

Total Family Risk in Vulnerable Families

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Abstract

In Colombia, the civil war has generated family displacement, leading to experiences of social and cultural uprooting. The total Family Risk was determined in a group of 30 displaced Afro-descendant families, for which the RFT 5-33 instrument was used, with prior informed consent. The results show a predominance of nuclear families (40%), the predominance of threatened families (56%), especially in the dimensions of housing and neighborhood, socioeconomic situation, health practices and services, and psycho-affective conditions. The correlation showed that Total Family Risk has a strong correlation with health practices and services (0.888) and with the management of minors (0.86). The findings provide elements to implement family care actions in health promotion and prevention.

Keywords: Family Behavior • Health Risk Behaviors • Social Vulnerability • Human Migration • Ethnic Groups

Introduction

The World Health Organization (WHO) defines the family as the “social group, organized as an open system (with interaction with other systems such as the neighborhood, work, school, groups of friends, etc.), made up of a variable number of members, most of whom live together in the same place, already united either by legal, blood and/or affinity ties. The structure of the family can be diverse and depends on the context in which it is located” [1].

The family is a key nucleus in society, in which each being develops as a person due to the creation of affective bonds that benefit or affect the social, cultural, personal and health aspects. Family groups carry out daily functions at home and in an environment that surrounds them in order to protect the health of each individual. However, when the opposite happens, instability in the well-being of individuals may occur, affecting their state of health. By generating a deficit in the different levels of basic care in health,

housing, education, and the economic situation, results in the generation of family risks [2].

For several decades in Colombia, there have been displacements of families due to the armed conflict that is being experienced in some regions of the country, generating a high social impact that affects the different communities existing in these territories. The department of Cauca has been one of the affected areas, there are numerous cases of violence, poverty and social inequality, this leads to many families seeing their rights as members of this Colombian society violated.

According to national statistics in Colombia for the year 2018 there were 151,609 cases of forced displacement, these cases of internal displacement correspond to an uncertain number, since currently many people are affected by the armed conflict or violence caused by marginal groups of the law. Despite the peace

accords signed in 2016 under the government of President Juan Manuel Santos, forced and violent displacements continue to occur in many regions, which means that families are forced to leave their lands and live in unsafe conditions unfavorable, affecting the development of these[3].

On the other hand, Afro-descendant families, in the course of time, forged a strong identity as an ethnic community, and that identity has been private in many cultural and social aspects. This has led to the creation of confluences of factors that generate vulnerability where the well-being of the family, education, housing, and employment are affected; The violence in their territories has caused them to migrate from rural areas to the main cities of the country. According to the United Nations Office for the Coordination of Humanitarian Affairs, for this year there have been 90,685 forced displacements for the Afro-Colombian ethnic group throughout the national territory, this directly influences the well-being of families, since they are forced to abandon their homes, leaving them unprotected.

The presence of forced displacement produces a disintegrating effect in the family that spreads rapidly throughout the family system, forcing them to undergo contextual changes that make it necessary to activate mechanisms to reorganize themselves, since they lead to profound relational, functional and structural transformations to be able to adapt to the new demands of the context [4].

Total Family Risk is defined as the probability of individual or family adverse consequences (illness, disorganization or dysfunction), due to the presence of some characteristics detected at the time of assessment [5]. To assess the total family risk, biological-demographic factors (composition, morbidity, mortality), physical, environmental, socioeconomic, psycho-affective, health practices and health services are considered [6].

The line of work in Total Family Risk has been approached in some Latin American countries such as Peru, Venezuela, Argentina, etc. Being a useful and practical tool for nursing and other health areas, due to the fact that there are few family assessment instruments that allow showing scientific evidence to design family health programs [7].

Therefore, for this research with a cross-sectional quantitative-descriptive approach, the instrument RFT 5-33 of total family risk of Dr. Pilar Amaya was used with a reliability of Cronbach's alpha .86 [6]. In order to characterize the total family risk of vulnerable families such as Afro-descendants and displaced people to determine which are the risk factors to which they are exposed, this research is important, not only for the population studied, but for the entire community of its area of influence, since it will serve as a unit of analysis for evaluation and intervention in health, and for the construction of projects aimed at assistance, research, teaching and extension.

Methodology

Descriptive study with a quantitative approach to the population made up of 90 families from the human settlement of the municipality of Santander de Quilichao, Colombia. The sample was defined for convenience; the selection of the sample was non-probabilistic by means of snowball.

Selection Criteria

Inclusion: Afro-descendant, displaced family, participant of the family over 18 years of age who has lived with the family during the last year, and knows the history of the family, informant who freely expresses interest in participating.

Information collection and instrument: The information collection was carried out by the researchers through the application of the instrument Total Family Risk RFT: 5-33 by Dr. Pilar Amaya. It was carried out considering: Written authorization of the author for the application of the instrument, training by the author in the completion of the instruments and in the qualification of the instruments, a total of 5 training sessions were carried out.

The instrument is made up of 5 dimensions of family risk: family identification, family composition and individual risks, family history, family support institutions and risk factors.

The first four allow characterizing and identifying important aspects of the family. These dimensions are not scored on the total risk. The fifth session is the inventory of risk factors that allows estimating family risk factors, it is structured in five subcategories: Psychoactive Conditions, health practices and services, housing and neighborhood, socioeconomic situation and handling of minors. These categories are scored with one (1), zero (0) or not applicable (N.A.) and allows classification into: low-risk families, threatened families, and high-risk families.

The total family risk instrument (RFT5-33) has shown its clinical and political-administrative utility in the detection of family risk in low socioeconomic strata; It has an acceptable level of reliability, estimated by the Kuder-Richardson # 20 consistency coefficient, which has a consistency between 0.6 and 0.76, indicating that they are homogeneous and highly consistent factors. The range of item-test correlations is between 0.27 and 0.87 [6].

For the interpretation of the results, the data were coded and processed in the statistical program R-3.6.1. Descriptive analysis of the general characteristics of the families was carried out, such as family typification, the distribution of family risk according to the dimensions of the instrument and, finally, the distribution of total family risk, absolute frequency calculations and percentages were used. To estimate whether there is a correlation between the dimensions, the Spearman correlation coefficient was used.

The project was carried out taking into account resolution 8430 of 1993; According to the ethical implications, it corresponds to a study without risk, the participants of the families signed the

informed consent, confidentiality was guaranteed in the management and use of the information collected in relation to the privacy of the families, the veracity in the management of information and in the presentation of results. The project was approved by the community leader and had the evaluation and approval of the Scientific Committee of Ethics and Bioethics of the Santiago de Cali University - "CEB-USC" - Faculty of Health according to Act No. 05 of the session September 25, 2020.

Results

Family Features

The total number of families was 30, for a total of 119 members. The average number of members per family was 4 people, in which there was a predominance of men (51%) and a high percentage of adults (34%). The age of the family members ranged

from 0.4 months to 64 years with an average of 21.3 ± 15.7 years. Regarding the family type, nuclear is the most frequent (12), in general it is a population that has remained constant in the sector: on average 7 years with little variability.

Regarding the affiliation of family members to the social security system, the subsidized regime prevailed (112), no family members without affiliation were identified. In the perception of risk, it is evident that the majority feel that they are apparently healthy (115). Among the health and social events, anemia and alcoholism are the most frequent respectively. When inquiring about the institutions, organizations or social and health groups considered as a family support system, we found that the health center was identified by the total population (29), followed by a neighborhood house (26) and by a religious group (25) [Table1].

Table 1: Family Characteristics

Family Characteristics	Number	
Number of Families	30	
Members by family	Total 119 people, average number of members per family 4 people ± 1.6 people (2-8)	
gender family members		
Man	61	51%
Woman	58	49%
Total	119	
Life Cycle of Family Members		
Early childhood	20	17%
Infancy	25	21%
Adolescence	13	11%
Youth	18	15%
Adulthood	41	34%
Old age	2	2%
Total	119	
Family Type		
Extensive	5	
Extensive Modified	1	
Nuclear	12	
Modified nuclear	11	
Rebuilt nuclear	1	
Health events and social events		
YES	14	
NO	16	
Main events in family health		
Anemia	6	
Asthma	3	
Arterial Hypertension	3	

Malnutrition	2	
Diabetes	2	
Cancer	1	
Total	17	
Social events		
Alcoholism	4	
Maltreatment	1	

Total Family Risk

The frequency distribution of Total Family Risk according to the final score of the instrument shows the risk of families as follows: low risk 7 (23.3%), threatened families 17 (56.7%) and high risk 6 (20.0%). families

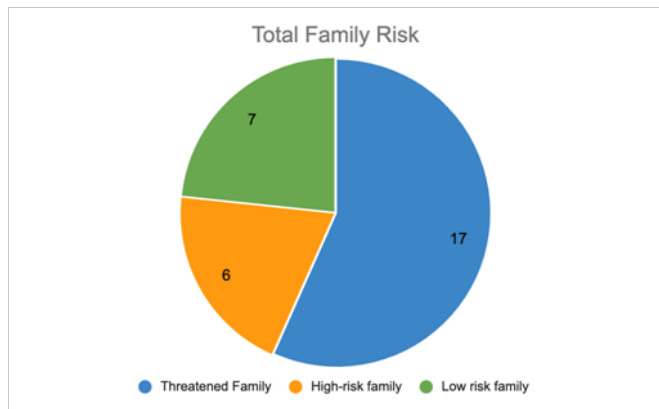


Figure 1: Total Family Risk

Family Risk by Subcategories

Considering the dimensions of family risk, Table 2 shows the two categories of classification of families in which the predominance of threatened families is observed in all dimensions, especially those of socioeconomic situation, health practices and services, and psycho-affective conditions. High risk was evidenced to predominate in housing and neighborhood conditions [Table 2].

Table 2: assessment of family risk according to dimensions.

Category	N	%
Psychoaffective Conditions		
Family threatened	27	90%
High-risk family	3	10%
Health Services and Practices		
Family threatened	29	97%
High-risk family	1	3%
Housing and Neighborhood Conditions		
Family threatened	6	20%
High-risk family	24	80%
Socio-economic situation		
Family threatened	30	100%
High-risk family	0	0%
Child Management		
Family threatened	23	77%
High-risk family	7	23%

Psycho-affective conditions: In this category, the factors that represent the greatest risk for the family are related to the intake of alcohol or psychoactive substances, the disharmony of the couple and the marital separation.

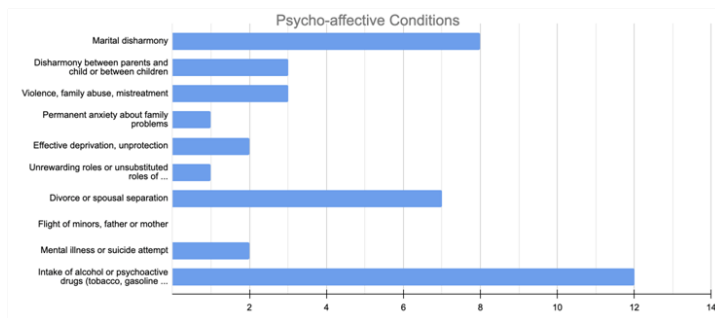


Figure 2: Distribution of risk factors by psycho-affective condition.

Health services and practices: In this category, the factors that represent the greatest risk for the family are the inappropriate management of dental health, followed by the under-utilization of health services and the lack of information on these services.

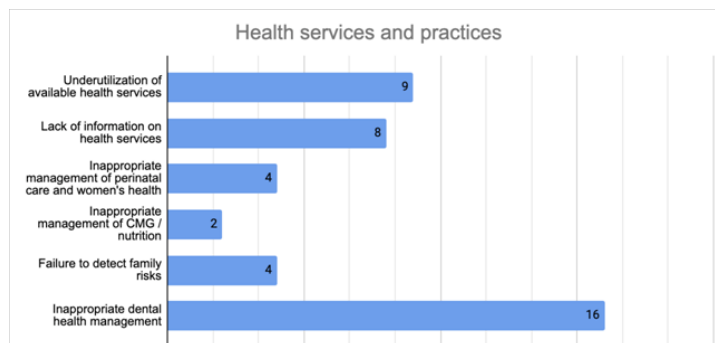


Figure 3: Distribution of risk factors by health services and practices.

Housing and Neighborhood Conditions: In this category, factors generally represent risk for families; neighborhood and home issues are at risk for consideration.

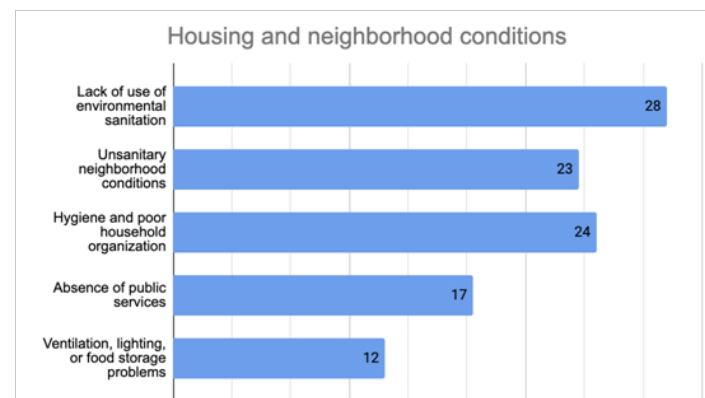


Figure 4: Distribution of risk factors by housing and neighborhood conditions.

Socioeconomic Situation: In this category, the factors that present the greatest risk to the family are related to poverty and lack of recreation, aspects that limit the coverage of basic needs.

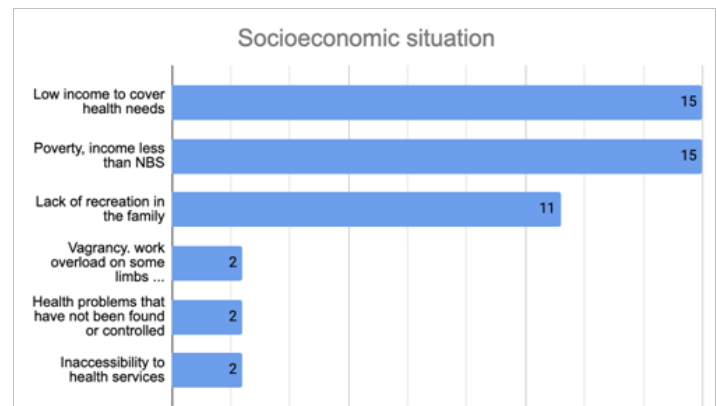


Figure 5: Distribution of risk factors by socioeconomic situation.

Management of Minors: In this category, the factors that represent the greatest risk for the family are related to education and health situations.

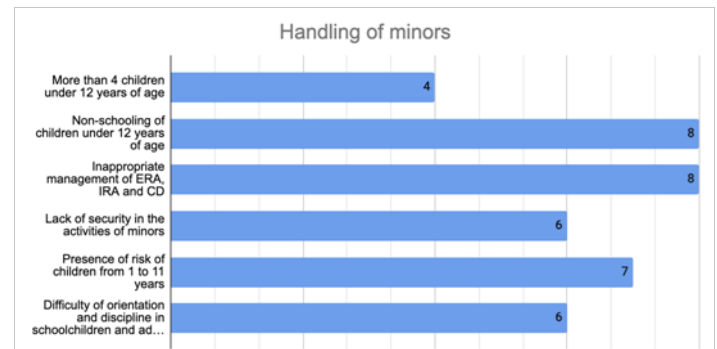


Figure 6: Distribution of risk factors for handling minors.

The Correlation Coefficient Between Dimensions

The most significant correlations are shown in Table 3, where it was found that the Total Family Risk has a strong correlation with health practices and services (0.88) and with the handling of minors (0.86) and a good correlation with the conditions of housing (0.67), psycho-affective conditions (0.65) and socioeconomic situation (0.64).

The correlation between categories identified a good correlation between health service practices and child management (0.77) and between Psycho-affective Conditions and child management (0.62)[Table 3].

Table 3: Spearman's Correlation Coefficient Between the Dimensions of The Total Family Risk Instrument (Rft5-33)

Dimension	Total Family Risk Score	Terms Psycho-affective	Internships and Services of Bless you	Conditions housing and Neighborhood	Situation Socio-economic	Handling of Minor
Total Family Risk Score	1	0,654	0,888	0,675	0,644	0,860
Terms Psychoaffective		1	0,537	0,197	0,443	0,621
Internships and Services of Bless you			1	0,593	0,550	0,777
Conditions housing and Neighborhood				1	0,247	0,446
Situation Socio-economic					1	0,559
Handling of Minor						1

In the last 60 years, Colombia has experienced a situation of armed conflict, initially generated by inequality in the distribution of land, which gave rise to violence and armed struggle, a situation that is later perpetuated by other social scourges such as drug trafficking and narco-terrorism. ; This process has a variety of actors who have been mostly political parties and guerrilla movements; although there is a minority group such as peasants, indigenous people and Afro-descendants who have experienced this conflict closely [8].

The effects of the armed conflict on people and communities have generated age, gender and ethnic discrimination affecting entire families, violating human rights; thousands of families have been displaced from their natural environment, which undoubtedly exposes them to the risk of adverse situations at the individual and collective level; As Amaya puts it in his postulates: "Risk is the probability of occurrence of individual adverse effects or disorganization of the family unit"(Amaya, 2004); situation that makes it necessary to characterize the risk in these families [6].

Identifying the characteristics of the family in a population considered vulnerable, such as displaced families, contributes to understanding family dynamics and provides elements for the implementation of strategies that are based on caring for the family as the social nucleus of a community. Nuclear family type predominance was identified in this group of Afro-descendant and displaced families, young people, with an average of 4 people per family, who perceive their health as good; findings that coincide with what was found by Ana María Soto González who describes in a group of displaced families, the family typology with a predominance of nuclear (85%), young people (22.4%) and 89% perceive health as apparently healthy [9].

In the classification of family risk, a high prevalence of threatened families (56.7%) is evidenced, followed by low-risk and high-risk families, this situation that reflects another postulate of Amaya related to "risks are associated, accumulate and are exponential in nature. That is, there are risks of the different categories that are common to multiple individual and family health problems at the time of the assessment"(Amaya, 2004)., these findings should keep family health systems alert, since these families, by not receiving the necessary care, can reach high risk. The findings coincide with Rosa Eva Pérez Siguas and collaborators who report in families from a human settlement, a predominance of threatened families (52.4%), families with low risk (44.1%), and families with high risk (3.5%) [10].

The study population is part of a settlement area that is established in the face of the need for location due to the displacement to which they were subjected as a result of the social conflict, which has forced them to live in poverty, a situation that is reflected in the condition high risk in the dimension of housing and neighborhood; This population is located in environments with insufficient basic and unhealthy services; similar to that described by Sánchez and Cataño in the municipality of Soledad, Atlántico, who consider that among the total family risk factors that put families at high risk are housing and neighborhood conditions [11].

The subcategories most affected in families are the dimensions of housing and neighborhood, socioeconomic situation, health practices and services, and psycho-affective conditions. These families are in a situation of poverty, that is, with an income less than satisfying basic needs (NBS), they live in greater disharmony, deprived of affection, inadequate management of dental health, and under-utilization of health services, probably due to the lack of information, which can generate family disintegration, deterioration of family development and jeopardize health and well-being; sim-

ilar to the study by Ana Maria Soto carried out in a population of displaced families in Valle del Cauca, which identified families at high risk and threats influenced mainly by the subcategories of the economic situation, health services and practices, handling of minors, housing, neighborhood and psycho-affective conditions [9].

The correlation of the total family risk with the health service practices, the handling of minors, the housing conditions, the psychophysical conditions and the economic situation, suggest the need of the support network for these family groups, especially the center of health with the participation of interdisciplinary teams for the maintenance of family health in vulnerable conditions.

Conclusions

The total family risk in vulnerable families due to ethnic aspects and displacement, predominates in threatened families, related to the subcategories of housing and neighborhood conditions, socioeconomic situation and psycho-affective conditions; This panorama shows the need for programs to control, monitor risk and strengthen the family group in health promotion, disease prevention and adaptation to the new context they inhabit.

Family assessment with the RTF 5-33 instrument is an excellent tool that contributes to the nursing professional and interdisciplinary teams, in the planning of work and family care, allowing to direct interdisciplinary actions, counting on support networks that allow them these vulnerable communities to strengthen the resilience capacity towards family well-being.

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