

ORIGINAL

Family functionality and nursing intervention in adolescents from an educational institution in an area of Lima

Funcionalidad familiar y la intervención de enfermería en adolescentes de una institución educativa de una zona de Lima

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ABSTRACT

Family functionality is a set of interpersonal relationships of adolescents, who require emotional stability and an emotional environment in which they can safely explore an unknown world. Therefore, the research objective is to determine family functionality and nursing intervention in adolescents from an educational institution in an area of Lima. This is a quantitative-descriptive, cross-sectional study with a total population of 571 participants who answered a sociodemographic data questionnaire and the family APGAR instrument. The results show that 303 (53,1 %) of the adolescents have severe family dysfunction, 155 (27,1 %) moderate, 5 (0,9 %) mild, and 108 (18,9 %) good family function. It is concluded that family interventions should be carried out to allow family unity and thus improve the adolescent's psychoaffective health.

Keywords: Mental Health; Family Health; Family Functionality; Adolescents.

RESUMEN

La funcionalidad familiar es un conjunto de relaciones interpersonales del adolescente, que necesitan una estabilidad emocional y del entorno emocional en la que puedan explorar con seguridad un mundo desconocido, por ello, el objetivo de investigación es determinar la funcionalidad familiar y la intervención de enfermería en adolescentes de una institución educativa de una zona de Lima. Es un estudio cuantitativo-descriptivo, transversal, con una población total de 571 participantes que respondieron un cuestionario de datos sociodemográficos y el instrumento APGAR familiar. En los resultados, 303 (53,1 %) de los adolescentes tienen disfunción familiar severa, 155 (27,1 %) moderada, 5 (0,9 %) leve y 108 (18,9 %) buena función familiar. Se concluye que se debe realizar intervenciones familiares que permita la unión familiar y así poder mejorar la salud psicoafectiva del adolescente.

Palabras clave: Salud Mental; Salud Familiar; Funcionalidad Familiar; Adolescentes.

INTRODUCTION

Family health goes beyond the physical and mental conditions of its members; it provides a social environment for the natural development and personal fulfillment of all who are part of it".⁽¹⁾

Given that family functioning refers to the quality of the interactions that are built between the members

of the family, these can constitute protective or risk factors when one of its members needs to cope with a medical condition. If coping is adequate, the person can achieve a higher quality of life and, in this sense, greater physical, psychological, and social well-being.^(2,3,4) In terms of fulfilling their roles, families face various difficulties in meeting the needs for affection and care, which requires comprehensive care from health professionals. In line with the above, growing up in a family can be a protective or risk factor, as it serves as a space for learning and development.

Depending on how functional the family unit is, young people may voluntarily or involuntarily engage in negative behaviors that can affect their individual health and well-being. Among the most common risk behaviors are alcohol, tobacco, or marijuana use; early sexual debut; unprotected sex; sexually transmitted infections; eating disorders; dropping out of school; and affective disorders, among others.⁽⁵⁾

Therefore, family functionality is known as the set of interpersonal relationships that allows each of its members to feel satisfied, prevents the emergence of risky behaviors, and facilitates the comprehensive development of the members of the family group. A family is considered functional when it allows each stage of the life cycle to pass harmoniously.⁽⁶⁾

Adolescence is characterized by a critical period in which social skills play an important role in the personal performance of each individual. The family plays a fundamental role in the development and consolidation of these social skills,⁽⁷⁾ and its proper functioning is a determining factor for health.⁽⁸⁾

Therefore, the imposed lockdown has affected various spheres of people's lives, forcing residents to stay at home and unable to carry out daily activities such as going to school, working, and attending meetings. Restrictions on personal freedom directly affect family relationships, as relationships between parents and children are affected by restrictions on their movement. However, there is evidence that supportive social relationships, a positive family function, and a positive coping style can play an important role in reducing stress and improving mental well-being.⁽⁹⁾

In Central America, a study conducted in Cuba in the city of Mayabeque, revealed that 40,7 % have poor relationships with their parents and 33,3 % have dysfunctional families. It was found that adolescents in the intermediate stage typify a low level of risk for suicide attempts, with a predominance of females, with the majority living in dysfunctional families.⁽¹⁰⁾

In North America, a study conducted in Mexico on 158 adolescent girls revealed that 35,4 % of adolescents perceive their families as dysfunctional, 30,4 % reported having suffered psychological violence, 7,6 % reported having suffered physical violence, and 5,1 % suffered sexual violence. The study concluded that intervention is needed within educational institutions on these issues, articulating mechanisms and protocols for prevention, detection, and care for those affected.⁽¹¹⁾

In Europe, a study in Greece of 480 adolescents showed that Greek adolescents with greater internalization and externalization problems compared to their peers tended to be those who later experienced poorer family functioning, but not the other way around.⁽¹²⁾ Another study conducted in Spain on 317 adolescents from two schools in the province of Almería revealed that bullies are directly correlated with poor family functioning, given that 13,6 % have been bullied, 12,9 % had bullied others, and 65,3 % had witnessed bullying, showing that stress management, positive adolescent development, and family functioning were more prevalent in non-aggressive subjects, who scored higher than aggressors.⁽¹³⁾

In Asia, a study in China of 71,929 adolescents revealed that 17,6 % of children and adolescents had emotional and behavioral problems, with mental disorders prevailing at 19 %. Therefore, to reduce emotional and behavioral problems, family functioning must be improved with the support of health personnel, where parents need to focus and pay more attention to their children.⁽¹⁴⁾

A study conducted in Colombia on 435 adolescents of both genders showed that 69,7 % of females had suicidal ideation and 30,3 % of males did, with 57,4 % associated with some degree of family dysfunction, indicating that family functioning indicators do not operate in isolation but are collectively related, leading to consequences such as aggression towards others, suicide, depression, etc.⁽¹⁵⁾

In Peru, a study conducted in Huaraz on 236 students revealed that 48,3 % began sexual relations after the age of 15, 22,9 % do not use protection during sexual relations, 42,8 % consume fast food, and 40,7 % feel lonely, demonstrating that there is a significant correlation between family functioning and negative risk behaviors, whereby the greater the dysfunction, the greater the risk behaviors.⁽¹⁶⁾

Therefore, the objective of this research is to determine family functionality and nursing intervention in an educational institution in an area of Lima.

METHOD

Research type and design

In accordance with its properties and characteristics, the study takes a quantitative approach, using a descriptive-transversal non-correlational methodology.⁽¹⁷⁾

Population

The total population consists of 571 adolescent students who agreed to participate in the study.

Inclusion Criteria

- Adolescent students who are regularly enrolled in school.
- Students between the ages of 10 and 18.
- Students whose parents or guardians authorize their participation.
- Students who agree to participate in the study.

Technique and Instrument

The data collection technique was a survey using the family APGAR instrument.

The family APGAR instrument consists of five dimensions (adaptation, participation, resources, affectivity, and capacity) that are distributed across five structured items and evaluated on a Likert scale where “0 = never,” “1 = almost never,” “2 = sometimes,” “3 = almost always,” and “4 = always.” The final score ranges from 0 to 20, with a higher score indicating greater family functionality in the adolescent.⁽¹⁸⁾

The instrument was validated using the Kaiser-Mayer-Olkin test, which yielded a result of 0,889 ($KMO > 0,6$), while Bartlett’s sphericity test obtained significant results ($X^2_{approx.} = 2623,831$; $gl = 10$; $p = 0,000$).

Finally, the reliability of the instrument was assessed using Cronbach’s alpha, which yielded a result of 0,944 ($\alpha > 0,6$).

Place and Application of the Instrument

In order to conduct the survey in the educational institution, coordination was carried out with the director of the institution as well as with the students’ tutors, so that they could obtain permission from parents or guardians to allow us to carry out the study. At the same time, they were provided with the necessary information about the study and what would be done during the time it took to complete the data collection.

RESULTS

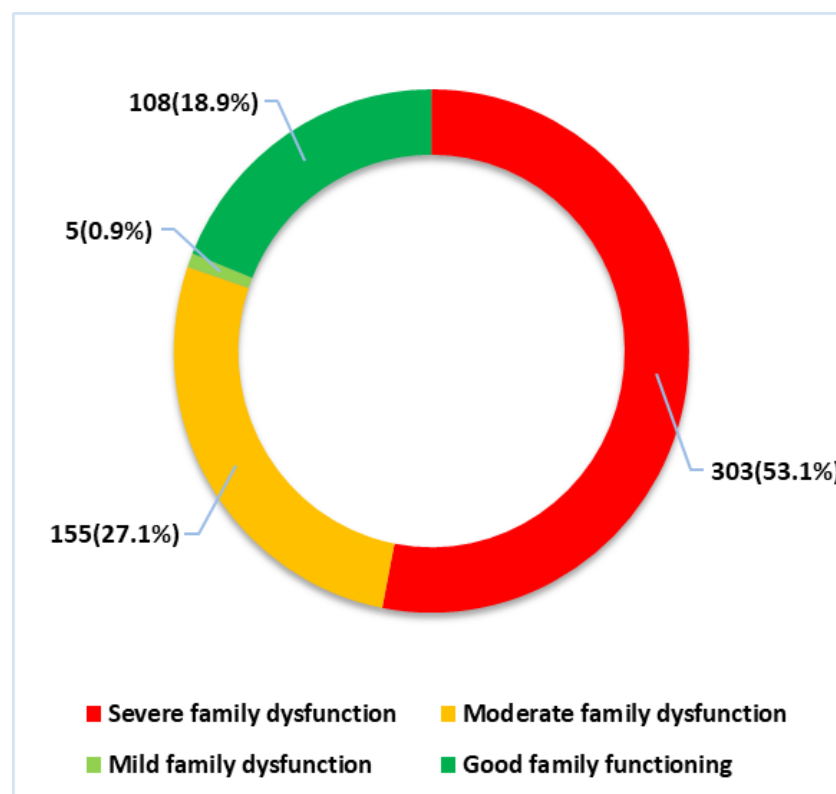


Figure 1. Family Functionality in Adolescents at an Educational Institution in an Area of Lima

We can see in figure 1 that 53,1 % ($n=303$) of participants have severe family dysfunction, 27,1 % ($n=155$) have moderate family dysfunction, 0,9 % ($n=5$) have mild family dysfunction, and 18,9 % ($n=108$) have good family functioning.

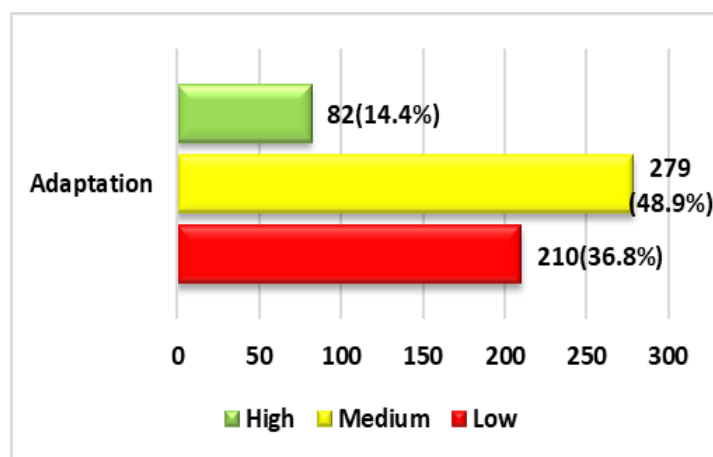


Figure 2. Family functioning in adolescents in terms of adaptation at an educational institution in an area of Lima

Figure 2 shows that 14,4 % (n=82) of participants have a high level of family functionality in terms of adaptation, 48,9 % (n=279) have medium functionality, and 36,8 % (n=210) have low functionality.

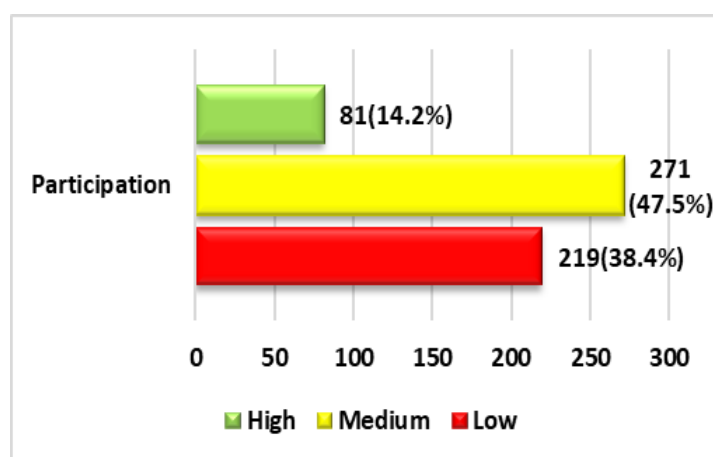


Figure 3. Family functionality in adolescents in terms of participation in an educational institution in an area of Lima

Figure 3 shows that 14,2 % (n=81) of participants have a high level of family functionality in terms of participation, 47,5 % (n=271) have medium functionality, and 38,4 % (n=219) have low functionality.

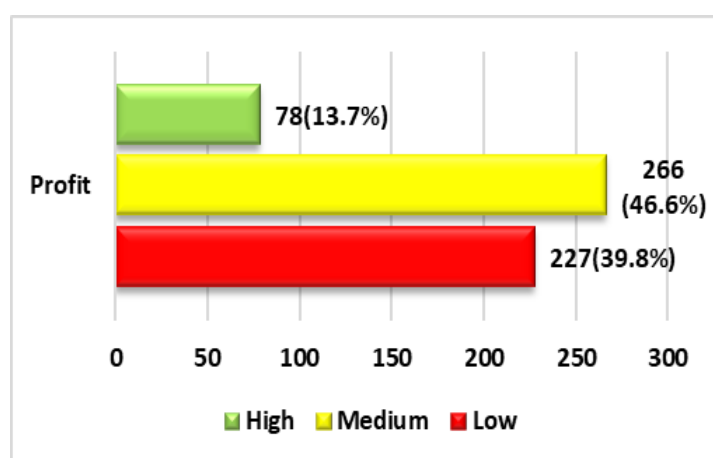


Figure 4. Family Functionality in adolescents in terms of gain in an educational institution in an area of Lima

In figure 4, we can see that 13,7 % (n=78) of participants have a high level of family functionality in terms of the gain dimension, 46,6 % (n=266) have medium functionality, and 39,8 % (n=227) have low family functionality.

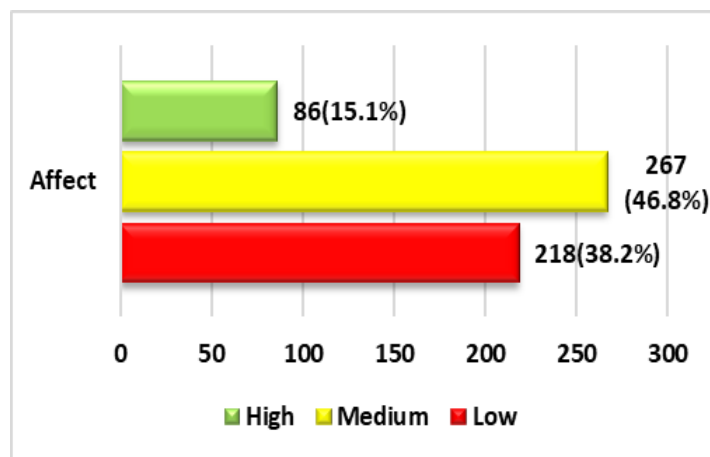


Figure 5. Family functionality in adolescents in terms of affection in an educational institution in an area of Lima

In figure 5, we can see that 15,1 % (n=86) of participants have a high level of family functionality in terms of affection, 46,8 % (n=267) have medium functionality, and 38,2 % (n=218) have low family functionality.

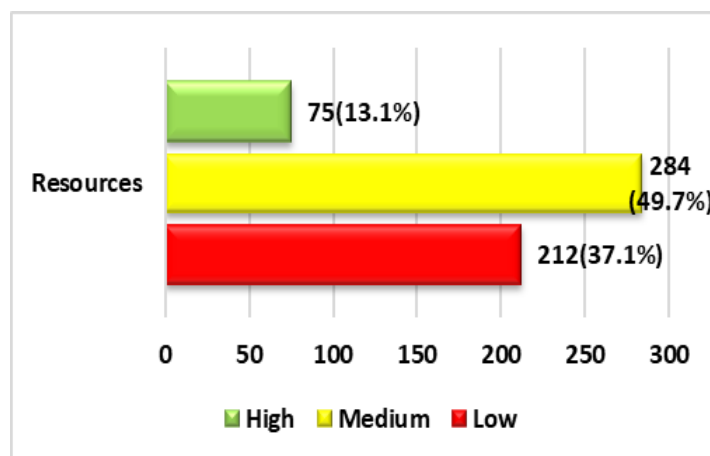


Figure 6. Family functionality in adolescents in terms of resources in an educational institution in an area of Lima

In figure 6, we can see that 13,1 % (n=75) of participants have a high level of family functionality in terms of resources, 49,7 % (n=284) have average family functionality, and 37,1 % (n=212) have low family functionality.

DISCUSSION

Given the perspective of family functioning in relation to adolescents, the family and mental health of adolescents is taken into account in order to verify their development and observe the decisions they make regarding their family environment.

The results of the main variable, family functioning, showed severe family dysfunction, bearing in mind that these results are due to the fact that empathy for children is increasingly lacking within the home, where the emotional stages that must be taken into account for adolescents to develop these emotions are becoming increasingly scarce, given that this will allow for the behavioral and psycho-emotional development of the adolescent. Factors that are conditioning factors in adolescents are family conflicts, inadequate organization in the home, separation of parents, and arguments between parents and children, all of which have a considerable impact on the adolescent.

With regard to its dimensions, medium and low results are shown. This is because the family is an important part of the adolescent's social life, in terms of the emotional bonds between its members. However, when a family crisis arises, the adolescent will be affected, given that adolescence is a stage of mental instability. Many families today allow their children to make their own decisions, which are often wrong, due to their inexperience or rebellious impulses towards their parents, thus affecting the parent-child relationship. The influence that the family exerts on adolescents is very important for them, given that they will have to navigate a path of integration into adult society, where decision-making and taking on new responsibilities will allow them to mature in a healthy way. However, when there is a family full of conflict, where family dysfunction is

evident, adolescents tend to develop personality problems, run away from home, consume harmful substances, have poor social ties, and engage in sexual activity at an early age, since a dysfunctional environment is suffocating for adolescents, causing them to engage in acts that can harm them throughout their lives.

CONCLUSIONS

It is concluded that intervention in the family is necessary in order to observe the factors that can lead to family dysfunction that harms adolescents in the development of their skills.

It is concluded that parent-child workshops should be held to enable adolescents to face new situations that allow them to demonstrate their intellectual abilities and for parents to see their autonomy.

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FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

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