

# COMPARATIVE STUDY OF FUNCTIONING FAMILY IN PATIENTS WITH HAEMOPHILIA AND OTHER FAMILIES WITH DISEASE



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## INTRODUCTION

The experience of disease affects the person concerned but also the environment. The family is part of growth, development and greater support for the individual, more when it is sick. Professionals raised the importance of knowing the family functioning as a factor of risk or protective against the disease process (coping and adherence to treatment).

## OBJETIVES

Study of family functioning in families of children with hemophilia. Comparison of family functioning in patients with hemophilia and other families with disease

## MATERIAL AND METHOD

We evaluated 83 families (54 families with a child with hemophilia, 15 families with a child diagnosed with an acute illness, and 14 families with children without diagnosis of disease.)

We used FACES III (Olson et al). It describes 16 family typologies which are grouped into three groups: best families, normal families and dysfunctional families

## RESULTS

Descriptive analysis show: the overall functioning of the three groups are found within the range of normal families (united cohesion and flexible adaptability). Analysis of variance according to groups shows significant differences ( $p < 0.01$ ) in adaptability: better family functioning families with hemophilia (united cohesion and flexible adaptability) than families with acute disease (separate cohesion and flexible adaptability) and families without diagnosis of disease (united cohesion and chaotic adaptability). See table 1.

	GROUP 1 = 54		GROUP 2 = 15		GROUP 3 = 14	
	MEDIA	DT	MEDIA	DT	MEDIA	DT
COHESION	32.2	4.5	30	4.2	33.6	4.2
ADAPTABILITY	32.6	4	30.8	4.6	33	4.1
TOTAL	64.9	7.6	60.8	8.2	66.7	7.6

## CONCLUSIONS

The situation of disease may condition family functioning affecting adjustment and control of it. However, not always implying dysfunctional or risk (as the results indicate). It can be a protective factor

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