

# Relationship between family functionality and psychological well-being of children and adolescents from a public educational institution in Medellín

Relación entre la funcionalidad familiar y el bienestar psicológico de niños y adolescentes de una institución educativa pública de Medellín

Relação entre a funcionalidade familiar e o bem-estar psicológico de crianças e adolescentes de uma instituição de ensino pública em Medellín

DOI: <https://doi.org/10.21803/penamer.18.37.872>

**Ciro Ernesto Redondo Mendoza**

<https://orcid.org/0000-0002-2357-7289>

**Cesar Adrián Arias Montoya**

<https://orcid.org/0000-0002-2357-7289>

**Leidy Alejandra Sánchez Ceballos**

<https://orcid.org/0000-0002-6858-0457>

**Laura Vanessa Mesa Betancur**

<https://orcid.org/0009-0005-0138-9411>

**Leidy Natalia Flores Tuberquia**

<https://orcid.org/0009-0001-6551-3056>

## Abstract

**Introduction:** The family is the first institution in which human beings are formed and educated. It is irreplaceable in people's lives as sociocultural subjects and is considered a changing institution according to the needs to be met, becoming a fundamental aspect for understanding the processes of socialization, development, and upbringing in adolescents. **Objective:** To determine the relationship between family functionality and the perception that parents and caregivers have of the psychological well-being of children and adolescents. **Methodology:** Non-experimental, cross-sectional, and correlational. The sample was incidental and convenience-based, consisting of n= 131 parents or caregivers of children and adolescents from a primary and secondary education institution in the city of Medellín. **Results:** A statistically significant bilateral relationship was confirmed between the variable of functionality and perceived psychological well-being. **Conclusions:** Based on the data, it is suggested that social promotion programs related to healthy lifestyles within families be developed, as well as prevention programs targeting the risk factors to which children in educational institutions in the city of Medellín may be exposed.

**Keywords:** Adolescence; Childhood; Parents; Well-being of childhood; Well-being of the mother.

## Resumen

**Introducción:** La familia es la primera institución en la que se forma y educa el ser humano, es insustituible en la vida de las personas como sujetos socioculturales, y es considerada como una institución cambiante de acuerdo con las necesidades a satisfacer, convirtiéndose en un aspecto fundamental para conocer los procesos de socialización, desarrollo y crianza en los adolescentes. **Objetivo:** determinar la relación de la funcionalidad familiar con la percepción que tienen padres y cuidadores sobre el bienestar psicológico de niños, niñas y adolescentes. **Metodología:** no experimental, transeccional y Correlacional. La muestra fue de tipo incidental a conveniencia compuesta por n= 131, padres de familia o cuidadores de niños y adolescentes de una institución de educación básica primaria y secundaria de la ciudad de Medellín. **Resultados:** Se confirmó una relación estadísticamente significativa de forma bilateral entre la variable funcionalidad y bienestar psicológico percibido. **Conclusiones:** A partir de los datos, se sugiere desarrollar programas de promoción social, relacionadas estilos de vida saludables al interior de las familias, así mismo, programas de prevención hacia los factores de riesgo a los cuales pueden estar expuestos las niñas y niños de las instituciones educativas de la ciudad Medellín.

**Palabras clave:** Bienestar de la infancia, Bienestar de la madre, padres, adolescencia, niñez.<sup>1</sup>

## ¿Cómo citar este artículo?

Redondo; C., Arias; C., Sánchez; L. Mesa; L. y Flores; L. (2025). Relationship between family functionality and psychological well-being of children and adolescents from a public educational institution in Medellín. *Pensamiento Americano*, e#:872. 18(37), DOI: DOI: <https://doi.org/10.21803/penamer.18.37.872>

<sup>1</sup> The key terms have been recovered from the UNESCO Thesaurus (Social Sciences and Humanities)



## Resumo

**Introdução:** A família é a primeira instituição na qual os seres humanos são formados e educados. É insubstituível na vida das pessoas como sujeitos socioculturais e é considerada uma instituição mutável de acordo com as necessidades a serem atendidas, tornando-se um aspecto fundamental para a compreensão dos processos de socialização, desenvolvimento e educação dos adolescentes. **Objetivo:** Determinar a relação entre a funcionalidade familiar e a percepção que os pais e cuidadores têm do bem-estar psicológico das crianças e adolescentes. **Metodologia:** Não experimental, transversal e correlacional. A amostra foi incidental e por conveniência, composta por n = 131 pais ou cuidadores de crianças e adolescentes de uma instituição de ensino fundamental e médio da cidade de Medellín. **Resultados:** Foi confirmada uma relação bilateral estatisticamente significativa entre a variável funcionalidade e o bem-estar psicológico percebido. **Conclusões:** Com base nos dados, sugere-se o desenvolvimento de programas de promoção social relacionados a estilos de vida saudáveis dentro das famílias, bem como programas de prevenção voltados para os fatores de risco aos quais as crianças em instituições educacionais da cidade de Medellín podem estar expostas.

**Palavras-chave:** Adolescência; Infância; Pais; Bem-estar na infância; Bem-estar da mãe.



## INTRODUCTION

The research that has been carried out around family dynamics has shown that this is the first institution in which the human being is formed and educated: the family, is considered as “an active element that never remains stationary” (Valladares-González, 2008, p. 4), it is irreplaceable in the lives of people as sociocultural subjects, and which, due to its structure and conformation, is considered as a changing institution according to the needs to be satisfied (Gutiérrez Capulín et al., 2016), becoming a fundamental aspect to understand the processes of socialization, development and upbringing in adolescents.

The parenting process, for example, is provided by a caregiver or “child care worker” (Grupo de Puericultura, Universidad de Antioquia, 2010, p. 2), in which related aspects such as guidance, education, and training of adolescents intervene. It is there where the concepts of dynamics, family typology, and parenting styles are developed, as antecedent and shaping elements of family functionality and equality, aspects that allow the visualization of each family’s particularities.

Parents become the primary caregivers; however, due to family dynamics in which psychological, biological, and social aspects intervene, and permeate the relationships between family members (Agudelo Bedoya, 2005), nowadays, it is possible to find that this role of primary caregiver is sometimes not assumed by the father, the mother, or by both, but by other family members or people who have accepted this responsibility of raising children.

Caregivers are precisely the managers of healthy environments for the development of a person, which is related to the implementation of strategies focused on guiding concerning what is intended to happen to him/her, “within a framework of expectations and desires that will correspond to the style of each family and social nucleus” (Brazelton & Greenspan, 2000, as cited in Mir, et al., 2009, p. 45).

It is precisely those strategies that characterize the parenting process the ones that are linked to the type of relationship, the level of communication and socialization, for example, “acceptance-rejection, warmth-coldness, affection-hostility, proximity-distancing and (...) behaviors of control” (Torío et al., 2008, as cited in Palacios et al., 2018, p. 39), which affect the knowledge and perspective that adolescents create around aspects such as autonomy, control, flexibility, restriction, rigidity, permissiveness, among others (Benítez et al., 2015), elements that possibly become indispensable in the conception that is developed in the adolescent concerning their well-being.

Family dynamics represent the microculture in which parents or pediatricians interact with adolescents in everyday situations, through a wide range of characteristics that result in talking about culture, causing a series of power networks to unfold within the same, which, without a doubt, is generating the incidence of a certain thought due to family practices.

The characteristics that frame the family context and impact aspects at a cognitive, emotional, and motivational level in a person, are created in a process that can be referred from a complex perspective, based on the concept of functionality, considered “as the interactive relational dynamics and systemic (...) that occurs among the members of a family” (Ortiz Gómez, 1999, p. 165), around the organization, structure, lifestyle of the members, customs, habits, social status, and other aspects that allow us to characterize a family and explore its relationship in the harmonious development of the human being,



and the ability to “constructively face crises in a certain social, cultural, and economic context of its existence” (Méndez et al., 2011, p. 2)

Furthermore, family functionality is related to aspects such as age and sex; and the direct relationship with affective dimensions (Vélez & Betancurth, 2015). Even Uribe et al. (2012); expose the link that is generated when there are dysfunctional family contexts and what this causes concerning the development of adolescents, since they may present higher characteristics to be victimizers in situations of bullying. That is why Smilkstein (1978, cited in Moreno & Chauta, 2012) describe the function of the family as follows:

Family Functionality or a functional family, is the one that manages to promote the integral development of its members, as well as a favorable state of health where the family members perceive family functioning by expressing a degree of satisfaction with the achievement of the basic parameters of family function, such as adaptation, participation, profit or growth, affection, and resources. (p. 156)

It is in the approach to family functionality where it is worth highlighting the role of the biopsychosocial unit in which the first nucleus of interaction and development of the human being becomes: the family, it could be said that one of its most important functions is to promote the health of all members (Forero et al., 2017). Since it is possible to show psychosocial factors, not only risk but also prevention and protection. For example, factors such insufficient support, abusive behaviour, dropping out of school, and limited time spent at home are some of the risk factors that adolescents face. For their part, family relationships focused on assertive communication, the expression of affection, the establishment of limits, and respect, among others, “become a first-order protective factor, and can reduce the adverse influences that occur in the social context” (Moreno & Chauta, 2012, p. 156).

The family is responsible for protecting and guaranteeing the survival of its members. On the contrary, if it deviates from the fundamental objectives, it is called a dysfunctional family, which is why Quero Vásquez (as cited in Ruiz et al., 2015) states that “the word dysfunctional tells us that “the family does not work”, that is, it does not fulfill the tasks that society confers to it (...) these groups, although poorly, are functioning, and (...), even with errors, they develop” (p. 1).

In the family environment, different daily situations emerge which can generate discomfort and interrupt the proper development of the family members. Thus, causing a dysfunctional situation characterized by inappropriate and immature behavior on the part of the parents, becoming the genesis of family deterioration and the interruption of adequate growth of individuality and healthy relationships between members (Hunt, 2007).

The context in which a family interacts is the scene of the performance of parenting practices, since that is where the subjects begin their education and the construction of subjectivities, that is, the family through an educational process guides in training of the human being as a person, as a spiritual being, and as an active member of social and cultural life. Thus, the family becomes:

...the first social world (...), and through this (...) they [adolescents] are introduced to intimate and personal relationships, and are provided with their first experiences, such as being treated as different individuals. All these social experiences that (...) they experience within the family



nucleus are the basis for forming their personality. (Jaramillo, 2007, pp. 116-117)

The opportunity for adolescents to grow up in a family environment that offers them the possibility of learning the fundamental elements of living in society will allow them to develop aspects such as “... autonomy, creativity, flexibility, tolerance, cooperation, respect for the other, taking care of oneself and the environment” (Jaramillo, 2007, p. 114), aspects in which not only parents or caregivers are involved as main actors in the life of an adolescent, but other issues focused on the development and knowledge of its members are immersed, and which become essential elements to determine the functionality in a family.

In some research (Díaz Bolaños et al., 2018; Uribe et al., 2012; Vélez & Betancurth, 2015), for example in Colombia, it was found that there is a high prevalence regarding the perception of family dysfunction by schooled adolescents, and which can be related to aspects such as age, parents' education, type of family, and location of residence, which causes transformations in family dynamics and they become elements to identify adequate or non-adequate family functionality, specifically, at developmental ages such as adolescence (Higuita-Gutiérrez & Cardona-Arias, 2014).

In the research of González et al. (2011), it was found that 60.9% of the participants presented low family functionality, unlike 39% who scored as moderate, which shows the resistance of families to modify their educational patterns and customs, and in turn, the difficulties that this generates in the process of assertive communication in the family context.

Despite the constant changes and proposals that have been made around the improvement of the evolutionary development of the human being, especially at school ages, it cannot be ignored that many of the development goals such as happiness, autonomy, creativity, health, self-esteem, and solidarity (Grupo de Puericultura, Universidad de Antioquia, 2010), are essential aspects for well-being and therefore, satisfaction with life, which are influenced by the parenting processes established by childcare workers or caregivers in adolescents.

Taking the above into account, “Experiences associated with well-being have been shown to have a favorable impact on general health, particularly on physiological and functional indicators” (Barrantes-Brais & Ureña-Bonilla, 2015, p. 102), which is related to construction, from the personal experience, which a person makes to interpret reality, and that is where the family dynamic has a determining role since it is responsible for providing the tools and experiences that allow having an impact, for example, on a teenager, to represent reality based on a satisfactory cognitive-affective assessment with his/her own life.

The authors Bahamón et al. (2019) identified that adolescent has high levels of well-being, which allows them to have the ability to detect those aspects that are susceptible to improvement and at the same time, be aware of the opportunity to restructure themselves, can promote the experience of positive emotions that are the source of one's well-being, based on a comprehensive vision that combines autonomy, goals, achievements, and satisfaction with personal relationships, aspects related to needs and demands that arise at this stage of the life cycle.

On the other hand, Urrego and Castro (2019) found a significant relationship between social cognition, perception of the quality of relationships, and emotional regulation with the variables of psycho-



social risk, suicide risk, and level of psychological well-being in adolescents who reside in contexts of high socioeconomic vulnerability in the city of Bogotá. It was possible to find that emotional bonds and emotional self-regulation have a higher level of explanation for the perception of well-being and the psychosocial risk associated with suicide.

Not enough research has been found regarding the relationship between family functionality and psychological well-being. Among the investigations, the one by Gómez-Bustamante and Cogollo (2010) stands out, in which it was possible to identify the functional family as one of the main origins of self-esteem in adolescents since it becomes a space that allows them to contain anxiety at this stage of development; thus, promote their well-being.

Along the same lines, it was possible to find how the interactions and emotional relationships that occur between family members are issues that allow us to enhance and target protective factors and health promotion actions. When situations occur in the family context that generates high dysfunctions, it is very possible that the adolescent, for example, is exposed to environments that lead him to have higher characteristics and probabilities of being a victimizer in situations of bullying. Gómez-Bustamante and Cogollo (2010). Therefore, it is relevant that support networks get strengthened both in the family and in the school context, thus allowing the active and collaborative participation of all educational actors.

Dysfunction in a family and the impact on the development of an adolescent are related to aspects that arise within the same family dynamics, for example, the impact on development when there is an absence on the part of the father, which can generate emotional instability, academic problems, and difficulties in building a life project, among others, in adolescence (Higuera-Gutiérrez & Cardona-Arias, 2014).

In the family dynamics in which the adolescent population develops, socialization, and orientation-upbringing processes intervene, which determine at that stage, for example, that path as vital as the construction of identity, since “[this], it will be connected to the family configuration, [because], each family, with its typology, communication, roles, limits, and dynamics itself, will be able to influence how adolescents commit and explore to achieve their identity” (Ausinaga, 2018, p.24).

For this reason, families must have a bond or a sense of proximity between parents and children, as this generates feelings of trust, acceptance, and affection in adolescents, therefore, parents and caregivers become the identification models of adolescents, which causes them to begin to recognize valuable and negative aspects in themselves (Ausinaga, 2018), at the same time that they obtain elements to articulate what is received from the context and discover, to that same extent, who they are, what they project be and do in your life.

Thus, the family is a determining factor in the development of the adolescent, and therefore, this study focuses on determining the relationship of family functionality with the perception that parents and caregivers have about the psychological well-being of adolescents in a Public educational institution in Medellín; thus, it contributes to constructing those defining elements concerning the relationship between family functionality and psychological well-being, since by carrying out the bibliographic search it was possible to know the investigative status of that relationship in which there is a theoretical-conceptual void in the Colombian context, specifically in the city of Medellín.



Through the results obtained throughout the investigation, it will be possible to start from the existing knowledge and trace a conceptual path concerning family functionality and psychological well-being, from which it can contribute to the research field from the evidence and the need to solve a problem that will provide information about the perception regarding the development of human potential (psychological well-being).

Likewise, working around the optimal development of adolescents from the implementation of family and educational strategies on self-satisfaction and prosocial behaviors, and in turn, impacting other issues that may be the effect of a low assessment on psychological well-being, in other words, a dissatisfaction with life by the adolescent in fields such as poor school performance, inadequate conflict resolution management, disruptive behaviors, pathologies such as depression, stress, anxiety, suicidal ideation, consumption of psychoactive substances, and alcohol, gambling addiction, among other situations, which have characterized the results found in the research carried out on the mental health of adolescents in the city of Medellín (Secretaría de Salud de Medellín and Universidad CES, 2009) and which become the source of possible psychosocial risks in this population.

## METHODOLOGY

A non-experimental methodology was used since the researchers did not deliberately manipulate the study variables and the data were collected in natural environments (Hernández et al., 2014). The design used was transactional-correlational, in this sense, the tests were applied only once to the participants. In turn, the scope of the research was correlational, since the relationship between Family Functionality and Perceived Psychological Well-being was established (Hernández et al., 2014; Ñaupas et al., 2018). For this study, it was only intended to establish the relationship between the variables without determining a causal relationship between both. The hypotheses will be tested using instruments and techniques, and it will also allow in-depth knowledge of what originates within the family and affects the psychological well-being of children.

### Participants

The sample was of an incidental convenience type composed of  $n = 131$ , parents or caregivers of children and adolescents from a primary and secondary education institution in Bello - Antioquia. The age of the parents or caregivers ranged between 19 and 67 years ( $x = 2.6$ ,  $\sigma = 1.2$ ,  $\sigma^2 = 1.5$ ) and was composed mostly of women (women  $f = 130$ ,  $\% = 99.2$  and men  $f = 1$ ,  $\% = .8$ ), Table 1 illustrates the description of the sample by socio-demographic variables. For the selection of the sample, the following inclusion criteria were considered: being a father, mother, or caregiver of an adolescent student enrolled in the educational institution of Medellín chosen for the development of the research, and the child or the adolescent must be between 11 and 18 years old. Regarding the exclusion criteria, the first referred to the fact that the children were not of the required age for the parent or caregiver to be able to respond to the instruments, and, therefore, contribute to the research process. Another excluded group was parents and/or caregivers who had difficulties understanding the instrument, then, they were unable to respond. Finally, parents and caregivers who refused participation were excluded.



**Table 1.***Sociodemographic profile of the sample n= 131*

Variables	Categories	F	%
Gender	Female	130	99.2
	Male	1	0.8
Age	19 to 29 years	27	20.6
	30 to 40 years	52	39.7
	41 to 51 years	22	16.8
	52 to 62 years	18	13.7
	63 to 74 years	12	9.2
Level of education	Elementary	37	28.2
	Secondary school graduate	71	54.2
	Technician	9	6.9
	Technologist	8	6.1
	Professional	6	4.6
Occupation	Employee	30	22.9
	Independent	9	6.9
	Unemployed	7	5.3
	Housekeeper	85	64.9

## Procedure

The research is based on a validation process by expert juries to review the adaptation of a brief questionnaire that investigates family functionality and subjective well-being of schoolchildren and adolescents, aimed at their fathers, mothers, or caregivers. From this exercise, some items were defined, which allowed evaluating indicators such as quality, coherence, and relevance of the items addressed, this led to an Aiken V coefficient that established a consensus regarding the approval of each item. This instrument was applied by teleconsultation in a semi-structured interview with a sample of 131 fathers, mothers, or caregivers. In this consultation, informed consent was verified, then statistical and inferential data were drawn that allowed hypothesis testing to be carried out, both for the normality of the data and for the association between the variables.

## Instruments

The instrument applied to the population of parents and caregivers was a self-administered questionnaire on family functionality and perceived child psychological well-being, which evaluates the two factors explored in this study. This instrument consists of 15 items or reagents, which were built inspired by two instruments. The first of them is the Family Functioning test (FF-SIL), developed by De la Cuesta et al. (1996, as cited in Méndez et al., 2011), in which the intrafamilial relationship is evaluated according to seven categories: cohesion, harmony, role, affectivity, communication, adaptability, and permeability; based on the presentation of 14 situations that may or may not occur in the family. The second instrument is the Psychological Well-Being Scales (PWBS) proposed by Carol Ryff (Díaz et al.,



2006, as cited in Díaz Bolaños et al., 2018), in which, through six dimensions: self-acceptance, positive relationships, autonomy, mastery of the environment, purpose in life, personal growth, is possible to determine the degree of psychological well-being in which a person lives.

**Table 2.**

*Interpretation scores of perception of psychological well-being*

Scoring	Interpretation
21 to 25	Very high psychological well-being
16 to 20	High psychological well-being
11 to 15	Low psychological well-being
5 to 10	Very low psychological well-being

From both instruments, an adaptation was developed that allows diagnosing family functionality and parents' and caregivers' perception of the psychological well-being of adolescents, based on the presentation of 15 situations that may or may not occur in the family, 10 of them focused on family dynamics (family functionality variable), and the rest, on psychological well-being, in which through five Likert scale responses: rarely, few times, sometimes, many times, and almost always, responding to a quantitative rating for subsequent analysis: 1 to 5, being 1; very low level; 2, low; 3, average; 4, high, and 5, very high, in terms of family functionality and the level of perception of psychological well-being.

Regarding the assessment scale, in which a tabulation of the 25th, 50th, and 75th percentiles is carried out, it is obtained that a family is classified as functional between 41 to 50 points, moderately functional between 31 to 40, dysfunctional between 21 to 30, and severely dysfunctional between 10 to 20 points. For its part, the assessment of the perception of parents and caregivers about the psychological well-being of adolescents is determined by the following scores: 21 to 25 points, very high; 16 to 20 points, high; 11 to 15 points, low, and 5 to 10 points, very low.

**Table 3.**

*Interpreting Family Functioning test scores (FF-SIL)*

Scoring	Interpretation
41 to 50	Functional family
31 to 40	Moderately functional family
21 to 30	Dysfunctional family
10 to 20	Severely dysfunctional family

The adapted instrument was subjected to validity and reliability. The estimation of the first was focused on three aspects: content and construction. The content validity was carried out by subjecting the instrument to the evaluation of 8 experts, to carry out the respective content validation and find some differentiation between the proposed items, through three aspects: clarity, coherence, and relevance. The experts issued ratings based on the nominal scale, from 1 to 4, where 1 indicates that the item does not meet the criterion, and 4, evaluates a high level in each of the three aspects.

In addition to the evaluation criteria of the experts to consider the statement valid or not, there are



other observations that, from their expertise, could contribute to the proposed instrument. The appreciation obtained by the experts was consolidated using Aiken's Coefficient V, where the total values for both dimensions: family functionality and perception of parents and caregivers on the psychological well-being of adolescents, are 0.83 for the first, and 0.80 for the second. This polytomous response type instrument was validated through the evaluation of 8 expert juries in the subject, the measure used was Aiken's V (table 4).

**Table 4.**  
*Construct validation by expert judges*

Dimensions	Clarity	Coherence	Relevance	Aiken V
*Factor 1	.82	.82	.84	.83
*Factor 2	.83	.74	.83	.80
Aiken V total:	.82	.78	.84	.81
*Note. Factor 1: family functionality. Factor 2: Perceived child psychological well-being				

In the analysis of the KMO and Bartlett test, it was possible to observe that the given correlation is a zero value, which indicates that there is a very high degree of correlation. This value is confirmed by the significance associated with Bartlett's sphericity test, which is 0.000 confirmed, so the hypothesis that there is a relationship between the study variables can be confirmed.

**Table 5.**  
*Prueba de KMO y Bartlett*

Medida Káiser-Meyer-Olkin de adecuación de muestreo		0,472
	Aprox. Chi-cuadrado	258,798
Prueba de esfericidad de Bartlett	Gl	105
	Sig.	0,000

## RESULTS

The results are shown in descriptive statistics with measures of central tendency ( $\bar{X}$ = mean,  $\sigma$ = standard deviations, Li= lower limit, Ls= upper limit,  $\sigma^2$ = variance of the sample, and Me= mean) see Table 6. The sample of 131 parents or caregivers was divided according to the section of the school where the students are studying, i.e. primary  $n= 81$  and high school  $n= 50$ , which allowed the analysis according to family typology for each section, the following frequency and percentage measures are found: primary (Single parent  $f= 11$  y  $\%= 13.6$ ; Nuclear  $f= 31$  y  $\%= 38.3$ ; Extensive  $f= 39$  y  $\%= 48.1$ ; Composite  $f= 0$ ), high school (Single parent  $f= 4$  y  $\%= 8.0$ ; Nuclear  $f= 15$  y  $\%= 30$ ; Extensive  $f= 30$  y  $\%= 60$  y Composite  $f= 1$  and  $\%= 2$ ). The above allows us to infer that the predominant typology for parents or caregivers, both in the primary and secondary sections, is the extended single parent.

**Table 6.***Descriptive statistics according to evaluated section: Primary / High School*

Measurements	Elementary		Secondary School	
	Family Functionality	Perceived Psychological Well-being	Family Functionality	Perceived Psychological Well-being
X	40.7	22.2	41.8	21.4
$\sigma$	3.0	2.2	6.1	3.2
Li	40.0	21.7	40.1	20.5
Lf	41.3	22.7	43.5	22.3
$\sigma^2$	8.8	5.0	37.2	10.2
Me	41.0	23.0	43.5	22.0

Considering the statistics in Table 6, it is possible to observe that the averages presented in both primary and secondary, both for family functionality and for perceived psychological well-being, present similar values, however, secondary presented slightly higher averages, on the other hand, the standard deviation of family functionality does present a notoriously high value concerning the standard deviation of primary. It is important to clarify that the values presented do not seek to establish statistical differences between both sections, they are only described in an informative way.

### Association between family functionality and perceived psychological well-being

To establish the relationship between family functionality and perceived psychological well-being, data are taken from the total sample  $n=131$ , and the Spearman test is performed based on the Kolmogorov-Smirnov normality test for sample sizes higher than 50 participants. As a result, the normality test indicates an asymmetric distribution of the data (family functionality  $p=.00$  and perceived psychological well-being  $p=.00$ ). Next, the values observed in Table 7, the  $p$ -value (bilateral Sig.) is less than  $\alpha=.05$ , which indicates that there is a significant bilateral statistical association between the functionality variable and perceived psychological well-being, which allows the research hypothesis to be verified.

Analyzing the coefficient of  $\rho=.50^{**}$ , a confidence percentage of 99.9% of the association of the variables described is evident. On the other hand, the  $\rho$  coefficient is positive in a range of interpretation between 0.4 and 0.69 for moderate positive correlations (Martínez & Campos, 2015), which indicates that both variables are directly proportional to the relationship strength measured.

**Table 7.***Association coefficient between family functionality and perceived psychological well-being*

	Family Functionality	Perceived psychological well-being
Family Functionality	Rho coefficient	.50 <sup>1</sup>
	Sig. (bilateral)	0.0

Finally, the sample results are subjected to reliability and internal consistency analysis through Cronbach's alpha coefficient, processing  $n=131$  cases and 15 items from the brief questionnaire, for a value

<sup>1</sup> The correlation is significant at the 0.01 level (bilateral)



of  $\alpha = .7$ , which indicates a moderate degree of internal consistency of the results in the sample explored.

## DISCUSSION

Family functionality in the group studied has a strong association with other research carried out such as: In Peru (Cuba et al., 2013); the opposite of the study found in Ecuador and Costa Rica (Ulate-Gómez, 2013) in which a higher level of family dysfunctionality has been reported. Nevertheless, it is also possible that these discrepancies are due to the cultural characteristics and specific factors of each population. It is for this reason that care, prevention, and promotion of good relationships between families should be promoted.

Another important aspect that was observed was that a percentage of parents and caregivers perceive that their children have a very high level of psychological well-being, which is consistent with what was described in the research carried out in Chile (Oyanedel et al., 2015). Given that there are very few studies that take into account this variable and this population.

Regarding the relationship between family functionality and the perception of psychological well-being, it can be stated that the results found demonstrate that there is a moderate positive correlation between family functioning and perceived psychological well-being, the opposite of a study carried out in Colombia by (Álvarez & Salazar, 2018) in the city of Santa Marta; the authors stated that there was no statistically significant relationship between psychological well-being and the level of family functionality.

Regarding sociodemographic variables, it does not seem to affect family functionality and the perception that parents and caregivers have about psychological well-being in girls and boys. Different from the findings made by (Oyanedel et al., 2015) who observed in their research that there are significant differences in the sociodemographic variables that affect the perception of psychological well-being.

In relation to the family typology of the parents and caregivers of the girls and boys participating in this research, it is highlighted that a percentage of the families are extended; however, it should be taken into account what Vargas (2014) describes when he indicates that the “nuclear family does not seem to be essential for the establishment of positive family relationships and healthy development” (p. 57).

These results are favorable for the development of adolescents in the construction of their identity and personality since parents and primary caregivers become that figure of recognition. Nevertheless, it is necessary to create a bond or a feeling of proximity, since this will guide the adolescent in the construction of matters such as trust, acceptance, and affection, towards their parents and primary caregivers, as well as towards themselves, resulting in the configuration of being identification models for adolescents (Ausinaga, 2018) and working as a guide in decision-making for the life project.

It is highlighted that a high percentage of the population are housewives, which is consistent with the research carried out by Pulido et al. (2013) in the city of Bogotá. They found that women represent a certain percentage of the Colombian population, and out of that percentage, they were housewives. On the other hand, the research highlights the lack of participation of the male gender.

The family of an adolescent is in a complex process of the life cycle in which there is a challenge on their part, and that is to build and establish their own identity (Erikson, 2000). What is expected through the elements that emerge from the same family dynamic is that the adolescent has tools that lead him to begin this process of personal discovery and that at the same time, he travels the path that leads him to have psychological well-being, to the extent that he finds himself in a dynamic of interactive and systematic relationships with the members of his environment, and which guides him to adequately and constructively face the different crises that may arise in the social, cultural, and economic context that he/she inhabits (Méndez et al., 2011; Ortega et al., 1999).

Adolescence is constituted as a stage that is characterized by mutable and impermanent traits, that is, changing realities in the same social, biological, psychological, physical, sexual, and cultural course (Lozano, 2014). In addition to this, in adolescence, there is affectation by the reality of the world, in which there is insecurity about what is expected since the freedom and independence of adulthood are desired, but at the same time, there is fear and anguish, even assuming an attitude of indifference to what is happening around, others, on the other hand, fight and reaffirm their point of view, others, unlike these, rebel (Oaklander, 2010, cited in Fernández, 2014). This means that adolescence is conceived as a remodeling of childhood (McConville, 2009, cited in Fernández, 2014), that is, it is a reorganization of the life experience and, therefore, of each of the environments with which the adolescent interacts.

Concerning the information obtained on family functionality, the results of the research are far from the studies carried out in families with adolescents by Vélez and Betancurth (2015), in which the researchers concluded that there was 22.2% of family dysfunction between moderate and severe in the selected sample; In the research by Higueta-Gutiérrez and Cardona-Arias (2014), it was found that there is a high prevalence regarding the perception of family dysfunction by school-enrolled adolescents.

The adolescent, according to the results obtained with respect to the perception that parents and caregivers have about psychological well-being, and which gave a very high rating, has the ability to detect those aspects that are susceptible to improvement, to generate experiences that bring him closer to positive emotions, satisfaction with him/herself, having control and autonomy of his own life, satisfaction with personal relationships, and all those elements that unquestionably characterize this stage of the life cycle, and which gives way to autonomy and independence, that is, to have high levels of psychological well-being to decide on personal growth and life project, which leads to suggesting a significant relationship between the emotional bond and self-regulation with the perception of well-being and psychosocial risk in adolescents, since establishing clear goals and generating conditions that lead to the development of potential, can be an effective reason to prevent situations that become the genesis of mental health deterioration in adolescents (Bahamón et al., 2019; Urrego & Castro, 2019).

## CONCLUSIONS

Family functionality can be understood as the ability to adapt to the changes that occur in terms of the dynamics and roles that are generated in this primary group. The family is the key to the understanding and functioning of society, which is why it influences the perception of psychological well-being.

In this research, the predominance of a percentage of functional families became evident, which



turns out to be positive since it shows that there are adequate functional levels within these families; this way, the result will be, according to Herrera (2000), "A favorable predisposition to the health of the members of the family as a system" (p.570), this means that the members of the family contribute, through their participation and awareness, to maintaining a solid and stable family environment. In the analysis of the results with respect to the variable of perception of psychological well-being, the average is  $(X) = 22.2$ , representing a high domain, a small group of 1% is distinguished, which comes from families that have a very low perception of psychological well-being.

There is a correlation between the two study variables, which is positive ( $r = 0.01$ ), which corresponds as such to the incidence of family functioning and the perception of psychological well-being.

This study demands a more active participation of fathers, considering that the majority of the population studied in this research were women because there was little interest on the part of the male population close to these family spaces. The sociodemographic instrument indicated that in 98% women are the main caregivers of adolescents, this role being assumed mainly by the mother, and on other occasions, by relatives in the second and third degree of consanguinity: grandmothers or aunts. The predominant age of the caregivers is from 30 to 40 years, taking into account that the majority of them have an educational level up to secondary education (64%) and the occupation carried out by the main caregivers is housewife (66%), which resulted in 76% of caregivers working 0 to 5 hours a day. This result allows for analysis regarding the parenting process carried out in homes, as it indicates that for the longest time, it is the mother, in all situations, who is responsible for assuming responsibility for the development of the adolescent, and the other aspects related to their life cycle.

Taking into account that 70% live with 1 to 5 people and that the extended/single-parent family stands out in this study with 46%, it is necessary to state that the mother, in the first place, or the caregiver, is the main person with whom the student lives. On the other hand, the adapted instrument made it possible to evaluate family functionality and the perception it has regarding psychological well-being of adolescents in parents and caregivers of adolescents. This test has high reliability, evidenced by stability and internal consistency.

Finally, in the sample of families with adolescents from the selected public educational institution, functionality predominates, which is also reflected in the perception that both parents and caregivers have, taking into account that the majority of them are mothers and caregivers, the psychological well-being that is evident in them, thus obtaining a very high level in the mentioned perceptions. It is relevant to state that there is a statistically positive and significant association between both variables: family functionality and the perception of parents and caregivers about psychological well-being in adolescents; that is, the higher the level of functionality in a family, the same the perception of psychological well-being at this stage of development will be.

## Prospective

The aspects of validity and reliability become requirements in a measurement instrument, which allows progress toward methodological processes that lead to more rigorous, relevant, and objective results. That is why this research project was considered appropriate regarding the COVID-19 situation, in which the world was isolated from external reality. Taking into account that, to collect information in an opportune and agile manner, it made use of telephone contact with parents and caregivers of ado-



lescents, to propose an adaptation, a brief scale in which the objectivity and precision of the most relevant indicators concerning family functionality and psychological well-being are reflected, resulting in a higher adaptation since it was structured according to the participating population. Therefore, it was considered convenient to approach it from the perception that childcare providers have regarding it, from the analysis, and from what it has been possible to see in adolescents.

Since it is a brief adaptation of two base instruments, that have been validated and made reliable in a sample of 50 parents and caregivers from the city of Medellín, it is necessary to stipulate and consider the possibility of carrying out the validation with a larger sample number, or, in another educational context, which allows more elements to be obtained regarding its relevance and application. Even if it is possible to carry out an exhaustive analysis that allows recommending the use of this instrument not only in a population belonging to a public educational institution but also in a private one, where interesting elements can be obtained concerning family functionality and the perception of parents and caregivers about the psychological well-being of adolescents, and considering a theoretical-conceptual gap in the Colombian context, specifically in the city of Medellín, regarding the relationship between the variables mentioned above, thus allowing to guarantee the correspondence with the sociocultural reality, the differences between one population or another and the practical application (Muñiz et al., 2013).

It is proposed that future research continues to delve deeper into this topic especially in this child population through their parents and caregivers, thus achieving a better understanding of this social phenomenon and understanding how family functioning and the perception of psychological well-being influence girls and boys.

To carry out a study in which this type of research is integrated into several communities, and educational institutions in the city of Medellín, in which the sociodemographic variables are different.

For future research, it is recommended to expand the sample, the sociodemographic variables and, at the same time, collect the information over longer periods, preferably in person, to enrich the information.

Finally, it is suggested to develop social promotion programs related to healthy lifestyles within families, as well as a prevention program towards risk factors to which girls and boys in educational institutions in the city of Medellín may be exposed.

Likewise, promotion and prevention must remain within psychosocial training to achieve in girls and boys a better approach and confidence that allows them to express their emotions and feelings; so their parents or caregivers can perceive their levels of psychological well-being.

### Conflicts of interest

The authors declare the absence of conflict of interest in the present study and its respective report in this article.



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