

ORIGINAL ARTICLE

<https://dx.doi.org/10.14482/sun.37.3.616.981>

# Influence of Family Communication on Perceived Stress during the COVID-19 Pandemic

*Influencia de la comunicación familiar en el estrés percibido durante la pandemia de COVID-19*

MIGUEL GARCÉS-PRETTEL<sup>1</sup>, YANIN SANTOYA-MONTES<sup>2</sup>,  
PEDRO VÁZQUEZ-MIRAZ<sup>3</sup>, ELÍAS GENEY-CASTRO<sup>4</sup>

<sup>1</sup> Ph.D. in Communication (Universidad del Norte). Associate Professor Universidad Tecnológica de Bolívar. [mgarces@utb.edu.co](mailto:mgarces@utb.edu.co). Orcid: <https://orcid.org/0000-0001-6391-314>. [https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod\\_rh=0001272829](https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod_rh=0001272829)

<sup>2</sup> Master in Neuropsychology (Universidad Simón Bolívar). [yaninsantoya@gmail.com](mailto:yaninsantoya@gmail.com). <https://orcid.org/0000-0002-6098-2398>. Orcid: [https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod\\_rh=0001279521](https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod_rh=0001279521).

<sup>3</sup> Ph.D in Social and Behavioral Sciences (Universidad de La Coruña). Assistant professor at Universidad Tecnológica de Bolívar. [pvasquez@utb.edu.co](mailto:pvasquez@utb.edu.co). Orcid: <https://orcid.org/0000-0002-5801-1728>. [https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod\\_rh=0000122063](https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod_rh=0000122063).

<sup>4</sup> Ph.D in Psychology (Pontificia Universidad Católica Argentina). Assistant professor at Universidad Tecnológica de Bolívar. [egeney@utb.edu.co](mailto:egeney@utb.edu.co). Orcid: <https://orcid.org/0000-0003-2849-2038>. [https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod\\_rh=0001009680](https://scienti.minciencias.gov.co/cvlac/visualizador/generarCurriculoCv.do?cod_rh=0001009680).

**Correspondence:** Miguel Garcés-Prettel. Cartagena de Indias, Pie de la Popa, Cra.19B. #29B-170. [mgarces@utb.edu.co](mailto:mgarces@utb.edu.co)

## ABSTRACT

**Objective:** This descriptive-correlational study analyzed the relationship between family communication and perceived stress during the Covid-19 pandemic in Colombia.

**Methods:** The participants were 800 Colombians, between 18 and 91 years old (Mean = 33,91; Standard Deviation = 15,75), who responded with prior informed consent to three reliable instruments: Parent-Child Communication Scale (PACS), Perceived Stress Scale (EEP-10), and the Scale of Stressful Concerns in the Covid-19 Pandemic (EPEP).

**Results:** Findings revealed high levels of negative stress at the beginning and end of quarantine that had to do with economic, work, family, and health concerns. Family communication proved to be a significant predictor of stress. In that sense, it was observed that open communication between household members is associated with a reduction in negative stress ( $r = -.103^{***}$ ). However, when communication at home is mediated by frequent offenses ( $\beta = .719^{***}$ ), and is combined with health concerns ( $\beta = .723^{***}$ ), and family co-existence ( $\beta = .657^{***}$ ), it increases predictively high negative stress by up to 37.9% of the total variance.

**Conclusions:** these findings suggest strengthening family dialogue and collective coping strategies to reduce stress and learn to better manage concerns in this pandemic context surrounded by fears and uncertainties. Finally, recommendations from the fields of psychology and communication in health are given to focus on preventive actions against high or chronic stress.

**Keywords:** stress disorders, communication, mental health, family relations, COVID-19.

## RESUMEN

**Objetivo:** Este estudio descriptivo-correlacional analizó la relación entre la comunicación familiar y el estrés percibido durante la pandemia de COVID-19 en Colombia.

**Método:** Participaron 800 colombianos entre 18 y 91 años (Media = 33,91; Desviación estándar = 15,75) que respondieron, con previo consentimiento informado, a tres instrumentos

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**Cómo citar:** Garcés-Prettel M, Santoya-Montes Y, Vázquez-Miraz P, Geney-Castro E. Influence of Family Communication on Perceived Stress during the COVID-19 Pandemic [Influencia de la comunicación familiar en el estrés percibido durante la pandemia de COVID-19]. *Salud Uninorte*. 2021; 37(3): 569-582. <https://dx.doi.org/10.14482/sun.37.3.616.981>

confiables: Escala de Comunicación Padre e Hijo (PACS), Escala de Estrés Percibido (EEP-10) y la Escala de Preocupaciones Estresantes en la Pandemia de COVID-19 (EPEP).

**Resultados:** Los hallazgos revelan altos niveles de estrés negativo al principio y al final de la cuarentena debido a preocupaciones económicas, laborales, familiares y de salud. La comunicación familiar demostró ser un predictor significativo del estrés. En ese sentido, encontramos específicamente que la comunicación abierta entre los miembros del hogar se asocia con una reducción del estrés negativo ( $r = -.103^{***}$ ). En cambio, cuando la comunicación en casa está mediada por ofensas frecuentes ( $\beta = .719^{***}$ ) y se combina con preocupaciones de salud ( $\beta = .723^{***}$ ) y convivencia familiar ( $\beta = .657^{***}$ ), aumenta predictivamente el estrés negativo alto hasta en un 37,9% de la varianza total.

**Conclusión:** Estos hallazgos instan a fortalecer el diálogo familiar y las estrategias de afrontamiento colectivo para disminuir el estrés y aprender a manejar mejor las preocupaciones en este contexto pandémico rodeado de miedos e incertidumbres. Al final brindamos recomendaciones desde el campo de la psicología y la comunicación en salud para enfocar las acciones preventivas contra el estrés alto o crónico.

**Palabras clave:** estrés psicológico, comunicación personal, salud mental, relaciones familiares, COVID-19.

## INTRODUCTION

Concern for the physical and mental health of individuals during the Covid-19 pandemic has sparked a growing worldwide interest among researchers in studying stress, especially during periods of confinement, due to the presence of common problems such as anxiety, depression, and insomnia (1).

Zavala (2) defines stress as those responses given by individuals to threatening situations, which can be favorable in adaptive and resolute terms (eustress or positive stress) or unfavorable when the person feels incapable of facing and adapting to daily situations (distress or negative stress).

The literature on negative stress is extensive and has focused mainly on studying this problem, associating it with psychological, socioeconomic, occupational and medical factors, such as anxiety (3), work pressures (4), family crises (5), financial and health problems (6), among others.

Our research provides new insights by analyzing with a health communication approach whether stress during the COVID-19 pandemic in Colombia is related to family communication. The health measures adopted, including the total quarantine (which began in Colombia on March 25, 2020 and ended on September 1), caused people to spend more time at home for preventive reasons and because of increased remote work.

However, although confinements and social restrictions initially slowed infections, Bonet et al. (7) indicate that they generated economic losses ranging from 0.5 to 6.1% of GDP, which are of national concern. Nor should it be ignored that mental health and financial and family crises are sensitive issues in this pandemic context due to the increase in abuse and domestic violence (8).

Prior to the pandemic, symptomatological cases of anxiety and depression in Colombia were pre-occupational and hovered around 53% and 80%, respectively, according to the 2015 National Mental Health Survey. These symptoms were sometimes related to losses, victimization, separations and conflicts at home (9). With the pandemic, the mental health situation in Colombia seems to become more complicated. The Profamilia survey coordinated by Cifuentes-Avellaneda et al. (10), in which 3549 Colombians participated, revealed that 75% reported symptoms associated with mental health deterioration.

Studying stress with a communicative and family approach is important, since empirical evidence indicates that positive communication between parents and children prevents school violence (11) and is associated with existential satisfaction (12) and mental health (13). For this reason, Marcolino et al. (14) warn of the need to strengthen family intervention and support networks at this pandemic time.

In our case, and taking into account the references cited above, it was considered appropriate to conduct this research on the basis of two hypotheses (H):

H1: The majority of Colombians surveyed perceive high and moderate levels of negative stress during this pandemic due to family, economic, work and health concerns.

H2: Family communication significantly correlates with and predicts levels of perceived stress in this pandemic context.

## MATERIALS AND METHODS

The method of this study is quantitative and is based on an analytical-transversal design. The type of research was descriptive-correlational. To determine the relationship and influence of family communication on perceived negative stress, correlation and nonparametric regression analyses were applied.

The research was carried out from March to October 2020, that is, the data corresponds to the entire quarantine in Colombia and the two months following. Eight hundred Colombians between 18 and 91 years of age participated (mean = 33.91; standard deviation = 15.75). Women showed more interest; therefore, their participation in the sample was higher (65.7%) than men (34.3%).

The data collection and processing process complied with the ethical guidelines of the participating universities. In addition, the ethical guidelines of the Declaration of Helsinki on research involving human subjects were followed. Therefore, minors were not included since in most cases parents were reluctant to sign the informed consent form.

The sample was non-probabilistic by convenience. The subjects came from families and friends of students pursuing professional careers in the universities that are part of this project. The students were trained in the application of the instruments and how to guide their relatives and friends to complete them. The participants reside in the two most populated regions of Colombia: Andean and Caribbean. Most came from capital cities such as Bogotá, Cartagena, Santamarta, Medellín, Quibdó, Sincelejo, Bucaramanga, Barranquilla, Cali, San Andrés, Pasto, Tunja, Popayán, Valledupar, Montería, Ibagué, and Cúcuta.

The participant sample responded with prior informed consent to a questionnaire sent by e-mail and with *online* access that is composed of three scales: the Perceived Stress Scale (EEP-10), the Parent-Child Communication Scale (PACS) and the Covid-19 Pandemic Stressful Preoccupations Scale (EPEP).

In the case of the EEP-10, validated with the Colombian population by Campo-Arias et al. (15), the data collected showed good internal consistency in the measurement of negative stress (Cronbach's alpha = .844). The unifactorial structure of this scale was satisfactory (KMO = ,840; gl = 45; p= ,000;  $X^2 = 3043$ ; variance explained = 51.36 %). This instrument was key to assess per-

ceived stress at the general level by means of 10 items asking from 1 (never) to 5 (very often) how often in the last month they felt affected, helpless, nervous or angry with what they were experiencing.

The EPEP created by our research team showed similarly good statistical performance when assessing stressful worries as a single factor (KMO = ,865; gl= 45; p = ,000;  $X^2=2407$ ; Cronbach's alpha = ,865; variance explained = 57.5%). This instrument is composed of 8 items that analyze from 1 (never) to 5 (very frequently) how much stress people feel with respect to the risk of contagion, the economic situation, unemployment, work overload, family conflicts and household chores.

The Barnes and Olson PACS made it possible to evaluate family communication based on two subscales: open communication (Cronbach's alpha with 4 items = ,818) and offensive communication (Cronbach's alpha with 4 items = ,780). Both subscales were adapted to the Colombian context by Garcés-Prettel et al. (11) by means of 8 items that inquire from 1 (never) to 4 (very frequently) about the presence of indicators of open and offensive family communication such as: freedom of expression, credibility, attention, talking about problems, expression of affection, presence of verbal aggression and hostile communication. The PACS showed reliability and good factorial behavior with both subscales (KMO = ,855; gl = 55; p = ,000;  $X^2 = 2847$ ; variance explained = 55.21 %).

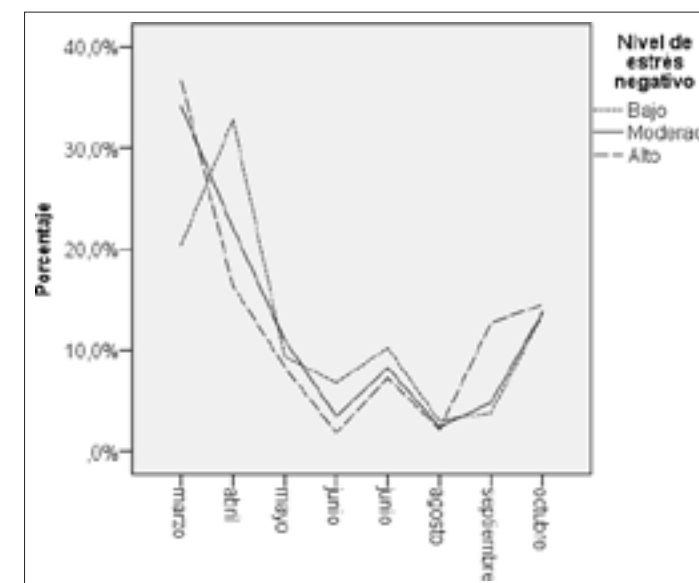
To confirm the first hypothesis, the frequencies and percentages of negative stress levels obtained by percentile ranking were analyzed. The second hypothesis was confirmed by applying Spearman correlation tests and binary logistic regression between the levels of perceived stress (dependent variable) and the factors of open and offensive family communication evaluated with the subscales (independent variable). These procedures were performed by merging the indicators of each family communication factor with their respective values. To perform the regression analysis and predict the influence of family communication on the levels of negative stress, the data were recoded by assigning a value of 1 to the high level, while the data for the moderate and low levels were recoded with 0.

## RESULTS

### Perceived stress and emerging concerns in the COVID-19 pandemic

By means of a percentile analysis applied to the overall score obtained in the EEP-10, the levels of low, moderate and high negative stress were determined. To carry out this process, the minimum (MIN = 6) and maximum observed dispersion scores (MAX = 30) and the thirtieth (P30 = 13) and seventieth (P70 = 18) percentiles were used. In general terms, it was found that the majority of Colombians surveyed perceived between 34.4 and 36.3%, respectively, high and moderate levels of negative stress during the pandemic. Only 29.4% had low levels of negative stress.

The overall score obtained in the levels of perceived stress showed significant differences with respect to gender (p=.007) when applying the Student's t-test. In this sense, women perceived on average more negative stress (M=15.95) than men (M=14.94). The One Factor Anova test also found significant differences (p=.003) between perceived stress and age. Young people aged 18-29 years (M= 16.04) and adults aged 40-59 years (M=15.65) perceived on average more negative stress than adults over 60 years (M=14.62).



Source: own elaboration.

Figure 1. Behavior of perceived negative stress during the mandatory total quarantine and the two months thereafter

In addition, the data in Figure 1 indicate that perceived high and moderate levels of negative stress were highest in percentage terms in the first two months of the quarantine in Colombia. They then increased again between September (at the end of the quarantine) and October 2020. This is due to the fact that this type of unexpected global crisis initially generates strong fears and concerns, which did not end with the quarantine, because the risks, effects and uncertainties are still latent.

**Table 1. Perceived negative stressors in the COVID-19 pandemic**

Aspects evaluated	Never	Few times	Sometimes	Frequently	Very often
It stresses me out to think that I might catch it	15,0%	27,0%	25,4%	17,8%	14,9%
It stresses me out to think of my family members catching it	8,9%	16,1%	25,1%	28,0%	21,4%
It stresses me out to think that I may suffer from food shortages	28,2%	26,0%	22,4%	13,0%	10,4%
I am stressed by the economic situation	22,9%	26,0%	25,3%	18,1%	7,7%
It stresses me to think about the unemployment problem	34,1%	22,7%	20,5%	14,9%	7,7%
I am stressed by family conflicts	32,8%	31,9%	19,6%	10,1%	5,5%
I am stressed by the work overload	40,4%	22,3%	19,2%	10,9%	7,2%
I am stressed by household chores	33,6%	25,5%	23,2%	11,6%	6,1%

Source: own elaboration.

On the other hand, when Colombians surveyed were asked about the concerns that generated the most stress in their lives during the pandemic (see Table 1), it was found, when adding the percentages of “frequently” and “very frequently” responses, that the strongest concerns were related to health, and specifically to the risk of family (49.4 %) and personal (32.7 %) contagion.

Other frequent reasons for concern associated with stress came from the socio-economic sphere. In this aspect, it was found that respondents perceived the economic crisis (25.8 %) and fear of food shortages (22.8 %) as stressful aspects. Work-related worries were also perceived as a source of stress, partly due to unemployment (22.6 %) and partly due to work overload (18.1 %). Family life was also shown to be a stressor due to the perceived increase in household chores (17.7 %) and intra-family conflicts (15.6 %).

The results obtained in this section confirm the first hypothesis raised in this research, which indicates that the majority of Colombians surveyed perceive high and moderate levels of stress in this pandemic, due to concerns related to health, family life, and economic and labor crises.

**Relationship between family communication and perceived stress in the COVID-19 pandemic**

**Table 2. Frequent types of family communication in the context of the COVID-19 pandemic**

Factors and indicators	Never	Rarely	Frequently	Very often
<b>Open communication</b>				
I talk in my family about what I think without feeling bad.	5,0%	25,8%	40,5%	28,7%
I believe what they tell me	2,6%	18,8%	49,8%	28,9%
My family pays attention to me when I speak.	2,1%	11,4%	49,5%	37,0%
If I had problems I could tell my relatives about them	4,3%	20,5%	36,3%	39,0%
I easily show affection in my family	3,3%	21,3%	40,0%	35,5%
It is easy in my family to talk about my problems	8,8%	30,6%	38,6%	22,0%
<b>Offensive communication</b>				
In my family they tell me things that hurt	38,8%	43,1%	11,5%	6,6%
In my family, when I ask, I get a bad answer	40,5%	43,8%	11,6%	4,1%
I have said hurtful things to my relatives	30,0%	55,3%	11,6%	3,1%
When I am angry I speak badly to my relatives.	27,0%	51,0%	17,4%	4,6%
In my family they offend me when they get angry.	42,0%	39,4%	13,5%	5,1%

Source: own elaboration.

The data in Table 2, when adding the responses “frequently” and “very frequently” together, reveal that the majority of participants perceived between 60.6% and 86.5% that there are high levels of open communication in their households. In contrast, a percentage of Colombians surveyed ranging from 13.5 to 22% reported that during the pandemic, communication problems arose and that household members have offended each other with some frequency.

Spearman’s test revealed a significant correlation between offensive family communication ( $r = ,278$ ;  $p\text{-value} = ,000$ ) and increased levels of perceived negative stress during the

period evaluated in this pandemic. On the other hand, open family communication ( $r = -.103$ ;  $p\text{-value} = .004$ ) proved to be a significant factor related to decreased negative stress.

A binary logistic regression analysis identified the specific aspects of family communication and emerging concerns during the pandemic that most strongly predict or influence the high level of perceived negative stress.

**Table 3. Concerns and communicative predictors of high perceived stress in the COVID-19 pandemic**

Predictors	B	Error est.	Wald	p-value	Exp(B)
Health concerns	,723	,125	33,346	,000	2,061
Family coexistence concerns	,657	,142	21,471	,000	1,930
Economic concerns	,065	,136	,225	,635	1,067
Labor concerns	,185	,145	1,635	,201	1,204
Open family communication	-,314	,226	1,930	,165	,731
Offensive family communication	,719	,205	12,244	,000	2,052

Source: own elaboration.

The values of the regression coefficient ( $\beta$ ) and statistical significance (with  $p\text{-value}$  less than,005) shown in Table 3 reveal that offensive family communication ( $\beta = .719$ ;  $p = .000$ ) is a significant predictor explaining the increased high level of perceived negative stress in this pandemic. These results confirmed the second hypothesis of this study indicating that family communication significantly correlates and predicts perceived stress levels in this pandemic context.

Perceived negative stress is compounded by other worsening predictors, such as health concerns ( $\beta = .723$ ;  $p = .000$ ) and family cohabitation concerns ( $\beta = .657$ ;  $p = .000$ ). These three predictors explain between 27.0 (Cox and Snell's  $R^2$ ) and 37.9 % (Nage- lkerke's  $R^2$ ) of the high level of negative stress.

## DISCUSSION AND CONCLUSIONS

In this section we will discuss our findings with other studies in order to establish similarities or differences and propose recommendations at the end. The confirmation of the first hypothesis allowed us to identify that Colombians surveyed mostly perceive high and moderate levels of

negative stress in this pandemic context. Women and young people and adults of productive age perceived more negative stress compared to men and people over 60 years of age. This stress is mainly due to concerns about health, the economic crisis, the employment situation, and family problems that have been reported in the literature (4,5,6).

Stress in this pandemic is often accompanied by strong changes, uncertainties and risks due to the rapid transmission of COVID-19, which according to Li et al. (1) represent a challenge for mental health institutions and services. Hence, fear of personal and family contagion stands out in our study as one of the most stressful concerns perceived by the Colombian respondents.

With regard to the economic and labor field, we find that the economic crisis, unemployment and work overload generate highly stressful concerns. This situation is explained by the decrease in job offers, the increase in layoffs and the inability of cash flow in countless companies, which reflect a reality that to date continues to be critical (7).

The stressful concerns found in Colombia are also related to the study by Cifuentes-Avellaneda et al. (10), which shows the impact of the pandemic on all spheres of society. These authors concur with several of our findings in pointing out that the major concerns of Colombians are related to the future, the economic recession, and the fear of falling into depression or anxiety.

Our second hypothesis was also accepted because open family communication was significantly correlated with a decrease in negative stress. This indicates that if chronic stress during and after the pandemic is to be reduced or prevented, it is key to promote more spaces for dialogue in Colombian families. This finding is related to associated studies (14,16) that reaffirm the importance of social or family support in life processes and in how individuals perceive their environment better. Likewise, the evidence found is in line with the works of Thuen et al. (12) and Elgar et al. (13) that show how positive family communication contributes to mental health and life satisfaction.

In the same path of the second hypothesis, we were able to confirm that offensive communication correlated with and had a predictive influence on perceived negative stress in the pandemic, which tends to increase more strongly when conflicts are related to health concerns and family coexistence. This is consistent with the study by Choi et al. (9), which notes how maltreatment and dysfunction in the home are associated with stress and symptoms of anxiety and depression.

Verbal offenses in the home is a problem that should be treated professionally to reduce stress and improve mental health. Even more so because during this time an increase in cases of domestic or intrafamily violence has been reported and it is known that this pandemic context is a factor that enhances this problem, due to social distancing, as pointed out by Marcolino et al (14). Other authors (8) point out that there are international experiences that have shown that domestic violence, child abuse and sexual violence may increase during and after disasters or large-scale crises.

In conclusion, our results allow us to establish that open family communication is a protective factor against negative stress in this pandemic, while offensive communication among household members is a risk factor. These figures urge the systems of health and governments to focus not only on physical health to prevent infections and deaths, but also to strengthen mental health actions in the face of stress.

We suggest that programs developed by health entities to prevent chronic stress should include a component to promote good treatment and assertive family communication to strengthen coping strategies and adequate management of emotions. Actions aimed at strengthening open family communication have proven to be of great help in the prevention of violence and victimization (11). Therefore, it is necessary to continue promoting interventions against stress with a comprehensive or multidisciplinary approach, taking into account not only the psychological, occupational and medical aspects, but also the communicative aspects that contribute to the promotion of dialogue and open and healthy family relationships.

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