

RESEARCH ARTICLES

Family Functioning and Resilient Coping in Peruvian Parents : a Study Conducted during the COVID-19 Pandemic

Funcionamiento familiar y afrontamiento resiliente en padres de familia peruanos: estudio realizado durante la pandemia COVID-19


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Summary

To determine whether family functioning predicts the level of resilience in parents facing the impact of the COVID-19 pandemic, a predictive and cross-sectional study was conducted on a sample of 183 parents from the department of La Libertad, who were selected under a non-probabilistic purposive sampling. Two instruments were used to collect data: Cohesion and Family Adaptability Evaluation Scale (CESF) and the Brief Resilient Coping Scale (BRC). Based on a linear regression analysis, an adequate model fit is observed (F -test = 35.924, $p < .001$), where family functioning ($\beta = .407$, $p < .05$) is a variable that significantly predicts resilience (adjusted $R^2 = .161$). Also, the t -values of the beta regression coefficients of the predictor variable are highly significant ($p < .01$). In conclusion, the level of family functioning predicts the degree of resilient coping in parents in the department of La Libertad during the COVID-19 pandemic.

Keywords: Family; Functioning; Resilience; Parents; Crisis; COVID-19.

Resumen

Con el objetivo de determinar si el funcionamiento familiar predice el nivel de afrontamiento resiliente en padres de familia que enfrentan el impacto de la pandemia COVID-19, se realizó un estudio predictivo y transversal sobre una muestra de 183 padres de familia del departamento de La Libertad, quienes fueron seleccionados bajo un muestreo no probabilístico de tipo intencional. Para recolectar datos se usaron dos instrumentos: Escala de Evaluación de Cohesión y Adaptabilidad Familiar (CESF) y la Escala Breve de Afrontamiento Resiliente (BRC). Sobre la base de un análisis de regresión lineal, se observó un ajuste adecuado del modelo (Prueba $F = 35.924$, $p < .001$), donde, el funcionamiento familiar ($\beta = .407$, $p < .05$) fue una variable que predice significativamente la resiliencia (R^2 ajustado = .161). Asimismo, los valores t de los coeficientes de regresión beta de la variable predictora fueron altamente significativos ($p < .01$). En conclusión, el nivel de funcionamiento familiar predice el grado de afrontamiento resiliente en los padres de familia del departamento de La Libertad, durante la pandemia COVID-19.

Palabras clave: Familia; Funcionamiento familiar; Resiliencia; Padres; Crisis; COVID-19.

Introduction

The COVID-19 pandemic has generated fear, loneliness, anxiety, uncertainty, depression and other consequences that have come to affect not only public health, but also the mental health of different age groups (Huarcaya, 2020; Izquierdo, 2020).

In Latin America, as of May 20, 2020, Brazil had the highest number of SARS-CoV-2 cases (272 000), followed by Peru with almost 99,500 and Mexico with about 54,500 (Pasquali, 2021a). However, as of June 3 of the same year, the number of infections increased significantly in Peru, with more than 254,000 confirmed cases and 8,045 deaths. In this scenario, the departments with the largest number of fatalities were Lima (3674), Callao (541), Lambayeque (705), Piura (689), La Libertad (441), Ancash (419) and Ica (409) (Ministry of Health, 2020).

In relation to this problem, the authorities took measures to prevent the proliferation of the virus, a situation that affected a large part of the working population, especially adults responsible for the welfare of their families (Naranjo et al., 2020). Thus, the issue of family functionality became very important for many social researchers, since prevention measures forced people into confinement and social isolation, which led to changes in family dynamics. In this regard, multiple pre-pandemic research reported prevalence of family dysfunctionality in

different countries in the region: Peru (35%), Costa Rica (31.4%), Brazil (26.8%) and Colombia (59%). This fact has generated consequences in the mental health of adolescent children, who have a higher risk of suicide, especially those from dysfunctional families (Higuita & Cardona, 2016).

Especially in the Peruvian context, statistics showed the existence of crises in families. It was observed that the informal marital situation of cohabitation is increasing, while the number of married couples is decreasing, and the number of separated couples has increased, a situation that weakens family cohesion (Díaz et al., 2020). According to statistical data from the intercensal period from 2007 to 2017, single-person households increased by 74.2% with an annual average of 5.7%, as well as households with no family nucleus by 26.9% (National Institute of Statistics and Informatics, 2019). In addition, a survey revealed that the most serious problems affecting families are the loss or lack of employment (36.6%), lack of economic resources (29.4%), contagion of at least one member of their household or immediate family (22.1%), and debt (12.5%) (Pasquali, 2021b).

In the face of these adversities and negative conditions, it is of utmost importance to develop resilience as a form of protection that provides more adaptive and healthy lifestyles (Figuroa, 2005), from a positive and hopeful approach (Uriarte, 2005), which, together with good family functioning, are protective factors in times of crisis (Andrade & Pereira, 2010).

In this case, good family functioning, understood as good family health, becomes a protective factor (Jiménez-Picón et al., 2019). This is characterized by having the ability to overcome the difficulties that the family goes through during various stages and make changes in its structure to achieve adaptation and cohesion, providing stability in each family member (Ferrer et al., 2013). In addition, adaptation to changes is faster with less emotional cost for family members, perceived as an opportunity for growth and strengthening of family interaction (Vergara et al., 2020).

Resilience is also understood as a process of coping with change or adversity, where the person brings out their own resources and strengthens protective factors (Gómez & Kotliarenco, 2010); as well as positively adapts to difficulties (Navea & Tamayo, 2018), where the individual shows the ability to overcome and emerge stronger (Becoña, 2006), preserving health and psychological well-being (Cahuana et al., 2019).

Regarding the relationship between these two variables, in an adverse context or risk factors, if the person or family presents certain weaknesses in their functioning, also called vulnerability factors, the detrimental impact of problems and crises will increase significantly (Gómez & Kotliarenco, 2010). In this regard, scientific literature, through various research studies, shows the role of the family in the development of resilience, in such a way that family cohesion and adaptability are stronger predictors of resilience (Cahuana et al., 2019). Likewise, Arriaga et al. (2017) affirmed that indeed family functionality would have a significant relationship with resilience. Both statements corroborated the conclusions of Athié and Gallegos (2009) who mentioned that the factors of family functioning, couple relationships, communication, shared time, cohesion among members, are factors that promote the capacity to overcome adversity, that is, promote resilience.

Therefore, the objective of this study was to determine whether family functioning predicts the level of resilient coping in parents facing the impact of the COVID-19 pandemic in La Libertad, Peru.

Method

Design

The study corresponds to a cross-sectional and predictive design, since a functional relationship was explored by means of the prognosis of a criterion variable based on one or more predictors (Ato et al., 2013).

Participants

A total of 183 parents from the city of Cascas, Gran Chimú Region, department of La Libertad participated in the study. They were selected through non-probabilistic purposive sampling.

Inclusion criteria were applied such as: being parents of legal age, speaking Spanish, being parents with children, accepting the informed consent, and exclusion criteria such as: not having completed the test, native language speakers, underage parents, and parents with empty nest syndrome.

Table 1 shows the characteristics of the participants. For example, it is observed that the largest number of participants are women (67.2%). According to age, 28.4% are between 31 and 40 years old; according to education level, 35% have primary school education; according to occupation, 36.1% are housewives. In the second position are independent workers with 34.4%; 74.3% form a nuclear family; and finally, 45.9% belong to the Seventh-day Adventist religion.

Table 1.
Socio-demographic data of the study population

| Variable | Category | Frequency | Percentage |
|-----------------|---------------------------|-----------|------------|
| Sex | Feminine | 123 | 67.2 |
| | Masculine | 60 | 32.8 |
| Age | 20 - 30 | 39 | 21.3 |
| | 31 - 40 | 52 | 28.4 |
| | 41 - 50 | 49 | 26.8 |
| | 51 - 60 | 28 | 15.3 |
| | 61-70 | 15 | 8.2 |
| Marital Status | Married | 80 | 43.7 |
| | Cohabitant | 78 | 42.6 |
| | Separated | 22 | 12.0 |
| | Widowed | 3 | 1.6 |
| Education Level | No education | 7 | 3.8 |
| | Primary | 64 | 35.0 |
| | Secondary | 55 | 30.1 |
| | Advanced Technical Degree | 35 | 19.1 |
| | University | 74 | 41.1 |
| Occupation | Stable worker | 22 | 12.0 |
| | Farmer | 31 | 16.9 |
| | Independent worker | 63 | 34.4 |
| | Retired | 1 | 0.5 |
| | Housewife | 66 | 36.1 |
| Religion | Catholic | 73 | 39.9 |
| | Adventist | 84 | 45.9 |
| | Evangelical | 7 | 3.8 |
| | Other | 19 | 10.4 |

| | | | |
|----------------|---------------|-----|------|
| Type of Family | Nuclear | 136 | 74.3 |
| | Incomplete | 31 | 16.9 |
| | Extensive | 13 | 7.1 |
| | Reconstituted | 3 | 1.6 |

Instruments

Family Cohesion and Adaptability Scale (FACES).

It has a Peruvian adaptation (FACES-III version) made by Reusche in 1994 for a population of adolescents. It consists of 20 items, distributed in two dimensions: emotional bonding and flexibility; with Likert-type response options ranging from one point (almost never) to five (almost always). Regarding its psychometric properties, a Cronbach's Alpha of .87 was found in this research study and the construct validity was deduced from other research studies in Peruvian territory (Ferreira, 2003).

Brief Resilient Coping Scale (BRCS).

In Peru there is an adaptation made by Caycho et al. (2018). It is composed of 4 items distributed in a single factor, which must be answered on a four-point Likert scale, from *does not describe me at all* (1) to *describes me very well* (5). In this research study, a Cronbach's Alpha of .89 was found. Likewise, the resilient coping scale showed other evidence of validity in studies conducted in other contexts.

Procedures

A Google form was developed for data collection, and it was shared to contacts in social networks such as WhatsApp and Facebook. In particular cases, surveys were printed and given in person, taking all biosecurity measures to avoid the spread of COVID-19. On the first page was the informed consent form, and it explained that participation was voluntary and that the handling of the information was totally confidential.

Data Analysis

For the statistical analyses, the SPSS version 25.0 statistical program was used and was carried out in stages. In the first stage, the mean and standard deviation of the study variables were calculated. In the second stage, Student's t-test for independent samples and Cohen's d as a measure of effect size (ES) were used to determine whether there are significant differences in the variable scores between men and women, following the guidelines that hold that values of .20, .50 and .80 indicate a small, moderate and large ES. In the third stage, a correlation analysis was performed using the Pearson coefficient and finally a linear regression analysis.

Results

Regarding the comparison of means, Table 2 showed that there are no significant differences in relation to the family functioning variable between males and females ($t = -.376$, $p = .171$), but significant differences are noted on the resilience variable ($t = -2.502$, $p = .13$). Moreover, the effect size was calculated using Cohen's scale and found to be significant for the variables family functioning and resilience ($d = .21$, $.40$).

Regarding the correlation analysis, Table 3 showed significant correlations between the variable family functioning and resilient coping ($r=.407$, $p<.05$), as well as with the dimensions emotional bonding ($r=.411$, $p<.05$) and flexibility ($r=.256$, $p<.05$).

Table 2.*Comparison of means between variables according to gender*

| Variables | Males | | Females | | t | P | d |
|--------------------|-------|------|---------|------|--------|------|-----|
| | M | DS | M | DS | | | |
| Family functioning | 73.81 | 9.55 | 71.80 | 9.15 | -1.376 | .171 | .21 |
| Resilience | 18.31 | 2.22 | 17.30 | 2.73 | -2.502 | .013 | .40 |

Table 3.*Correlation analysis between study variables (r Pearson)*

| | Family functioning | Resilient coping | Emotional bonding | Flexibility |
|--------------------|--------------------|------------------|-------------------|-------------|
| Family functioning | 1 | | | |
| Resilient coping | ,407** | 1 | | |
| Emotional bonding | ,791** | ,411** | 1 | |
| Flexibility | ,828** | ,256** | ,313** | 1 |

** The correlation is significant at the 0.01 level (2-tailed).

Regarding the linear regression analysis, Table 4 showed an adequate model fit (F-test = 35.924, $p < .001$), in which family functioning ($\beta = .407$, $p < .05$) is a variable that significantly predicts resilient coping (adjusted $R^2 = .161$). Likewise, the t-values of the beta regression coefficients of the predictor variable are highly significant ($p < .01$).

Table 4.*Linear regression analysis*

| Predictors | B | EE | β | T | p |
|--------------------|-------|-------|---------|-------|------|
| (Constante) | 9,351 | 1,393 | | 6,712 | .000 |
| Family Functioning | ,114 | ,019 | ,407 | 5,994 | .027 |

Note: Dependent variable = resilient coping (F-test = 35.924, $p < .000$; adjusted $R^2 = .161$), B = unstandardized coefficient, EE = standard error, β = standardized regression coefficient.

Discussion

During the COVID-19 health emergency, many aspects of family life have undergone significant changes. There were repercussions not only in the public health arena, but also in vital aspects of people's lifestyles (Cuenca et al., 2020). With the measures of social restriction and mandatory confinement, many families have had to survive in spite of economic scarcity; however, family dynamics have also had to adapt, generating difficulties in the process (Naranjo et al., 2020). Therefore, the objective was to determine whether family functioning predicts the level of resilient coping in parents facing the impact of the COVID-19 pandemic in La Libertad, Peru.

One of the first findings has to do with corroborating the functional relationship between family functioning and resilient coping. Thus, these results follow the approach found in similar studies (Arriaga et al., 2017; Cahuana et al., 2019; García et al., 2015), which emphasizes that a good perception of family functioning drives adequate levels of resilient coping. In this regard, a theoretical explanation arises by recognizing the fact that family support is an important factor for coping in adverse situations such as COVID-19 (Lacomba-Trejo et al., 2020; Macías & Aveiga, 2021). At this point, despite these findings, there are also research studies such as those conducted by Céspedes et al. (2018) and Castro and Morales (2014), whose results differ from

this research study, that state that resilience does not necessarily develop due to the effects of family functioning, but that there are individual factors involved in its development (Wagnild & Young, 1993).

Another important finding has to do with having found a theoretical relationship between emotional bonding and resilient coping. A fact that corroborates what has been found by other researchers (Florian, 2019); therefore, it is assumed that the greater the emotional bonding among family members, the greater the ability to face and cope with critical situations, such as the COVID-19 pandemic (Obregón, 2020). As in the previous case, there are also studies that differ from the present findings (Alva, 2016); in this case, this may be due to methodological aspects that differ from this research study, such as the age group to which the population belongs and the context in which the instruments were applied.

A third finding has to do with assuming a functional relationship between flexibility and resilient coping. In this case, family flexibility provides the possibility of trust among the members of the system, which allows them to satisfactorily overcome adverse situations, i.e., it promotes resilience (Palacios & Sánchez, 2016; Obregón, 2020).

In light of the theoretical perspective adopted, times of crisis such as the current COVID-19 pandemic tend to take an emotional toll on family members. This can be reversed to the extent that the family has the capacity to adapt to changes, perceiving conflictive situations as an opportunity for growth and strengthening of family interaction (Vergara et al., 2020). In addition to this, it is also important to have the ability to cope with changes or adversities, a fact that demands that family members exercise their own emotional resources such as resilience (Gómez & Kotliarenko, 2010), which shows the individual's ability to overcome and emerge stronger (Becoña, 2006), preserving health and psychological well-being (Cahuana et al., 2019).

Despite the findings, this research study has some limitations. First, the sampling was non-probabilistic, so the results cannot be generalized. Secondly, the use of self-report measures may have generated biases in social desirability, so future research should consider using in-depth or semi-structured interviews.

In conclusion, the level of family functioning predicts the level of resilient coping in parents from La Libertad, Peru, in times of health crisis, such as the one experienced due to the COVID-19 pandemic. This may have practical implications within the strategies that are currently being promoted to strengthen mental health of the Peruvian population, taking into account that it is necessary to make an approach from the family systems.

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