ORIGINAL ARTICLE

DOI: https://doi.org/10.20453/renh.v17i.2024.5820

Family functioning and alcohol consumption in parents with adolescent children

Antony Steven Tintaya Perez[1], *Magaly Castro Mejia*[1], *Julia Raquel Meléndez De la Cruz*[1, 2]

ABSTRACT

Objective: To determine the relationship between family functioning and alcohol consumption in parents with adolescent children. **Materials and methods:** A study with a quantitative approach, non-experimental design, cross-sectional and descriptive-correlational scope. The sample consisted of 123 parents with adolescent children from a human settlement in the Cono Norte area of Lima. The technique used was the survey and two widely validated instruments were used: the FACES III test, which evaluated family functioning, and the AUDIT questionnaire, which identified alcohol consumption. The data were analyzed in the statistical program STATA version 18.0. A descriptive analysis was performed using frequency distribution tables, and Spearman's rho nonparametric test was used to determine the relationship between variables. A statistical significance level of 0.05 ($p < 0.05$) was used. **Results:** Family functioning was in the extreme range (dysfunctional) with 69.1%. In the cohesion dimension, it was found that 43.9% corresponded to disengaged families. In the adaptability dimension, 52.8% represented chaotic families. Likewise, 42.3% have a risky consumption. **Conclusion:** There is a significant negative or inverse relationship between family functioning and alcohol consumption in parents with adolescent children.

Keywords: family functioning; alcohol consumption; parents.

Received: September 24, 2024
Accepted: October 21, 2024
Online: December 17, 2024

Corresponding author:
Antony Steven Tintaya Perez
E-mail: antony.tintaya.p@upch.pe

INTRODUCTION

In society, the family represents the bond among individuals who share a common life project, characterized by emotional ties, personal commitment among its members, and the establishment of roles. It is considered an open system that encompasses interrelated processes and connections among its members in various directions, which may impact them both individually and collectively. This is because the family is governed by various variables, such as social values, culture, traditions, among others (1).

It is important to highlight the significance of proper family functioning, which plays a crucial role not only during childhood but also in later stages of life. Family serves as the central axis for all its members, fostering cohesion or unity. Regarding

[1] Universidad Peruana Cayetano Heredia, Facultad de Enfermería. Lima, Peru.
[2] Grupo de investigación CuidArt-e. Lima, Peru.

an individual's health, it can act as either a factor or a significant risk factor against harmful behaviors, such as alcohol use (2).

From this perspective, Olson's Circumplex Model of Family Systems provides a framework to understand family functioning under the dimensions of cohesion and adaptability. These dimensions encompass emotional attachment, family commitment, coalitions, established boundaries, leadership, rules and roles, all of which contribute to the overall goal of the family system. Cohesion involves the interaction of emotional bonds among family members, while flexibility or adaptability is the ability to adjust the family structure to face challenges. Both play a crucial role in fostering healthy behaviors. Family functioning, in this regard, is a determining factor in maintaining health or contributing to illness (3).

On the other hand, alcohol consumption is multifactorial and influenced by various determinants, including family dynamics and parental behavior. These factors play a crucial role both in the initiation and continuity of alcohol use among adolescents. In other words, parental behavior can encourage alcohol consumption during adolescence if it is considered a family tradition. This behavior learned by adolescents leads them to initiate alcohol use based on family models. Parents are sometimes tolerant, and there is a high level of social permissiveness, which makes adolescents vulnerable, especially at this stage of life due to social learning and peer pressure. These factors are associated with leisure activities, parties, celebrations, the pursuit of pleasant experiences, among others. In addition, during the pandemic, alcohol consumption increased as a coping mechanism in response to situations such as job loss, uncertainty about illness, and the loss of family members and friends, among others (4, 5).

In this regard, Albert Bandura's Social Cognitive Theory is adopted, which argues that personal factors along with environmental and attitudinal influences, play a predominant role in learning—primarily through observation and social experience—ultimately shaping human behavior. This suggests that individuals are influenced by their environment. The family plays a key role in various stages of life, and serves as the primary setting for fostering resilience or protecting adolescents from risky behaviors. Conversely, it can become a risk factor through social learning or the imitation of parental models, potentially leading to unhealthy behaviors such as the consumption of psychoactive substances (6).

In this regard, the World Health Organization (WHO) (7), in 2024, reported that there have been over 2.6 million deaths due to harmful alcohol consumption. This accounts for 4.7% of global morbidity, predisposing individuals to chronic diseases, cirrhosis, digestive problems, cancer, as well as cardiovascular and cerebrovascular diseases. It is also argued that any pattern of alcohol consumption involves a risk. Therefore, within the framework of the Sustainable Development Goals (SDGs), there is an urgent call to implement strong measures to reduce alcohol and drug consumption, as well as to improve access to high-quality treatment for substance use disorders.

Similarly, in 2021, the Pan American Health Organization (PAHO) (8) reported that more than 300,000 deaths occur annually in the Americas due to the severe harm caused by alcohol intoxication, including injuries from traffic accidents and interpersonal violence. Therefore, it is considered a public health issue, as it can lead to disability, illness and premature death.

According to data from the Ministry of Health of Peru (MINSA) (9), in 2023, 39,488 cases of alcohol use disorders were reported nationwide, representing a 14% increase compared to 34,716 cases recorded in 2022. Apart from that, the report indicates that this disorder is prevalent in adulthood, with 20,010 cases, followed by young adults with 10,748 cases, and adolescents with 5,300 cases. The most prone regions to alcohol consumption are Cuzco, Arequipa, La Libertad, Junín and Piura, which account for the highest number of reported cases, as drinking is considered a customary practice in these populations.

In this way, alcohol consumption leads to physical and mental health problems and can result in dependency. This psychoactive substance induces lasting changes in the brain, making individuals more susceptible to relapse (10).

A study found in a sample a functional family functioning of 62.2%. On the other hand, using the Alcohol Use Disorders Identification Test (AUDIT), 49.0% showed risky alcohol use, while 28.8% showed dependence, with predominance in middle adulthood. No significant differences were found between the variables (11).

Another study found that family functionality was dysfunctional in 40.3%, moderately functional in 38.3%, and functional in 21.4% of cases. Additionally, alcohol use levels were as follows: 53.9% reported no use, 42.3% reported low use, and 3.9% reported moderate use. It was concluded that the greater family

functionality, the consumption of alcohol tends to decrease (rho = –0.319; p = 0.000), indicating a negative correlation (12).

This research focuses on the implications of nursing practice in the fields of family and community nursing. The data provided will contribute to the development of primary care intervention strategies with a family health approach, considering the family as a social support system. Given that the socio-affective environment plays a role in the adoption of healthy behaviors, it is essential to implement intersectoral collaboration mechanisms tailored to the characteristics and needs of the target population.

The aim of this study was to determine the relationship between family functioning and alcohol use in parents with adolescent children.

MATERIALS AND METHODS

A quantitative, descriptive and correlational cross-sectional study was conducted in the community of Los Norteños (Los Olivos, Lima, Peru). The sample consisted of 123 participants. The sampling was probabilistic, using a simple random sampling method. Data collection was gathered in person.

According to selection criteria, parents of both sexes with adolescent children participated voluntarily. Data collection was gathered using the self-administered survey technique, employing two widely validated questionnaires as instruments.

The first instrument was the third version of the Family Adaptability & Cohesion Evaluation Scale (FACES III), based on the family systems approach authored by David Olson, Joyce Portner & Yoav Lave in 1979 (13). The construct validity was derived from the research conducted by Bazo-Alvarez et al. (14), where the fit indices obtained high values. In terms of reliability, a Cronbach's alpha of 0.85 was found in cohesion and 0.74 in adaptability. The instrument consists of 20 items, using a Likert-type scale ranging from 1 to 5 points, aimed at assessing the individual's perception of their family at that moment. It comprises two dimensions: cohesion (10 items) and adaptability (10 items); each of which is subdivided into possible family types based on each variable. It is classified as balanced, mid-range, and extreme range.

The second instrument is originally named the Alcohol Use Disorders Identification Test (AUDIT), developed by WHO in 1992 and updated by Babor et al. in 2001. With a Peruvian adaptation for two decades by Luisa Crisologo in 2012, its validity was assessed in different clinical and community samples around the world, concluding that it is the best *screening* instrument in the field of primary care (15). The psychometric analysis of the instrument in Peru showed a reliability with a Cronbach's alpha of 0.88 (16). It consists of 10 items with a Likert-type scale, and scores range from 0 to 40 points. It is classified into 'non consumer', 'low-risk consumption', 'harmful consumption' and 'dependency'.

As for the procedure, the instruments were administered to parents after prior coordination with community leaders, who facilitated the communal premises. Participants were summoned in groups, and home visits were also paid as a strategy to complete the sample. Frequency distribution tables were obtained based on the classification scales of the instrument. Finally, to determine the relationship between the variables, Spearman's rho nonparametric test was used, as these variables did not meet the normal distribution requirement according to the Kolmogorov-Smirnov test. The analysis was conducted at a statistical significance level of 0.05 ($p < 0.05$).

The study was approved by the Institutional Ethics Committee of the Universidad Peruana Cayetano Heredia (CIE-UPCH), adhering to bioethical principles. Participants were informed that they could withdraw from the research process at any time they wished; they voluntarily signed an informed consent form. The participating mothers and fathers benefited from educational materials, which consisted of an information brochure on alcohol prevention from PAHO. Regarding the principle of maleficence, participation in the study was exposed to participants' perception of family dysfunctionality due to alcohol consumption. This risk was considered minimal; that is, the probability of the harm or discomfort was no greater than what is typically encountered in everyday life. Participants were treated equally, without discrimination, and were selected based on eligibility criteria. Confidentiality of the information provided was ensured, and its use was strictly limited to research purposes.

RESULTS

Regarding the sociodemographic characteristics of the parents who participated in the study, the average age was 44.8 years. In terms of sex, more women (56.1%) participated than men. Regarding the level of education, 28.5% had incomplete secondary education. Concerning marital status, 47.2% were living together. In terms of employment, 52.0% were

self-employed. As for religion, 80.5% were Catholics. With regard to the relationship with the adolescent, 54.5% were mothers and 45.5% were fathers. In terms of family structure, 42.3% belonged to nuclear families (father, mother and children) while 25.2% belonged to single-parent families (Table 1).

Table 1. Sociodemographic characteristics of parents with adolescent children from the community of Los Norteños, Los Olivos, Lima, Peru, during the period of March-May 2024.

Sociodemographic Characteristics	n	%
Sex		
Male	54	43.9
Female	69	56.1
Age		
Mean	44.85	
Standard deviation	9.24	
Minor age	29	
Legal or maximum age	63	
Level of education		
Incomplete elementary education	9	7.3
Complete elementary education	30	24.4
Incomplete high school education	35	28.5
Complete high school education	34	27.6
Technical studies	10	8.1
University studies	5	4.1
Type of parental union		
Free or cohabiting union	58	47.2
Unmarried or cohabiting	27	22.0
Separated	33	26.8
Widow	2	1.6
Divorced	3	2.4
Participant's occupation		
Household	34	27.6
Self-employment	64	52.0
Dependent work	25	20.3
Religion		
Catholic	99	80.5
Another	24	19.5
Family structure		
Co-residence of the father/mother with the adolescent in the same household		
Yes	112	91.1
No	11	8.9
Relationship with the adolescent		
Father	56	45.5
Mother	67	54.5
Family members		
Father, mother, children	52	42.3
Father, mother, children, grandparents, uncles, aunts, cousins	29	23.6
Parents, mother, child (children) and non-relatives	11	8.9
Only one of the parents	31	25.2

Regarding family functioning, 69.1% fall into the extreme or dysfunctional type, 21.1% into the medium or moderately functional type, and 9.8% into the balanced or functional type (Table 2).

Table 2. Family functioning in parents with adolescent children in the community of Los Norteños, Los Olivos, Lima, Peru, during March-May 2024.

Family functioning	n	%
Extreme or dysfunctional range type functionality	85	69.1
Mid-range or moderately functional range type functionality	26	21.1
Balanced or functional type functionality	12	9.8
Total	123	100.0

Regarding the family cohesion dimension of parents with adolescent children, it was found that 43.9% is disengaged, 21.1% is enmeshed and 18.7% is separated (Table 3).

Table 3. Family cohesion in parents with adolescent children in the community of Los Norteños, Los Olivos, Lima, Peru, during March-May 2024.

Family cohesion	n	%
Disengaged	54	43.9
Separated	23	18.7
Connected	20	16.3
Enmeshed	26	21.1
Total	123	100.0

Regarding family functioning in the adaptability dimension of parents with teenage children, 52.8% are chaotic, 23.6% are structured, and 13.8% are rigid (Table 4).

Table 4. Adaptability in parents with adolescent children in the community of Los Norteños, Los Olivos, Lima, Peru, during March-May 2024.

Adaptability	n	%
Rigid	17	13.8
Structured	29	23.6
Flexible	12	9.8
Chaotic	65	52.8
Total	123	100.0

Regarding alcohol use in parents with teenage children, it was found that 51.2% do not consume it, 42.3% engage in risky consumption, 0.8% consume harmfully, and 5.7% have a dependence (Table 5). Globally, 48.8% of parents drink alcohol to some extent.

Table 5. Alcohol use in parents with adolescent children from the community of Los Norteños, Los Olivos, Lima, Peru, during March-May 2024.

Alcohol use	n	%
Do not consume	63	51.2
Risky consumption	52	42.3
Harmful consumption	1	0.8
Dependence	7	5.7
Total	123	100.0

According to Spearman's correlation test, a rho = –0.410 and p = 0.000 were obtained; therefore, the null hypothesis is rejected and the alternative hypothesis is accepted. This indicates a significant negative or inverse relationship.

Table 6. Relationship between family functioning and alcohol use in parents with adolescent children from the community of Los Norteños, Los Olivos, Lima, Peru, during March-May 2024.

	Alcohol use	
	Spearman's Rho	p-value
Family functioning	–0.410	0.000

DISCUSSION

Regarding the characteristics of the sample, parents have had limited access to technical and university education, with may have implications in their personal and professional development. Additionally, most have independent occupations that keep them away from home, preventing them from providing quality time to their families. A significant number of parents are separated or divorced, so there is a higher probability of intrafamily violence (10).

The predominant family functioning among parents with adolescent children was extreme or dysfunctional. In this regard, some studies have found that family functioning was moderately functional (17, 18). It is argued that the level of functionality is determined by family structure, with single-parent families being a risk factor for dysfunctionality. However, this study found a predominance of nuclear families, i.e., traditional families. In these families, paternal absence in child-rearing may also occur, as both parents are providers. Additionally, gender-related aspects concerning role performance and presence of violence may be observed (1, 5).

Indeed, family functioning is a process where members interact with each other to meet basic needs, make decisions, set rules and goals. At the same time, it simultaneously contributes to both individual and family development. Extreme-range functioning is often associated with conflicts, arguments or the loss of approval and affection among family members, making them more prone to harmful behaviors such as alcohol consumption, among others (17).

Regarding the first factor or dimension of family functioning according to Olson's model, a disengaged family cohesion was found among parents with teenage children. In this regard, Escobar and Pilco (19) found different results, where family cohesion was connected, as the family perceives an environment of attachment, union or bonding.

Given that family cohesion refers to the emotional bond and the perceived sense of unity or togetherness within the family, it can serve as a buffer against adverse psychosocial outcomes. In turn, disengaged family cohesion refers to the weak emotional bond among family members and the level of independence they feel at home; the boundaries between their subsystems are blurred or weak, where the degree of cohesion may partially depend on the family's cultural beliefs (18).

In this way, it can be inferred that disengaged cohesion could result from couple conflicts as well as weak filial-parental relationships. At the same time, it could limit generational differences. The absence of clear and direct communication with the adolescent could accelerate their search for autonomy or independence, leading to difficulties in decision-making and problem-solving, as well as a lack of support or guidance. When adolescents perceive emotional detachment from their parents or families, considerable emotional and mental difficulties arise, which are associated with behavioral problems (4).

Regarding the second factor or dimension of family functioning, parents with teenage children reported chaotic adaptability. In the study by Carcasi & Flores (20), similar findings were reported in terms of dysfunctional adaptability, attributed to the acceptance of existing conflicts and the lack of quality time with family members in the face of adversity.

In this sense, family adaptability or flexibility refers to the extent of change experienced in relationships, rules and leadership. At one extreme are the families that cannot or do not want to change in response to stress (rigid or chaotic families or couples), which may lead to complications in their functioning. At the other extreme are families that change very frequently, demonstrating the ability to be flexible and adapt to changes, with a strong commitment among members, resulting in healthy family functioning (18).

It should be noted that families with chaotic adaptability are more likely to be pessimistic, lose confidence and have an increased risk of problems such as alcohol consumption. This is due to their low commitment to cope with the problem, contributing to high levels of distress, impulsivity, hostility, rebelliousness, low self-esteem, greater sensitivity to stress, anxiety and depression (3).

Thus, the observed result may be attributed to the fact that family members' opinions are not considered and that there is a lack of parental disciplinary control. In this regard, discipline is inconsistent, and rules are changing and unclear in their application, leading to distant and conflictive relationships with children (5).

However, considering the two dimensions of family functioning, a predominance of chaotic and disengaged families has been observed. This could be attributed to the normative crisis of this stage of life (adolescence), caused by developmental changes and evolving needs. This negative impact on family functioning may stem from a lack of alignment between the individual and the family due to the generational gap typical of this stage. Families facing a crisis will experience moments of stress and imbalance. This impact can strengthen the family as a system, depending on its ability to adapt to changes. Some families are more vulnerable to crises than others; however, if dysfunctional strategies are established, conflicts will persist. This is highly concerning, as it leads to functional disorganization in family interactions, characterized by the absence of parental figures or their emotional detachment. In such families, there are no rules or very few, and those that do exist are frequently broken, reflecting permissive parenting patterns (21).

Based on the above, family dysfunction could also be attributed to the collateral effects of the global health crisis during the pandemic. The impact it generated had psychological and social consequences, leading to maladaptive behaviors reported in family dynamics due to the changes that occurred in families' lifestyles, causing imbalances at all levels. This could lead to conflicts in couple relationships within the marital, parental, filial or fraternal subsystem, resulting in inadequate relational patterns. Additionally, it may cause difficulties in managing conflicts and crises, tolerance of violence, prevalence of anxiety and depressive symptoms, sleep disorders, as well as drug and alcohol use (22).

Regarding alcohol consumption reported by parents with adolescent children, there was a predominance of moderate or risky consumption. Consequently, these individuals are at risk of developing chronic conditions due to their habitual use of alcohol above the recommended levels and/or experiencing injuries, accidents, violence, legal issues, poor work performance or social problems as a result of acute intoxication episodes. Consequently, a person's health is affected by the use of alcohol, which may lead to dependence. For that reason, alcohol consumption is considered a public health problem, with social and economic impacts, as it brings multiple physical and mental consequences. Additionally, it represents years of life lost, as it can lead to disability and premature death (23).

Indeed, within the family, alcohol consumption is mostly prevalent in young adults, predominantly in males, with an average age of 25. As a legal, popularly consumed and available drug, whose consumption borders between responsible use and abuse, alcohol is often used in celebrations and recreational activities. Besides, alcohol is used as means of gaining social acceptance, reducing inhibitions, or due to peer pressure. When alcohol consumption becomes problematic, it leads to the neglect of significant responsibilities at work, school or home (10).

Upon testing the hypothesis, it was found that there is a significant relationship between family functioning and alcohol consumption in parents with adolescents. In other words, higher levels of family functioning correspond to low levels of alcohol consumption, whereas increased alcohol consumption leads to decreased family functionality. Therefore, the null hypothesis is rejected and the alternative hypothesis is accepted.

Several studies have found that belonging to a dysfunctional family is a risk factor that promotes alcohol consumption, whereas being part of a functional family serves as a protective factor against alcohol use (12, 19, 20, 24). However, a different result was found in the study by Izquierdo et al. (11), where functional families exhibited risky alcohol consumption.

As can be inferred, family functioning and alcohol consumption are related, since a functional family fosters cohesion among its members, whereas a dysfunctional family is more prone to engaging in risky behaviors. Adults who experienced conflicts with their parents during adolescence are more likely to engage in excessive alcohol consumption throughout their lives. Nowadays, it is known that a family relationship with a balance between limits and affection is not only decisive for the cognitive and social development of children and adolescents, but can also act as a protective factor against alcohol consumption and help mitigate peer pressure. For all these reasons, the family acts as a buffer in preventing unhealthy behaviors (10).

It is important to emphasize that, regardless of whether the person drinking is a parent, a teenager, an extended family member, or an older adult, alcohol use can become a significant source of stress. The rest of the family becomes affected because, in this situation, they must adapt to changes that alter the family system, producing an imbalance that impacts everyone. Therefore, alcohol consumption does not only affect those who drink, but also those who are part of the family system (11).

Finally, it is important to mention that adolescence is a vulnerable stage in which parental behavior—through social learning or modeling—can negatively influence both the initiation and continuation of alcohol consumption. This is often due to family habits, leading to generational alcohol use. In this regard, adolescents should have a controlled drinking model as it is known that they will drink alcohol with their peers. Therefore, the family should promote healthy behaviors (2, 6).

CONCLUSIONS

According to the proposed objectives, it has been demonstrated that there is a significant negative or inverse relationship between family functioning and alcohol consumption among parents of adolescents, leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis. There are families with extreme or dysfunctional family functioning. On the other hand, parents of adolescents have a risky level of alcohol consumption.

It is recommended that policymakers implement regulations to control alcohol consumption. Additionally, within the framework of agreements between the Ministries of Health and Education, strategies should be promoted to prevent alcohol consumption and strengthen family functioning. This can be achieved by implementing psychoeducational interventions from a multidisciplinary perspective that integrates parents. Guidance should be provided to reinforce their parental role through democratic parenting guidelines and to encourage them to serve as role models for healthy behaviors.

Nursing professionals, especially those in community mental health centers, are encouraged to implement preventive strategies against alcohol use, aimed at parents and adolescents in health promotion scenarios, involving the commitment of social actors.

The scientific community is advised to validate effective interventions for the promotion and prevention of alcohol and other psychoactive substances, incorporating a family health approach and ensuring parental participation.

Conflict of interest: The authors declare no conflict of interest.

Funding: Self-funded.

Ethics approval: This study was approved by the Institutional Research Ethics Committee of the Universidad Peruana Cayetano Heredia (CIE-UPCH), under Certificate CIEI-021-06-24, dated March 11, 2024.

Authorship contribution: All authors contributed to the preparation of this article.

REFERENCES

1. Delfín-Ruiz C, Saldaña C, Cano R, Peña EJ. [Characterization of family roles and their impact on families of Mexico]. Rev Cienc Soc [Internet]. 2021; 27(special issue 3): 128-138. Available

from: https://doi.org/10.31876/rcs.v27i.36497 Spanish.

2. Freire-Flores JJ, Escobar-Parra ND. [Family functioning and its relationship with alcohol use in young adults]. Ciencia Latina [Internet]. 2022; 6(6): 10540-10553. Available from: https://doi.org/10.37811/cl_rcm.v6i6.4147 Spanish.

3. Rada C, Olson DH. Circumplex model of marital and family systems (FACES III) in Romania. Annu Roum Anthropol [Internet]. 2016; 53: 11-29. Available from: https://www.researchgate.net/publication/317216128_Circumplex_model_of_marital_and_family_systems_Faces_III_in_Romania

4. Arrom MA, Fresco MP, Arrom CM, Ruoti M, Capurro MH, Arrom C. et al. [Abusive of alcohol in adolescent students]. Med Clín Soc [Internet]. 2021; 5(1): 25-31. Available from: https://doi.org/10.52379/mcs.v5i1.134 Spanish.

5. Cabanillas-Rojas W. [Alcohol consumption and gender in the adolescent school population of Peru: evolution and intervention challenges]. Rev Peru Med Exp Salud Pública [Internet]. 2020; 37(1): 148-154. Available from: https://doi.org/10.17843/rpmesp.2020.371.5151 Spanish.

6. Rodríguez-Rey R, Cantero-García M. [Albert Bandura: Impact on education of the social cognitive theory]. Padres Maestros [Internet]. 2020; (384): 72-76. Available from: https://doi.org/10.14422/pym.i384.y2020.011 Spanish.

7. World Health Organization. Over 3 million annual deaths due to alcohol and drug use, majority among men [Internet]. WHO; 2024, June 25. Available from: https://www.who.int/news/item/25-06-2024-over-3-million-annual-deaths-due-to-alcohol-and-drug-use-majority-among-men

8. Pan American Health Organization. Alcohol consumption is the sole cause of 85,000 deaths annually in the Americas, PAHO/WHO study finds [Internet]. PAHO; 2021, April 12. Available from: https://www.paho.org/es/noticias/12-4-2021-nuevo-estudio-opsoms-indica-que-85-mil-personas-al-ano-americas-pierden-vida

9. Ministerio de Salud (PE). Establecimientos del Minsa atendieron casi 40 000 casos de trastornos por consumo de alcohol durante el 2023 [Internet]. Minsa; 2023, November 15. Available from: https://www.gob.pe/institucion/minsa/noticias/866539-establecimientos-de-minsaatendieron-casi-40-000-casos-de-trastornospor-consumo-de-alcohol-durante-el-2023

10. Molina-Quiñones HJ, Salazar-Taquiri V. [Factors associated with alcohol consumption in adolescents living in Lima, Peru]. Rev Haban Cienc Méd [Internet]. 2022; 21(3): e4655. Available from: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1729-519X2022000300011 Spanish.

11. Izquierdo S, Vargas K, Castro FL. [Psychological well-being, family functioning and alcohol consumption in adults in the city of Cuenca]. Veritas & Research [Internet]. 2023; 5(2): 185-194. Available from: http://revistas.pucesa.edu.ec/ojs/index.ournal=VR&page=article&op=view&path[]=146 Spanish.

12. Rios JE, Pérez CM. Funcionamiento familiar y consumo de alcohol en estudiantes de secundaria de una institución privada de Lima Metropolitana, 2022 [bachelor's thesis on the Internet]. Chiclayo: Universidad de San Martín de Porres; 2023. Available from: https://hdl.handle.net/20.500.12727/12581

13. Serna J. Funcionamiento familiar y consumo de alcohol en estudiantes de un centro de educación básica alternativa [master's thesis on the Internet]. Lima: Universidad Peruana Cayetano Heredia; 2020. Available from: https://hdl.handle.net/20.500.12866/9006

14. Bazo-Alvarez JC, Bazo-Alvarez OA, Aguila J, Peralta F, Mormontoy W, Bennett IM. [Psychometric properties of the third version of family adaptability and cohesion evaluation scales (FACES-III): a study of Peruvian adolescents]. Rev Peru Med Exp Salud Pública [Internet]. 2016; 33(3): 462-470. Available from: http://dx.doi.org/10.17843/rpmesp.2016.333.2299 Spanish.

15. Seguel F, Santander G, Barriga OA. [Validity and reliability of the alcohol use disorders identification test (AUDIT) in a Chilean university students]. Cienc Enferm [Internet]. 2013; 19(1): 23-35. Available from: http://dx.doi.org/10.4067/S0717-95532013000100003 Spanish.

16. Pacsi CJ, Porlles AR. [Social skills and alcohol consumption in adolescents during the COVID-19 pandemic in a public educational institution in Lima, 2022] [bachelor's thesis on the Internet]. Lima: Universidad Peruana Cayetano Heredia; 2024. Available from: https://hdl.handle.net/20.500.12866/15369 Spanish.

17. Uroz J, Charro B, Prieto M, Meneses C. [Family structure and alcohol consumption among adolescents]. Health and Addictions [Internet]. 2018; 18(1): 107-118. Available from: https://doi.org/10.21134/haaj.v18i1.364 Spanish.

18. Gozme RJ, Zarate M. Funcionalidad familiar y consumo de alcohol en adolescentes [second specialty thesis on the Internet]. Trujillo: Universidad Católica de Trujillo Benedicto XVI; 2024. Available from: http://repositorio.uct.edu.pe/handle/123456789/4756

19. Escobar LC, Pilco GA. [Family functioning and alcohol consumption in adolescents from the city of Macas, Ecuador]. Axioma [Internet]. 2022; (27): 40-46. Available from: https://doi.org/10.26621/ra.v1i27.830 Spanish.

20. Carcasi JM, Flores LC. Funcionalidad familiar y consumo de alcohol en adolescentes de la Institución Educativa Secundaria Emblemática Nuestra Señora del Carmen, Ilave-Puno 2023 [bachelor's thesis on the Internet]. Puno: Universidad Nacional del Altiplano; 2024. Available from: https://repositorio.unap.edu.pe/handle/20.500.14082/22255

21. Lovo J. [Normative Family Crises]. Aten Fam [Internet]. 2021; 28(2): 132-138. Available from: http://dx.doi.org/10.22201/fm.14058871p.2021.2.78804 Spanish.

22. Figueroa RJ. Dinámica familiar en tiempo de pandemia [bachelor's thesis on the Internet]. Lima: Universidad Peruana Cayetano Heredia; 2022. Available from: https://hdl.handle.net/20.500.12866/12518

23. Pérez M, Castañeda M. [Neutrosophic recommendation model for socio-epidemiological analysis and family functioning of alcoholic patients]. Neutrosophic Computing and Machine Learning [Internet]. 2020; 12: 21-30. Available from: https://fs.unm.edu/NCML2/index.php/112/article/view/91 Spanish.

24. Paucarchuco WV. Funcionamiento familiar y consumo de alcohol en adolescentes de educación secundaria [master's thesis on the Internet]. Huancayo: Universidad Peruana Los Andes; 2021. Available from: https://hdl.handle.net/20.500.12848/3256