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ORIGINAL

Total Family Risk of Families of school adolescents from a Vulnerable Area of North Lima

Riesgo Familiar Total de Familias de Adolescentes Escolares de Zona Vulnerable de Lima Norte

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ABSTRACT

Family risk is one of the probabilities in which adverse situations may occur within the family that can be witnessed during a family assessment, so the research objective is to determine the total family risk of families with school adolescents in a vulnerable area of North Lima. It is a quantitative, descriptive-transversal study, with a total population made up of 140 heads of household with school adolescents who answered a questionnaire on sociodemographic aspects and the instrument of total family risk. In the results, it can be observed that 62,9 % (n=88) of the heads of household have a family with low risk, 27,1 % (n=38) have threatened families and 10 % (n=14) have families with high risk. In conclusion, the strengthening of health professionals in terms of extramural work is very important because it allows to identify if there is any risk that compromises the family, especially the infant, and to be able to act according to the situation.

Keywords: Family; Family Relations; Public Health; Coronavirus.

RESUMEN

El riesgo familiar es una de las probabilidades en que se pueden presentar situaciones adversas al interior de la familia que pueden ser presenciadas durante una evaluación familiar, por lo que el objetivo de la investigación es determinar el riesgo familiar total de las familias con adolescentes escolares de una zona vulnerable de Lima Norte. Se trata de un estudio cuantitativo, descriptivo-transversal, con una población total conformada por 140 jefes de hogar con adolescentes escolares que respondieron un cuestionario sobre aspectos sociodemográficos y el instrumento de riesgo familiar total. En los resultados se observa que 62,9 % (n=88) de los jefes de familia tienen familia con riesgo bajo, 27,1 % (n=38) tienen familias amenazadas y 10 % (n=14) tienen familias con riesgo alto. En conclusión, el fortalecimiento de los profesionales de la salud en cuanto al trabajo extramural es muy importante porque permite identificar si existe algún riesgo que comprometa a la familia, especialmente al lactante, y poder actuar de acuerdo con la situación.

Palabras clave: Familia; Relaciones Familiares; Salud Pública; Coronavirus.

INTRODUCTION

The new coronavirus disease (COVID-19) has spread rapidly throughout the planet, which was declared by the World Health Organization (WHO) as a global pandemic in the face of a health crisis that to date has left 511,107,390 infections and 6,225,901 deaths.^(1,2) The COVID-19 pandemic continues to affect global populations in a variety of unprecedented ways. Families and individuals that make up these social and universal units have been particularly harmed.⁽³⁾

COVID-19 poses a serious threat to the well-being of children and families due to challenges related to social disruption such as financial insecurity, caregiving burden and confinement-related stress (overcrowding, changes in structure and routine). The consequences of these difficulties are likely to be long-lasting, in part because of the ways in which contextual risk permeates the structures and processes of family systems.⁽⁴⁾

Thus, family risks can have detrimental effects on a wide range of developmental and growth outcomes in children, particularly during the first years of life. These factors may be due to a number of characteristics of family members, as well as attributes as a whole in mention of socioeconomic aspects (family poverty, low parental education or single-parent family), interpersonal aspects (family conflict, mistreatment or abuse), critical life events (death or illness of other important persons, frequent moves or migrations) and other risks, including parents (drug abuse or mental illness).⁽⁵⁾

As such, the current COVID-19 crisis has been particularly damaging and vulnerable for low-income families with young children. It is for this reason that most parents have had to deal with and overcome painful difficulties in order to survive this pandemic crisis together with their youngest children.⁽⁶⁾

The family is currently going through a process of profound change due to the continuous global changes that have occurred in recent decades, these changes threaten structural, functional and evolutionary stability, bringing consequent changes in health and well-being patterns throughout the family life cycle.⁽⁷⁾

However, family structure experiences are important for child development because they influence children's care settings, including the levels of parenting and economic resources available or invested in them and the nature of their relationships with their caregivers.⁽⁸⁾

A study conducted in the United Kingdom, observed in 11,000 study members that low-risk families were (57,6 %), high-risk families (16,3 %), high-risk single-parent families (24 %) and ethnic minority families (2,1 %). Within their offspring, we identified five different risk configurations: low-risk families (62 %), low-risk families (15,1 %), moderate-risk single-parent families (10,1 %), moderate-risk large families (8,9 %), high socioeconomic risk and high psychosocial (4 %). However, we can find that social support can open up new opportunities, especially with regard to the opportunity for education and employment, but also new risks and potentially an increasing peripheralization of the most vulnerable families.⁽⁹⁾

A study conducted in Peru, with 112 parents in which several instruments were applied, including the "RFT 5-33". The findings found that threatened families were more frequent in total family risk (58 %) and threatened families also had a greater predominance in factors ($\geq 72,3\%$). It concluded that families threatened prevailed more in family risk and its dimensions.⁽¹⁰⁾

Another study conducted in Peru, with 336 participants, in its results it was observed that 61,6 % of families were at low risk, 23,8 % threatened family risk and 14,6 % high family risk. Concluding that, family health programs should be strengthened complemented by comprehensive actions that can identify risks within the family.⁽¹¹⁾

Therefore, the research objective is to determine the total family risk of families with school adolescents in a vulnerable area of North Lima.

METHODS

In the study, according to its properties is quantitative, with respect to its methodology is descriptive-cross-sectional non-experimental.⁽¹²⁾

The total population is made up of a total of 140 heads of household with infants under 5 years of age

- Participants with infants under 5 years old
- Participants heads of household over 20 years old
- Participants who voluntarily agree to be present at the study

The data collection technique was the survey, which includes sociodemographic aspects and the Total Family Risk instrument (RFT5:33).

The RFT5:33 is an instrument made up of 33 items distributed by 5 dimensions (psycho-affective conditions, health services and practices, housing and neighborhood conditions, socioeconomic situation and management of minors). Of which the alternatives are based on a Likert-type scale where the response alternatives are dichotomous where "1= presence of risk" and "0= absence of risk". In which the final score varies from 0 to 33 points. In which the evaluation scale is "0 to 4 points" low family risk, "5 to 12 points" risk of threatened families and "13 to 33 points" high family risk". So the higher the score, the higher the family risk.⁽¹³⁾

The reliability of the instrument was determined according to Cronbach's alpha statistical test, obtaining a 0,810 ($\alpha > 0,7$), which makes the instrument reliable for study.

Prior coordination was made with each head of household with infants under 5 years of age, in addition to giving them prior information so that they have the necessary knowledge about the study.

RESULTS

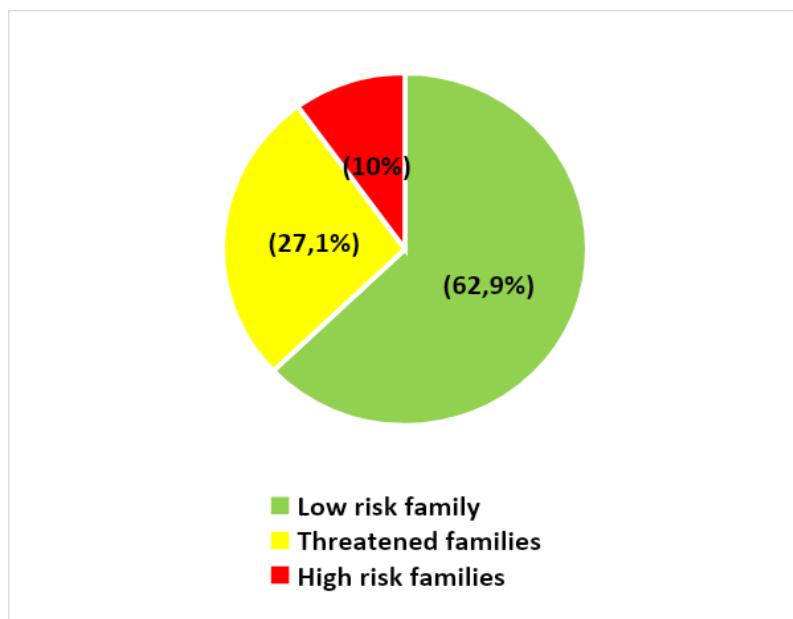


Fig. 1. Total family risk of families with school adolescents from a vulnerable area of North Lima

In figure 1, it can be seen that 62,9 % of the participants have a family with low risk, 27,1 % have families threatened and 10 % have families with high risk.

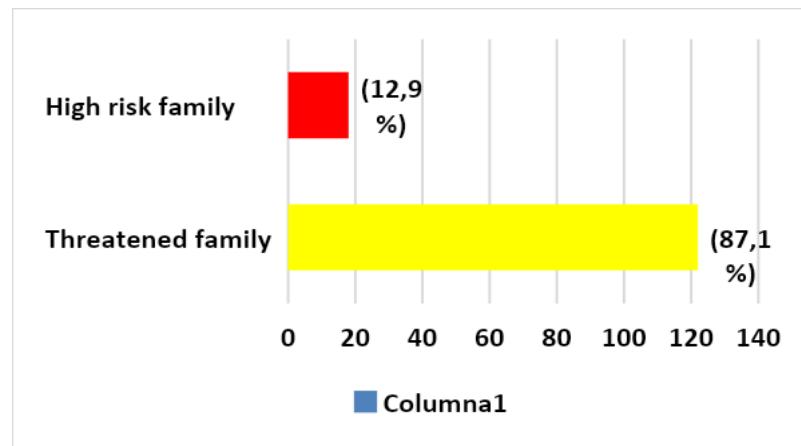


Fig. 2. Total family risk in its dimension psychoaffective conditions of families with infants under 5 years of age in a vulnerable area of North Lima

In figure 2, we can observe in relation to the dimension psych affective conditions that, 12,9 % of the participants have families with high risk and 87,1 % are a threatened family.

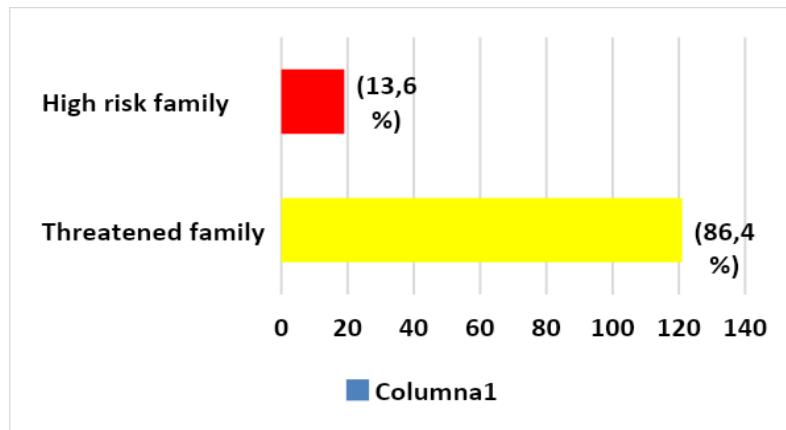


Fig. 3. Total family risk in its dimension health services and practices of families with infants under 5 years of age in a vulnerable area of North Lima

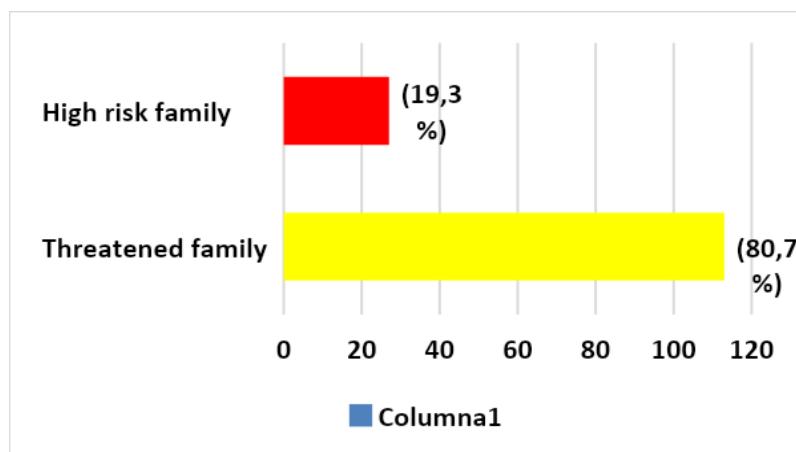


Fig. 4. Total family risk in its dimension housing conditions and neighborhood in homes of families with school adolescents in a vulnerable area of North Lima

In figure 3, with respect to the dimension of health services and practices, 13,6 % have a high-risk family and 86,4 % are threatened.

In figure 4, with respect to its dimension housing conditions and neighborhood in households that, 19,3 % of the participants have a high-risk family and 80,7 % a threatened family.

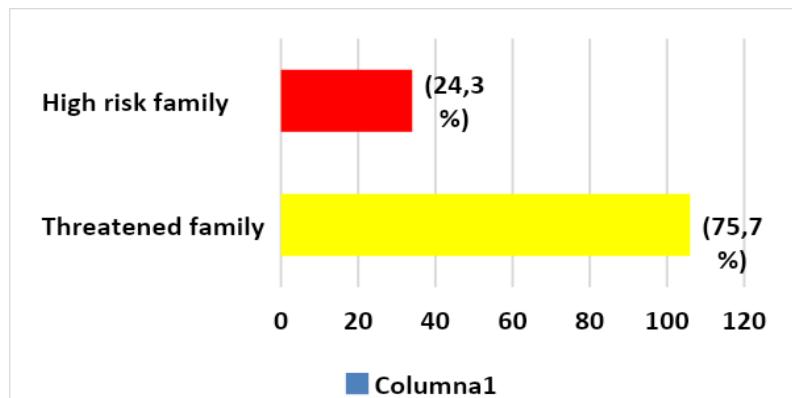


Fig. 5. Total family risk in its socioeconomic condition dimension with infants under 5 years of age from a vulnerable area of North Lima

In figure 5, with respect to the socioeconomic condition dimension, 24,3 % of the participants have a family with high risk and 75,7 % have a threatened family.

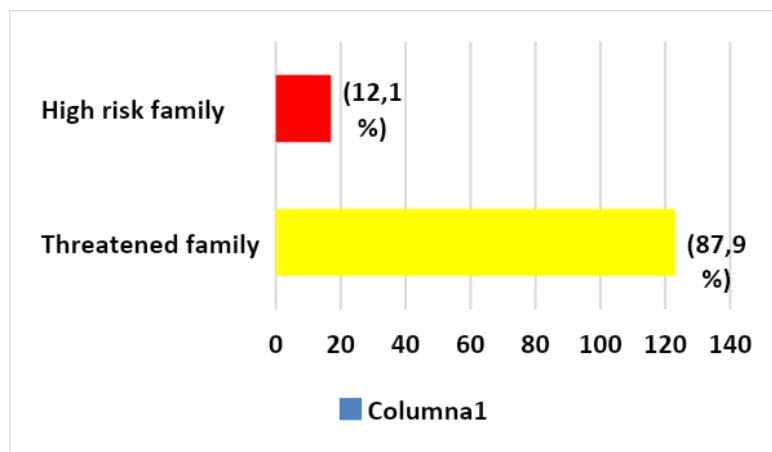


Fig. 6. Total family risk in its dimension management of minors with infants under 5 years of age from a vulnerable area of North Lima

In figure 6, with respect to its dimension of management of minors, 12,1 % of the participants have families with high risk and 87,9 % have threatened families.

DISCUSSION

These times of emergence of health and economic crisis generated by the pandemic and armed conflicts makes the planet enter a scenario of shortages to meet the basic needs of households; Families and their members will be affected, as well as family dynamics. The health crisis and economic precariousness pose a serious threat to the well-being of children and families due to challenges related to social disruption, such as financial insecurity, caregiving burden, and confinement-related stress (e.g.

overcrowding, changes in structure and routine). The consequences of these difficulties are likely to be long-lasting, in part because of the ways in which contextual risk permeates the structures and processes of family systems.⁽¹⁴⁾

The tools used to mitigate the threat of economic precariousness and the harsh pandemic such as COVID-19 may well threaten child growth and development. These tools, such as social restrictions, school closures and closures, contribute to parental and child stress and can become risk factors that threaten child growth and development and can compromise the Sustainable Development Goals.⁽¹⁵⁾

Therefore, it is essential to assess the total family risk that gives us elements to have a more accurate diagnosis of families and the risks they present. Hence the objective of this study that seeks to generate scientific evidence related to this line of research on family health and child health. The implementation of policies to slow the advance of the pandemic produced some impediments in the lives of citizens such as detachment from family and friends, shortages of food and medicine, loss of wages, social isolation due to quarantine or other social distancing programs and school closures. The mental or emotional health of its members was affected according to the evidence reported in recent months. This also increased domestic violence and violence in children. Children experience a new normal.⁽¹⁶⁾

Finally, it should be noted that there are external factors that alter family dynamics, before which their capacities for adaptation and protection are altered, thus not being able to guarantee the safety of the members that make it up. Children under 5 tend to be the most vulnerable. Heads of household are often not prepared to ensure that the basic needs of family members are met. Their employment status, educational level and beliefs can negatively influence the health and development of the most vulnerable members. Through primary health care, efforts should be redoubled in strategies aimed at family health care, in addition to work outside the health facility, that is, home visits.⁽⁴⁾

CONCLUSIONS

In conclusion, it is necessary to strengthen the extramural work by health professionals in terms of home visits and thus be able to assess the family within the home and observe if there is any risk that compromises the infant and act immediately.

Strategies should be made to strengthen the care of families according to the jurisdiction of the health establishment and thus be able to provide health care so that they can access it.

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CONFLICTO DE INTERESES

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