Relationship of routines and functionality in families with members with type 2 diabetes

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INTRODUCTION

Type 2 diabetes (T2D) is a chronic disease that poses significant public health challenges, affecting both individuals and their families.

Family routines and functionality are crucial in disease management, as they significantly influence and impact overall family health (García et al., 2018; Moreno et al., 2018; Ramírez et al., 2020).

➢ Routines consist of activities that families regularly engage in, such as eating, sleeping, resting, working, exercising, and managing the disease.

➢ Functionality refers to a family's ability to achieve optimal health through mutual agreement, commitment, affection, communication, support, shared decision-making, distribution of responsibilities, and solidarity.

OBJECTIVE

To explore the relationship between family routines and functionality in households with a member affected by type 2 diabetes.

HYPOTHESIS

Families that maintain better routines demonstrate higher levels of functionality, showing a positive correlation between the two.

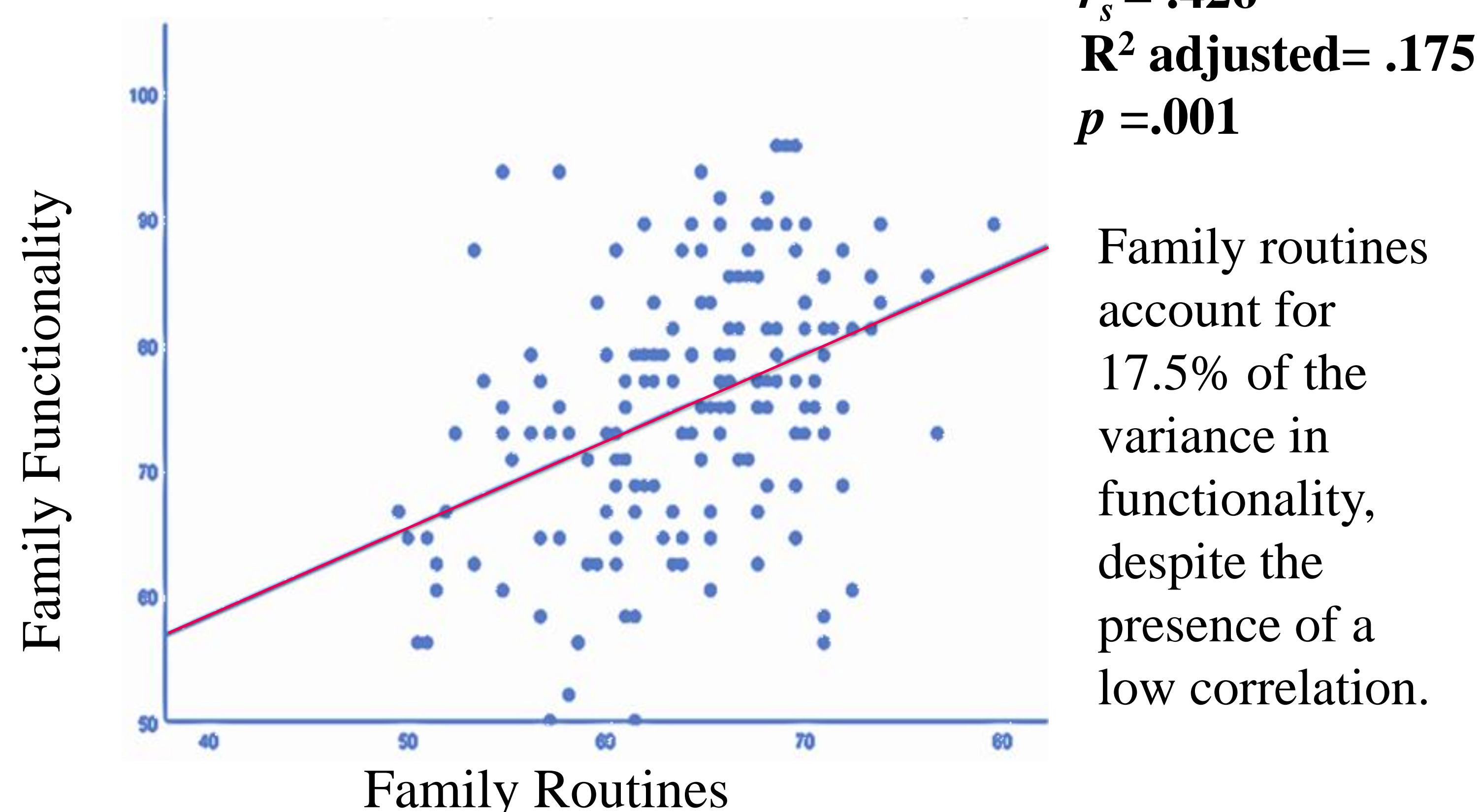## RESULTS (CONTINUED)

Figure 1. Scatter plot

$r_s = .426**$
R^2 adjusted$= .175$
$p = .001$

Family routines account for 17.5% of the variance in functionality, despite the presence of a low correlation.

Table 2. Correlations with capillary glycemia

Variable	Capillary Glycemia	
Family functionality	$r_s = -.007$	$p = .093$
Family routines	$r_s = -.166*$	$p = .003$
Self-care	$r_s = -.151*$	$p = .041$

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METHODOLOGY

➢ Descriptive, correlational, and cross-sectional analysis.
➢ Sample: 170 participants across 55 families.
➢ Inclusion criteria:
• Families with two or more adult members, including at least one member diagnosed with T2D.
➢ Instruments:
• Family Health Routines Scale (Ramírez et al., 2020).
• Family Functioning Effectiveness Scale (Moreno et al., 2018; Rodríguez et al., 2020).

RESULTS

Demographic data

• Women: 71.8 %	• Years of cohabitation: >10 Años = 78.3%
• Men: 28.2%	
• Age: $\bar{x} = 44.9 \pm 15$	• Relationship to the person with T2D:
• Marital status: 85.3%	• Immediate family members: 62.9%
• Basic schooling: 78.2%	
• High school: 7.6%	• Indirect relatives: 37.1%
• University: 4.1%	

Table 1. Descriptive statistics

Variable	$\bar{x}$	DE	Min	Max
Family routines	62.9	7.5	43	80
Family functionality	77.5	10.1	56	98
Capillary glycemia	192	46.9	107	274

Note. n = 55 families (115 family members). $\bar{x}$= average. SD = Standard deviation. Min=minimum. Max= maximum.

CONCLUSION

✓ Families in this study demonstrated good functionality and maintained healthy routines.

✓ These variables were positively and significantly correlated (the hypothesis is accepted).

✓ A negative correlation was found between routines and capillary glycemia, particularly within the self-care dimension.

✓ Self-care focused on eating habits is negatively related to glycemic levels.

✓ These findings enable the development of strategies to promote health, particularly by enhancing self-care and routines within the family nucleus.

TECHNOLOGICAL REFLECTIONS

❖ Devices with applications for measuring physiological indicators would be highly useful for the study.

❖ Digital forms and mobile devices would provide more comprehensive access to information and facilitate data availability through a database, whenever feasible.

❖ While technology offers many advantages, access to it depends on the circumstances of the population.