

Total Family Risk in Families who go to Popular Dining Rooms in a Vulnerable Area of Collique, Comas

Hernan Matta-Solis^{1,*}, Rosa Perez-Siguas¹, Eduardo Matta-Solis¹, Melissa Yauri-Machaca²

¹Research and Intellectual Creativity Direction, Universidad María Auxiliadora, 15408, Lima-Perú

²Research and Technology Direction, Business on Making Technologies, 15307, Lima-Perú

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ABSTRACT

The family can be referred to as a basic nucleus of society, where it must be fully formed as a group and guarantee the safety and development of its members. Increasing social inequality affects society and also the families that comprise it. It is a study with a quantitative approach, with a non-experimental, descriptive and cross-sectional design. The population consisted of 240 heads of families who go to 12 Popular Dining Rooms of a Vulnerable Area of Collique. The data collection technique was the survey-interview and the instrument used was the RFT 5-33 questionnaire of 5 dimensions and 33 items. The total family risk in families who go to Popular Dining Rooms of a Vulnerable Area of Collique in Comas, it is presented as follows, 172 participants representing 72% are threatened families; 41 participants representing 17% are families with low risk and 27 participants representing 11% are families with high risk. Regarding dimensions, threatened families predominated in all, in psycho-affective conditions with 94%, in health services and practices with 91%, in housing and neighborhood conditions with 62%, in socioeconomic situation with 85% and in child management with 85%. The total family risk that predominated is threatened families, followed by families with high risk and families with low risk. Regarding the dimensions of the main variable, threatened families predominate in all of them. The dimension with the highest high-risk value is housing and neighborhood conditions.

1. Introduction

The family, as the basic nucleus of society, must develop plenty as a group and guarantee the safety and development of its members. Growing social inequality affects society and the families that make it up, this problem affects and destabilizes family dynamics, exposing and making it vulnerable to existing social problems [1].

Similarly, it not only makes families vulnerable to social problems but also to psycho-affective emotional and motivational problems where these aspects compromise the development of self-esteem, self-confidence and the fulfillment as a person of each family member, altering the development of values and optimal functionality that benefits the family [2].

In the family, there is a diversity of problems that are accentuated more frequently, and there are no ways to solve them, couples who are at the head of the family nucleus choose divorce

or separation as a solution, a situation that affects the Family structure and functioning [3], also, family ruptures bring relevant psychosocial consequences for their members, many times these affect the personality of their children [4].

According to the National Program Against Family and Sexual Violence of the Ministerio de la Mujer y Poblaciones Vulnerables, it indicates the frequency of cases of different types of violence, where the main type of violence is psychological, followed by physical, sexual and economic. In relation to the age groups with the types of violence given in women, cases of violence were attended in the first semester of 2018, where it was found that 72% of young and adult women said they had suffered some type of violence, followed 22% to girls and adolescents and 5% to older women [2].

In the same way, the Instituto Nacional de Estadística e Informática mentions the complaints registered by the National Police on family violence due to marital and family problems, according to department, during 2016, they show that Lima has

*Corresponding Author: Hernan Matta-Solis, Email: hernan.matta@uma.edu.pe

the highest number of complaints with 28 699 reports, followed by Arequipa with 9,748 reports [5].

In the research study carried out in Colombia, it shows the results obtained in families of schoolchildren where the level of total family risk shows that 55% of families are at a threat risk level, 37% at a low risk level and 8% at high risk level; when evaluating the individual risk categories of the five factors studied according to RFT 5-33, all the factors are classified as threatened and the factor related to housing and neighborhood is located in its highest frequency at 21% [6].

In the research study carried out in Colombia, the results of the characterization of the total family risk show that in the group of adolescents, 57% of the total are threatened families and 8% are families with high risk. From the measurement of adolescents, 57% are threatened families and 8% are families with high risk, from it is measured by caregivers, 66% are threatened families and 15% are families with low risk [7].

In the research study carried out in Peru, they mention the results of the total family risk, they found 35 families that represent 31% of the total are family with high risk, 58 families that represent 51% of the total are threatened and 20 families that represent 18% of the total have low risk. Regarding the dimensions of the total family risk, those that present a high risk are the housing and neighborhood conditions, they have 46 families that represent 41%, and in health services and practices they have 41 families that represent 36% [8].

The objective of the research work is to determine the total family risk in families who go to Popular Dining Rooms of a Vulnerable Area of Collique in Comas, which it will allow to observe what the family risk is in families. This study is important since it will provide with relevant and real data about the vulnerability of families exposed to risky conditions that can compromise all family members.

In the present research work, the Total Family Risk questionnaire also known as RFT Questionnaire 5-33 will be used as a collection instrument.

The data collection was processed through the survey of families who go to Popular Dining Rooms of a Vulnerable Area of Collique in Comas, the data to be entered was carried out in a data matrix that will be designed in the statistical program IBM SPSS Statistics Base 25.0, it proceeded to its corresponding analysis, which will allow to make statistical tables so that they can be described and interpreted in results and discussions, respectively.

The following research work is structured as follows: In section II, the development of the data collection process of the families who go to a popular dining room of Collique in Comas will be presented and also the guidelines to consider. In section III, the results will show the total family risk in families who go to Popular Dining Rooms of a Vulnerable Area of Collique in Comas according to the measures based on the variable. In section IV, it presents the discussions of the research work and in section V, the conclusions.

2. Methods

In this part, the type and design of the research will be developed, also the population and the sample that will be carried out in the research work, the inclusion and exclusion criteria in detail and finally the technique and the instrument for collecting data.

2.1. Research type and design

The present study has the characteristics of the quantitative approach. Regarding the research design, this study is non-experimental, descriptive and cross-sectional [9].

2.2. Population

This study was carried out in the total population. This is made up of 240 family managers who go to a popular dining room of Collique in Comas. The family heads identified in their entirety is women.

Inclusion criteria

- Family managers who live in the area at least 1 year old
- Family managers who consume food in a popular dining room of Collique in Comas.
- Family managers who are physically and/or mentally able to answer an interview.
- Family managers who wish to participate and sign the informed consent for participation in the study.

Exclusion criteria

- Family managers who do not live in the study jurisdiction.
- Family managers who do not consume food in the Popular Dining Room linked in the study.
- Family managers who are not physically and/or mentally capable of answering an interview.
- Family managers who do not wish to participate and do not sign the informed consent to participate in the study.

2.3. Technique and instrument

The data collection technique to be used in this study will be the survey, since a structured instrument is used to capture a good amount of information from the participants in the data collection process [10].

In the present research work, the Total Family Risk questionnaire also known as RFT Questionnaire 5-33 will be used as a data collection instrument, which is made up of 5 factors or dimensions, in which 33 main items are distributed.

The 5 factors or dimensions are: psycho-affective conditions, health practices and services, housing and neighborhood, socioeconomic situation and child management. The answers are all dichotomous for each of the items, if it is at risk, it is given a value of 1 and if there is an absence of it, it is valued at 0. Between 5 to 12 risks of 33 possible, it has families threatened, between 13 and 33 risks of 33 possible, it is families with high risk, and 0 to 4 risks of 33 possible, it has families with low risk. The final value

of the variable Total family risk has three values: families with high risk, threatened families and families with low risk [11].

The values as families with high risk, is based as a situation where the family is exposed to dangers in which it can compromise all the members; threatened families is the situation where the family is vulnerable to dangerous situations where one or all the members of the family would be compromised and families with low risk, refers to the situation that the family is at some type of risk but that can be controlled by the family members.

2.4. Place and Application of the Instrument

The survey to measure total family risk was carried out in families who go to a popular dining room of Collique in Comas.

In order to start data collection, administrative procedures were previously carried out at the university in order to obtain the cover letter stating the title of the study. With this document, steps were taken regarding authorizations to access the popular dining room of Collique in Comas. In a first contact, the people in charge of the Popular Dining Room were happy to support the development of the study.

By identifying the number of families who go to Popular Dining Rooms, it coordinated with the representatives of the popular dining room to date the most appropriate time to collect the data.

The data collection was carried out in the second quarter of the year (April to June of the year), this was carried out mainly during the hours in which family managers went to the popular dining rooms to coordinate the purchase of their food. In some cases, the family heads suggested that the interview be conducted at their home. An average time of approximately 15 to 25 minutes was taken with each family head.

It is important to mention the nursing staff present at the research site since they carry out their controls in popular dining room, weight and height screening is done in families, especially in children and adolescents since they are in a growth stage and development which is very important in their diet, so that they are not prone to get diseases.

3. Results

Below, there are graphs of the surveys carried out following the guidelines corresponding to the research work:

In Figure 1, it has the data of the study participants, where it can observe regarding to the family risk in families who go to popular dining room, 172 participants that represent 71.7% of the total are threatened families, 41 participants that represent the 17.1% of the total are families with low risk and 27 representing 11.3% are families with high risk.

In the Figure 2, it can see regarding to the Total Family Risk in its psycho-affective conditions dimension, in families who go to Popular Dining Rooms, that 226, which represents 94%, are threatened families and 14, which represents 6%, represents Families with high risk. In its dimension, health services and practices, in families who go to Popular Dining Rooms, 219,

representing 91% are threatened families and 21, representing 9%, are families with high risk, in its dimension, housing and neighborhood conditions, in families that go to Popular Dining Rooms, that 149 participants representing 62% are threatened families and 91 participants that represent 38% are families with high risk, in their socioeconomic situation dimension, in families that go to Popular Dining Rooms, that 203 participants that represent 85% are threatened families and 37 participants that represent 15% are families with high risk and in their dimension child management, in families who go to Popular Dining Rooms, that 204 participants representing 85% are threatened families and 36 participants representing 15% are families with high risk.

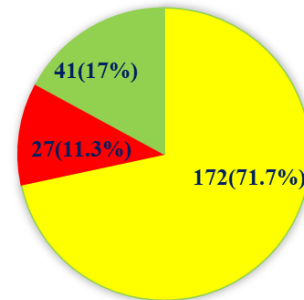


Figure 1: Total Family Risk in Families who go to Popular Dining Rooms in a Vulnerable Area of Collique, Comas – 2018

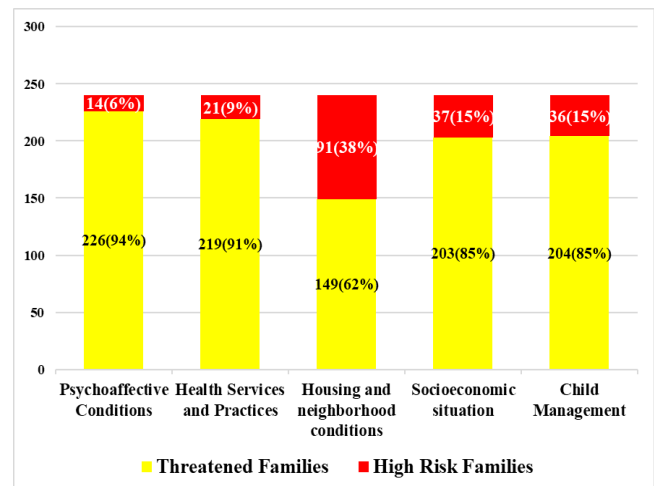


Figure 2: Total family risk according to its dimensions in families who go to Popular Dining Rooms in a Vulnerable Area of II of Collique, Comas - 2018

In Table 1, it has the study participants from popular dining rooms in a vulnerable area of Collique, Comas, where it can see that, in the "Los Diamantes" popular dining room 100% represent the threatened families, in the "Nuestra Señora de Luz" popular dining room 94.1% represents threatened families, 5.9% represents families with high risk, in the "Cruz de Motupe" popular dining room 92% represents threatened families, 8% represents families with low risk, in the "El Buen Pastor" popular

Table 1: Total Family Risk in Families who go to Popular Dining Rooms in a Vulnerable Area of Collique, Comas.

			TOTAL FAMILY RISK - Risk level			Total
			Threatened Families	Families with High Risk	Families with Low Risk	
Popular Dining Rooms	Virgen de Fatima	Count	13	0	3	16
		% in the dining room	81,2%	0,0%	18,8%	100,0%
	Micaela Bastidas	Count	13	2	1	16
		% in the dining room	81,2%	12,5%	6,3%	100,0%
	Corazón de Jesus	Count	18	9	4	31
		% in the dining room	58,1%	29,0%	12,9%	100,0%
	Iglesia Evangelica	Count	13	4	0	17
		% in the dining room	76,5%	23,5%	0,0%	100,0%
	Nuestra Sra. de la Luz	Count	16	1	0	17
		% in the dining room	94,1%	5,9%	0,0%	100,0%
	Victor Raul Haya de la Torre	Count	10	1	13	24
		% in the dining room	41,6%	4,2%	54,2%	100,0%
	Corazon de Jesus II	Count	17	4	1	22
		% in the dining room	77,3%	18,2%	4,5%	100,0%
	Cruz de Motupe	Count	23	0	2	25
		% in the dining room	92,0%	0,0%	8,0%	100,0%
	Los Diamantes	Count	11	0	0	11
		% in the dining room	100,0%	0,0%	0,0%	100,0%
	Milagros de Jesus	Count	14	1	13	28
		% in the dining room	50,0%	3,6%	46,4%	100,0%
	El buen Pastor	Count	19	2	0	21
		% in the dining room	90,5%	9,5%	0,0%	100,0%
	Los Diamantes II	Count	5	3	4	12
		% in the dining room	41,7%	25,0%	33,3%	100,0%
Total	Count		172	27	41	240
	% in the dining room		71,7%	11,3%	17%	100,0%

dining room 90.5% represent threatened families, 9.5% represent families with high risk, in "Micaela Bastidas" popular dining room 81.2% represent threatened families, 12.5% represent families with high risk and 6.3% represent families with low risk, in the "Virgen de Fátima" popular dining room 81.2% represent threatened families, 18.8% represent families with low risk in the "Corazón de Jesús II" popular dining room 77.3% represent threatened families, 18.2% represent families with high risk and 4.5% represent families with low risk, in the "Iglesia Evangélica" popular dining room 76.5% represents threatened families, 23.5% represents families with high risk, in the "Corazón de Jesús" popular dining room 58.1% represents threatened families, 29% represents families with high risk and 12.9% represent families with low risk, in the "Milagros de Jesús" popular dining room 50% represent threatened families, 3.6% represent families with high risk and 46.4 % represents families with low risk, in the "Los Diamantes II" popular dining room 41.7% represents threatened families, 25% represents families with high risk and 33.3% represents families with low risk and in the "Victor Raúl Haya de la Torre" popular dining room 41.6% represents threatened families, 4.2% represents families with high risk and 54.2% represent families with low risk.

The results of this study can be interpreted that the total family risk of families who go to popular dining room is linked to the promotion of family health, since it is very important to know the consequences that exist in families, whether due to disorganization within the family, family dysfunction, or diseases, that allow us to act on it and have the ability to make changes in families that present some type of difficulties.

4. Discussion

The total family risk assessment allows guiding family health care, ensuring the health of each member of the family group and the context in which they take place [12]. For this reason, the importance of putting into practice the proposal of Pilar Amaya, who involves a series of factors and dimensions that allow to see the family's problems in an integral way [11].

The findings proposed by Pilar Amaya, who emphasizes in her instructions that threatened families present between 5 and 12 risks in relation to the 33 items that are part of the risk assessment; these families are characterized by the presence of emotional and affective alterations that result in an adverse environment for the optimal development of the family members. These family groups have difficulties in accessing public health services, in addition to their precarious situation being this situation a threat to the members of the family group. Total family risk is a dynamic concept, that is, it is changing and can be altered over time [11,13]. We agree with what was pointed out by Barboza E. and collaborators, who in their respective studies indicate that this group of threatened families must be given due attention, since they can become families with high risk, which would worsen their situation [14].

In relation to its psycho-affective conditions dimension, threatened families predominated, followed by families with high risk. A threatened family must be monitored to see its evolution over time, in order to prevent the family from becoming involved in more risks, this dimension is closely linked to the mental and emotional health of families, in which it is altered in the

interpersonal relationships between family members. Becerra et al. point out in their results in relation to psycho-affective conditions that affective needs are important to satisfy and preserve the mental health of families, therefore, at an emotional level, it will depend on how the family can face situations where the role and the dynamics in the family are not altered [8].

In terms of health services and practices, threatened families predominated, followed by families with high risk. In the study, the basic needs of health benefits are increasingly difficult because most families do not predispose with time because they are mainly engaged in activities that generate income to cover their basic needs, where the health is prioritized in the background, because many of them, due to their educational level, do not value health care, also, they do not know about the care provided by health facilities in their jurisdiction. We agree with what was stated by Giraldo M., who in his study that the distance and lack of involvement of the health establishment with its population has led to the underutilization of the health services available there, where families do not perceive the related risks with their health, also their members, this often causes health problems that evolve over time and can generate unfavorable sequelae in the family [7].

In terms of housing and neighborhood conditions, threatened families predominated, followed by families with high risk; Compared to the other dimensions, this presents a higher risk in families. Health or illness is the result of a dynamic interrelation between families and the environment that surrounds them, although it is true that the environment has a direct link with being healthy in different ways, which is why it improves living conditions and improves the health levels of family members. However, the study showed environmental sanitation problems, where the lack of support from the municipality, the lack of organization and participation of families in caring for their environment has been very high, but that there is no culture in themselves that allow them to prioritize that aspect. In the study by Soto A. and collaborators, findings were evidenced in relation to deficiencies in this aspect and that attributes the socioeconomic conditions and the lack of support from the authorities to improve the environment and adapt the place to live [12]. In the same way, Millan M. and collaborators also point it out in their study associate the socioeconomic situation with the development and adequacy of homes and their sanitation, where unsanitary conditions constitute a risk for all family members [15].

In its socioeconomic situation dimension, threatened families predominated, followed by families with high risk, on the analysis of this dimension conditions the development of a family, because it explains the shortcomings and constraints that families go through in their daily lives, where the Precarious work and education are points that compromise the family and its members. In the same way, Pérez R. and collaborators highlight that education and job insecurity make it difficult for family members to know and access their social rights as citizens, therefore social assistance is important since it allows them to fulfill a palliative function given the needs of families, and that it is important that government institutions and the state promote decent and sustained employment for the population [16].

Finally, in its dimension child management, threatened families predominated followed by families with high risk, in the study the results were alarming, because the health of the child in this community is prioritized as second plane. The risk that minors are exposed to where the conditions of housing, neighborhood and

the economic situation of the family are determinants that sustain the well-being of the child, coincides with the study by Cabello E. et al. [17].

5. Conclusions

It is concluded that the total family risk in families who go to popular dining room of Collique in Comas, where threatened families predominated, followed by families with low risk and families with high risk, is suggested to the health establishment of the jurisdiction, implement as part of its extramural activities, a program of visits to families with high risk, so that it can specifically identify their problems and be able to address them comprehensively.

It is concluded that more variables should be introduced in future studies, in order to establish new possibilities of relating the main variable total family risk with other variables that allow a better understanding of family health and the risks of families in all their dimensions.

It is concluded that studies with qualitative and mixed approaches should be developed that allow a deeper understanding of the problem that these families are going through, this will give a better picture when analyzing family health and the care that is oriented to improve it.

It is suggested that the nursing professional continuously monitor the area through a program of home visits directed from the results of this study, focusing on the growth and development of children and adolescents, their diet, care, and the family relationship.

Conflicts of Interest

The authors declare that they have no conflict of interest.

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