

Family functioning from the perspective of university students: influence of sociodemographic variables and family characteristics**Funcionamento familiar na perspectiva de jovens universitários: influência de variáveis sociodemográficas e características familiares****Funcionamiento familiar desde la perspectiva de jóvenes universitarios: influencia de variables sociodemográficas y características familiares****Received: 10/09/2020****Approved: 27/12/2020****Published: 27/01/2021****Laís Zago¹**
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This is a quantitative study carried out between 2013 and 2014 at a public university in the interior of the state of São Paulo, SP, Brazil, which aimed to verify whether there are relationships between family functioning and sociodemographic and family characteristics in university students from a public educational institution. A sociodemographic questionnaire and a scale for assessing family functioning were applied. 295 undergraduate students from health courses participated, ages ranged between 18 and 37 years, from which 18 to 22 years represented 93.6%, the majority (82%) were female and came from cities in the state from São Paulo (90.5%), without a partner and living in the same residence (99.0%), as well as, did not work (61.7%), lived with the family (41.4%) and had as main consanguineous father (65.4%). Nuclear families (75.3%), with Catholic religion (68%), of economic class A (66.8%) predominated and 73.9% reported having no family members with chronic disease. There were no statistically significant differences in family functioning in subgroups differentiated by sex, occupational situation, religion and type of family; and, students perceive their family as functional. As the research was conducted before the adoption of affirmative actions for entering the institution, a profile of entry and traditional family members was verified.

Descriptors: Student health; Family; Social class.

Este é estudo um quantitativo realizado entre 2013 a 2014 numa universidade pública do interior paulista, que teve por objetivo verificar se há relações entre o funcionamento familiar e características sociodemográficas e familiares em universitários de uma instituição pública de ensino. Aplicou-se questionário sociodemográfico e uma escala para avaliação do funcionamento familiar. Participaram 295 estudantes de graduação de cursos da área de saúde, as idades variaram entre 18 e 37 anos, pela qual de 18 a 22 anos representou 93,6%, a maioria (82%) era do sexo feminino e proveniente de cidades do estado de São Paulo (90,5%), sem companheiro e residindo na mesma residência (99,0%), bem como, não trabalhava (61,7%), morava com a família (41,4%) e tinha como principal provedor o pai consanguíneo (65,4%). Predominaram famílias nucleares (75,3%), com religião católica (68%), de classe econômica A (66,8%) e 73,9% informaram não ter nenhum membro da família com doença crônica. Não foram observadas diferenças estatisticamente significantes no funcionamento familiar em subgrupos diferenciados por sexo, situação ocupacional, religião e tipo de família; e, os estudantes percebem sua família como funcional. Como a pesquisa foi conduzida antes da adoção das ações afirmativas de ingresso na referida instituição, verificou-se perfil de ingresso e familiar tradicional.

Descritores: Saúde do estudante; Família; Classe social.

Este es un estudio cuantitativo realizado entre 2013 y 2014 en una universidad pública del interior del Estado de São Paulo, SP, Brasil, cuyo objetivo fue verificar si existen relaciones entre el funcionamiento familiar y las características sociodemográficas y familiares en los estudiantes universitarios de una institución pública de educación. Se aplicó un cuestionario sociodemográfico y una escala para evaluar el funcionamiento familiar. Participaron 295 estudiantes de pregrado de cursos del área de salud, las edades variaron entre 18 y 37 años, por lo que de 18 a 22 años representó el 93,6%, la mayoría (82%) eran mujeres y procedían de ciudades del estado de São Paulo (90,5%), sin pareja y viviendo en la misma residencia (99,0%), así como no trabajaban (61,7%), vivían con la familia (41,4%) y tenían como principal proveedor al padre consanguíneo (65,4%). Predominaron las familias nucleares (75,3%), con religión católica (68%), de clase económica A (66,8%) y el 73,9% informaron de que no tenían ningún miembro de la familia con enfermedades crónicas. No había diferencias estadísticamente significativas en el funcionamiento de la familia en los subgrupos diferenciados por sexo, situación ocupacional, religión y tipo de familia; y los estudiantes perciben su familia como funcional. Dado que la investigación se realizó antes de la adopción de medidas de acción afirmativa para ingresar en la institución, se estableció un perfil de ingreso y familiar tradicional.

Descritores: Salud del estudiante; Familia; Clase social.

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INTRODUCTION

The transition to higher education brings multiple challenges to young people, which can impact different aspects of life, such as their interpersonal and family relationships, with potential repercussions on mental health. It is necessary to consider the stressful events that may occur during the adaptation stage that accompanies the transition of young people to higher education, including new educational and social contexts, which in some cases involves moving to a different city and distancing from family, weakening the supervision of parents, in addition to the academic challenges that this period usually brings¹.

Taking into account the dynamics of these factors, it is possible to affirm that university students are in a situation of vulnerability due to the development process itself, with new demands that increase stress and increase susceptibility to psychosocial problems. Entry into higher education can coincide with the transition from adolescence to adulthood, which can result in important changes translated into continuities and also developmental discontinuities. At that moment, the influence of peers can be observed with regard to the adoption of behaviors that represent violations of the instituted norms, which can favor the engagement in risky behaviors, such as substance abuse, conflict with the law and unprotected sex, which can lead to mental health problems or even suicide²⁻⁶.

In this transition period, several aspects must be considered so that the development processes in this stage are understood. It is observed that students are getting progressively younger as they enter university. Many of them are still experiencing the final stage of adolescence in the transition to adulthood and discover that they need to deal with new responsibilities and demands for which they feel unprepared, such as loss and mourning processes. This results in the need to remodel your personal network, excluding or reducing the proximity to some contacts from the previous network and including new elements.

When they feel challenged to deal with new responsibilities and demands, they also need to come in contact with significant changes in the organization of their routine, which require important adaptive efforts. In the context of the transition to the University, this may involve adapting to study routines, the interpersonal relationships established in this scenario, the need to engage in different entities and processes hitherto unknown, which can be experienced in the midst of many sufferings, which can trigger chronic stress reactions⁷.

In terms of developmental processes, this determinant phase is considered and not a simple adjustment process necessary for the transition from adolescence to adulthood⁸. Both physiological and psychosocial changes occur at a time when young people take responsibility for making the most significant decisions in their lives. In a survey conducted at a university in Rio Grande do Sul, students reported problems with regard to the chosen course and leaving their family home (when this occurred); and, those who were graduating reported frustration at the expectations they had before admission and after the course, in addition to regretting the lack of opportunities and extracurricular options to deepen their studies, recognizing that, during university life it would be important to adjust their academic activities with the needs of private life⁹.

When proposing to understand the family context of the undergraduates, the importance of family as a reference to young people is perceived. The system of beliefs and values inherited from the family environment is an important component in the work of young people to find adaptive solutions that make it possible to reconcile academic activities with personal and family life.

The family is a prominent place among the resources that form the support network that they can count on in times of difficulty. In addition, a developmental task for the family, especially if entering university is linked to leaving the family home, is to offer support and create conditions for the young person to be able to leave without breaking affective bonds and without losing their identity as a family member¹⁰.

Gender issues, parenting styles, parents' marital relationship, spirituality, interactions between family members and different family characteristics have been investigated in order to systematize information about how these elements are connected to mental health problems among university students¹¹⁻¹⁴. However, most studies with university students prioritize the description of a student profile limited to a certain higher education institution, so that the sociodemographic variables are made explicit, but not investigated in terms of their possible associations with aspects related to health or even with family functioning variables¹⁵.

With regard to the profile of the Brazilian university student, recent studies have pointed out important movements¹⁶⁻²¹, which involves increasing the participation of women in undergraduate courses, expanding the number of students from lower social strata, especially when in public institutions^{22,23}, which cannot be analyzed separately from the effects of affirmative actions incorporated in the country in educational contexts, which involves not only the issue of access through student quotas, but also permanent actions that combat evasion. Such trends, however, must be analyzed in each educational institution, given the possible differences in profiles that can be oriented, based on local markers.

When considering the relevance of deepening knowledge about different aspects that can affect mental health and the development of university students, with a view to better understanding about the interaction of these factors, and the scarcity of studies aimed at research on how the functioning and family interactions can affect the development of these young people, this study aimed to verify whether there are relationships between family functioning and sociodemographic and family characteristics in university students from a public educational institution.

METHOD

This is a descriptive, analytical, cross-sectional study supported by quantitative methodology, in the second semesters of 2013 and 2014, at a public university in a city in the interior of São Paulo, with students from the health area.

One of the instruments used for data collection was the Sociodemographic and Family Questionnaire: used to characterize the socioeconomic conditions of families, consisting of 24 questions, which include personal data, education level, family configuration, financial situation of the family, including the Brazil criterion for economic classification²⁴.

The Family Cohesion and Adaptability Assessment Scale - FACES IV was also used, consisting of 62 items, which are distributed in two subscales considered balanced or positive (with 7 items each), which refer to positive aspects of the dimensions of cohesion (proximity, affection among family members) and family flexibility (adaptability, attention to rules and flexible roles); four subscales considered unbalanced or dysfunctional (7 items each): disengaged (associated with lack of proximity), entangled (excessive approach, with prejudice to the privacy and autonomy of group members), rigid (excessive valuation and attachment to rules and roles) and chaotic (without clear rules or definition of roles) and a subscale that measures family communication (communication skills within the family) and satisfaction (how satisfied members are with their family group). Items are answered on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The result (calculated from percentiles and ratio between positive and dysfunctional aspects) allows to differentiate between healthy (functional) and unhealthy (dysfunctional) families. The Brazilian version of the scale was used²⁵. In terms of psychometric properties, the instrument has an internal consistency index considered adequate, with Cronbach's alpha $\alpha = 0.84$, calculated for this sample²⁵. Data collection coincided with the second period of the courses in two consecutive years and the application of the instruments was collective, in the classroom, self-completed.

Data analysis was performed with the aid of the IBM SPSS Program, version 25.0. The measures of central tendency and dispersion for numerical variables were calculated and the percentages for categorical variables were computed. For the purpose of comparing variables

of interest, a specific statistical test (Student's *t*) was used, with a significance level of $p = 0.05$. Data regarding the type of family, religion and economic classification were grouped for analysis. Subgroups were compared by gender (male X female), religion (Catholic X other), work activity (work X does not work), socioeconomic classification (class A, referring to classes A1 + A2 + B1, compared with class B, referring to classes B2 + C1 + C2), type of family (nuclear X others). The results were interpreted based on the scientific production available on the topic, with the contribution of the systemic family perspective.

This research was approved by the institution's Research Ethics Committee (CAAE nº 77425417.5.0000.5393) and followed all the recommendations recommended for research with human beings.

RESULTS

295 university students of undergraduate courses participated in the following areas: Medicine, Occupational Therapy, Physical Therapy, Nutrition and Metabolism and Speech Therapy, being: 76 students of Speech Therapy, 74 of Nutrition and Metabolism, 73 of Medicine, 27 of Occupational Therapy and 45 of Physical Therapy. The representativeness of students per course, measured in terms of the proportion between participants and enrolled students, ranged from 73% to 92%.

The ages ranged between 18 and 37 years, from which 18 to 22 years old represented 93.6%, with an average of 19.92 (SD = 2.01), the majority (82%) was female and came from cities within the state of São Paulo (90.5%), without a partner and living in the same house (99.0%), as well as, did not work (61.7%), lived with family (41.4%) and with the father as the main provider (65.4%).

Nuclear families (75.3%), with Catholic religion (68%), of economic class A (66.8%) predominated and 73.9% reported having no family member with any chronic disease. Table 1 shows the comparison of the results for the FACES IV subscales, comparing the subgroups differentiated by sex. It is noted that there was no statistically significant difference between them.

Table 1. Comparison in subscales of family functioning between subgroups differentiated by gender. Ribeirão Preto, 2013-2014.

Subscales	Female (N=242)	Male (N=73)	t	p
	Mean (SD)	Mean (SD)		
Cohesion	29.2 (4.2)	29.1 (3.7)	0.23	0.816
Flexibility	26.0 (4.2)	26.1 (3.7)	-0.22	0.826
Disengaged	14.0 (4.3)	14.3 (3.8)	-0.41	0.681
Entangled	17.9 (3.3)	17.6 (3.2)	0.68	0.492
Strict	18.5 (4.2)	19.3 (4.2)	-1.25	0.209
Chaotic	14.2 (4.1)	13.3 (4.0)	1.40	0.161
Communication	38.5 (7.1)	37.3 (6.1)	1.10	0.272
Satisfaction	35.6 (8.0)	34.9 (6.8)	0.58	0.561

As for religion, there was no significant difference between groups differentiated by families that considered themselves Catholic and families belonging to other religions (Table 2).

Table 2. Comparison of subscales of family functioning between subgroups differentiated by family religion. Ribeirão Preto, 2013-2014.

Subscales	Catholic (N=203) Mean (DP)	Others (N=67) Mean (DP)	t	p
Cohesion	29.2 (4.1)	29.4 (4.0)	-0.29	0.770
Flexibility	25.7 (4.2)	26.6 (3.9)	-1.57	0.118
Disengaged	14.2 (4.1)	13.7 (4.1)	0.89	0.373
Entangled	18.0 (3.2)	17.8 (3.5)	0.44	0.660
Strict	18.7 (4.1)	19.1 (4.3)	-0.68	0.494
Chaotic	14.2 (3.9)	13.7 (4.4)	0.97	0.333
Communication	38.2 (6.7)	38.5 (7.4)	-0.26	0.792
Satisfaction	35.5 (7.7)	35.8 (7.9)	-0.31	0.756

In Table 3, regarding the occupational situation, it is noted that there were no statistically significant differences between those who worked and those who did not work regarding the scores obtained in the FACES IV subscales.

Table 3. Comparison of subscales of family functioning between subgroups differentiated by occupational situation. Ribeirão Preto, 2013-2014.

Subscales	Works(N= 113) Mean (SD)	Does not work (N=182) Mean (SD)	t	p
Cohesion	29.2 (4.4)	29.2 (3.9)	0.02	0.980
Flexibility	26.0 (4.5)	26.0 (3.9)	0.08	0.933
Disengaged	14.1 (4.3)	14.1 (4.1)	-0.04	0.962
Entangled	17.8 (3.4)	17.9 (3.2)	-0.36	0.716
Strict	18.4 (4.4)	18.9 (4.1)	-0.86	0.386
Chaotic	13.8 (4.6)	14.2 (3.7)	-0.83	0.403
Communication	38.4 (6.9)	38.2 (7.1)	0.22	0.825
Satisfaction	35.4 (8.1)	35.5 (7.7)	-0.08	0.933

Table 4 presents the economic classification and, it is observed that there was no statistically significant difference between the groups differentiated by families that belonged to economic class A or B.

Table 4. Comparison of subscales of family functioning between subgroups differentiated by economic classification. Ribeirão Preto, 2013-2014.

Subscales	Class A - Upper Class (N=96) Mean (SD)	Class B - Upper Middle Class (N=199) Mean (SD)	t	p
Cohesion	29.3 (4.1)	29.2 (4.1)	0.87	0.385
Flexibility	25.7 (4.0)	26.1 (4.2)	-0.56	0.571
Disengaged	14.2 (4.1)	14.0 (4.3)	-1.78	0.076
Entangled	17.8 (3.4)	17.9 (3.2)	1.19	0.233
Strict	19.0 (3.9)	18.6 (4.3)	0.94	0.344
Chaotic	14.0 (4.0)	14.1 (4.1)	-1.01	0.310
Communication	37.8 (7.3)	38.5 (6.8)	0.05	0.954
Satisfaction	35.6 (7.6)	35.4 (7.9)	1.04	0.297

Table 5 groups the different types of family configuration and, it is observed that there was no statistically significant difference between university students who belonged to families considered nuclear and those in other types of family.

Table 5. Comparison of subscales of family functioning between subgroups differentiated by type of family. Ribeirão Preto, 2013-2014.

Subscales	Nuclear (N=222)	Others (N=73)	t	p
	Mean (SD)	Mean (DP)		
Cohesion	29.4 (4.1)	28.6 (4.0)	1.50	0.134
Flexibility	26.0 (4.1)	25.9 (4.2)	0.32	0.745
Disengaged	13.9 (4.2)	14.5 (4.2)	-0.96	0.335
Entangled	18.1 (3.5)	17.4 (2.6)	1.84	0.067
Strict	18.7 (4.2)	18.6 (4.1)	0.09	0.924
Chaotic	14.2 (4.2)	13.5 (3.6)	1.31	0.188
Communication	38.4 (7.3)	37.9 (6.1)	0.51	0.605
Satisfaction	35.6 (8.0)	35.0 (7.3)	0.56	0.572

DISCUSSION

Regarding the profile of participants, it is a homogeneous group, made up of students from a public university, belonging to a young age group, who was taking a degree in the health area, coming from a Catholic family and from a high social class. Also, the majority came from a family configuration considered traditional (nuclear) and without the presence of a chronic disease.

These different characteristics may have been reflected in the results obtained, given that it is not only a specific profile and considered elite, but also more likely to be protected in relation to the possible risk factors that may trigger vulnerabilities in development.

As it is a group with wide access to resources and means such as education, health and favorable sociodemographic characteristics, it is expected that, potentially, it was a group less exposed to situations of vulnerability and, therefore, to have less interference of dysfunctionalities in the development, including the family structure.

The sociodemographic profile presented can be summarized as follows: young, single, who lives with their parents and does not work. Although this profile may come close to some contexts²⁶, especially those existing before affirmative educational action policies, it is necessary to consider the changes observed in recent years. Recent research carried out with students from a federal educational institution reveals the growth in the number of women in the university and the access by students from lower classes²³.

Despite the social asymmetries and disparities between classes, the profile found in the present sample, at the time of data collection, reveals a movement prior to the inclusion of affirmative actions in the selection processes of entry of that institution, which occurred only in 2016 and on an experimental basis, at first. In the following years, this access policy continued, together with the maintenance of the traditional entrance exam.

Thus, this sample suffers the effect of a specific context, still without the student quotas and with a competitive selection process that allowed access, primarily, by certain social strata, reinforcing social asymmetries that found an increasing response in affirmative actions. In the Higher Education Institution in question, until the advent of specific public policies to correct social distortions, the entrance exam functioned as a barrier that prevented access to higher public education for the broad economically underprivileged portion of the population.

Although affirmative actions have been successfully implemented and expanded in recent years, expanding the access of people from public education, black, *pardo* and indigenous^{22,23}, there is a need to assess the effects of these policies in relation to access to higher education. teaching in the long run. The predominance of females in this study corroborated several other studies carried out with young adults^{16,17}, which has been explained as a result of female emancipation in recent decades, but also as an effect of affirmative educational actions²³.

With regard to religion, although research²⁷ points to a change in the Brazilian religious profile, predicting that Catholics will possibly cease to be majority in our country, in the national context Catholicism is still a living and very present force and, observed in the study on screen. Respondents were not asked about their attendance at religious services and rituals, only their denomination, which could bring other information about religious practice and its influence on family functioning. Thus, it is suggested that this association can be better explored in future studies.

Any event that changes the pattern of functioning of a family in any way can be considered to be reflected, in a systemic way, on all members²⁸. In the case of a serious illness, the impairment can trigger a rupture in the balance of the family system. In this research, chronic disease appears in a small percentage of families. Although studies indicate that the presence of chronic disease affects family functioning^{10,29}, this was not observed in the present study, that is, for the present survey, such relationships cannot be sustained.

A possible explanation for this finding, the absence of significant relationships between chronic illness and family functioning, is to suggest that the chronic disease reported in this present sample has less impact on the homeostasis of these families, even considering the high economic level that characterized it. Obviously, such hypotheses must be tested by other designs, which should be addressed in future studies.

Regarding the economic level, most of the students surveyed in this study belonged to social classes A1, A2 and B1 (group A). Although this profile is close to the reality of some institutions²⁰, an important change has been observed in recent years, especially in relation to income, so that students from lower classes already make up the majority of university students from federal institutions of higher education²³.

Although most of the participants belong to the nuclear family and have the father as the main provider, it was noted that 24.7% belonged to other family configurations and 31.9% had the mother or another family member (such as grandfather/grandmother) as main provider, numbers considered significant. Data from the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística* - IBGE) indicate that there was an increase in female responsibility from the year 2000 to the year 2010, varying from 24.9% to 38.7% of the households surveyed. In the 2010 Census, it was identified that 38.7% of urban households had women as responsible for maintaining domestic subsistence³⁰.

There was a growth in families managed and supported by women, characterizing family arrangements different from the traditional and patriarchal model found in Brazil³¹. The transition that has been observed in the last decades is evident and is still in progress, towards the growing representativeness of different family configurations of the nuclear model.

However, women still have to deal with unfair salary differences and double hours, in addition to greater difficulties in being promoted at work³¹. There are also differences in the performance of social roles between genders, especially when the family has less purchasing power.

The carrying out of surveys after the adoption of affirmative actions by the Higher Education Institution on screen can also bring new notes due to an expected change in the profile of the entrant. The analyzes presented here were conducted with a homogeneous profile of subjects from privileged sections of the population. The effects of this profile on the data have not yet been investigated, but there is a need not only for new designs based on this corpus, but also for its comparison with the new profiles as a result of the important changes resulting from affirmative admission actions. In an Higher Education Institution considered traditional and elitist - especially because of its competitive entrance exam, the effects of these changes must be monitored in a specific way and with parsimony. It is hoped, therefore, that this new profile may be closer to the recent surveys in public Higher Education Institutions and that they have already adopted affirmative actions for a longer time²³.

Reflecting on families, from the perspective of systemic theory, events such as entering university and possible leaving home can generate disorganization or family dysfunction. However, there is a tendency towards a developmental process of accommodation and adaptation¹⁰ to this new scenario, its characteristics, challenges and possibilities. These effects have not been studied in the present design. It is necessary that this process of transition to the university can be better portrayed, encompassing the diversity of scenarios for this adaptation, as well as the effects of institutional reception policies in this process.

The hypothesis is raised that the investigated variables may have little weight in explaining family functioning precisely because they are considered adaptive, such as access to education, high income and belonging to a family context adjusted from the psychosocial point of view. The combination of protective variables may have a positive influence on family development, so that possible conflicts or maladjustments can be circumvented by other variables, or have their disruptive strength dampened due to the combination of protective aspects.

If the sociodemographic variables listed in this study showed to have a low explanatory power in relation to family functioning, perhaps other variables may prove to be more relevant, notably mental health measures. The consideration of social, cultural and historical contexts, as well as family, still seems timid, due to the tendency to focus on the individual aspects of the individual and on the pathologization of behaviors. It is proposed that the examination of developmental contexts, such as sociodemographic variables, should take place in an integrated manner, including individual and contextual aspects of family cohesion and adaptability, in line with what has been suggested in the systemic perspective.

CONCLUSION

The results of the study suggest that there is no influence of sex, religion, being a worker, socioeconomic class and family configuration on the perception of family functioning of university students in the health area in the researched Institution. The sample was representative for this group, but the results reflect characteristics of university students who already stand out from a good portion of other young people, without access to the university. The fact that these young people have become university students may denote the origins of already differentiated families, which possibly offer support for them to seek their personal achievements.

This study has some limits, such as being based on the results of a convenience sample, restricted to university students at the beginning of graduation (second period) and to a single public university and delimited by comparative analyzes; and, the impossibility of comparing the effects of affirmative admission actions on the profile of these students and their family functioning, given that the present research was carried out prior to the adoption of this policy, recent in the Institution on screen. These limitations require caution regarding the generalization of the results.

On the other hand, the results may be reflecting a protective role of the family over the development of young people, by being able to refer them to higher education, a role that may be independent of the variables analyzed in this study.

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CONTRIBUTIONS

Laís Zago contributed to the conception, collection and analysis of data. **Patrícia Leila dos Santos** participated in the design, collection and analysis of data, and review. **Fabio Scorsolini-Comin** and **Manoel Antônio dos Santos** worked on data analysis and review.

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