Cultural differences in family roles Groups

Group one Denmark, Finland,

Germany, Switzerland

Group two Czech Republic, Slovenia,

Croatia, Portugal, Slovakia

Group three Sweden, Austria,

Lithuania, Netherlands

Group four Turkey, Cyprus,

Albania, Romania



Cultural differences in family roles Discussion activity

- Discuss the statements in your groups.
- Group spokesman gives a brief report of the discussion and conclusions to the plenum.
- Plenum discussion:

Wether the statements are true in / applicable to your country. How does your experience compare to that of the others in the group?



- The level of formal support (of state, organisations, health insurance companies) for family members that are also caregivers of persons with SCI.
- How is the support for sexuality organised during and after rehabilitation. This roles can be very affected.
- Culture is really important. statistically., it would be interesting to analyse how many couples stay together after SCI, and according to country, men/women with SCI and the support of the partner on this (will stay/will leave).

 There are fertility units, but they are private. In Spain we are providing with that service through National Paraplegic Hospital and Spinal Cord Injury Foundation only. Not publich health support.



- A person with SCI should organise support from other family and friends and not rely on spouse alone.
- The help comes in the first place from partners; then often family; medical help and a help/medical organisation.
- The problem is when the help cannot come from the partner or/and family/friends only can be from extern help (not at home)



- In your country family members and friends are expected to act as care-givers even performing intimate tasks such as catherisation.
- In your country people with SCI cannot expect help to start a family. It is difficult to get fertility treatment for SCI men.
- In your country a person or couple with SCI is/are not regarded as a suitable candidates for adoption.

