

# Family Health Problem: A Case Study in Assela City Administration, Oromia Regional State; Ethiopia

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## Abstract

A case study research design and purposive sampling were employed to select a family with health, psycho-social and economic problems in Halilla kebele of Assela city. In collection of qualitative data; in-depth interview and direct observation were used. The case study findings indicated the single/ women head family have no permanent income to support themselves and suffered to the status of lacking what to feed. The mother / head of the family is infected with HIV/AIDS Virus, she also suffered from blood pressure and heart disease. The mother and one of her girl had a lot of history of trauma or victimization. It was also evident that the family does not have support networks within the family and other service giving agencies. The complicated health problem, absence of support from government, Non-government organizations working on humanitarian: - all together brought stresses to the family. To alleviate the identified health, economic, social and psychological problems of this family, a short term and long term strategies were recommended. Finally, the case report may have great contributions both for the individual, family, community which needs intervention and social worker that helps in working for the well-being of individuals, family and to a community.

**Keywords:** Family health • Psycho-social • Well-being • Social work • Case study

## Introduction

### An overview of the study

Now a day a society is a place where one can find numerous psycho-social, cultural, economic, and political and health related problems [1]. These problems are global phenomena; hence people of our planets are living with and being affected by multifaceted problems. These psycho social, cultural, economic, and political and health related problems are very severe in developing countries like our country Ethiopia.

Every individual in a society aspire to live a healthy, tolerant, safe, inclusive and fair life. Social work services have an essential contribution to make in achieving that goal [2]. Social work deals not only with the internal aspects of the human condition (values, beliefs, emotions, and problem-solving capacities of people) but also with its external aspects (the neighborhoods, schools, working conditions, social welfare systems, and political systems that affect clients)

According to literatures on the area, working with the internal and external aspects, social work is able to provide a uniquely encompassing service to people in need. And by networking with other professionals, social workers are able to help our clients receive needed medical, financial, and educational services that improve their physical, financial, and emotional lives. Because social workers act as advocates by helping clients access services they may be unable to access by themselves. The U.S. Department of Labour defines the functions of social workers as follows: Social work is a profession for those with a strong desire to help improve people's lives [3].

Social workers help people function the best way they can in their environment, deal with their relationships, and solve personal and family problems. Social workers often see clients who face a life-threatening disease or a social problem. These problems may include inadequate housing,

unemployment, serious illness, disability, or substance abuse.

Furthermore, United States Department of Labor examined the following duties of Social workers: Identify people and communities in need of help, assess clients' needs, situations, strengths, and support networks to determine their goals, help clients adjust to changes and challenges in their lives, such as illness, divorce, or unemployment, Research, refer, and advocate for community resources, such as food stamps, child care, and health care to assist and improve a client's well-being.

Thus, social workers have responsibility to work with these problems at different levels (micro level, Mezzo level and Macro level) to bring the well-being of the community. This can be achieved through gathering information about individuals and families with problems. After identifying such clients there is the need to assess the degree of the problems, the available resources, strength, limitation and then planning for intervention. This can be empowering the client, linking with the resources or concerned body.

Social workers may play all of these roles in different contexts and at different times in their career; the roles are explained here below; adapted from explanations of Dhavaleshwar CU [2].

**Caseworker:** Social worker looks after the issues of individual; it is to help every problematic person in a holistic way. Case work is about to addresses the personal issues of the every individual, who seek help from case worker.

**Group worker:** he/she looks after the treatment and fulfilling the psychosocial needs of the problematic groups of the community. Constitute Teams, Committees, and invite delegates to fulfill the tasks of psychosocial needs of group members. He/she tries to develop leadership quality; increases the awareness level of group member on varies issues and educate them for sustainable development.

**Community organizer:** major role of social worker in community development begins with the organizing community on varies social issues.

**Facilitator:** Social worker facilitate with the various benefits provided by the government, NGOs, international agencies like WHO, UNICEF, WTO, UNO, to the poor, socially excluded, disadvantaged individuals and groups and marginalized sections of the society.

**Counselor:** Every individual of the society having unique character in nature, therefore individualizing the people and fulfilling their needs is the biggest task before social workers. Meaningful and scientific interaction between social worker and every individuals of the society is expected in the preview of counseling, which is the only solution to address the issues of

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community members also individuals whose behavior is problematic. Such effort helps to improve tolerance among all and it leads in to community development.

Therefore, this case study was conducted on family having complicated and inter-wined health problems. The case study was conducted on family living in kebele 12 (Halila Kebele) of Assela town, oromia regional state. The family consists of a women living with HIV/AIDS who lead the single family, her daughter with physical impairment and two children's who were born from the one with physical disability and the other who lives separated from this family.

### Objectives of the study

The overall objectives of this study are assessing the socio-economic, psychological and health problems of the family in halila kebele, Assela city administration.

### Specific objectives

This study has the following specific Objectives;

- To assess the financial statuses, education and employment history of the family
- To describe the medical history and health status of the family
- Identifying psychological Challenges and internal Stressors to the family.
- Examining the capacities, opportunities and motivation of the family against the problems encountered.

### Significance of study

The study is pivotal in identifying major problems that communities are facing in general and families and individuals in particular. So, it is important to gather information on various psycho-social, cultural and health related problems. Furthermore, the case study is important in planning for intervention so as to alleviate such broad based problems by linking the resources with the clients and enabling them with what they have at hand as well. In a nutshell, this study has a paramount importance in paving ways for social workers, governments and Non-government organizations working on humanitarian issues.

### Scope of study

Geographically, the study was limited to Halila kebele in Assela city administration, Oromia regional state. Thematically, the study is delimited to assessing the health problems of single headed family.

## Research Methodology

### Research design

A case study is a good approach when the inquirer has clearly identifiable cases with boundaries and seeks to provide an in-depth understanding of the cases or a comparison of several cases. Case study research involves the study of an issue explored through one or more cases within a bounded system (i.e., a setting, a context). It is a strategy of inquiry, a methodology, or a comprehensive research strategy [4].

Thus, Case study research is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information(e.g., observations, interviews, audiovisual material, and documents and reports), and reports a case description and case-based themes. The researcher used a case study design as it best suits with the cases to be studied.

### Sampling strategies and sample size

In a collective case study (or multiple case study), the one issue or concern

is again selected, but the inquirer selects multiple case studies to illustrate the issue. In this qualitative case study, purposeful sampling was employed and a single family with psycho-social, economic and health problems was selected. With this regards, Creswell, (2005), suggests a purposeful maximal sampling. Thus, the researcher employed a purposeful sampling as it suits with the objectives of the study as selected a family with illness problems in halila kebele of Assela city Administration.

### Data collection methods

The data inputs for the study were dominantly primary sources. The data collection in case study research is typically extensive, drawing on multiple sources of information, such as observations, interviews, documents, and audiovisual materials. Yin RK [5] recommends six types of information to collect: documents, archival records, interviews, direct observations, participant observations, and physical artifacts. Therefore, for the purpose of this qualitative case study on the illness of family;- In-depth interview and-Non participant observation were employed.

## Data Analysis Method

Regarding the analysis of data collected on case study, scholars forwarded the following arguments; the type of analysis of these data can be a holistic analysis of the entire case or an embedded analysis of a specific aspect of the case [5,6]. Through this data collection, a detailed description of the case [7] emerges in which the researcher details such aspects as the history of the case, the chronology of events, or a day-by-day rendering of the activities of the case. The researcher focused on key issues (or analysis of themes) for understanding the complexity of the case.

Therefore, qualitative data collected through interview, and observation were analyzed using within-case analysis to first provide a detailed description of each case and themes within the case followed by a thematic analysis across the cases, called a cross-case analysis and as well as assertions or an interpretation of the meaning of the case.

## Ethical Consideration

Ethical permission was obtained from concerned Towns' administrative offices so as to collect data from respondents only for educational purpose. The confidentiality and privacy of information were assured. Above all, the study ensures information provided by each and every respondent was kept confidential.

## Results and Discussion

Qualitative data collected from family with health problem through data collection methods like in-depth interview and observation were presented. With this study, nine/9cases (Financial status of the family, culture background and language ability of the family, Spiritual beliefs and practices of the family, Education and the Employment history of the family, Medical history and health status of the family, History of victimization, Condition of Support networks, Psychological Challenges and internal Stressors to the families, Strength and coping skills) were identified and presented being categorized in to themes. Finally, the genogram and eco-maps of the family were presented.

### Culture background and language abilities of the family

The family from which the data collected speaks two languages; Afan oromo and Amharic. Both the head of family (the mother) and the daughter prefer Amharic language for communication with others. With regard to culture, the family knows and practices the culture of Arsi oromo such as marriage, religious rituals and other that are known in the communities since they were born from and grown in the midst of these community. Similarly, the families do have links with people having their own cultural background.

### Spiritual beliefs and practices of the family

The family under study is followers of Orthodox Christian. The daughter

with physically disabled used to go to church and perform religious practices two wise a day. She pays one tenth or 'asrat' monthly from what she earns. Besides she took parts in collecting money from others facilitating in the expansion of the religion and construction of the church for peoples of another area and zone like she did in borena.

### Financial status of the family

The family (mother, daughter and two grandchildren) have no permanent income to support themselves. This means, to feed and to cloth the family members. They only have four sheep kept around the home, 600 birr that the mother earns from the towns' administration office for being employed as Janitor (the women do not have the experiences and education required but, the towns did it as a support for the women since she is victims of HIV/AIDS). Apart from this, the family uses to survive with few incomes paid for the daughter on contract basis. So, based on the findings, the family is to the status of lacking what to feed. She is in problem to take foods that goes with her as she is taking the life extending medicine. But, what is sad full in the history of this family above all is the physician urges her to take the medicine on time with supporting foods. However, the reality shows the women lacks money to buy a kilo of sugar even to drink soap or what is called muke or Atmit

### Education and the employment history of the family

The collected data implies that most of the family member did not attend their education. Thus, their education level is limited to primary level and still some of them did not attend even the primary level. The head of the family (the mother) is also illiterate. From this family only one member (daughter) attended her education up to diploma level as she was trained in surveying. From the family members, (eight children) born from the women and five different men/ informal husband, only one daughter with physical impairment employed for work while others married and lead their life. A part from this the mother who is HIV/virus victim and who assumes the responsibility of leading the family, employed and works as cleaner in the Assela towns administration office. Her health condition was taken in to consideration, and the opportunity was created being considered as support as she is victims of HIV/AIDS virus.

### Medical history and health status of the family

The family under study is identified with lives in complicated health problem. The mother / head of the family is infected with HIV/AIDS Virus. She also suffered from blood pressure and heart disease. Attempts to treat one disease exacerbate the other. The cumulative effect of all these health problems on its turns creates depression and stress on the women. However, she uses to go to health care institution (hospital) for treatment for the two diseases; - pressure and heart disease while she is taking the life extending tablets for HIV/AIDS virus. Thus, collected data infers that the family does not have access to good health care due to financial related problems particularly to get medical treatment on pressure and heart diseases which can be cured from if treated on time.

The daughter; -The daughter has also problem of physical disability. She suffered the problem during her early child hood. Since it is a bone damage and physical disorder it cannot be cured. As the mother told, an attempt was made to treat her but could not bring back her health and she remains with physical problem as she looks today. In addition, she has begun to experience the nerve cases / symptoms.

### History of victimization

The family member, particularly the mother and one of her girl had a lot of history of trauma or victimization.

The Mother: Throughout her life, she had no husband which is permanent and formal. She has got eight children from five different men as informal husband. But all of these men left the child on her and the responsibilities to care for them and feeding them were vested on her. Even worse, it was this kind of life which exposed the women for HIV/AIDS virus. This event remained as an emotional wound or inerascable scar adding the psychological injury and caused great distress and hopelessness.

The daughter: -With her physical dis-ability she able to get married and give birth to a child even though it was after great challenge for delivery due to the existed disability. After she get married, she was highly stigmatized for her physical impairment by the husbands' relatives. This situation finally brought her divorce. Her divorce on the other hand added another problem on the grandmother, who is in complicated health problem as she obliged to care for her grandchild.

Added to this, the women with physical impairment also faced oppression and discrimination as she denied equal chance of employment in different sectors due to her disability. It was after a long time of ups and downs that, she able to be employed on a contract bases with a china company working on road construction.

### Condition of support networks

The study finding uncovered that the family do not have as such support networks within the family and other service giving agencies. Even the men and women born for her were not in a position to support her in getting medical treatments, clothing, feeding and other expenses. She has two sisters who are living outside of Assela (distant woreda). As the woman is infected with HIV/AIDS virus, she did not get the chance of being in groups with others who are in similar cases and supported to generate income. The women also lost access to give support for the two grandchildren for compassion. The only support to the family comes from her daughter (the one with physical impairment). As a member of a community the family does have positive relationship with the neighborhood and participates in social support practices/network such as 'idir'.

### Psychological challenges and internal stressors to the families

The complicated health problem, absence of support from government, NGOs working on humanitarian: all together brought the psychological decline to the family. Similarly, the absence of strong family network and relationship, assuming the responsibilities of the family in general and of the grand child in particular makes the family to think their future as dark.

### Strength and coping skills

Despite the existing socio- economic and complicated health problems, the family is trying its best to survive by engaging themselves in different activities with the available resources and capacities.

First, the mother (head of the family) managing her illness is working as cleaner and earns six hundred(600) birr on monthly bases. With this income she feeds herself and two grandchildren living with her.

Second, she used to buy sheep calf and look after it around her home. Currently they were multiplied to four sheep. By doing so, the family attempts to support their life.

Third, the daughter with physical disability employed as survey worker and earns few moneys from which she shared to her mother and used to cover some of the home expenses. Thus, these all attempts to support themselves with what they can, despite their health problems can be taken as the strength and coping mechanisms of the family.

**The capacities, opportunities and motivation of the family for change:** The family does have some skills and motivation to engage in some self-helping activities if provided some inputs as a base. For example, if an opportunity of getting loan is facilitated for them, they can multiply their existing sheep and can be self-sufficient by caring for them since they do have the skills before. In addition: -if they got the supply of grain and other inputs, the women do have the skills and experience of preparing "tela" and traditional alcohol named as "araqe" so that she can sale and change into money and support herself. Therefore, the family does have the capacity and motivation to support and to change them-selves being provided finance for beginning.

**Limitation:** As the collected information indicates the family has weakness in consolidating the family relationship to share even what they have with their capacity to discuss and search for solution for the problems created within

the family. The daughters who were born from their mother do not know and follow the condition in which their mother is living which is an indication of weak family network. Similarly, the two sisters of this mother though resides in distant woreda from assela do not have connection and culture of following one another including their mother in health problem.

### The genograms of the family

The women had no single and permanent husband. But give birth to eight children, five males and three females from five husbands (not formal husband, in the form of engagement). None of these five men acting as husband is living with her. Currently she is living with two grandchildren (two daughters of her daughters) (Figures 1 and 2).

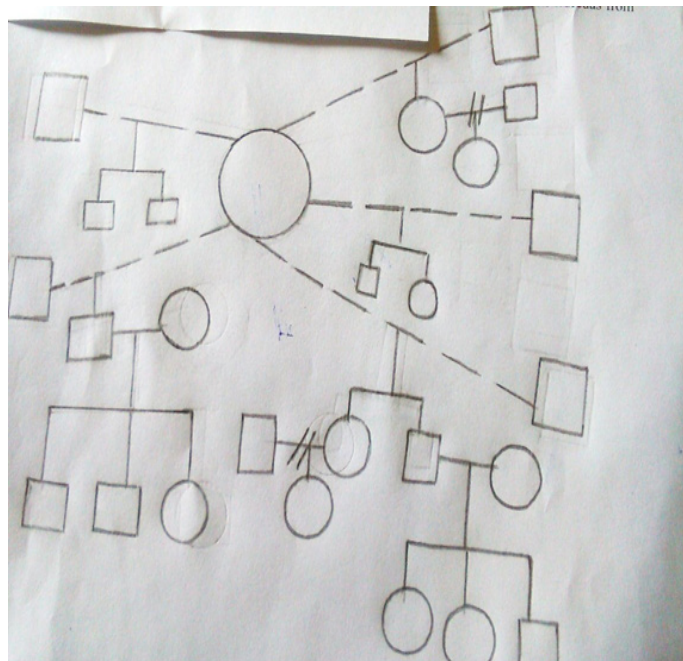


Figure 1. Genogram of the family (researcher's own sketch).

### Implication of the case study for social work

It is true that community assessment enables social workers to practically observe the real life of the community and to get the first hand information regarding major social political, psycho- social and economic problem that individuals, family and community are facing. Thus, after observing, gathering and identifying major problems in the community, it helps to design plan for intervention so as to link individuals or family with resources, institutions giving service and suggest possible ways of solving these problem. Therefore, this study finding has great contribution both for the individual, family, community which needs intervention and social worker as he/she gains lots of skills and knowledge that helps in working for the well-being of individuals, family and to a community.

### Conclusion

The case study findings revealed that the family studied have suffered from inter-related and intertwined social, economic, health and psychological problems that needs the integrative efforts of different public and government agencies to solve in the short and long term planning strategies. Eleven main themes were identified with this study. After conducting detailed description of each case and themes within the case, a thematic analysis across the cases, called a cross-case analysis were carried out.

Similarly, an interpretation of the meaning of the case were summarized and presented under themes and sub-themes. Finally, the researcher has forwarded/recommended short term and long term strategies to curb the multi-faceted socio-economic, health and psychological problems of the studied family. The researcher believes that such interlinked psycho-social, economic and health problem of this family can only be solved where all stake holders at all levels played (individuals, members of the society, government sectors existed at different levels, NGOs and etc.) played their roles.

### Recommendation

To solve the overall problems of the family; short term and long term programs needs to be designed. Thus, to alleviate major psycho- social problems of the studied family; - there is the need to provide; counseling service, generating income for the family, searching resource for the family to enable them self- supported, linking the family with service giving institution like local NGOs and government body; like social affairs and those who organize peoples with low income and HIV/ virus infected individuals in to groups and to enable them self-supported. Thus, to alleviate the identified family problems; mainly; - health problem, income, psychological and other social issues, all concerned bodies should take part and discharge their responsibilities of promoting well-being of the family and community as a whole. Furthermore, the following short- term and long term strategies were recommended by the researcher as solving the problems of the studied family cannot be solved solely by single government sector such as health sector.

#### Short term strategies

1. The Assela hospital and other health centers in the town have to give counseling services and give psychotherapy services.
2. Government and local Non-government organizations working on HIV AID victims have to incorporate/ include the family/the women to the rehabilitating centers that are found in the town to ensure food security of the family.
3. Government body like small micro-enterprises organizers who organizes individuals with low income in groups has to pave ways in which the women can be member to enable her self-sufficient.
4. Organizations and individuals working on humanitarian affairs and charity organizations in the town need to provide clothing services.
5. Agricultural extension workers have to provide training on modern cattle rearing mechanisms

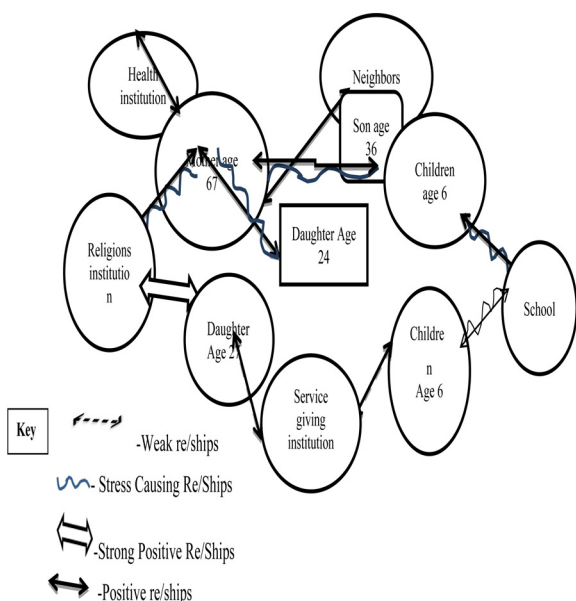


Figure 2. Eco-maps of the family (Researcher's sketch).

## Long term strategies

1. Government has to play its own role in creating awareness for the community on the health and social problems that HIV\virus brings to individuals, families, and communities.
2. NGOs have to provide financial aid for promoting income generating activities for the family identified with this study.

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## Acknowledgement

None.

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## Conflict of Interest

None.

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