

THE IMPACT OF THE FAMILY-DEFICIENT ENVIRONMENT ON CHILDREN'S HEALTH

C. Acriş

Corina ACRIS
University of Bucharest

Abstract: The study is based on the assumption that a family-deficient environment has a negative influence on the health of its members. The study was attended by 37 children aged between 14 and 16 years, and, through the data collected, their families. However, the registration of health dysfunctions is only a starting point for building prevention and intervention programs in this field, with the ultimate goal of improving their health and orienting them towards healthy life choices.

Keywords: family environment, deficiencies, health, children.

Theoretical frame

In Parsons's opinion, the fundamental and exclusive functions of the family are that of the primary socialization of the descendants with the purpose of their proper integration in the society and that of ensuring the emotional security of the adults.

A simplified model is the following:

1. *Physical functions*, including: reproduction, economic function and protection function;

2. *Cultural functions*, which concern the affective and social dimensions materialized according to education and to the well-being of each family member.

Herseni appreciated that the family, as a social institution organized and sanctioned by rules incorporated in customs, norms, laws, has in particular two functions: raising children and social-economic supplementation of spouses to form an efficient social unit together (Herseni, 1969) . Of course, since this classification, progress has been made in the field, the classifications have diversified and thus in other classifications there is mentioned a complexity of basic functions of the family, among which we have those of biological, legal, economic, cultural and educational character. Another classification characterizes the functions of the family as follows:

- a) *Internal functions*, which contribute to the creation of an intimate life regime meant to ensure a climate of security, protection and affection to all its members;
- b) *External functions*, ensuring the natural development of the personality of each member of the group, socialization and proper integration in the social life.

The first group includes the following functions:

1) *Biological and sanitary functions*, consisting of satisfying partners' sexual requirements and needs within the conjugal couple, children procreation and ensuring the hygienic-sanitary needs of normal biological development of all the family members;

2) *Economic functions*, achieved by accumulating certain income for the whole family and organizing a household based on a common budget;

3) *Family solidarity functions*, including help based on feelings of love and respect between parents and children, between brothers and sisters, towards the elderly in the family or towards the sick patients;

4) *Pedagogical-educational and moral functions*, aimed at ensuring children's education and learning and their primary socialization.

It is possible that the human being takes control of the development process, but this does not happen at young ages but at older ages, and this process is gradual and is carried out in the family and with its help. (Mecu, 2010). One of the dimensions of family's biological function is that of the hygienic-sanitary function, a function that we master as all the other ones, gradually.

The hygienic-sanitary function refers to the family task to ensure its members a normal biological development status and an adequate physical and mental health status.

When investigating of the hygienic-sanitary situation of a family the following aspects must be taken into account (Stanoiu, Voinea, 1983):

- the health status of the family members and their concerns for ensuring a good health;
- the hygiene of the house (sanitation, endowment with sanitary facilities, functionality, living space related to the number of members etc.);
- food hygiene;
- rest hygiene;
- hygiene of clothing;
- the hygienic-sanitary skills of family members.

Within the family the personality of the child takes place and the transition from a normative behavior (externally regulated) to a normal behavior (based on self-regulation and moral autonomy). The family, being an affective and protective environment, provides children with security, care, subsistence and material and moral support until they grow up and become independent. The child needs a family, but not any family, but a complete one, in the full exercise of his functions recognized by the society. The existence of each of us is unique, original and individual and it is realized in the family and with its support. (Flo, 2001)

The educational tasks of the family are multiple and complex. They involve a conscious and consistent action of both parents and also the orientation of the educational actions to the specificity of the child's personality. The educational function of the family has an intentional character, aiming at the formation of the child's personality, induction of desirable behaviors, his integration in social life, and one of its components aims at its own health and healthy life behaviors. Considerable efforts have been made to study how socialization is influenced by the way parents interact with their children. Some parents are very strict and harsh with their children; others are more permissive and flexible. The deficiencies of the family environment disadvantage children's normal and balanced development and show a series of risks such as: the failure of the young people on the socio-professional level in terms of capacities and aspirations, social delinquency, health problems, imitation of some defects and parents' vices.

The problems faced by children from disadvantaged backgrounds are those related to health, low cultural aspirations, lack of encouragement, emotional and financial support of the family, rejection, bullying within the classroom or school, lack of long-term plans in both school environment and the professional one. (Crețu, 1997)

The sample and working tools

In order to investigate the chosen population and to understand the importance of the resulting data, we used *the interview method* and *the document analysis method*.

The sample is set up as follows - the subjects who represent the object of the research were brought into the attention of the school counselors from a school from the periphery, their registration in the counseling services was made in two different years, 2011 and 2012. I must mention that for working in the school I was a volunteer in counseling activities at the level of student groups. The number of subjects is 37 (20 from 2011 and 17 from 2012) and their age range is from 14 to 16 years. Although the number of actual participants in the study was 37, their parents and later their siblings were added to the number, so that a much larger number of subjects was reached. The data on parents concerned the socioeconomic status and the degree of disorganization of the family. The data on the siblings of the children in the study targeted the existence of illnesses within the family and also of the unhealthy behaviors. The last two types of data were extracted from the study of the documents filled in at the registration of the children participating in the study.

The general objective of the study

- *understanding the relationships between the family context, the economic situation of the family and the type of children's health problem (or unhealthy behavior).*

Hypotheses

H1: The poorer the economic situation of the family (low), the higher the chances of health deficiencies in children.

H2: In disorganized families (by separation, divorce, abandonment, cohabitation, death) and with a poor economic situation, the appearance of unhealthy behaviors in children is favored.

The results achieved

First hypothesis

For every child in the sample the family of origin was analyzed from the point of view of its structure and functions. The information regarding the family of origin was obtained by interviewing both the children included in the sample and the family members, where it was possible, as well as from analyzing the documents (children's files) filled in together with the school counselor. A detailed analysis of the family context in which the child develops includes some aspects:

A). The socio-economic dimension of the family,

- B). Home stability,
- C). psycho-affective climate,
- D). Parents' attitude towards the child,
- E). The family's educational style,
- F). The structure of authority and power,
- G). Family issues.

In the present study we address only the socio-economic dimension of the family and its influence on children's health.

Table 1. Table with data on parents' workplace

	Frequency Group 1 (father)	Frequency Group 2 (father)	Frequency Group 1 (mother)	Frequency Group 2 (mother)
no answer	7	4	4	5
unemployed	9	13	10	14
retired	6	4	9	2
employed	5	7	7	8
day laborer	10	9	7	8
Total	37	37	37	37

It should be noted that the table above contains data on the father's workplace without specifying that the father is natural or not. Often in such families the father is not a safe presence and children get to know one or more fathers throughout their lives. Marital disharmony, the absence of the father or the presence of multiple fathers over the years lead to dysfunctions in the harmonious development of the child, affective and behavior disorders. The economic function holds the central place in the constellation of the other functions for maintaining a family in cohesion. It refers to ensuring the material basis necessary to satisfy the basic needs of all family members. As long as the family succeeds, it can focus more on the fulfillment of the other functions or if this is not achieved, the very existence of the family as a social institution is in danger.

The analysis of the economic situation of the family is important to see if the income available to the family is sufficient, meaning that it covers the expenses needed by its average standard of living, related to its size and the

specific needs of the members, or they are insufficient, meaning that it does not cover these needs. This is because the economic situation of the family influences the way in which the family manages to fulfill its fundamental functions, it influences the nature of the relationships between the family members and the degree of stability / instability of the family. A poor economic situation can be a source of tensions and conflicts within the family system. In terms of income, the situation of the two studied groups is as follows: families in group 1 whose incomes cover the needs of the family - 7, whose incomes do not cover the needs of the family - 30, families in group 2 - whose incomes cover the needs of the family - 12, whose income does not cover the needs of the family - 25. It is thus found that in both lots there are many more families whose incomes do not cover the needs of the family. One of the negative consequences is the health of family members. The number of children in each family participating in the study is from two children up, the total number of children is 121 (64 in group 1 and 57 in group 2). It should be mentioned that when studying the deficiencies in the health field, the dysfunctions found in children are cumulative (the same child may have one or more).

Table 2. Table with data on children's health

	Group 1	Group 2
Calcium deficiency	51	49
Vitamin deficiencies	64	57
Pediculosis	5	7
Rickets	38	19
Damaged teeth	64	57
Hepatitis A	3	2
Scabies	3	5
Anemia	45	29
Posture defects	60	43
Recurrent respiratory infections	56	42
Malnutrition	21	25

Second hypothesis

Another aspect that has a negative influence on children's health and on the unhealthy behaviors is the degree of family disorganization. The degree of functionality / malfunction of the family is due to its possibilities to perform its main functions, to support itself, to provide physical and emotional comfort to its members, to be good role models for children, to respond with involvement and responsibility to the problems that have arisen over the years

in order to find viable solutions and restore the family balance. The family plays a fundamental role in children's socialization, in providing appropriate educational models in accordance with the norms and values of the society. If the stability of the marital couple is weakened, children's socialization has to suffer and they can develop behavioral disorders and even deviant and delinquent manifestations. The family and psychosocial factors that contribute to the occurrence of children's health and behavioral problems are: early maternal deprivation, chaotic environment, poor education of parents, quality of family relationships, financial economic problems of the family. (Dobrescu, 2005)

Table 3. Table with data on the stage of disorganization of families

	Group 1	Group 2
married-stable relationship	19	10
married- instable relationship (separation, infidelity)	8	1
divorced	21	9
concubinage	15	11
one of the parents is deceased	0	1
Single mother with a restored relationship, father unknown	2	3
Both parents are deceased, living with grandparents	1	5

The unhealthy behaviors recorded in the children from the two studied groups are:

Table 4. Table with data on children's unhealthy behaviors

	Lot 1	Lot 2
Smoking	20	17
Alcohol consumption	15	12
Substances consumption	5	9
Gambling addiction	6	8
Pre-delinquent behaviors	6	11

Children who grow up in a dysfunctional environment where quarrels, beatings, terror, abuse of all kinds, sometimes rape and occasionally crime, are part of the relationship, fail to discover the true meaning of love and intimacy and thus the aggressive manifestations become natural as the only way they know how to relate. The resources provided by the community - by the educational environment, by the peer group, grandparents or balanced relatives, offer a variety of ways to test reality differently and to develop socially desirable coping strategies (Rapee, Spence, Cobham, Wignall, 2011).

It would be useful to recall that Horney argues that the source of our development is represented by the conflict and he classifies people according to the anxiety experienced in the family in relation to parental love (Horney 1998). Fundamental anxiety is determined by the parents' behavior related to the evidence the child perceives as insurers or not, that the parents' love exists; behaviors that can be domination, indifference, insult. Each of these behaviors brings a specific pattern that leads to a typology of people as follows:

- *Relationship oriented* - will search for affection in others, will comply with the rules in order to be accepted, conforming to live the feeling of belonging
- *Oriented against the relationship* - it starts from the perception that all people are hostile, the manifestations are aggressive, they want to control the others and the supreme law is the pursuit of personal interest.
- *Detached from the relationship* - they live with the feeling that whatever they do is not understood, that they cannot be accepted, therefore they isolate themselves.

The three types coexist in each of us, but not developed or shown at the same extent, so that only one of them can develop in a certain moment, until it becomes dominant.

Starting from this data and from the situations encountered, a program of children's orientation towards healthy life behaviors was developed, a program developed for a period of 3 months. Although the results of this program are positive as the children participating in the study managed to solve some of their health problems, the results draw attention to the need to continue such programs.

Thus we are witnessing today a "family restructuring" (Voinea, Apostu, 2008, p. 71). This refers to the new types of families, to the more frequent alternative models in recent years, to their particularities and dysfunctions. The nuclear family disintegrates for different reasons: abandonment, separation, death, divorce. The new forms of family show particularities against the classical comprehensive family type, with particular

reference to role disturbances, to restructuring, diminishing or enhancing some of the functions. Thus, any intervention that can support the new generations in understanding the family contexts, in assuming different and better choices than that of their family of origin is more than welcome.

References:

- Crețu C. (1997). *Psihopedagogia succesului*. București: Editura Polirom
- Dobrescu I. (2005). *Copilul neascultător, agitat și neatent*. București: Editura Promedica
- Herseni T. (1969). *Prolegomene la teoria sociologică*. București: Editura Științifică
- Horney K. (1998). *Conflictele noastre interioare*. București: Editura IRI
- Mecu C.M. (2010). *Învățare experiențială în educație și consiliere*. București: Editura Sper
- Rapee R., Spence S., Cobham V., Wignall A. (2011). *Cum să vă ajutați copilul cu probleme de anxietate*. Cluj Napoca: Editura ASCR
- Voinea M., Apostu I. (2008). *Familia și școala în impas?* București: Editura Universității. Pag. 71