

Family functionality and resilience in adolescents of an educational institution in a vulnerable area in Lima



Rosa Perez-Siguas*, Hernan Matta-Solis, Eduardo Matta-Solis

Directorio de Investigación, Universidad María Auxiliadora, San Juan de Lurigancho, Peru

ARTICLE INFO

Article history:

Received 31 May 2022

Received in revised form

14 November 2022

Accepted 15 November 2022

Keywords:

Family

Resilience

Adolescence

Family health

Family functionality

ABSTRACT

The objective of this study is to determine family functionality and resilience in adolescents from a vulnerable educational institution in Lima. It is a quantitative, descriptive, correlational study, with a population of 571 adolescents who answered a questionnaire of sociodemographic data, and the family APGAR scales and Connor Davidson Resilience Scale (CD-RISC) that will allow observing family functionality and resilience. In the results, we observe that in adolescents with severe family dysfunction, 157 (51.8%) have low resilience, in moderate family dysfunction, 155 (100%) have medium resilience, in mild family dysfunction, 5 (100%) have high resilience and with good family function, 108 (100%) have high resilience. Therefore, it is concluded that the family should be intervened to identify possible risk factors that harm the adolescent in the development of their capacities.

© 2022 The Authors. Published by IASE. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Currently, many of the problems that arise in adolescents occur in the face of risky behaviors of their own (Karaer and Akdemir, 2019; Darling and Steinberg, 1993). And many times these behaviors come from a home where family dysfunction is a conditioning factor, allowing negative behaviors in adolescents in their health and relation to society (Paz-Morales et al., 2020; Wu et al., 2016).

These changes in behavior in adolescents allow us to observe a bad family structure that unprotects the adolescent since the family plays a fundamental role in the adolescent's development, where the family, school, or societal environment (Zetino et al., 2020), will trigger negative or positive changes in adolescents in relation to their resilience capacity (Liu et al., 2021; Matzka and Nagl-Cupal, 2020).

Resilience plays an important role in the adolescent stage since resilience determines the strengths and weaknesses of the adolescent (Marchini et al., 2021), which allows the development of their capacities to face negative or positive circumstances in their environment (Rome et al., 2020).

This process is very important for the adolescent since it is a stage where they will look for changes that influence their decisions and the capacity that they present to be able to become an autonomous and independent person in their decisions (Paternina Gonzalez and Pereira Peñate, 2017) since it will give in favor a Good family relationship and that in the adolescent allows to balance their well-being, identity, and security (Esteves Villanueva et al., 2020). In a study carried out in Peru (Huaranga et al., 2020), with a population of 300 participating adolescents, it was observed that 51% of the adolescents had high resilience, although 39% of the adolescents had mild family dysfunction and 13.3% of the adolescents presented a functional family with high resilience. In a study carried out in Ecuador (Meza et al., 2020), with a population of 370 participating adolescents, they stated that 66% of the female sex presented a high level of resilience and 44% of the male sex presented a high level of resilience. Therefore, the research objective is to determine family functionality and resilience in adolescents at a vulnerable educational institution in Lima.

2. Methodology

The present research work, due to its properties and the way of collecting data according to the present variables, is a quantitative, correlational, non-experimental, and cross-sectional approach (Sampieri et al., 2014).

* Corresponding Author.

Email Address: rosa.perez@uma.edu.pe (R. Perez-Siguas)

<https://doi.org/10.21833/ijaas.2023.03.001>

Corresponding author's ORCID profile:

<https://orcid.org/0000-0003-1195-0426>

2313-626X/© 2022 The Authors. Published by IASE.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

The total population consisted of 604 school adolescents, of which 571 agreed to participate in the study; Table 1 specifies the distribution of the participating adolescents. The following criteria are used for inclusion:

- Teen students who are regularly enrolled in the 2020 school year.
- Students between the ages of 10 to 19 years old.
- Adolescent students whose parents authorize the participation of their child in the study.
- Adolescent students who agree to participate voluntarily in the study.

Table 1: Distribution of the participating adolescents

Grade	Section	Shift	Total enrolled	Total respondents
5 th	A	Morning	33	30
	B	Morning	30	29
	C	Morning	32	30
	D	Morning	29	28
	E	Morning	29	28
	F	Morning	29	29
	G	Morning	30	28
	H	Afternoon	29	27
	I	Afternoon	31	30
	J	Afternoon	30	26
	6 th	A	Morning	30
B		Morning	30	30
C		Morning	29	28
D		Morning	30	29
E		Morning	30	28
F		Morning	30	29
G		Morning	30	28
H		Afternoon	32	30
I		Afternoon	30	29
J		Afternoon	31	28
Total			604	571

The technique used was the survey, which was carried out through google form, to use the family APGAR data collection instruments and the Connor Davidson Resilience Scale (CD-RISC) that aim to measure the family functionality and resilience of adolescents from an educational institution in a vulnerable area of Lima.

In the family APGAR instrument, it consists of 5 dimensions (adaptation, participation, resources, affectivity, and capacity) that are distributed in 5 structured items and 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 adolescent's family functionality.

Regarding the Connor Davidson Resilience Scale (CD-RISC) instrument, which evaluates 25 items distributed in 5 dimensions (persistence-tenacity-self-efficiency, control under pressure, adaptability and resilience, control and purpose and spirituality), structured in a Likert scale where “0=absolutely,” “1=rarely,” “2=sometimes,” “3=often,” and “4=almost always.” Where the final score is from 0 to 100, where the higher the score, the greater the resilience of the adolescent.

The validity of the instrument to measure family functionality was determined based on the exploratory factor analysis technique. The Kaiser-

Mayer-Olkin sample adequacy measure obtained a coefficient of 0.890 (KMO>0.5), while the Bartlett sphericity test obtained significant results (X^2 approx.=2623.831; gl=10; p=0.000).

The reliability of the instrument was determined based on Cronbach's Alpha statistical test, the same one that was obtained for all the items (i=5) a coefficient of 0.943 (α >0.8). The validity of the instrument to measure resilience was determined based on the exploratory factor analysis technique. The Kaiser-Mayer-Olkin sample adequacy measure obtained a coefficient of 0.966 (KMO>0.5), while the Bartlett sphericity test obtained significant results (X^2 approx.=23608.933; gl=300; p=0.000). The reliability of the instrument was determined based on Cronbach's Alpha statistical test, the same one that was obtained for all the items (i=25) a coefficient of 0.991 (α >0.8). In the present research work, the data to be entered was given in a data matrix that was designed in the statistical program IBM SPSS Statistics Base 26.0.

The survey for the measurement of family functionality and resilience was carried out on adolescents belonging to the Educational Institution 3057 "Santa Rosa de Carabayllo." To begin, first, the coordination was carried out with each tutor of the sections through the WhatsApp groups, to carry out the research work, and the necessary permits were made with the school board that allows us to carry out the study, giving beneficial results in data collection. It is important to emphasize the presence of the tutors in each section for data collection since they must have knowledge about why the study is being carried out and this will benefit both the adolescents and the institution.

3. Results

In Fig. 1, we observe that 303 (53.1%) of adolescents have severe family dysfunction, 155 (27.1%) have moderate family dysfunction, 5 (0.9%) have mild family dysfunction, and 108 (18.9 %) have a good family function.

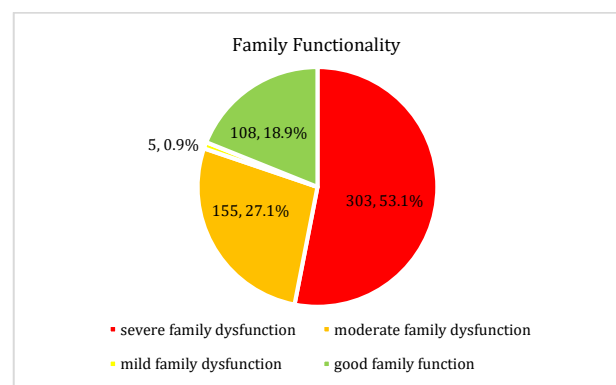


Fig. 1: Family functionality in adolescents of an educational institution in a vulnerable area of Lima

In Fig. 2, we observe that 157 (27.5%) of adolescents have low resilience, 301 (52.7%) medium resilience, and 113 (19.8%) high resilience.

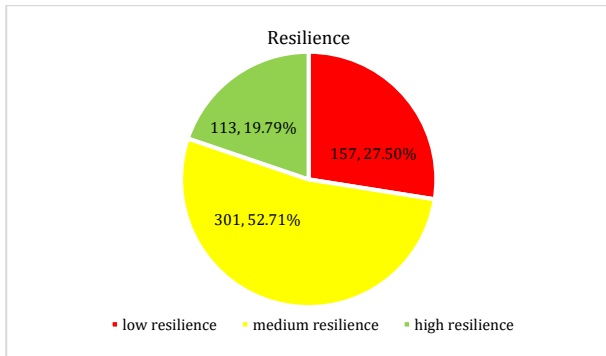


Fig. 2: Resilience in adolescents from an educational institution in a vulnerable area of Lima

In relation to Fig. 3, regarding the dimensions of family function, we observe that 210 (36.8%) of adolescents have low adaptation, 279 (48.9%)

medium adaptation, and 82 (14.4%) high adaptation, in the participation dimension, 219 (38.4%) of adolescents have a low participation in the family, 271 (47.5%) medium participation and 81 (14.2%) high participation, in the development dimension, 227 (39.8%) of adolescents have a low development in the family, 266 (46.6%) medium development and 78 (13.7%) high development, in the affect dimension 218 (38.2%) of adolescents have low affection in their families, 267 (46.8%) have medium affection and 86 (15.1%) have high affection in their families and in their resource dimension, 212 (37.1%) of adolescents have low their resources in their development in the family, 284 (49.7%) have medium resources and 75 (13.1%) have high resources.

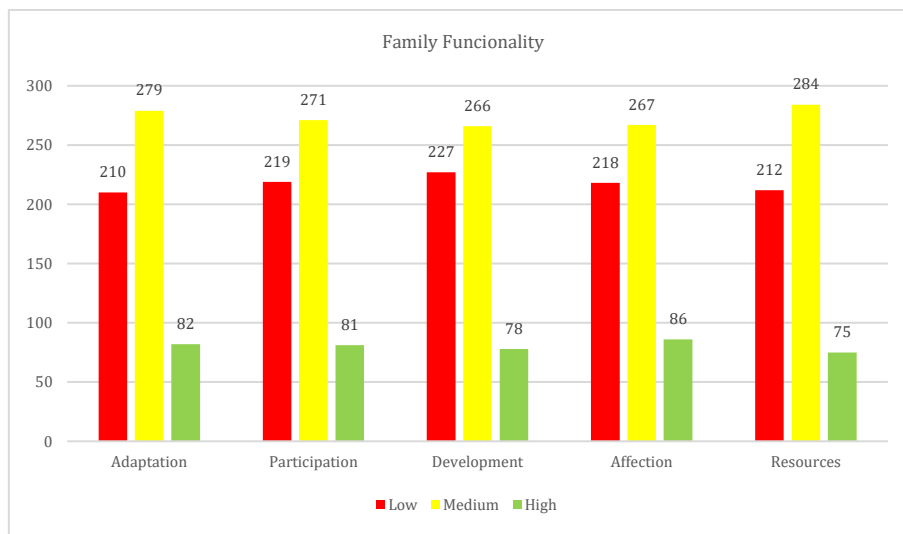


Fig. 3: Family functionality in relation to its dimensions of the adolescents of an educational institution in a vulnerable area of Lima

In Fig. 4, we observe with respect to the resilience dimensions that 157 (27.5%) of adolescents in the persistence-tenacity-self-efficacy dimension have a low level, 301 (52.7%) a medium level, and 113 (19.8%) a high level, in the control under pressure dimension 157 (27.5%) have a low level, 301 (52.7%) a medium level and 113 (19.8%) a high level, in the adaptation and ability to recover dimension 157 (27.5%) have a low level, 301 (52.7%) a medium level and 113 (19.8%) high level, in the control and purpose dimension, 161 (28, 2%) have a low level, 297 (52%) a medium level and 113 (19.8%) a high level and in the spiritual dimension, 158 (27.7%) have a low level, 293 (51.3%) a medium level and 120 (21%) a high level.

In Table 2, we observe the relationship between both variables of family functionality and resilience of adolescents from an educational institution, which was determined with Pearson's chi-square test (X^2). The level of significance of the test obtained a value of 0.99 ($p > 0.05$) ($X^2 = 723.356$; $d.f = 6$). Therefore, in the relationship we interpret that in the adolescent with severe family dysfunction, 157 (51.8%) have low resilience, in moderate family dysfunction, 155 (100%) have medium resilience, in mild family

dysfunction, 5 (100%) have high resilience and with good family function, 108 (100%) have high resilience.

4. Discussions

The present research work is given from a perspective of the family and mental health of adolescents in relation to the family environment and to observe their development and decision-making.

In the results, we observe that in family functionality adolescents present severe family dysfunction, this is because today's families do not show much empathy, affection, and sensitivity to understand their children every time it becomes scarcer, but the adolescent at this stage will need the emotional support of the family where affection and compression will be factors in the adolescent's behavior development. The conditioning factors in adolescent development are the reflections that parents show towards the adolescent, where family conflicts and parental misconduct make the adolescent take these actions as if they were normal in families (da Silva et al., 2012).

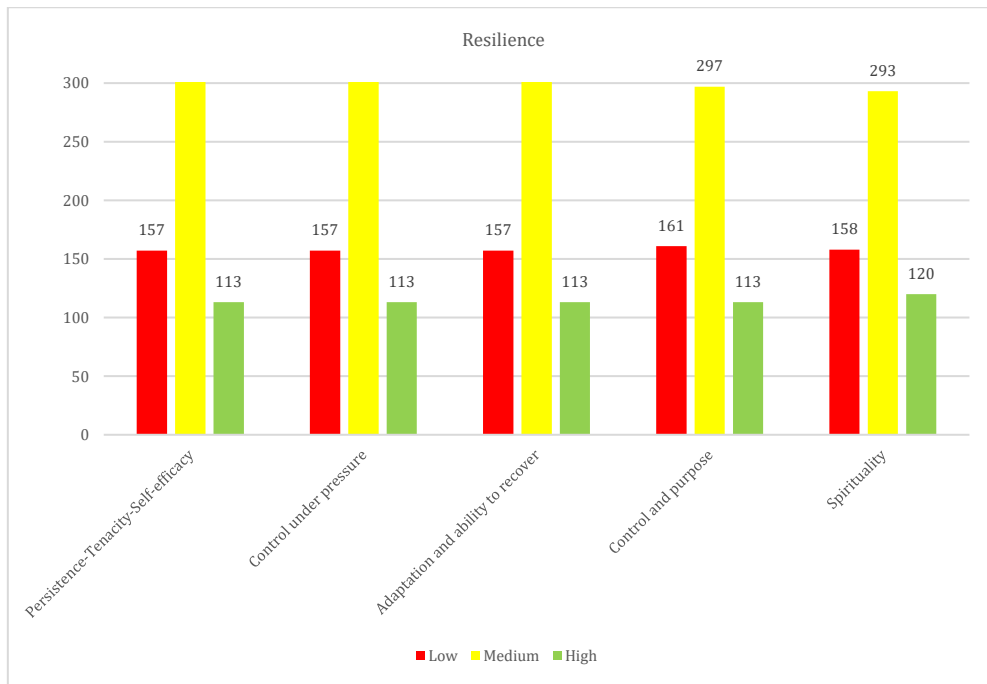


Fig. 4: Resilience in relation to its dimensions of the adolescents of an educational institution in a vulnerable area of Lima

Table 2: Relationship between family functionality and resilience of adolescents of an educational institution in a vulnerable area of Lima

			Resilience			Total
			Low resilience	Medium resilience	High resilience	
Family Functionality	Severe family dysfunction	Count	157	146	0	303
		% within Family Functionality	51.8%	48.2%	0.0%	100.0%
	Moderate family dysfunction	Count	0	155	0	155
		% within Family Functionality	0.0%	100.0%	0.0%	100.0%
	Mild family dysfunction	Count	0	0	5	5
		% within Family Functionality	0.0%	0.0%	100.0%	100.0%
	Good family function	Count	0	0	108	108
		% within Family Functionality	0.0%	0.0%	100.0%	100.0%
	Total	Count	157	301	113	571
		% within Family Functionality	27.5%	52.7%	19.8%	100.0%
Chi-square tests						
		Value	df	Asymptotic significance (bilateral)		
Pearson's Chi-square		723,356 ^a	6	.000		
Likelihood ratio		737,340	6	.000		
Linear-by-linear association		405,579	1	.000		
N° of valid cases		571				

a: 3 cells (25.0%) have expected a count of less than 5. The minimum expected count is .99

In the results of resilience in adolescents it is observed that they have a medium resilience, these results are based on the changes that the adolescent can make within the home in a positive way, where Development at a physical and mental level will allow the adolescent to develop manifesting their decision-making and coping skills in any situation where it can adapt. In Huaranga et al. (2020), they argued that the adolescent may have a high level of resilience due to certain factors, family, positive decisions towards themselves, and the ability to adapt in Society, all of which will have an impact on the adolescent that will allow to handle situations with facilities and be able to develop more skills that allow improving their resilience.

In the results of the relationship between family functionality and resilience, we observe that adolescents with low resilience have severe family dysfunction, this is because the family is an important part of the intervention of resilience in the

adolescent, since the parents have the function of building resilience in the adolescent by providing resources that allow them to overcome obstacles and be able to function on their own in Society, but that the family can positively or negatively influence the adolescent's development. Meza et al. (2020) argued that the relationship of the adolescent with the parents will play an important role for the development of resilience, since the interventions carried out by the parents will allow them to expand their coping capacities and positive behaviors.

5. Conclusions

It is concluded that strategies should be promoted in institutions that allow adolescents to further expand their social skills and this allows them to increase their level of resilience. It is necessary to intervene in the family to identify possible risk factors that harm the adolescent in the

development of their capacities. Counseling should be provided to parents that allows them to identify factors that can positively or negatively influence adolescents.

Compliance with ethical standards

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

- da Silva DR, Rijo D, and Salekin RT (2012). Child and adolescent psychopathy: A state-of-the-art reflection on the construct and etiological theories. *Journal of Criminal Justice*, 40(4): 269-277. <https://doi.org/10.1016/j.jcrimjus.2012.05.005>
- Darling N and Steinberg L (1993). Parenting style as context: An integrative model. *Psychological Bulletin*, 113(3): 487-496. <https://doi.org/10.1037/0033-2909.113.3.487>
- Esteves Villanueva AR, Paredes Mamani RP, Calcina Condori CR, and Yapuchura Saico CR (2020). Habilidades sociales en adolescentes y funcionalidad familiar. *COMUNI@CCIÓN: Revista de Investigación en Comunicación y Desarrollo*, 11(1): 16-27. <https://doi.org/10.33595/2226-1478.11.1.392>
- Huaranga IV, Cajusol ED, Ybarra BE, and Fernández DE (2020). Resiliencia y funcionalidad familiar en estudiantes de secundaria. *Revista Ciencia y Arte de Enfermería*, 5(2): 31-36. <https://doi.org/10.24314/rcae.2020.v5n2.05>
- Karaer Y and Akdemir D (2019). Parenting styles, perceived social support and emotion regulation in adolescents with internet addiction. *Comprehensive Psychiatry*, 92: 22-27. <https://doi.org/10.1016/j.comppsy.2019.03.003>
PMid:31003724
- Liu Q, Jiang M, Li S, and Yang Y (2021). Social support, resilience, and self-esteem protect against common mental health problems in early adolescence: A nonrecursive analysis from a two-year longitudinal study. *Medicine*, 100(4): e24334. <https://doi.org/10.1097/MD.00000000000024334>
PMid:33530225 PMCID:PMC7850671
- Marchini S, Zaurino E, Bouziotis J, Brondino N, Delvenne V, and Delhay M (2021). Study of resilience and loneliness in youth (18–25 years old) during the COVID-19 pandemic lockdown measures. *Journal of Community Psychology*, 49(2): 468-480. <https://doi.org/10.1002/jcop.22473>
PMid:33169377
- Matzka M and Nagl-Cupal M (2020). Psychosocial resources contributing to resilience in Austrian young carers: A study using photo novella. *Research in Nursing and Health*, 43(6): 629-639. <https://doi.org/10.1002/nur.22085>
PMid:33124047 PMCID:PMC7756732
- Meza AKT, Rosado ISM, and Basurto MJI (2020). Resiliencia en adolescentes con problemas de la conducta, con un enfoque de género en estudiantes del 10mo grado: La resiliencia en adolescentes con problemas de la conducta, con un enfoque de género en estudiantes del 10mo grado. *Revista Científica Sinapsis*, 1(16). <https://doi.org/10.37117/s.v1i16.350>
- Paternina Gonzalez DH and Pereira Peñate MM (2017). Funcionalidad familiar en escolares con comportamientos de riesgo psicosocial en una institución educativa de Sincelajo (Colombia). *Revista Salud Uninorte*, 33(3): 429-437. <https://doi.org/10.14482/sun.33.3.10932>
- Paz-Morales MDLÁ, Martínez-Martínez A, Guevara-Valtier MC, Ruiz-González KJ, Pacheco-Pérez LA, and Ortiz-Félix RE (2020). Family functioning, parental rearing and its relationship to nutritional status in preschoolers. *Atencion Primaria*, 52(8): 548-554. <https://doi.org/10.1016/j.aprim.2020.02.017>
PMid:32605723 PMCID:PMC7505860
- Rome ES, Dinardo PB, and Issac VE (2020). Promoting resiliency in adolescents during a pandemic: A guide for clinicians and parents. *Cleveland Clinic Journal of Medicine*, 87(10): 613-618. <https://doi.org/10.3949/ccjm.87a.20055>
PMid:33004322
- Sampieri RH, Collado CF, and Lucio MDPB (2014). *Metodología de la Investigación*. 6th Edition, McGraw-Hill Interamericana Editores, Ciudad de México, México.
- Wu CST, Wong HT, Yu KF, Fok KW, Yeung SM, Lam CH, and Liu KM (2016). Parenting approaches, family functionality, and internet addiction among Hong Kong adolescents. *BMC Pediatrics*, 16: 130. <https://doi.org/10.1186/s12887-016-0666-y>
PMid:27538688 PMCID:PMC4991114
- Zetino YL, Galicia BE, and Venta A (2020). Adverse childhood experiences, resilience, and emotional problems in Latinx immigrant youth. *Psychiatry Research*, 293: 113450. <https://doi.org/10.1016/j.psychres.2020.113450>
PMid:32977052