

Family health assessment essay example

[Family](#), [Parents](#)



In this family health assessment, the family interviewed hails from Kisumu County, which is part of the western belt of Kenya. This family is of low-income comprising five members; a father, mother, two sons and a daughter. Theirs is a fairly young family with the parents in their mid-thirties. The two sons are nine and seven years whereas the daughter is five. They own a small plot of land, about a half an acre, where they practice subsistence farming growing maize, legumes, sweet potatoes, and traditional vegetables. They also rear a single cross-breed cow that produces milk for sale. This forms a crucial source of this family's income. The money from this venture is used to pay school fees for the children and supplement food requirements. Additionally, they keep a brood of traditional-breed chicken that is a key source of their protein needs.

Their first health pattern examined was on family health values and perceptions. It was established that some of the things the family does to keep healthy include; avoiding processed foods, occasionally munching at the dark green leafy vegetables from the farm, and boiling their drinking water always. Boiling drinking water ultimately reduces exposure to diseases like diarrhea, typhoid, and dysentery (Pender, 2002). Moreover, their exercise schedule involves walking to and from the local market five kilometers away to purchase essentials and hawk milk. The two sons normally walk to school and play football in the evenings. This is enough exercise, and it enables them to keep fit and in shape. In this family, only the father takes an occasional binge of alcohol. The other members are free from any cigarette, alcohol, and drugs use.

The family was also closely examined to identify the member's nutrition

patterns and their overall nutritional health. Their typical fluid intake is excellent. The two adults in the family reported to at least taking between six and eight glasses of freshly boiled water on a daily basis. They do this when they come from the farm sweating hence in need of water to quench their thirst. The three kids are also encouraged to drink enough after meals, and when they finish with playing ball. Water is a key element of achieving required hydration levels, and its intake should be commensurate with health stipulations (Bomar, 1996). From their responses, it is obvious that this family values homemade foods and distastes processed ones. Their daily foodstuffs rotate around maize, sweet potatoes, tea with milk, chicken, and traditional vegetables. This combination supplies all the key nutrients required by the bodies. Occasionally, they throw in fish that is rich in Omega-3 fatty acids. Sodas, juices and energy drinks avoided. Consequently, this reduces their exposure to excessive sugar contained in sodas and juices lowering their susceptibility to diabetes (Bomar, 1996).

The sleep and rest health pattern analysis was also covered. The relaxation period of the two adults is usually in the afternoons after completion of their core daily duties. The children take their relaxation immediately after school before being called upon to run errands. The family's sleep routine is predictable and rigid. The kids retire to bed early normally around nine in the night. Their parents hit the snooze button at around midnight. The man and woman spend their relaxation time listening to music, grazing their cow or reading stories to their young daughter. The children will play ball or draw. Waste elimination also appeared in this analysis. All the family members reported a healthy urinary elimination pattern with normal frequency

pointing towards healthy bladders. No family member reported any questionable perspiration. Their bowel elimination pattern was also within the requisite limits. No member reported any discomfort in their bowel movements. According to Edelman, Kudzma, & Mandle (2014), healthy urinary bladders, bowels and skin can be attributed to a healthy lifestyle and this is the case with this family that has fully embraced healthy living. This is a very active family. The leisure activities of the man and woman include tending to their miniature flower garden. The man also occasionally cycles. The children also take their playtime seriously. They skip rope, engage in hide and seek games or kick their ball. The adults in the house have sufficient energy to carry their farming, milk hawking and chicken rearing. This can be premised on eating healthy foods rich in energy and nutrients.

On the cognitive aspects the learning aspects of the children, decisions made, and language used was examined. In regard to the three children, it was recorded that they learn things easily by participating in them, touching them or seeing them in action. Moreover, the most important decision the family has ever made is borrowing money to buy the cross-breed cow which has been fundamental in helping this family to achieve economic self-sufficiency. The language widely spoken in this household is Kiswahili. The man and woman come from different ethnicities, and there exist a language clash. Kiswahili is a middle-ground that enables communication.

This family is lively and has a positive perception of themselves. The adults describe themselves to be jovial and cheerful people. Most of the time, the family is engulfed with fits of happiness because of the excellent progression

of the family. The children love their parents, and the parents support them. When faced with problems, they work it out together and remain determined towards solving them amicably. Losing hope is never an option in this family.

The various roles played by this small knit family are fascinating. This family also supports the father's two younger brothers in catering for their education needs. The parents do their best to be the best parents to the children and raise them in a proper manner. The children on their part understand their role and ensure that they obey their parents' wishes always. The unity in this family is further depicted by the fact that they attend church together at the St. Pauls Kijabe Catholic church parish every Sunday. The woman of the house belongs to a social welfare group called Tujiinue.

On the sexuality aspect in this household, the woman responded in the affirmative regarding use of contraceptives. She notes that they have been instrumental for them in maintaining a small manageable family. On sex education to their children, the parents expressed cumbersome cultural situations that inhibit them in the propagation of this education to young kids. Regardless, parents are required to come up with effective strategies that will enable them to teach their children about sex including aspects such as abstinence and use of protection (Edelman, Kudzma, & Mandle, 2014).

The family exhibits excellent stress tolerance mechanisms. There have been no any major changes in the family in the preceding year. Both the parents and kids indicated that they were relaxed most of the time and avoid

anxious moments. The man and woman confide in each other and talk to each almost over everything bogging them. The children run to their parents when faced with any problem.

Consequently, based on the health assessment of this family, the various wellness and nursing diagnoses that are identifiable are the ones focused on each individual health needs and those to be applied to the whole family.

The adult members have their individual needs as well as each child.

However, there exist wellness diagnoses that will benefit the whole family.

For example, using Webber's (2009) nurse diagnosis guidelines, in terms of cognitive patterns, this family exhibits great readiness for enhanced cognition. In regards to the role and relationship pattern, a diagnosis is made of the readiness of enhanced family relationship and enhanced parenting.

These indicate that the family is on the right health wellness track.

References

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Edelman, C. L., Kudzma, E. C., & Mandle, C. L. (Eds.). (2014). Health promotion throughout the life span (8th ed.). St. Louis, Missouri: Elsevier Mosby.

Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2002). The health promotion model. Health promotion in nursing practice, 4.

Weber, J. R. (2009). Nurses' handbook of health assessment. Lippincott Williams & Wilkins.

Open-ended /family focused questions

Values, Health perceptions

-What are the most important things you do to keep you healthy?

-How often do you exercise?

-Tell me about any use of cigarettes, alcohol, and drugs?

Nutrition

-What is your typical daily fluid intake?

- Tell me about your intake of fizzy carbonated drinks?

- Tell me about your typical diets and their envisaged nutritional value?

Sleep/Rest

-When are your relaxation periods?

-Tell me about your sleep routine?

- How do you spend your relaxation time?

Elimination

-Tell me about your urinary elimination pattern?

- How is your perspiration?

-Tell me a bit about your bowel elimination pattern (frequency, discomfort, bowel control)

Activity/ Exercise

-What are your leisure activities?

-What are the various child-play activities?

-Tell me about your energy sufficiency for the various activities?

Cognitive

-What is the easiest way for the children to learn things?

-What important decisions have you ever made?

- What language do you normally use in the household?

Self-perception

- How describe yourself?
- How do you feel most of the time?
- Have you felt to lose hope?

Role Relationship

- What other people depend on you for things?
- How do you feel about your neighborhood?
- Which social groups do you belong to?

Sexuality

- Do you use contraceptives?
- How do you find the use of contraceptives in family planning?
- Which problems to you encounter in teaching your children sexuality related matters?

Coping

- Tell me any big changes in your family in the last year?
- Are you tensed or relaxed most of the time?
- Who is most helpful in talking things over?