrial Revolution, mechanisation reduced the need for labour in agricultural production. Meanwhile, the flourishing industrial and commercial activities, which called for a greater labour force, attracted a proportion of rural population, which moved into the cities for work opportunities and a better livelihood.

Without supporting infrastructure, the immigration of the rural population resulted in urban poverty like the cases in the Philippines, Cambodia, Brazil, Kenya and other developing countries. When the rural population migrated to the cities, most of these people could only participate in low-technology manufacturing work or jobs in service industries, which offer poor job security and low income. Besides, the growing population in the cities boosted the prices of land and property as demand grew faster than supply. Eventually, the displaced population may not be able to afford to rent or buy a living place. For this reason, there are usually slums at the edge of cities. When the pace of urbanisation is too fast for the basic requirements such as clean water, health services, housing and transport facilities to be developed, it will result in environmental pollution and an overall decline in the quality of life.

The urban development in China recently has led to an increase of migrant workers in cities. Migrant worker (民工) is a mainland China-specific vocabulary. Migrant workers are the former peasants who have migrated and worked in cities. They migrate and work for employers in the cities but do not have a household account (hukou户口) in the household registration system in cities. As a consequence, they are not able to enjoy the protection of the government or the unions for their rights, or the social benefits brought by the rapid economic development. They are usually the groups with the worst working conditions, poorest workplace environments and the lowest incomes.

## (D) Globalization

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Globalization is an ongoing process by which regional economies, societies and cultures become integrated. With the development of the global transport system and information technology, the cultural, economic and temporary boundaries of different nations have been blurred by the frequent exchange of knowledge, ideas, beliefs, values, cultures and ways of thinking. Globalization also has its impact on health.

The emergence and outbreak of diseases, for whatever reasons or wherever they take place, can pose a threat to the health of everyone around the world. The travelling distance between all major cities is less than 36 hours. The epidemic of SARS in 2003 proved that the previous practices in control and quarantine at the borders might not work during a pandemic. There were almost 642 million passengers travelling through 750 airports out of 135 countries in 2003. Under the rise of globalization, disease control is not the matter of a single country or region.

Economic globalization can be defined as the process of increasing economic integration between two countries, leading to the emergence of a global marketplace or a single world market. It may imply economic activities such as trade, capital flows, technology transfer and provision of services beyond the national level. For example, in the financial tsunami in 2008, although the economic declines mainly occurred in Europe and the United States, Asian countries were also affected because of their economic dependence on exports to European and American countries. The goods and services of these Asian countries are mainly exported to the United States and Europe. Thus, their economies affected the economies of the Asian countries.

How do all the above social changes affect health? This question will be discussed in the aspects of economic changes, family changes and population displacement in the following section:

## 7.2 Impacts of Economic Changes on Health

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The economic status of a country determines the quality of life as well as the state of physical, mental and social well-being.

### (A) Economic Growth

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The economy of Hong Kong has kept growing over the past 40 years. The 1970s was the take-off period of the Hong Kong economy. There was 8.9% economic growth almost every year. The 1980s was the consolidation period with an average annual growth at 7.4%.

Under a prosperous economy, job opportunities, wages and household income are usually raised. When most people can afford a higher quality of goods and services, the quality of life improves. At the same time, different industries will emerge to meet the needs of the better-off community. The social atmosphere becomes pleasant and positive. Meanwhile, with the increase of government revenue due to economic growth, more resources can be assigned to and fewer restrictions imposed on vulnerable groups in the society to improve their education, knowledge and living environment.

However, the rise in the income of the general public will lead to a change in consumption and dietary habits. Some people will spend more time making money and less time doing exercise. For this reason, in recent years, more and more people have the '3H' health problems. They are: hypertension, hyperlipidemia and high cholesterol. Economic development has also brought about environmental issues, such as air pollution in the Pearl River Delta and Hong Kong caused by industrial development in Guangdong Province. In addition, the increases in economic activities and social development projects may also imply increases in working hours, work pressure and tension between family life and work. The family relationship may deteriorate due to decrease in family time.

### (B) Economic Downturn

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After the late 1990s, the economy of Hong Kong has fluctuated. In addition to economic growth, Hong Kong has undergone several economic downturns. For example, the bubble economy of Hong Kong blew up after the Asian financial crisis in 1997. A lot of employees had to cope with the financial plight brought about by layoffs and wage cuts. According to data provided by the Council of Social Services data, in 1997, the average income of the lowest-income families, accounting for one fifth of the total

number of households was \$3,668, whereas the middle-income families' average income was \$36,397. However, after the Asian financial crisis, the average income of the lowest-income families dropped to \$2,645, whereas the middle-income families were still able to maintain the average income of \$37,115. This shows the impact of economic downturn on the low-income families.

The financial tsunami of 2008 also led to an increase in unemployment and a cut in household income. In the first quarter of 2009, the unemployment rate rose to 5.2%. The figures of monthly household income provided by the Census and Statistics Department show that from November 2008 to January 2009, the median household income was \$18,000. In the previous period from October 2008 to December 2008, it was \$18,400. The income was reduced by \$400. Once again, the lowest income families have borne the brunt of the financial tsunami. The number of families with less than \$4,000 monthly income increased from 155,000 to 190,200, i.e. an increase of 22.7%.

Economic downturns often impact on the physical, mental and social well-being of an individual:

## 1. Impact on physical well-being

Psychosomatic disorders are the common illnesses in an economic downturn. The symptoms include headaches, dizziness, palpitations, shortness of breath and so on. When life becomes weary and relentless, individuals may have many worries and may be more susceptible to infectious and chronic diseases. Furthermore, people in low-income groups may not be able to afford the time and the cost of receiving timely treatment from doctors. Nevertheless, economic downturns may also have positive impact on health. For example, owing to the drop in family household income, more people may choose to cook and eat at home to reduce the cost of dining in restaurants. Their diets may become healthier for them.

## 2. Impact on mental well-being

Economic downturns and decreased salaries may expose individuals to varying degrees of hardship, frustration and struggle. Unemployment and wage cuts imply a pessimistic prospect. People may lose their confidence due to uncertainties about the future. The on-going effort to pay the bills and feed and clothe the family on an inadequate income triggers feelings of depression – feeling tired, listless, overwhelmed, hopeless and sad etc.

For example, during the years of economic downturn in the 1997 Asian financial crisis, the social atmosphere was negative in general. With the high unemployment rate at that time, the problems of suicide and family conflicts increased, which affected the mental health of the community as a whole. The United States published a survey in 2008. It stated that the financial crisis had seriously affected the health of the citizens. In every 10 Americans, 8 people felt worried about the economic situation. It forecast that the financial crisis of 2008 will trigger the problems of poverty and unemployment, resulting in the increase of mental illnesses and psychosomatic disorders.

### 3. Impact on social well-being

During an economic downturn, people will withdraw from some social activities to reduce expenditure. It may affect their interpersonal relationships. However, some will adapt their lifestyle and consumption patterns to keep a healthy social life.

The unemployment caused by an economic downturn can develop into a social problem. Unemployed people are prone to a higher risk of poverty. Work relationships are an important social relationship besides family and peer relationships. Unemployment not only means loss of job, but also means the loss in this social relationship. Unemployment may bring about a feeling of shame which may drive them away from the peers who are employed and become more close to the unemployed group. As time goes by, they may be out of touch with other social groups. This results in social isolation. Many successful job-seekers are able to get a job through their social networks. Without these social networks, the unemployed may fall into a vicious cycle of unemployment due to their lack of information and assistance in comparison with their competitors. It makes their situation worsen and eventually makes them a vulnerable group.

### 4. Impact on vulnerable groups

Vulnerable groups such as the elderly, the disabled, the women, and the poor are mostly affected by the condition of the economy. During an economic recession, it may be relatively difficult for the government to allocate any additional budget to support these vulnerable groups. Instead, to save government expenditure, some of the services originally offered by the government may be contracted out or re-structured in order to cut down on administrative costs. This may affect the accessibility and the quality of services provided for these vulnerable groups. For example, under the economic recession, the standard rates of Comprehensive Social Security Assistance (CSSA) and the Disability Allowance rates were reduced on 1 June 1999.



## 7.3 Impacts of Family Changes on Health

Family support is vital to an individual during the economic downturns. In the article named 'Social Exclusion', Professor Ngai Ngan-pun (魏雁滨) and his colleagues studied the cases in six countries in Northern Europe as well as in Scotland. They found that family support was of utmost importance in preventing unemployed youths from falling into poverty. For countries in Southern Europe such as Italy where there is relatively less welfare provision, family and social networks play an even more important role in the support and protection of an individual.

In the Chinese society, family support is also very important. The research on social indicators conducted by the Hong Kong Council of Social Service in 1990 indicated that 50% of the respondents provided assistance to their brothers and sisters. 39% received help from their brothers and sisters. Most of them received assistance from their families and friends when they were sick. In the same research conducted in 1993, 20% of respondents believed that personal well-being should be "entirely" the responsibility of the family. 20% of them believed that family should take up most of the responsibility and government also needed to play a part. This shows that family is important to an individual.



## (A) Factors Contributing to Changes in the Family Structure

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Social changes and economic ups and downs unavoidably impact on the family structure and affect family functions.



### Family Structure

Family can be defined as a group of individuals who are related by blood, adoption or marriage or are co-habiting without legal confirmation.

The following are *some examples* of different family structures:

- ✧ **A nuclear family** – a couple living with their dependent children in the same residence.
- ✧ **An extended family** – a nuclear or single-parent family living together with other relatives such as grandparents, aunts, uncles and cousins in the same household.
- ✧ **A stem family** – a multiple family, living in the same household, in which the relationship between family members extends vertically; for example, a household consisting of a married couple, their children and the husband's elderly parents.
- ✧ **A reconstituted family / blended family** – a couple with at least one partner who has divorced and remarried and which includes children from their previous relationship(s).
- ✧ **A single-parent family** – a parent, who may or may not have been married, lives with one or more of his/her children.

Most of the families in Hong Kong are nuclear families. Dr. Wong Fai Ming, in his article about industrialisation and family structure in Hong Kong, proposes three stages in the development of the Hong Kong family: (i) temporary broken extended families (beginning of the colony up to 1940s); (ii) settled stem families (after WWII) (iii) small isolated nuclear families (industrialisation of HK since the 1950s). In his view, the size, form, function, internal relations and external connections of the family is changing rapidly under industrialisation

Lee Ming-kwan describes a Hong Kong family as a 'modified extended family' in his article 'The Hong Kong Family: Organisation and Change'. He argues that Hong Kong's families, even those nuclear ones, maintain close ties with relatives, spend time together, and provide mutual help and assistance of various kinds. Although this kind of family structure is beneficial to community care, he finds that the current social

policy, such as housing and welfare policies, may undermine the caring functions and relationships of these families. Therefore, to facilitate care in the family, social services should provide support to the families.

Family is unavoidably under the influence of the external environment.

First of all, to a certain extent, a family is under the influence of economic ups and downs. Economic downturns will increase interpersonal and family disputes. During a downturn, many families will regard maintaining the standard of living a priority. For this reason, the only breadwinner will take up an extra part-time job or the mothers may take up a full-time job. Time for family gathering is reduced. It may undermine family relationships.

In fact, even if there is no economic downturn, because of changing economic and social conditions under urbanization, a single income is no longer sufficient for most families. Double-income families are bound to increase. There are also changes in family roles in these double-income families. Traditionally, it has been the women's responsibility to take care of the family. They are not expected to leave their families unattended for any reason. When married women who also have children enter into the workforce, the family relationship undergoes drastic changes. The women have to deal with the tension between work and family and strike a balance between the demands from their careers and from their marriage and child-rearing. It also affects the men. Since the husbands are no longer the sole breadwinners and some of the financial support comes from the wives, the wives have more power in the decision making of the families, such as the decisions on family finances, division of work and child-rearing. Role conflicts among family members may result as a consequence if conditions are not handled with appropriate skill. The career development of the couples will also be affected.

Sometimes nuclear families in Hong Kong also need to face the crisis of disintegration. In the early 1990's, since a number of people migrated to other countries as a way to prepare for the uncertainty about the handover of sovereignty in 1997, separated families became very common. It was common that a mother and the family's children went overseas to gain the right of residence in other countries while the father remained working in Hong Kong. After this tide of emigration subsided, the phenomenon of separated families still continues. The new tide of family separation may be caused by the 'Open Door Policy' in China. Since the 1980's, a number of the breadwinners from different families have the need to work in mainland China or spend long periods there to work, as there has been rapid economic growth in mainland China. The long-term separation of families may have a negative impact on the personal development of the children and youths.

Another kind of separated family is the one involved in cross-border marriages. Such families include husbands working in Hong Kong while the children and wives are in mainland China. In some cases, the children live with the fathers in Hong Kong while the mothers are still waiting for a one-way permit to allow the reunion of the family. Unlike families who went overseas before the handover or families separated for

occupation needs, this kind of separated family is less resourceful and has less social support. They are comparatively more deprived in a society. It is also very common to find that for many couples in this case, their marital relationships have not been well established before they get married, especially the ones with a great age-gap, e.g. a young wife and an old husband.

No matter what reason the families are separated for, family separation increases the risk of divorce and brings tremendous effects on the family structure and the personal development of the children. According to data provided by the Hong Kong Census and Statistics Department, people who enacted the divorce order increased eight times from 2,060 in 1981 to 17,424 in 2006.

In some divorced families, the couples still keep contact frequently, whereas others become single-parents in structure and functions. Step parents may join in some divorced families. As time goes by, some families may also have different combinations of cohabitants or step-parents to form reconstituted or step families. No matter if the decision to divorce is made by the males or the females, the family functions will change when the residence, financial support and time for caring for the family members are changed.

An increase in divorce rates is undoubtedly associated with an increase in the number of single-parent families. The Hong Kong Family Welfare Society conducted a survey in 1991. It was found that single parents suffered from a wide range of problems including financial and accommodation difficulties, child-care and parent – child relationship problems, adjustment to single-parent status, as well as emotional problems. Another survey of Hong Kong Family Welfare Society in 2000 found that children living apart from at least one of their parents reported less favourably in feeling happy in the family or being a happy child, as compared to children living with both parents.

Some analysis on social policy also pointed out that children from single-parent families are more vulnerable to many social problems such as: poverty, high dropout rates, teenage pregnancy, and juvenile delinquency. However, some people believe that these single-parent families are not vulnerable; they are just prone to poverty and economic instability. In fact, children's behavioural problems in single parent households might not be linked to single parenthood per se, but instead might be the by products of previous problems associated with family disruption such as marital discord and post-divorce.

## (B) Impacts of Family Disintegration

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### 1. Psychological impact

Experiencing the separation of parents and the dissolution of the family may leave an indelible impression on a child. It is clear that the divorce experience is traumatic for most children and those traumatic events have a profound and lasting psychological impact on children. Many children of divorced families spend years overcoming the infliction and dealing with the struggles in longing for the family to be together, wondering how life would have been different, wishing for more contact and involvement with one or both parents. The traumatic experience results in a great desire not to repeat what happened to their parents, together with an underlying fear of engaging in intimate relationships involving trust.

### 2. Social adaptation

If women are responsible for the finances of divorced families and they were not used to be the breadwinners, the situation of the families may become worse. The standard of living after the divorce may drop drastically. Although some parents who do not live with the children pay the child-rearing expenses, some fail to pay regardless of an order by the court. Some women have to learn to take up new career skills and seek a job after divorce. They are under great pressure. Without social support, a negative impact on the child's development is foreseeable.

Meanwhile, in response to the changes in family circumstances, a teenager may try to assume an inappropriate adult-like position within the household. A youngster who wants to help their parent may accept more responsibility. It is certainly admirable and appreciated. However, it is unhealthy for the children and their parents to reverse their roles. For example, a boy may emulate his absent father's behaviour to such an extent that he begins to act more like a husband than a son. He may remark on his mother's appearance, offer financial advice and become jealous if she begins to date. Similarly, adolescent girls living with their fathers may pattern themselves after their absent mothers and function as a sort of surrogate "wife". Girls as young as twelve may essentially run the household when their single father (or mother) is at work. Even if they choose to take on these roles, it weakens their sense of being protected by adults, alters their ability to experiment socially and may undermine the parents' authority in their eyes.

### 3. Impact on personal development

Divorce may have a long-lasting negative impact on a child's development. The disruptive communication patterns between spouses will be repeatedly recalled by their children both before and after divorce. This inappropriate parental behaviour results in poor modelling for their offspring. Some evidence suggests that these maladaptive parental patterns are learned by offsprings who then exhibit them in their own adult intimate relationships and make the relationship more complicated. When spouses divorce, the messages sent to their children may be the way of handling stress and conflict, leaving rather than staying, struggling to survive after separation, and being casual in forming new relationships after divorce. These messages may be incorporated into their perceptions on marriage and increase their own tendency to divorce later in life.



## 7.4 Impacts of Migration and Displacement on Health

Displacement means the socio-demographic movement of a population. Due to globalization and urbanisation, the displacement of populations has increased in recent years. Population displacement includes immigration or moving to a new community to live or work.

### (A) Reasons for Population Displacement

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Although population displacement is usually associated with social changes such as urbanization, the reasons for migration vary from a personal choice of searching for a better quality of life to the choice of an ethnic group to flee as a result of ethnic cleansing. The migration may be due to a positive factor such as a building project or a negative factor such as war.

Changes in economic situation and the weakening of state capacity may contribute to population displacement. Some people leave their homeland in search of stability and affluence. Some move to other countries for the sake of a lower cost of living. Globalization and the advancement in technology reduce the natural barriers to migration and make international transportation more convenient and less expensive than before. More people resettle in different places for better work opportunities and livelihood. Urbanization, coupled with changes in the rural lifestyles, has encouraged the movement of people into urban cities. As mentioned above, the migrant workers in China are one example.

Refugee flows and human displacement can also be a consequence of conflicts within and between societies. Violence and unstable social and political conditions are the main factors for refugee flows and displacement within and across borders. Ethnic and civil conflicts, state building, state collapse and failure, and government persecution are all inherently violent and lead directly to mass forced migration.

In Hong Kong, the economic prosperity has attracted a number of migrants from mainland China as well as from developing countries around the region. The new immigrants include:

- ❖ Migrant wives and children from China for family reunion resulting from the increased cross boundary marriages.
- ❖ Professional foreigners with employment visas to work in the private sector, or to take up senior positions in the civil service and other public organizations.
- ❖ Foreign domestic workers from the Philippines, Thailand, Sri Lanka and Indonesia, and the countries of south east Asia.
- ❖ Labour importation schemes that allow employers to apply for permits to bring in technicians, craftsmen, and experienced operators.

## (B) Impacts on Health

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A large scale population displacement leads to social changes. It calls for more resources from the government to tackle the related issues. For example, the migrant workers in China move to cities from rural areas with their family members seeking better job opportunities. They become a huge labour force in China. However, the sudden increase in population in the urban area may disrupt the original planning of the urban development in education as well as in medical and health provisions, especially when the migrant population is unstable in nature. In the education system in China, the local governments need to raise funds for their education. The education of the children of the migrant workers, which should have been provided by the rural governments, now becomes the responsibility of the city governments. Although some children are born in the cities, they may not yet be able to settle down in the cities. Some city governments build schools for these children but they found that the children may leave suddenly when their parents find other jobs in other cities.

The displacement may impact on different aspects of the health of an individual when settling in a new community:

### 1. Physical aspect

The access to health and social care related information for the new immigrants is an issue. Without obtaining appropriate or updated health or social care related information, the new immigrants are definitively at risk of poor health. It is a common problem among the ethnic minorities, e.g. the Nepalese or Pakistanis in Hong Kong. For example, they may have no idea about prevention of infection or healthy lifestyles. This will make them more susceptible to infection during a pandemic or they are more prone to chronic diseases due to their health risk behaviour or unhealthy lifestyle.

### 2. Mental Aspect

Adjusting to a new and unfamiliar environment is an important stressor. Adjustment may be difficult for the new migrants and their children. In addition to the separation from friends and relatives and lack of physical and emotional support for them, every new migrant has to explore and establish his/her identity and sense of belonging in the new community. They need to adjust to the new identity and new demands from the society. For example, a 15-year old Chinese new immigrant or an adolescent of an ethnic minority may need to study in a primary school to catch up with some of the syllabus in Hong Kong. Studying together with a younger group, the self-image and self-identity of this student may be negatively affected.



### 3. Social Aspect

Meanwhile, most new immigrants face the difficulty in learning a second language, especially the adults and lower educated groups. It makes the immigrants further detached from the local communities. The language barrier not only affects their daily activities, but also becomes an obstacle for study and employment. Community resources allocated to them may determine the extent to which they are able to adapt to the new environment.

In addition, some new immigrants face economic hardship due to low wages and long working hours. Many migrants find lower employment opportunities, even if they have recognized professional qualifications from their own countries, as these qualifications are not accepted by local professional bodies. They may need to engage in further study, retraining or sitting for registration examinations from local professional boards. Unskilled workers are found to have more difficulties in finding jobs, too. They are at risk of unemployment if no appropriate training is offered. As a result, it makes the migrants become a disadvantaged group in term of **socio-economic status** which refers to the position of an individual in society in terms of social class and of money available to support daily living and lifestyle.

The vulnerability of new immigrants is often caused by the lack of community bonds and support networks. Some immigrants live within their own ethnic groups and have limited contact with other communities. Therefore, it is common for the new immigrants to have limited knowledge of the social services tailored for them. Some of them receive inadequate social support both formally or informally. All these factors may make the new immigrants become a vulnerable group in the society.

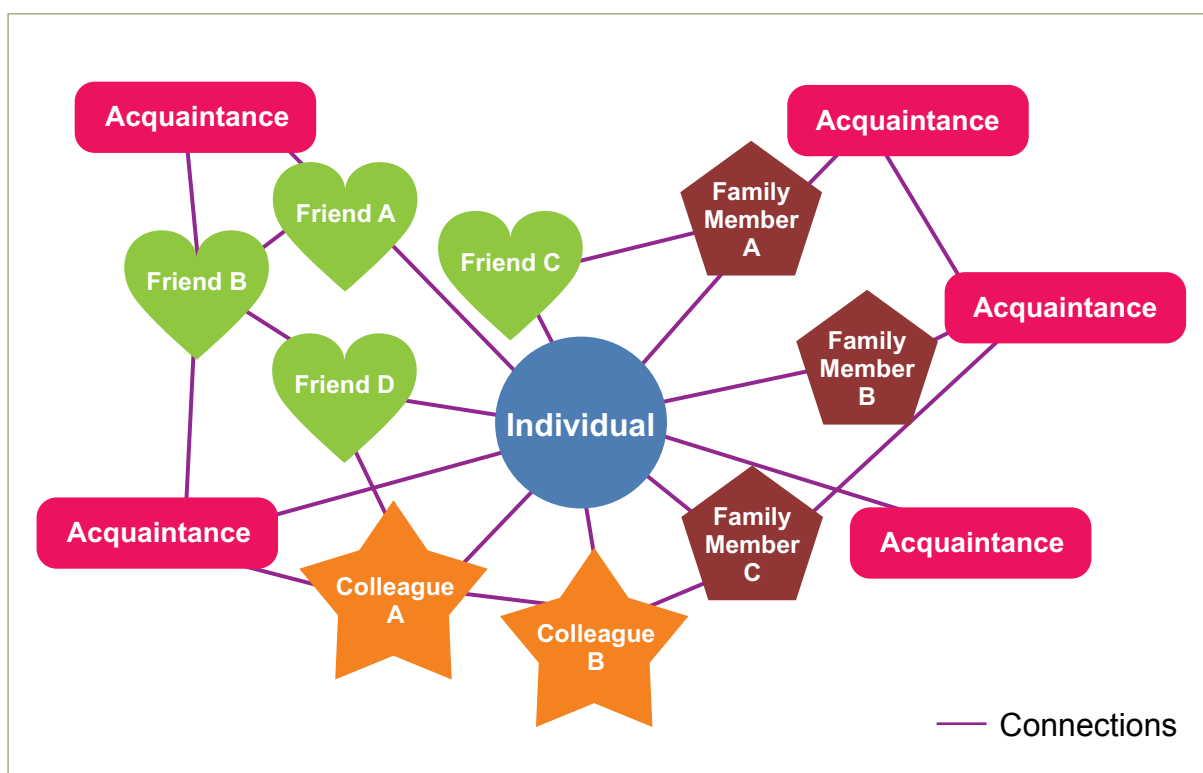
## 7.5 Community and Social Support Network

When one is unable to cope with the above changes in the economic, family and community situations on their own, they need timely assistance from other people. For this reason, a social network is important to health. A social network is a form of informal community care. Only when this network is not sufficient to help an individual cope with the crisis, formal social services are needed.

### (A) Social Support Network

Everyone lives in an interconnected social network. The social network is an important source of help in crises. A social network is formed by people who know each other and they meet and talk regularly or frequently. In addition, it may also include people far away but they will offer help as long as needs arise. In general, these support networks include our relationships with family, peers and colleagues which are mentioned in Booklet (5). These relationships form a network to an individual as follows:

Figure 7.1 Social Support Network



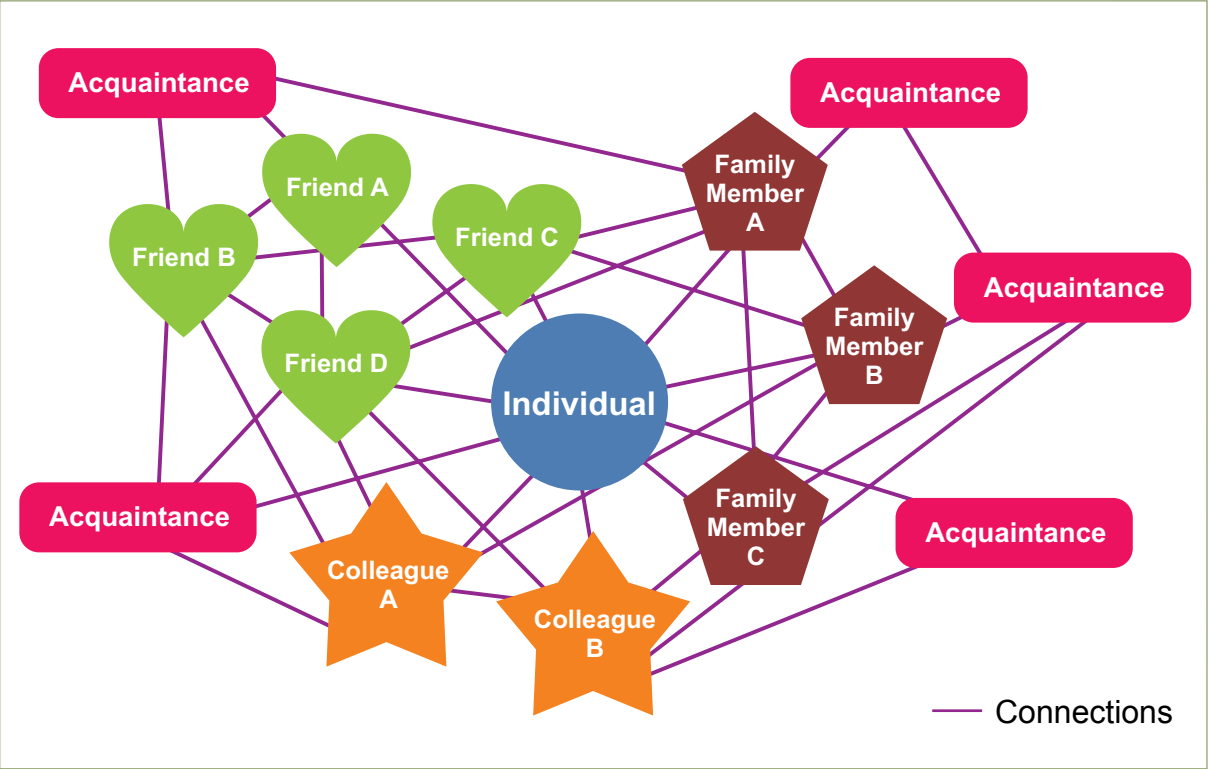
Every person has his/her own support network. The size and structure of each support network is different from others. A person may receive different types of help from different groups of people in their network. The help can be in the form of:

- ❖ Emotional support
- ❖ Friendship
- ❖ Practical assistance
- ❖ Suggestions and information

The bonding between individuals determines the strength of the connections in the network.

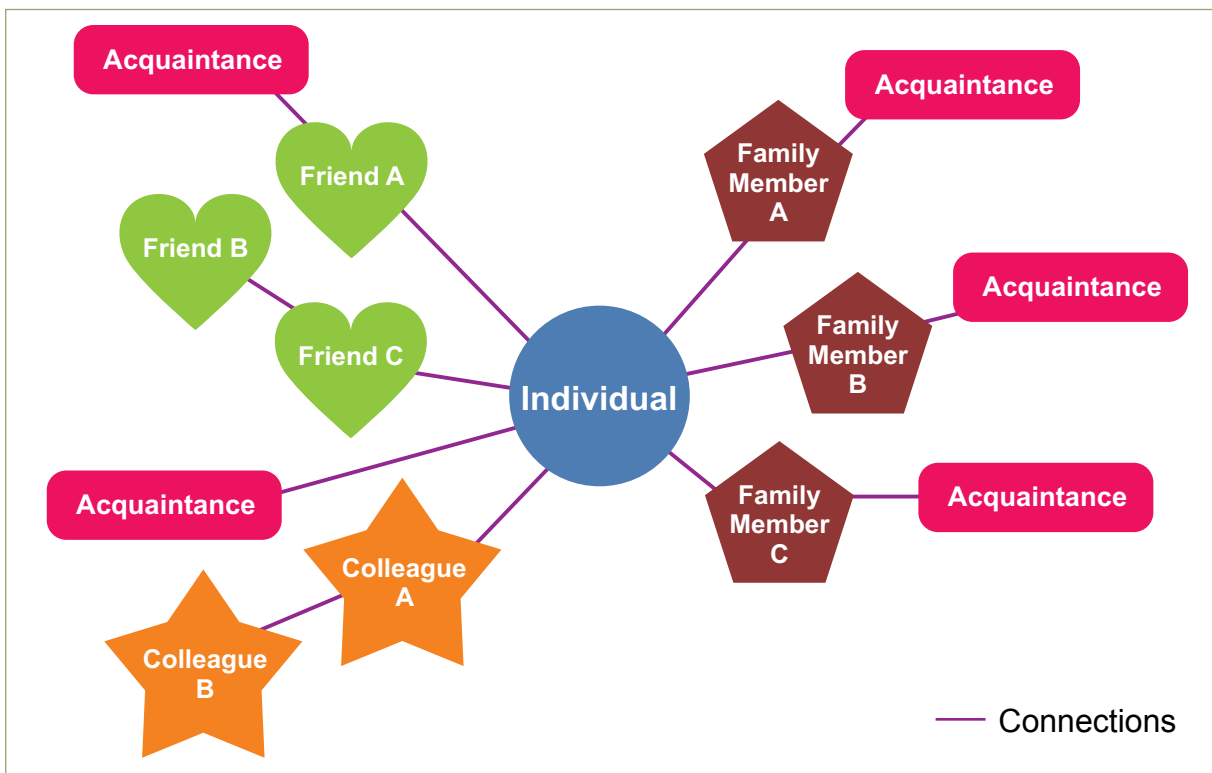
In a tight network such as the network among relatives, the members know each other well. They can be easily and rapidly mobilized to cope with the crisis of an individual. Once the crisis is known to one of the members, the others can be kept in touch and discuss the measures and the division of work in solving the problems. For example, to help relatives in crisis, the family members may help with child care, meal preparation and giving suggestions.

Figure 7.2 Tight Social Network



In contrast, in a loose network, the members do not know each other. The victim in the crisis needs to exert a lot of effort to explain what happens to others. The spread of information will be under constraints. When an individual is not able to resolve his/her own crisis and the network fails to provide timely assistance and response, tragedy may then occur.

Figure 7.3 Loose Social Network



Even so, if a network is too tight, people may lose their privacy and freedom. For example, the marital disputes of a couple living in a small village may be easily exposed to others as the neighbours know each other well. This situation will be less common in the compartments of the cities where privacy is comparatively higher.

## (B) Functions of a Community

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A community may include different social networks. Community refers to a group in society which may be determined by factors such as geographical boundaries, common values, culture, common lifestyle and relationship. All these commonalities link people together.

A community does not necessarily have clear and objective boundaries. 'Community' may mean different things to different people. It can mean a geographic space or a place of emotional identity. A community has its own systems of norms and moral values. It provides the members with a collective identity and a sense of belonging.

Ronald Warren proposes that there are five basic functions in a community. They are:

- ❖ Production-distribution-consumption – to provide jobs to its members and carry out economic and commercial activities
- ❖ Socialisation – to transmit knowledge, information and values to its members
- ❖ Social participation – to participate in the society through the community
- ❖ Mutual support – to provide mutual support and help to fulfil emotional and physical needs
- ❖ Social control – to supervise the thinking and behaviour of members to achieve social stability

A caring community is able to perform the function of mutual support. To most people, the significance of a community lies in its emotional function. A community provides an individual with a sense of identity and importance. It is also the setting, besides the family, that an individual will obtain social experience. Being a member of a community, our lives are intertwined with others who may live in our neighbourhood or share similar characteristics with us.

Within the same community, we share common characteristics such as gender, age, physical fitness and culture. At the same time, we also bring our own characteristics into our interaction within the community. They may be our genetic features, history, knowledge, attitude, preferences and ability. Each and every community has its influence on the mental, social, spiritual and cultural dimensions of health of its members. The interaction between individuals and environment forms a dynamic community. It affects the extent to which members of the community are able to create and maintain a healthy lifestyle.

## (C) Breaking Down of Community Bonds

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In traditional communities, since the population mobility is low, the interpersonal networks are relatively tight. China's Confucian ideology advocates that we should not travel if our elderly parents are still living. The population is therefore relatively stable. Interpersonal relationships are more likely to be established through long-term relationships. In a healthy community, long-term communication helps develop the community bonds in which people can exchange ideas or help each other. A strong community bond has positive effects on the physical and mental well-being of individuals because community members will be more willing to change and help each other.

For example, in the past, when people were living and raising their children in the small housing units like the ones in Shek Kip Mei Estate, the first public estate in Hong Kong, the neighbourhood network was tight. People were able to help each other. They shared meals, conversation and entertainment. It was impossible to avoid social contact with neighbours and keep worries bottled up for long. A sense of community and a shoulder ready for leaning on are very important to help people cope with the challenges and difficulties brought by contingencies. However, due to the social and economic development in recent years, the prevalence of high-rise apartments has caused a culture of isolation. Because of the development of new towns, a number of families have to leave their own communities and resettle in the new communities. They lose the care and support from their original social networks. This has contributed to the family tragedies in recent years. These people live within their four outer walls and their relationships, financial or psychological problems are hidden behind closed doors until the tragedies break out. It contributes to the vulnerability of certain groups of people.

Many scholars are concerned about the impact of community changes on community relations. It is generally agreed that the breaking down of community bonds is due to rapid urban development. The urban lifestyle which emphasizes the efficiency of the bureaucracies has weakened the interpersonal ties and makes the relationships utilitarian. Meanwhile, since privacy and autonomy are upheld in modern societies, the tight social network has been loosened. The displacement of population also breaks the community bonds. When the kinship network is weakened and the close relationship in the neighbourhood disappears, the foundation of traditional community cohesion no longer exists, which weakens the close neighbourhood and the mutual help network. In addition, because of modernization, besides the community one lives in, people join different communities such as churches, interest groups, cultural groups, online virtual communities (discussion groups, blogs etc.) in which they play different roles. Therefore, they no longer develop a sense of belonging to one community only. Instead, their sense of responsibility to a community depends on how much they are able to gain benefit from the community.

When people withdraw from their social roles and become apathetic to community affairs, the interpersonal relationships will be full of mistrust, alienation, isolation and indifference. When a person isolates himself or herself in his/her own world or with the family without knowing what happens in the outside world, his/her need for love and belonging will not be fully satisfied. When the community bond is broken, social crisis may break out, especially among the vulnerable groups. In this regard, community bonds are important to health.

## (D) Vulnerable Groups

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Different from the geographic community and the functional community such as a union, the communities of the vulnerable groups are scattered in different areas. They may not be willing to disclose their identity because of their worries about discrimination and rejection by others. This may happen among ex-mental patients and the victims of domestic violence. They live with many constraints. Chronically ill patients have poor physical functioning. Ex-mental patients need to comply with their long-term medication. The carers are under chronic strain on care giving. Single parents have to struggle for time and space for themselves. All these constraints are stressful to the vulnerable groups. Worse still, the crisis takes place frequently among these individuals and families, causing the deterioration of the illness, the emotional breakdown of the caregivers and family conflicts, which make the vulnerable groups more prone to dangers. They need timely and additional assistance. However, since the communities are scattered and their networks are loose, resources are less easy to be mobilized to help those individuals and families in need.

## 7.6 Caring Community

A healthy community can help people live through their plights, including financial difficulties. Members of a healthy community are able to learn to adopt a healthy lifestyle, develop a better self-care capacity and receive support from the family and care givers. Care and support are the features of a healthy community.

### (A) Community Support Networks

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Family has been a core unit in the traditional Chinese society. The family clans lived together and became the fundamental unit of the social organization. For many decades, the central government has relied on the land lords, elders and scholars for local governance. The neighbourhood was organized for the registration of local population, conscription, control of law and order, conflict resolution etc. In fact, the existing neighbourhood offices and the committees of residents are developed from the pao-chia system in the Song Dynasty. The halls and organizations in some villages in modern China and Hong Kong are also responsible for a number of public facilities such as road construction, water supply, education and relief work.

After 1949, the Chinese immigrants in Hong Kong generally adopted the mentality of temporary residence and were indifferent to social and political affairs. The individuals and families only worked for their own livelihood. In addition, they were unwilling to rely on the colonial government. They were even afraid of making any contact with the government. Most of them relied on their social networks to solve their problems. Although the living environment at that time was poor and people had to share basic facilities such as bathrooms and kitchens, their relationship was close in general. When members were in crisis, it was easier for the community to mobilize resources to address the urgent needs, e.g. child care, financial assistance, provision of food and clothing.

As mentioned above, due to urbanization, the living environment in Hong Kong has improved. However, the culture of alienation in neighbourhoods has been developed in the high-rise buildings with doors shut and locked most of the time. When some new immigrants settle in the new towns such as Tin Shui Wai, Tung Chung and Tseung Kwan O, the remote location makes it difficult for them to maintain close contacts with their friends and relatives and their networks in the neighbourhood are yet to be established. As a result, when crisis and hardship comes suddenly, they will lack the social resources to cope with the issue. In particular when they are experiencing strain from unemployment, chronic illness and marital disputes, they are more likely to collapse and hurt themselves as well as their families under the situation of social isolation.



A caring community is a community with tight social networks. The social network refers to the structure of the relationships and the links of communication within the community which satisfy the tangible and intangible needs of an individual. Tangible needs include the specific conditions for basic livelihood. Intangible needs include the needs for psychological and mental support and personal development. A social network can be simply understood as the relationships inside some communities among individuals, groups, associations or organizations. When these loose and alienated social networks are linked together, the people in need and the vulnerable groups will be reintegrated into the community.

How can we develop a community with a tight social network?

In their book on community development, Professor Cecilia Chan and Dr. Wong Kam Pun suggest developing five types of networks for a caring community:

- ❖ Personal network – to help individuals to establish connections with people and extend their social networks
- ❖ Volunteer network – to recruit and arrange volunteers to serve people in need
- ❖ Neighbourhood network – to identify the key persons who are able to link up different people in the community
- ❖ Network of care givers – to organise the care givers and support them with resources and services
- ❖ Self-help groups – to organise people with the same needs so that they are able to support each other

Individuals, volunteers and neighbours can be organised to formulate a support system to provide regular visits to people in need. For example, they can arrange regular visits to help single elderly people clean their homes. This not only helps the elderly keep their homes clean for disease prevention, but also provides care and psychological support, as well as helping to prevent accidents. One example is the "Personal Emergency Link Volunteer Network". The network consists of volunteers. Through paying home visits, sending gifts and materials, giving consultations and making telephone calls, the elderly or chronically ill can ease their emotional distress and solve their difficulties with timely assistance.

In addition, some chronically ill, mentally retarded, physically handicapped, mentally ill, elderly and caregivers of young children need to receive support through social networks. Such support includes: emotional support, concrete and practical assistance (such as domestic, occasional care), necessary services and information etc.. One example is the services for the care givers of the physically disabled provided by Hong Kong PHAB Association's. The services include counselling and comprehensive support services. The social workers will assess the needs of each of the care givers and the clients under their care so that they are able to formulate a plan for family support and introduce community resources for supporting the family and helping them

to develop their support network. When the care givers receive care and support, they will be more able to care for the disabled and enhance the quality of family life.

Community support networks also facilitate the women living in new towns to adapt to the environment and establish a sense of belonging to the community. The women can support each other through mutual help groups which provide a wide range of assistance, such as child care, parenting skills, problem solving skills and social networks for them to support each other. These support networks will help reduce stress, increase problem-solving capacity and effectively prevent family problems. They are also useful for dealing with risks such as mental depression, suicide and child abuse. One example is the Hong Kong Tin Shui Wai Women's Federation. This group of women in Tin Shui Wai enhances their capacity in problem-solving and resilience through mutual help and lifelong learning.

The modern society is ever-changing. Neighbourhood relationships are more complex than before. The neighbours may come from different places with different backgrounds. They did not know each other before moving into the community. The developments of transportation and new towns increase the mobility of the population. Consequently, the workplace may be far away from the community where they live. This reduces the sense of belonging to the community and weakens the community network. For this reason, it is necessary to establish and maintain the neighbourhood networks in the new towns. For example, the 'Tin Heng Community Networking Project' was set up by the Christian Service in Tin Shui Wai. An election of 'good neighbours' was organised to strengthen the neighbourhood relations and promote the spirit of mutual help.

The four directions for reconstruction of the community support network are:

- ❖ To break the social isolation of the vulnerable groups such as single elderly people, the disabled, single parents and new immigrants by encouraging social contact and mutual help among the members in the community.
- ❖ To promote information sharing among community members, so that knowledge and skills can be exchanged and positive values can be established.
- ❖ To re-shape the relationship between community members so their networks can be closer and the potential resources can be identified for use.
- ❖ To develop activities for cultural exchange to enhance the cultural literacy of community members to improve community relations.



## Virtual Community

The types of community are also ever-changing. In particular with the development of the Internet, virtual communities have become a trend. In the future, more social services may be provided through the virtual communities on the web.

The Internet community may be able to meet the needs of the youth. They may want to seek others' attention and recognition when they upload their personal photos or comments to the Internet. Social workers may make use of this feature to solve social problems. They may talk to the youth online to exchange their views and opinions to help them achieve independent thinking.

## (B) Community Development

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When the informal network is no longer effective, it is important to provide professional services in the community. The community support services (including medical services provided by medical professionals and social workers who provide social services) play the role of gatekeeper and mediator, which enables people access to other services.

The services of community development provided by the Social Welfare Department aims to promote social relationships and cohesion within the community and to encourage participation of individuals in solving community problems and improving the quality of community life. The services include:

- ❖ Community centres (CC)
- ❖ Neighbourhood Level Community Development Projects (NLCDP)
- ❖ Care and Support Networking Teams (CSNT)

### 1. Community centres





Community centres serve people of all ages to gather, to meet and to interact with one another. Through the provision of a wide range of group and community work activities, they also contribute in strengthening the residents' civic awareness, promoting mutual care and developing a sense of belonging to the community.

According to an article about the historical background of community development services prepared by the Council of Social Services, the community development services in Hong Kong have been provided for more than half a century.

Since World War II, the United Nations has promoted community building among international communities to provide social services to those in need in the community. In the early 1950s, community development was facilitated by voluntary organisations. These organisations encouraged the residents to participate in society, strengthened the mutual help networks and provided social services to enhance the neighbourhood networks. The Kai Fong Welfare Association at the time took up education, health and relief work.

A more systematic community development work began in the early 1960s when the Hong Kong Government launched four community centers. After that, more voluntary agencies participated in the services to promote communication between the public and Government to achieve the purpose of social and political stability.

In 1973, the "Social Welfare White Paper" set four levels of community development services:

-  Community Centres
-  Estate and Welfare Building (House Community Centre)
-  Community Halls
-  Community Service Programmes

Community centres were set up in the areas with populations below a hundred thousand as there were no estate community centres or community halls. Services and facilities were also provided in a service building for residents to gather and have access to support services.

In 1985, the Social Welfare Department (SWD) transferred the management of the Community Centres to the Home Affairs Department. Subsequently, SWD terminated the community services in the government community centres. Non-governmental organisations continue to operate their community services in their community centres in order to assist the Home Affairs Department in community building.

## 2. Neighbourhood level community development projects (NLCDP)

NLCDPs were introduced in the 1970s to serve the deprived and transient communities where the provision of welfare services and facilities was inadequate or non-existent. Such areas include temporary housing areas (THAs), squatter areas, cottage areas, boat squatters and Mark III to VI public housing estates (PHEs) affected by the Housing Authority's five year Comprehensive Redevelopment Programme.

### 3. Care and support networking teams (CSNT)

Through the provision of outreaching, support, casework and group work services, the Care and Support Networking Team, operated by the Society for Community Organisation, aims at assisting mainly the (i) ex-offenders (ii) ex-mentally ill persons and (iii) street sleepers in West Kowloon to reintegrate into the community.

#### (C) Community Care

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'Care' represents the unyielding feature of human nature. As the Chinese proverb 'everyone works for me, I work for everyone' (人人為我，我為人人) goes, we ought to take care of each other. 'Care' is more than 'looking after'. Care means the concrete expression of love and caring. Care is more comprehensive than cure. (More details about care will be discussed in part 11.1 of Booklet (11)).

For the vulnerable communities, community care is particularly important. The inadequacy of community services will weaken their capacity to adapt to the changes in their environment. For example, if chronically ill patients do not have enough financial and service support, they may delay their treatments and may be unable to receive timely referrals. This will increase the workload and the financial burdens of the care givers, which causes strain on them. As a result, it will be more difficult for both the patients and the care givers to recover from the economic recession and other social changes.

Community care is the help and support to those who are in need. It helps patients and clients to live in the community and avoid unnecessary hospitalisation and isolation. Community care is important for building a caring community in which individual needs are met, people in need are under care and family and community relations are strengthened.

Community care can be in the form of home care, social support networks and volunteer services.

- ❖ Home care is the primary care provided by family and it is supported by other services. These services aim to enable families to take care of their members so that they do not have to rely on residential care.
- ❖ Social support networks are the mutual help networks provided by neighbours, friends and colleagues.
- ❖ Volunteer services are the services provided by volunteers in the community or organisation.

 **Volunteers**

From 'caring' to 'participating in social welfare', all the actions are the expression of social concerns and sharing of social responsibility. Volunteer service is the expression of concern about others and taking on the responsibility of helping others achieve a better quality of life.

According to an Italian Dictionary of Sociology, volunteer work refers to the unselfish contribution of time and energy of persons upon their realization of the obligations of citizens. It is not out of legal obligation. It is out of the free will and the intention to pursue public interest in the first place.

Volunteers are not asking for anything for return. The voluntary work is not limited to individuals. It can also be delivered in groups or organisations. It is characterized by

- Voluntary and non-compulsory
- With the purpose to help others
- No immediate return
- Non-monetary reward
- Serving the disadvantaged groups
- More like work than play in nature

Community care aims to enable chronically ill patients or ex-mental patients to stay at home. Some services can be provided by volunteers, such as:

<b>Housework</b>	Volunteers can help the clients take care of household chores in daily life and help them maintain basic life skills. The services include: laundry work, repairs, food purchase, home cleaning, accompanying shopping etc.
<b>Nursing and care</b>	For the limited mobility and bedridden clients, volunteers can provide basic care such as feeding, changing clothes, moving and exercising the bodies, accompanying them to medical check-ups and giving assistance in taking medication.
<b>Clerical work</b>	Volunteers can also help the physically handicapped to complete written applications for any services as well as to write letters to their friends and relatives.
<b>Emotional support</b>	Volunteers can provide care and emotional support such as telephone conversations, regular visits and prayers.
<b>Leisure and entertainment</b>	Volunteers can provide company by walking, paying visits, reading and participating in recreational activities with the clients.

## (D) Commitment in Family, Community and Groups

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All family members have an important responsibility to love and serve each other. It is well known that the value of commitment in family relationships is associated with fewer behavioural problems in children and less conflict among spouse, parents and children. The well-being of the family is built on the commitment of each member in a family system. For example, parents can spend more time with children in some interesting activities and bring children to visit grandpa and grandma during weekends if they are not living together. Each one of us should listen to the needs of other family members and take care of the sick in the family.

One of the responsibilities of the family is to take care of members in need. For thousands of years, the elderly, the sick and the disabled have been taken care of by the family. The most important family function is to meet the needs of the members no matter what, when they are experiencing suffering, poverty or injury. The family is expected to provide unfailing support to its members. In most cases, the family assumes the responsibility of caring for the elderly and the disabled. It becomes one of the main pillars in community care. In return, the family itself should be supported and cared for in order to strengthen the family and relieve the stress which may lead to the disintegration of the family.

With rapid social changes, support networks and interpersonal relationships among family members have been weakened. The community bonds have been broken down. Families are facing more crises and pressure nowadays. In the absence of tight social support networks, the lack of community care may mean that only a few care givers in the family struggle to support the patient. When these care givers are mainly women, the community care may lead to gender inequity in which women have to stay at home, being the care giver and the less able to fight for their own benefits. Community care, under this circumstance, means not only family care but even women care.

What kind of care and support should we provide to a family in order to enable it to perform its function in community care? Beyond the family level, we should re-establish and strengthen the community support network. We should also support the vulnerable groups through community development work and community care. These commitments help them build social capital. Through establishing the mutual support networks, community members and groups are more able to commit to build a caring community which facilitates cooperation and collaboration for mutual benefits.

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# Learning and Teaching References

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- 2** Health and Well-being
- 3** Physical Well-being – Healthy Body
- 4** Mental Well-being – Healthy Mind
- 5** Social Well-being – Inter-personal Relationship
- 6** Healthy Community
- 7** **Caring Community**
- 8** Ecology and Health
- 9** Building a Healthy City
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