

ORIGINAL

Characterization of the families belonging to the medical clinic 56 of the municipality Guantánamo

Caracterización de las familias pertenecientes al consultorio médico 56 del municipio Guantánamo

Dariel Marín-González¹  

¹Universidad de Ciencias Médicas de Guantánamo. Facultad de Ciencias Médicas de Guantánamo. Guantánamo. Cuba.

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Corresponding author: Dariel Marín-González 

ABSTRACT

Introduction: in the context of the medical practice, the deep understanding of the family dynamics and their influence in the individual health is fundamental to offer an integral and effective attention. The families don't only act as support units, but rather they play a crucial part in the prevention of illnesses, the handling of conditions of health and the promotion of healthy lifestyles.

Objective: to characterize to the families of the Medical Clinic of the Family 56 belonging to the Basic Group of Work 3 of the Polyclinic Asdrúbal López Vázquez during the period January - March of the 2024.

Method: he/she was carried out a descriptive, observational study and of traverse court. The universe was constituted by all the families of that clinic and it was selected like sample the 30 families assigned to the medicine students in the third semester like part of the Own Course III of the subject Prevention in Health.

Results: the families of the CMF 56 are characterized by bigger females representation and unemployed, equally a prevalence of nuclear, medium families exists and in the stage of extension of the vital cycle, the most present crisis was for dismemberment.

Conclusions: the identified characteristics allowed to give to light the main problems of health in the families.

Keywords: Primary Attention of Health; Family Dynamics; Analysis of the Situation of Health; Prevention in Health.

RESUMEN

Introducción: en el contexto de la práctica médica, la comprensión profunda de las dinámicas familiares y su influencia en la salud individual es fundamental para brindar una atención integral y efectiva. Las familias no sólo actúan como unidades de apoyo, sino que desempeñan un papel crucial en la prevención de enfermedades, el manejo de condiciones de salud y la promoción de estilos de vida saludables.

Objetivo: caracterizar a las familias del Consultorio Médico de la Familia 56 perteneciente al Grupo Básico de Trabajo 3 del Policlínico Asdrúbal López Vázquez durante el periodo enero - marzo del 2024.

Método: se realizó un estudio descriptivo, observacional y de corte transversal. El universo estuvo constituido por todas las familias de ese consultorio y se seleccionó como muestra las 30 familias asignadas a los estudiantes de medicina en el tercer semestre como parte del Curso Propio III de la asignatura Prevención en Salud.

Resultados: las familias del CMF 56 se caracterizan por mayor representación de féminas y desempleados, igualmente existe una prevalencia de familias nucleares, medianas y en la etapa de extensión del ciclo vital,

la crisis más presente fue por desmembramiento.

Conclusiones: las características identificadas permitieron dar a luz los principales problemas de salud en las familias.

Palabras clave: Atención Primaria de Salud; Dinámica Familiar; Análisis de la Situación de Salud; Prevención en Salud.

INTRODUCTION

The family is defined as the fundamental cell of society, a very important form of organization of daily personal life, based on the marital union and on kinship ties; on the multilateral relations between husband and wife, parents and their children, brothers and sisters, other relatives who live together and jointly manage the household economy.⁽¹⁾

Since 1978, the International Conference on Primary Health Care Alma-Ata has promoted the consideration of the role of the family in the health-disease process and a priority place in Primary Health Care.⁽²⁾

The evaluation of the family is inherent to the usual work of the health team at the primary health care level, but in spite of its importance, in our country, several researches indicate the poor attention to the family in family medicine consultations, its low representation in national health programs and in the analysis of the health situation.⁽³⁾

In the context of medical practice, a deep understanding of family dynamics and its influence on individual health is fundamental to provide comprehensive and effective care. Families not only act as support units, but also play a crucial role in preventing disease, managing health conditions, and promoting healthy lifestyles.

Family health problems exert their influence on individual health, determining it through the healthy or pathogenic practices followed by the family group. A healthy family lifestyle promotes the health of its members, while an unhealthy family lifestyle can make family members ill.⁽⁴⁾

In Cuba, there are several mechanisms that evaluate the family health situation according to the characteristics of the family and each member, taking into account the community and environmental surroundings where they live, such as the Health Situation Analysis (ASIS).

The Asdrúbal López Vázquez Polyclinic, the main primary health care center in the southern zone of Guantánamo, plays a key role in the characterization of families belonging to the area it serves.

The Family Medical Clinic (CMF) 56 becomes necessary to identify risk factors, specific needs and possible interventions that promote the overall wellbeing of patients in that area through family characterization. Given this scenario, the present research aims to characterize the families belonging to the Family Medical Clinic 56 of the Guantánamo municipality.

METHOD

A descriptive, observational and cross-sectional study was carried out with the objective of characterizing the families of the CMF 56 belonging to the Basic Work Group 3 of the Policlínico Asdrúbal López Vázquez during the period January - March 2024. The universe was constituted by all the families of that clinic (n=146) and the 30 families assigned to medical students in the third semester as part of the Course III of the subject Prevention in Health were selected as a sample, which represent 20 % of the universe.

Variables were studied in relation to the families and the patients that comprise them:

Patients: age in years (0 to 12; 13 to 20; 21 to 45; 46 to 60; 61 to 75; 75 and over), biological sex (male; female), occupational occupation (workers; students; unemployed; retired).

Families: classification according to ontogenesis (nuclear; extended or extended; extended), number of members (small; medium; large), stages of the life cycle (formation; extension; contraction; dissolution), paranormative crises (increase, dismemberment, demoralization, disorganization).

Data were collected through interviews conducted in the morning session with one member of each family and corroborated with CMF family health histories.

All the information was analyzed in an Excel sheet of the *WPS Spreadsheets* application version 10.2.0.7480. The authorization of the physician of that office during the study period was obtained. The ethical principles of the II Declaration of Helsinki were complied with.

RESULTS

The 30 families comprised a total of 98 patients. They ranged in age from 0,3 to 86 years, 40,8 % of them were male and 59,1 % were female. In both sexes, the largest age group was that of patients between 21 and 45 years of age (table 1).

Table 1. Relationship between sex and age of patients						
Age groups	Sex Biological				Total	
	Male		Female		N	%
0 a 12	4	4,1 %	3	3,1 %	7	7,2 %
13 a 20	6	6,1 %	6	6,1 %	12	12,2 %
21 a 45	13	13,2 %	19	19,4 %	32	32,6 %
46 a 60	11	11,2 %	17	17,3 %	28	28,5 %
61 a 75	3	3,1 %	5	5,1 %	8	8,2 %
75 and over	3	3,1 %	8	8,1 %	11	11,2 %
Total	40	40,8 %	58	59,1 %	98	100 %

Table 2. Occupation of the patients		
Occupation	No.	%
Unemployed	19	19,4 %
Retired	17	17,3 %
Students	21	21,4 %
Workers	41	41,8 %

Table 3. Family classification according to ontogenesis, number of members and stage of the life cycle		
Ontogenesis	No.	%
Nuclear	14	46,6 %
Extensive or extended	11	36,6 %
Extended	5	16,6 %
Number of members		
Small family	10	13,3 %
Medium family	16	53,3 %
Large family	4	33,3 %
Life cycle stages		
Formation	2	6,6 %
Extension	13	43,3 %
Contraction	9	30 %
Dissolution	6	20 %
Total	30	100 %

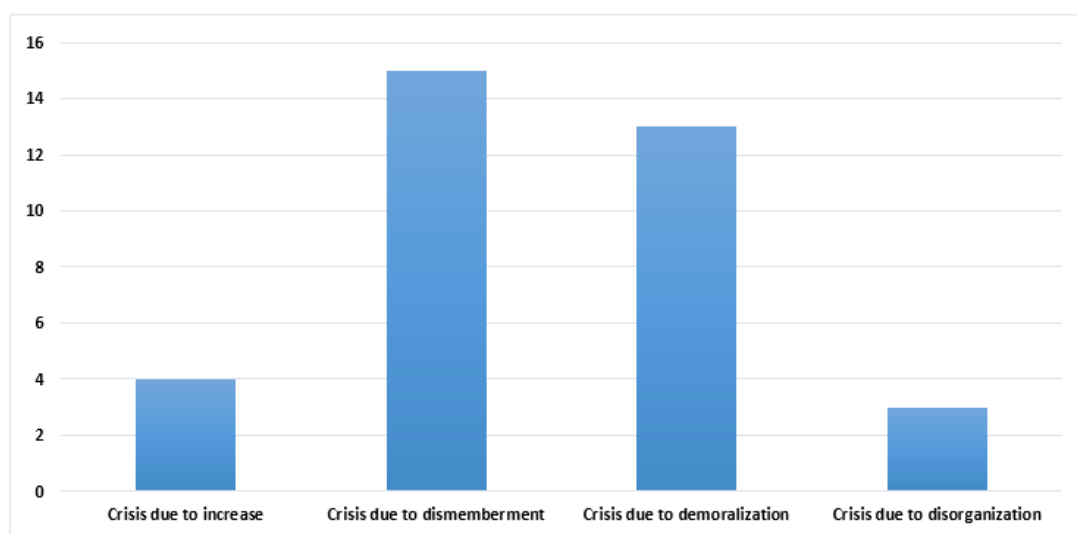


Figure 1. Relationship of paranormative crises

Of the 98 patients, 19,4 % have no work occupation of any kind and workers predominate with 41,8 % (table 2).

The table below shows the family classifications according to the criteria of ontogenesis, number of members and stage of the life cycle, where nuclear, medium and extended families predominated, respectively. It should be noted that extended, large and forming families are the least represented (table 3).

As shown in figure 1, the crisis not related to the life cycle was most frequently represented by dismemberment. The crisis due to disorganization is shown as the least predominant (figure 1).

DISCUSSION

As already mentioned, in the review of the scientific literature reflected in the introduction, there are several studies carried out in different parts of the country that focus on the family; however, the proportion of these studies with respect to scientific production is not direct. Hence, this dilemma becomes a challenge for those who work in Primary Health Care (PHC).

The present study was designed to characterize the families belonging to CMF 56 of Guantánamo municipality; research that is carried out every year by medical students who are placed in the clinic as part of their education in the work of the subjects Introduction to General Comprehensive Medicine, Health Promotion, Health Prevention and Public Health, which are taught in the first, second, third and ninth semester in the E plan of the Medicine career.

However, in the search carried out, no previous published study was found, a possible explanation would be what was stated by Herrero Díaz⁽⁵⁾ about the growing disinterest on the part of students towards scientific research.

In the present study there was a greater representation of women, a fact that is justified by the statistics offered by the Health Yearbook⁽⁶⁾ that historically there are more women than men in the country. Likewise, in spite of Cuba being a country with an aging population in both sexes, the largest age group was that of patients between 21 and 45 years of age, which may suggest the existence of a high birth and fertility rate in that area and may also be explained by the fact that in that age range many people are in their reproductive years and it is common for them to form families, have children and establish stronger family relationships, which may result in a greater presence of families with members within this age range compared to other groups. The above results coincide with those reported by Ferrer Hernández et al.⁽⁷⁾ who in their study were predominantly female.

In the I National Student Research Event *SPICIEN 2023*, Marín González et al.⁽⁸⁾ in a study carried out in CMF 62 of the polyclinic in question obtained as relevant data the existence of 48 % of the selected sample being unemployed, a result that differs from the current one, where this group is one of the least represented. However, the population living in the area served by the Asdrubal Lopez Vazquez polyclinic is characterized by being unemployed, as reported by the National Office of Statistics and Information (ONEI) of Guantánamo province.

The fact that 41,8 % of the family members are workers was expected, since in contrast to the predominant age (21 to 45 years) this is a group of active working age.

The classification of the family according to its structure is useful to describe its composition at a given moment of development and under certain conditions of cohabitation.⁽²⁾

The nuclear family is considered the most common type of family in Cuba, even since the 20th century it prevails over the other classifications,⁽²⁾ data that supports the result of its overestimation. However, it should be taken into account that since it is typically constituted by the parents and their absence may result in a greater financial burden for the parents as the main responsible for the care and sustenance of their children, since they do not have the support of other relatives living in the home and therefore the health of the individuals is put at risk, the inference of the low economic level as a factor of socioeconomic risk to diseases should not be discarded.

Regarding the classification according to the number of members, a higher percentage of medium-sized families is evidenced, Rivero Torres et al.⁽⁹⁾ in a study carried out in CMF 33 of the province in question also report a predominance of this category. According to the present results, previous research has shown that this type of family tends to be the one that contributes most to the emergence of children with school success and better communication environment between adolescents and their parents.

In the author's opinion, the way in which medium-sized families are organized and function may influence family dynamics, interpersonal relationships and parenting in a more positive way than other family types. Therefore, they can be an important factor in contributing to the satisfactory family and individual health of its members. Regarding the predominance of extended families, there are several factors that should not be ruled out, such as demographic growth, social dynamics and mutual family support, which may justify the above.

During the different stages of family development, the family faces different critical moments of the evolutionary cycle, which imply both individual and family changes, which can constitute a period of crisis.⁽¹⁰⁾ These can appear at any moment and their repercussion can affect all the members of the family. The Cuban

family is currently affected by the emigration process which puts in tension some of its basic functions and the individual health of its members at an emotional and/or psychological level. What has been described seems to be an explanation for the supremacy of the crisis due to dismemberment.

Finally, it is worth mentioning the relevance and scientific contribution offered by studies such as these in the training of health professionals; the family and its processes must always be taken into account as an influential entity in the health-disease process of individuals.

CONCLUSIONS

The families of CMF 56 are characterized by a greater representation of females and unemployed people, there is also a prevalence of nuclear and medium-sized families and in the extension stage of the life cycle, the most present crisis was due to dismemberment. The risk factors identified allow us to identify the main problems that can influence the health of families.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualisation: Dariel Marín-González.

Data curation: Dariel Marín-González.

Research: Dariel Marín-González.

Methodology: Dariel Marín-González.

Project management: Dariel Marín-González.

Supervision: Dariel Marín-González.

Visualisation: Dariel Marín-González.

Writing - original draft: Dariel Marín-González.

Writing - proofreading and editing: Dariel Marín-González.