



ORIGINAL

Family Functionality and the Intervention of Nursing in Adolescents of an Educational Institution of 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

Introduction: family functionality is a set of interpersonal relationships of the adolescent, which need an emotional stability and the environment in which they can safely explore an unknown world, therefore.

Objective: to determine family functionality and nursing intervention in adolescents of an educational institution in an area of Lima.

Methods: it is a quantitative-descriptive, cross-sectional study, with a total population of 571 participants who answered a questionnaire of sociodemographic data and the family APGAR instrument.

Results: in the results, 303 (53,1 %) of the adolescents have severe familial dysfunction, 155 (27,1 %) moderate, 5 (0,9 %) mild and 108 (18,9 %) good family function.

Conclusions: it is concluded that family interventions should be carried out that allow family union and thus be able to improve the psycho-affective health of the adolescent.

Keywords: Mental Health; Family Health; Family Funcionality; Adolescents

RESUMEN

Introducción: la funcionalidad familiar es un conjunto de relaciones interpersonales del adolescente, las cuales necesitan una estabilidad emocional y el ambiente en el cual puedan explorar con seguridad un mundo desconocido, por lo tanto.

Objetivo: determinar la funcionalidad familiar y la intervención de enfermería en adolescentes de una institución educativa de una zona de Lima.

Métodos: 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.

Resultados: en los resultados, 303 (53,1 %) de los adolescentes presentan disfunción familiar severa, 155 (27,1 %) moderada, 5 (0,9 %) leve y 108 (18,9 %) buen funcionamiento familiar.

Conclusiones: se concluye que se deben realizar intervenciones familiares que permitan la unión familiar y así poder mejorar la salud psicoafectiva del adolescente.

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

INTRODUCTION

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

Since family functioning refers to the quality of the interactions that are built between the members that make up the family, which can be protective or risk factors when one of its members needs to face 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⁾

Regarding the performance of their functions, families face various difficulties in satisfying the needs of affection and care, so comprehensive attention is required by health professionals.⁽³⁾ In accordance with the above, growing up in a family can be a protective or risk factor, because it serves as a space for learning and development.⁽⁴⁾

Depending on how functional the nuclear family is, young people may initiate negative behaviors voluntarily or involuntarily that can affect their individual health and well-being. Among the most frequent risk behaviors we can observe the consumption of alcohol, tobacco or marijuana; Initiation of sexual relations at an early age, unprotected sex, sexually transmitted infections, eating disorder, dropping out of school, affective disorder, among others.⁽⁵⁾

Therefore, family functionality is known as the set of interpersonal relationships that allows the satisfaction of each of its members, which prevents the appearance of risk behaviors and at the same time facilitates the integral development of the members of the family group, considering that a family is functional when it allows the harmonious passage of each stage of the life cycle.⁽⁶⁾

Adolescence is characterized by a critical period where social skills play an important role in the personal performance of each individual, for which 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 perform daily activities such as going to school, working, and attending meetings. Restrictions on personal freedom therefore directly affect family relations since relations between parents and children are affected by restrictions on their movement.⁽⁹⁾ However, there is evidence that supportive social relationships, a positive family function and positive coping style may play an important role in reducing stress and improving your mental well-being.⁽¹⁰⁾

In Central America, a study conducted in Cuba, in the city of Mayabeque to 27 adolescents revealed that 40,7 % have poor relationships with parents and 33,3 % have dysfunctional families, finding that adolescents in the intermediate stage typify a low level of risk for suicide attempt to predominate female, highlighting that most live in a dysfunctional family functioning.⁽¹¹⁾

In North America, a study conducted in Mexico of 158 adolescent women revealed that 35,4 % of adolescents perceive their families as dysfunctional, 30,4 % reported having suffered psychological violence, 7,6 % reported that they had suffered physical violence and 5,1 % suffered sexual violence. Concluding that intervention is necessary within the educational campus regarding these issues, articulating mechanisms and protocols for prevention, detection and care for those who are affected.⁽¹²⁾

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 the ones who later experienced worse family functioning, but not the other way around.⁽¹³⁾ Another study conducted in Spain to 317 adolescents from two schools in the province of Almeria revealed that bullying aggressors are directly correlated with poor family functionality, given that 13,6 % have suffered bullying, 12,9 % have exercised bullying and 65,3 % have witnessed cases of bullying, showing that stress management, Positive adolescent development and family functioning predominated more in non-aggressive subjects, obtaining higher scores than aggressors.⁽¹⁴⁾

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 with 19 %, so to reduce emotional and behavioral problems, family functionality must be improved with the support of health personnel where parents have to focus and pay more attention.⁽¹⁵⁾

A study conducted in Colombia to 435 adolescents of both genders showed that 69,7 % have suicidal ideation in the female gender and 30,3 % associated with the male gender, showing that 57,4 % is associated with some degree of family dysfunction, indicating that the indicators of family functioning do not operate in isolation, but are collectively related giving consequences such as aggression to others, suicide, depression, etc.⁽¹⁶⁾

In Peru, a study conducted in Huaraz to 236 students revealed that 48,3 % initiated sexual relations after 15 years of age, 22,9 % do not use protection in sexual relations, 42,8 % consume fast food and 40,7 % feel lonely, demonstrating that there is a significant correlation between family functionality and negative risk behaviors, to which the greater the dysfunction, the greater the risk behaviors.⁽¹⁷⁾

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

For this reason, as justification, nursing intervention in adolescents is important, since there are different factors that converge in health, education, and adolescent well-being; That is why, the research, will provide information to address the challenges of health and well-being of the adolescent in the family and educational context.

METHODS

Research type and Design

In the study, according to its properties and characteristics is given from a quantitative approach, with descriptive-transversal methodology not correlational.⁽¹⁸⁾

Population

The total population is made up of a total of 571 adolescent students who agreed to participate in the study. In which it was carried out by means of a voluntary response sampling bias and a type of convenience sampling.

Inclusion Criteria

- Teen students who are enrolled
- Students between 10 and 18 years of age
- Students who parents or guardians authorize the participation of their children.
- Students who agree to participate in the study.
- Students who signed the inform consent CIE IPSF 018-2023. It was previously accepted by the institution.

Technique and Instrument

The data collection techniques were the survey, with the family APGAR instrument.

In the family APGAR instrument, it consists of 5 dimensions (adaptation, participation, resources, affectivity, and capacity) that are distributed in 5 structured items and that are evaluated on a Likert scale where "0 = never", "1 = almost never", "2 = sometimes", "3 = almost always" and "4 = always". The final value is from 0 to 20, where the higher the score, the greater the family functionality the adolescent presents.⁽¹⁹⁾

Regarding the validation of the instrument, the Kaiser-Mayer-Olkin test was performed, obtaining 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).

And finally for the reliability of the instrument was performed by Cronbach's alpha function, where a result of 0,944 (α >0,6) was obtained.

Place and Application of the Instrument

In order to carry out the survey in the educational institution, it was coordinated with the director of the institution also with the tutors of the students, so that they can derive the permits to the parents or guardians that allow us to carry out the study, in turn they were given the necessary knowledge of the study and that is what will be done during the time it takes to finish the data collection.

RESULTS

Figure 1 shows that 53,1 % (n=303) of the participants had severe family dysfunction, 27,1 % (n=155) moderate family dysfunction, 0,9 % (n=5) mild family dysfunction and 18,9 % (n=108) good family function.

In Figure 2, 14,4 % (n=82) of the participants have a high level of family functionality with respect to their adaptation dimension, 48,9 % (n=279) a medium functionality and 36,8 % (n=210) have a low functionality.

In Figure 3, we can see that 14,2 % (n=81) of the participants have a high level of family functionality with respect to their participation dimension, 47,5 % (n=271) a mean family functionality and 38,4 % (n=219) a low family functionality.

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

In Figure 5, we can observe that 15,1 % (n=86) of the participants have a high level of family functionality with respect to their affected dimension, 46,8 % (n=267) a medium family functionality and 38,2 % (n=218) a low family function.

In Figure 6, we can see that 13,1 % (n=75) of the participants have a high level of family functionality with respect to their resource dimension, 49,7 % (n=284) mean family functionality and 37,1 % (n=212) low family functionality.

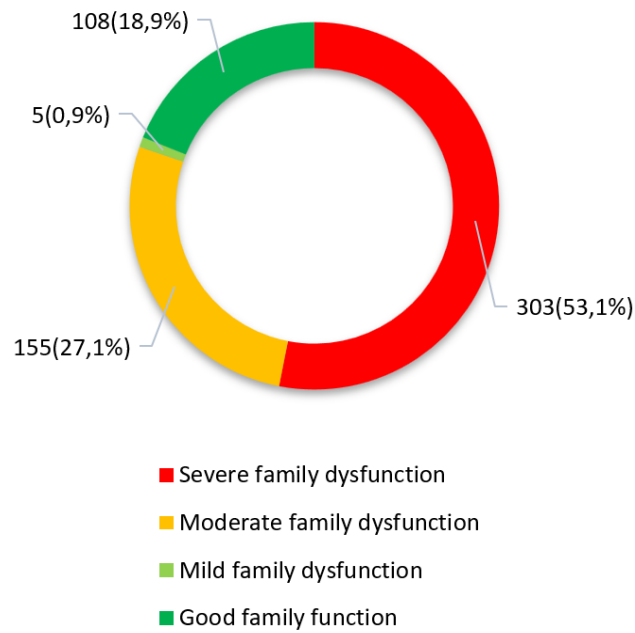


Figure 1. Family Functionality in Adolescents of an Educational Institution in an Area of Lima

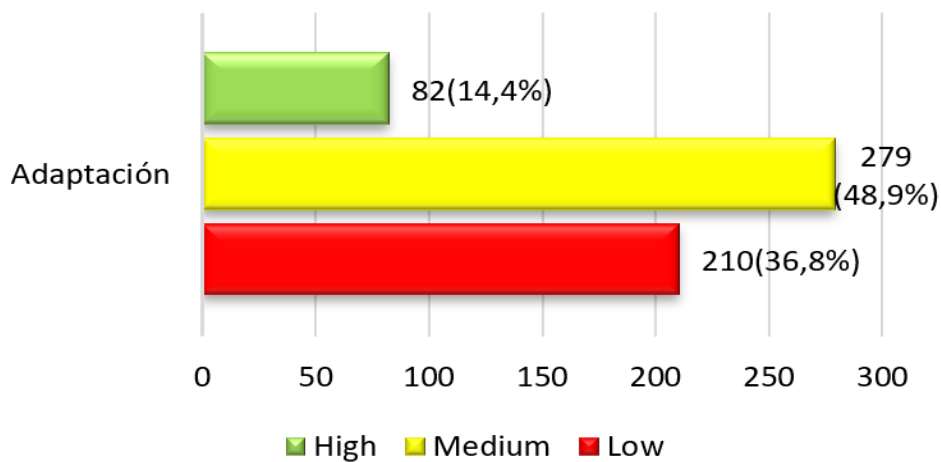


Figure 2. Family functionality in adolescents in its dimension adaptation of an educational institution in an area of Lima

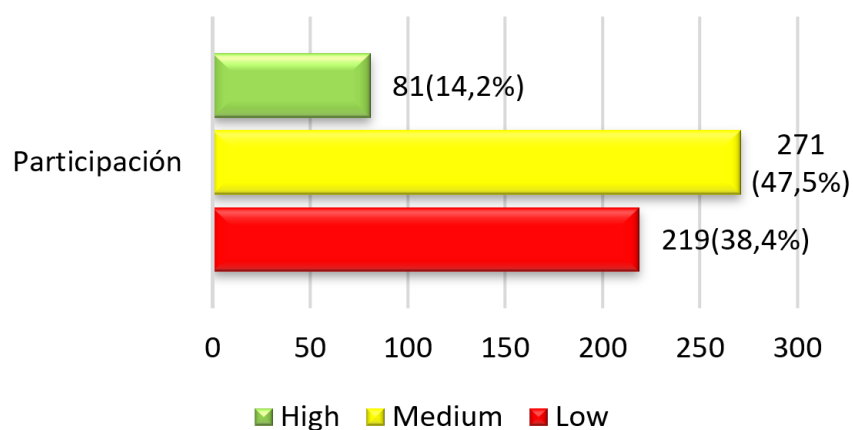


Figure 3. Family Functionality in adolescents in its dimension participation of an educational institution in an area of Lima

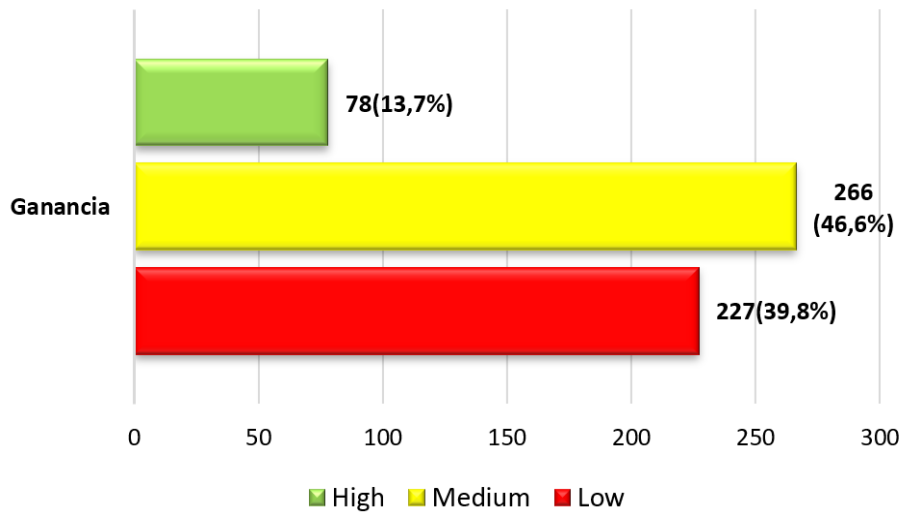


Figure 4. Family Functionality in adolescents in its dimension gain from an educational institution in an area of Lima

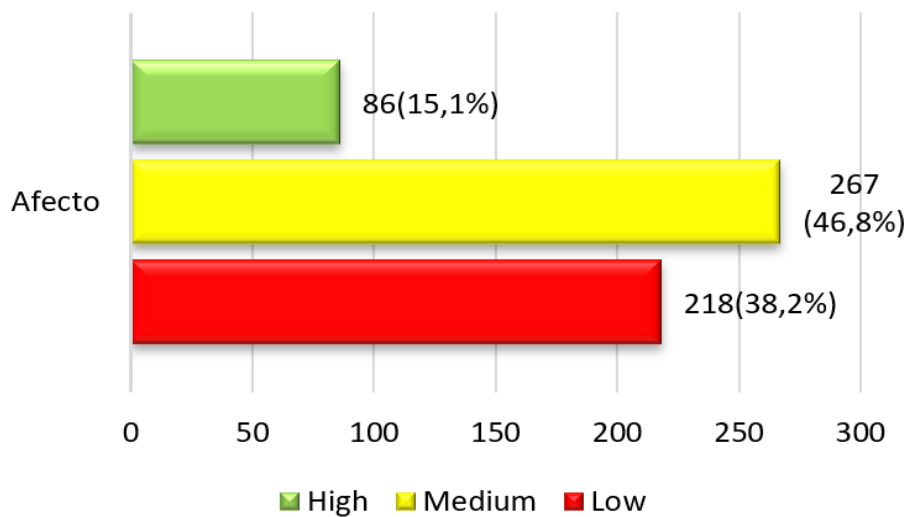


Figure 5. Family Functionality in adolescents in its affected dimension of an educational institution in an area of Lima

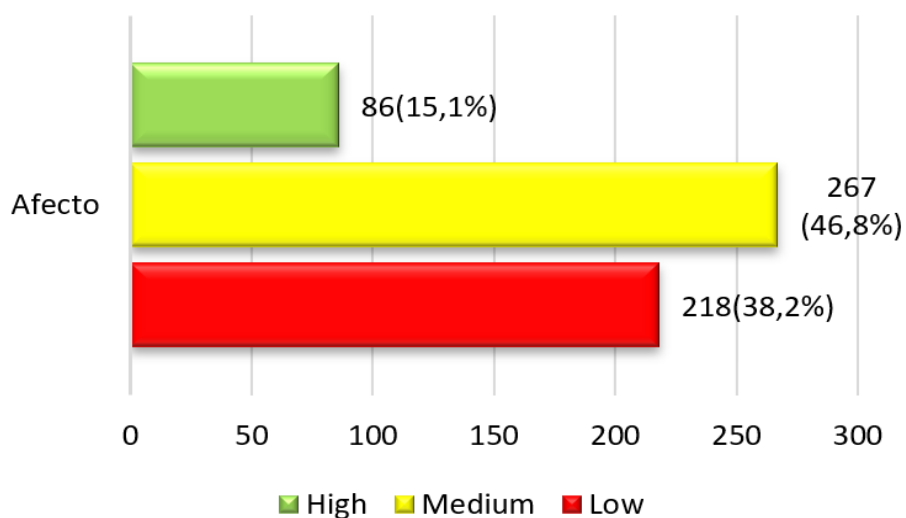


Figure 6. Family Functionality in adolescents in their dimension resources of an educational institution in an area of Lima

DISCUSSION

Given the perspective of family functionality in relation to the adolescent, the family and mental health of the adolescent is taken into account to verify their development and observe the decisions made regarding the family environment.⁽²⁰⁾

In the results of the main variable family functionality, a severe family dysfunction was obtained, taking into account that these results are due to the fact that within the home empathy for children is not increasingly shown, where the emotional stages that must be taken into account for the adolescent to develop those emotions increasingly becomes scarce. Since this will allow the behavioral and psycho-emotional development of the adolescent, factors that are conditioning factors in the adolescent, are family conflicts, inadequate organization in the home, separation of parents and discussion between parents and children, all this affects the adolescent affecting him considerably.^(21,22,23)

With respect to its dimensions, results of medium and low level are shown, this is because, the family being an important part of the social life of the adolescent, in relation to the affective bond of its members, however, when a family crisis is evidenced, the adolescent will be affected, since in adolescence, Being a stage of mental instability, many of the families today let their children make their own decisions in the wrong way, given their inexperience or the impulses of rebellion with their parents, thus affecting the relationship parents and children, since the influence exerted by the family on the adolescent will be very important for him, Given that, the adolescent will have to travel a path of integration into adult society, where making decisions and assuming new responsibilities, will allow him to mature in a healthy way; however, when a family full of conflicts is presented, where a family dysfunctionality is evidenced, the adolescent t He tends to develop personality problems, run away from home, consume harmful substances, have bad social ties and have sex at an early age, since a dysfunctional environment is suffocating for the adolescent, causing him to perform acts that can harm him throughout his life.^(24,25)

On the other hand, this study will be beneficial for future studies, since the research generates a great impact in the field of both health and education, where the improvement of adolescent well-being, strengthening family relationships, comprehensive school support and the improvement of educational and health policies, allows to provide information on different strategies that allow the creation of a supportive environment that promote well-being and Healthy development in the family-adolescent relationship.⁽²⁶⁾

CONCLUSIONS

It is concluded that it is necessary to intervene in the family to be able to observe the factors that can generate a family dysfunction that harms the adolescent in the development of their skills.

It is concluded that workshops should be held for parents and children, which allow adolescents to face new situations that allow them to demonstrate their intellectual abilities, and that parents see their autonomy.

The limitation in the study was that not all students were interested in the research, since their parents did not agree to be in the study, although it is also due to the cultural and social context, since many of the families had different cultural values that did not allow the study to be carried out in their child.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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