# Title: Mental health and family dynamics in university students from Tlaxcala after confinement

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# Introduction

COVID-19 had a negative impact on the mental health of people in the population in general, and particularly, on the most vulnerable population groups. The uncertainty associated with this disease, plus the effect of social distancing, isolation, and quarantine, could aggravate the mental health of the population (Hernández, 2020).

In Mexico, Morales-Cheiné (2021) mentions that social distancing during confinement has apparently been associated with high levels of avoidance, sadness, distancing, anger, and anxiety as an effect of acute stress and high rates of generalized anxiety as an effect of fear of losing health.

Mental health is a dynamic process of well-being, a product of the interrelationship between the environment and the individuals that make up society. It involves the process of seeking meaning and harmony, as well as the capacity for self-care, empathy and trust that is put into play in the relationship with other people (MINSA, 2020).

# Introduction

Also, great economic and psychological impact was caused, being the main causes no to be able to share with their peers, due to changes in their life habits, virtual classes, parents playing the role of guardians, something for which they were not prepared, thus causing anxiety and stress (Barrios et al, 2021).

For this reason, one of the sectors that most impacted the pandemic was the family, due to the need it had to reorganize its functions, establish care roles, restructure the position of its members in their mutual relationships and their belief system, in addition to the spaces, times and rhythms of family, work and household activities (Femat and Ortiz, 2020).

## Objective

Analyze mental health and family dynamics in university students of Tlaxcala after confinement.

# Methodology

**Participants**

The present research is quantitative relational. The sample was unintentional non-probabilistic. The participants were 51 students of the bachelor's degrees in Family Sciences, Gerontological Pedagogy, Special Education and master's degree in Family Therapy of the Autonomous University of Tlaxcala.

The invitation was made to the students of the bachelor's and master's degrees through their personal email and the Google Forms link was also sent to them by this means to respond to the instruments, because the students did not return completely in person.

# Methodology

**Instruments:**

- Sociodemographic file.

- To evaluate mental health, the Beck Depression Inventory (validated in Mexico by Jurado, Villegas, Méndez, Rodríguez, Loperena and Varela, 1998) was used with a Cronbach's Alpha of .87 and which is constituted by 21 questions.

- In addition, the Beck Anxiety Inventory (validated in Mexico by Padrós, Montoya, Bravo and Martínez, 2020) with a Cronbach's Alpha of .81, is integrated of 21 questions.

- To measure family dynamics, the Family Cohesion and Adaptability Assessment Scale (FACES III), certified and validated in Mexico by Ponce, Gómez, Terán, Irigoyen and Landgrave in 2002, was used, with a Cronbach's Alpha of .70. It consists of a Likert scale that integrates 20 questions

# Methodology

**Participants:**

\* 25% of fourth semester, 29% of eighth, 16% second, 16% first and 14% of sixth semester.

- Of which were 84% women and 16% men, whose age ranges ranged: between 18 and 19 years (19%). between 20 and 29 years (63%), between 30 and 39 years (14%), between 40 years and older (4%).

- 76% were from Tlaxcala, 14% from the state of Puebla, 6% from Mexico City, 4% from other states. Currently, 98% live in Tlaxcala and 2% in Puebla.

- Regarding their marital status, it was found that 84% were single, 10% married and 6% live in a free union.

- As for the number of people living in the house, it was observed that 31% live with four people, while 25% with five, 16% with three people, 10% with six, 8% with two, 2% with one person and 2% with 8.

- In 45% the head of the family is the father, while 26% is the mother and 29% another member.

# Methodology

**Participants:**

- In addition, 31% depend on the father, 31% of both, 20% of the mother and 18% of another person.

- 80% have no dependents, while 14% of their dependents are their children, 4% have a different one and 2% are their parents.

- 57% do not work, while 43% work.

- The members who work in his family were, 43% two, 29% one, 20% three and 8% four.

- Regarding the monthly family income, 35% receive from $3,000 to $6,000 pesos*, 29% more than $6,000 pesos, 20% less than $3,000 and 16% do not know the family income.

# Results

For data processing, frequency analyses were performed to obtain descriptive measures of mean and standard deviations. In addition, Pearson correlation was carried out to analyze the relationship between depression, anxiety, cohesion, and family adaptation, as well as the variables with sociodemographic data. In the same way, the Student's t was used for independent samples in order to determine the differences between depression, anxiety, cohesion and family adaptation with sociodemographic data.

# Results

**Table 1.1 Means and standard deviation of depression, anxiety, family cohesion and adaptation**

|  | N | M | DE |
|---|---|---|---|
| **Anxiety** | 51 | 21.43 | 14.565 |
| **Depression** | 51 | 11.04 | 9.529 |
| **Family cohesion** | 51 | 39.35 | 7.263 |
| **Family adaptation** | 51 | 27.69 | 6.541 |

# Results

**Table 1.2** Pearson's correlation between depression, anxiety, cohesion, and family adaptation

|  | Depression | Anxiety | Family cohesion | Family adaptation |
|---|---|---|---|---|
| **Depression** | 1 | .581** | -.343* | -.163 |
| **Anxiety** | .581** | 1 | -.028 | .057 |
| **Family cohesion** | -.343* | -.028 | 1 | .588** |
| **Family adaptation** | -.163 | .057 | .588** | 1 |

# Results

On the other hand, regarding the relationship of the sociodemographic data and the variables, it was possible to realize that depression was significantly related to how many people live with ($r = .393$ **$p < .00$) and negatively with who is the head of the family ($r = -.330$ *$p < .05$).

As anxiety, it was significantly and negatively related to age ($r = -.395$ **$p < .00$), negatively and significantly to place of birth ($r = -.279$ *$p < .05$), significantly to how many people live with ($r = .378$ **$p < .00$) and to who is the head of the family ($r = -.308$ *$p < .05$).

Regarding family cohesion, it was significantly related to age ($r = .296$ * $p < .05$).

# Results

Concerning the differences between depression, anxiety, cohesion and family adaptation with sociodemographic data, the results were:

Depression showed significant differences ($*p<.05$) with gender (F (4,454) p=.040) observing that men had greater depression (M=11.88) than women (M=10.88). In the same way, it showed significant differences ($**p<.00$) with the educational programs that are being studied (F (20,193) p=.000) where it was noted that the students of Family Sciences presented greater depression (M=12.89) than the students of Family Therapy (M=6.00).

Also, significant differences were observed ($*p<.05$) of who are their dependents (F (12,304) p=.010), showing that students whose dependents are their children presented greater depression (M=14.14) compared to those who are other dependents (M=9.50). In addition, significant differences were observed ($*<p.05$) with the monthly income they receive (F (4,597) p=.042) which showed that the families of students who have a monthly income between $3,000 and 6,000 pesos presented greater depression (M=10.94) compared to those with an income of less than $3,000 pesos (M=10.60).

# Results

In the same way, depression showed significant differences (*p<.05) with age (F (10,758) p=.005) where it could be realized that students between 18 and 19 years old presented greater depression (M= 12.50) compared to those between 30 and 39 years old (M=7.86).

Likewise, significant differences were observed (F (9,666) p = .004) between students aged 20 to 29 years, who presented greater depression (M = 11.88) than those aged 30 to 39 (M = 7.86), and students aged 40 and over (M = 1.50).

There were also significant differences (*p<.05) regarding the number of people with whom they live (F (65,333) p=.001), with those living with seven members presenting greater depression (M=19.50) than those living with two (M=5.50).

In addition, significant differences were shown in these areas (F (7,739) p=.009), finding that those living with five members presented greater depression (M=12.07), than those living with four people (M=7.18).

Similarly, significant differences were observed (*p<.05) according to the semesters they were studying where it was shown that the second semester students (F (6,011) p=.028) (M=9.88); those in the fourth (F (6,442) p=.020) (M=13.00); those of sixth, (F(11.278) p=.005) (M=11.86); and those in the eighth (F(7,164) p=.014) (M=12.27), presented greater depression than those who attended the first semester (M=6.00).

# Results

Respecting anxiety, significant differences were found (*p<.05) with age (F (5,684) p=.049) and students between 30 and 39 years old (M=7.86) had higher levels of anxiety compared to those aged 40 and over (M=1.50). Moreover, significant differences were observed regarding the number of family members with who the students live with (F (9,649) p=.006), the results reflected that those living with six members presented greater anxiety (M=22.20) than those living with four people (M=7.18).

As to family cohesion, significant differences were observed (*p<.05) with respect to who is the head of the family (F (5,585) p=.024) in which greater cohesion was observed when the mother is the head of the family (M=39.38); and (F(6.153) p=.018) and when another member is the head of the family, (M=41.47), unlike when the head of the family is the father (M=37.96).

For family adaptation, significant differences were found (*p<.05) with the place of birth of the students (F (4,691) p=.036); (F (28,764) p=.001) observing that those born in Puebla had greater family adaptation (M=30.14) than those born in Tlaxcala (M=27.05) and in other states (M=27.50). Significant differences were also observed (F (21,604) p=.001) between those born in Mexico City, who presented greater familiar adaptation (M=30.14), than those born in other states (M=27.50).

# Conclusions

Therefore, it is important to consider that the COVID-19 disease affected the population of many countries in the world. However, each person can contribute to reducing risks at the individual, family, community, and social levels (WHO, 2020).

For this reason, it is relevant to highlight the leading role of the family in the physical, psychological, and social development of its members for the recovery from diseases. This is mainly because it contributes to the conservation and protection of health, in addition to satisfying material and affective needs for the increase of confidence, security and self-esteem, essential for the psychological well-being of the group.

Therefore, it is necessary to design care strategies that focus on family health to enhance the quality of life of its members, constituting itself as a dynamic process that allows the development of its members (Jiménez-Aguilar and Romero-Corral, 2021).

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