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ORIGINAL ARTICLE

Attachment and mental health in families of native people: A cross-sectional study

Apego y salud mental en familias de nativos: Un estudio transversal

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ABSTRACT

Background: Globally, 13% of children experience a mental disorder. Mental health problems in infancy are closely related to attachment, which serves as the primary bond within the family and forms the basis for personality development and mental health. In Mexico, research on infant mental health is limited. **Objective:** To determine the relationship between attachment styles and family mental health in indigenous populations from the southern Huasteca region of San Luis Potosí, Mexico. **Method:** A cross-sectional, descriptive, analytical, and correlational study. The study utilized the Reporting Questionnaire for Children (RQC), Self-Report Questionnaire (SRQ), Attachment Styles Classification Questionnaire (ASCQ), and Mental Health in Primary Care (MHQPHC). **Results:** The sample included 179 families with children aged 6 to 12. Sampling was conducted by appointment, selecting 35 families per locality; 58% of participants belonged to Indigenous communities, 92% were Nahuatl, and 2% were Tenek. Families from indigenous communities showed higher levels of avoidant attachment. Also, a significant relationship was identified between avoidant attachment and child mental health. A strong association was observed between the mental health of parents and children. **Conclusions:** Indigenous families experience disruptions in secure attachment processes due to migratory labor demands, leading to avoidant attachment styles.

Keywords: structural violence, attachment, mental health, childhood, indigenous populations.

RESUMEN

Introducción: A nivel mundial, el 13% de los niños experimentan algún trastorno mental. Los problemas de salud mental en la infancia están estrechamente relacionados con el apego, el cual sirve como vínculo primario dentro de la familia y forma la base para el desarrollo de la personalidad y la salud mental. En México, la investigación sobre la salud mental infantil es limitada. **Objetivo:** Determinar la relación entre los estilos de apego y la salud mental familiar en poblaciones indígenas de la región Huasteca sur de San Luis Potosí, en México. **Método:** Un estudio transversal, descriptivo, analítico y correlacional. El estudio utilizó el Cuestionario de Reporte para Niños (RQC), Cuestionario de Autoevaluación (SRQ), Cuestionario de Clasificación de Estilos de Apego (ASCQ) y Salud Mental en Atención Primaria (MHQPHC). **Resultados:** La muestra incluyó a 179 familias, con niños de entre 6 y 12 años. El muestreo se realizó por cita, seleccionando 35 familias por localidad; el 58% de los participantes pertenecían a comunidades indígenas, de las cuales el 92% eran Nahuas y el 2% Tenek. Las familias de comunidades indígenas mostraron mayores niveles de apego evitativo. Asimismo, se identificó una relación significativa entre el apego evitativo y la salud mental infantil. Se observó una fuerte asociación entre la salud mental de los padres y la de los hijos. **Conclusiones:** Las familias indígenas experimentan interrupciones

en los procesos de apego seguro debido a las demandas laborales migratorias, lo que conduce a estilos de apego evitativo.

Palabras claves: violencia estructural, apego, salud mental, infancia, poblaciones indígenas.

INTRODUCTION

Mexico is characterized by its rich cultural diversity, home to 68 distinct indigenous groups. The indigenous population comprises 12,025,947 individuals, representing 10.1% of the country's total population (National Human Rights Commission, 2022). But what defines indigenous peoples? According to Falcón (2015), "an indigenous people is considered a historical community with an internal structure, occupying or having occupied a specific territory, sharing a common language or dialect, and maintaining a culture that is generally distinct from the broader society of the nation" (p. 234).

In Mexico, a region of native peoples is in the state of San Luis Potosí, known as the Huasteca Potosina, which is located in the northeast of Mexico, on the northern coast of the Gulf of Mexico, one of the most marginalized areas of the country (National Population Council, 2020). The region hosts 54% of San Luis Potosí's native population, which represents 45% of the total native population of the country (Health Sector of San Luis Potosí, 2018). Furthermore, the towns with the most extreme poverty (Aquismón, 59.05% and Santa Catarina, 58.58%); and moderate poverty (Ciudad del Maíz, 50.30%; Tanlájas, 50.19%; Tamazunchale, 44.40%; and Tanquián de Escobedo, 48.45%) are in the Huasteca region (United Nations Population Fund, 2011).

Economic and social factors in this region affect the development of individuals in families (Losada, 2015). One such factor is the lack of employment that causes a loss of material security and increases mental health issues such as despondency, stress, anxiety, alcoholism, violence, and suicide (Brito et al., 2020; Martínez & Téllez, 2016).

In the Huasteca Potosina, 33.1% and 50.8% of native people live in extreme and moderate poverty, respectively (Consejo Estatal de Población, 2018). During the last decade 1,838 people in this population migrated to the USA, which includes 71.8% of men and 28.2% of women who migrated due to the poor compensation from the coffee, sugar cane, and orange trade among other main productive activities in this region (Granados & Quezada, 2018).

According to the Pan American Health Organization (OPS, 2016), mental health issues have increased the most in the communities of native people and alcoholism is found in 87% of men and 12% of women. This situation affects fathers, siblings, and more harshly, wives and children who face its consequences through intrafamily violence, accidents, identity disorders, depression, and suicides (National Commission for the Development of Indigenous Peoples, 2008; Ministry of the Interior, 2017). According to the National Institute of Statistics and Geography from Mexico (2020), 49 of every 100 women suffered violence at least once between 2015 and 2016. In 2020, due to the COVID-19 pandemic, the rate of family violence has increased by 2.6%. In Mexico, administrative records on nuptiality indicate that 501,298 legal marriages occurred in Mexico in 2018. Marriages led to the conformation of a family; it can create warmth or an unpleasant environment at home affecting the health of

its members (Castellón & Ledesma, 2012). Furthermore, family functionality is associated with psychological problems in children (Checa et al., 2019).

Globally, 13% of children have a mental disorder and every 11 minutes a suicide takes place in children, furthermore, only 2% of the global budget is dedicated to children's mental health (United Nations Children's Fund, 2022). Notably, the prevalence of mental health issues in children in Mexico is approximately 39%, with a treatment gap of 86% (Khon et al., 2018).

Attachment and mental health

According to Bowlby (1989;2009) attachment is an intimate reaction of physical and emotional proximity of a child with their caregivers. It develops from a prenatal age and exists throughout an individual's life. Attachment is developed within the family and is intimately related to primary caregivers. In addition, it is a crucial factor for the development of a child. Bowlby's (1968) concept about attachment was adopted by the OPS, an organization that provides recommendations to protect children. However, the concepts should be socialized through investigations beyond the laboratory to know the reality from an individual perspective, providing an ecological validity to the concepts (Feyza, 2019).

Attachment is not developed with any close person, but rather with a primary care givers, especially those who provides support, protection, and security to the individual and meets three fundamental requirements: 1) provides support in times of need, 2) is a safe haven as they provide relief, protection, and comfort in difficult times, and 3) develops the mental scheme of a safe base in the individual that allows them to interact with their environment knowing that in crisis, they will be supported by the attachment figure. Thus, attachment is the relationship that provides a safe shelter to an individual which they can trust for support and comfort; therefore, if parents fail to meet these requirements it can promote development of insecure attachment styles in children (Mikulincer & Shaver, 2016).

Insecure attachment styles developed in childhood can lead to antisocial behavior, addiction, and aggression in adolescence or adulthood (Acuña et al. 2018). Momeñe & Estévez (2018) involved a sample of 269 adult men and women between the ages of 18 and 65 and concluded that insecure attachment styles developed in childhood was associated with anxiety and emotional disorders in adulthood. Martínez et al. (2019) found a relationship between psychopathology and insecure attachments with a special emphasis on physical and emotional inattention. Aguilar et al. (2019) and Díaz et al. (2019) reported a relationship between one's upbringing and development of psychological disorders in childhood.

González (2017) highlights that the type of attachment observed in people from native peoples of Venezuela such as the Ye'kuana is characterized by the lack of secure attachments in infants which has promoted intellectual, emotional, physical or immune problems. Choate & Tortorelli (2022) conducted a similar study

on attachment in children of indigenous peoples in Canada, and they report that those who are separated from their families are more likely to suffer violence, emotional problems, illnesses, abuse and psychological problems. Also, in the United States of America in tribal Indian communities, Waters et al. (2024) investigated the relationship of attachment with the caregiver and the community, concluding that children are more likely to be physically, emotionally and psychologically healthy if they are surrounded not only by the care of their parents but also by the community.

Villaseñor et al. (2017) and Alfaro et al. (2015) emphasized the importance of increasing the number and depth of investigation on family, mental health, and childhood, especially in developing countries. To address this research gap, we investigated the relationship between mental health and the attachment styles in children from 6 to 12 years of age in South Huasteca of San Luis Potosí.

The South Huasteca area of San Luis Potosí was chosen for this investigation as 54% of the native population and 28% of the overall population of San Luis Potosí lives here. Furthermore, native people in this area represent 45% of the overall population (Sector Salud de San Luis Potosí, 2018). It is relevant to gain deeper knowledge about mental health and its relationship with attachment in San Luis Potosí for the scientific community, especially for the native people in this region. This population has been explored less empirically. Moreover, in 2018, the Mental Health Law was introduced for families to prevent, evaluate, follow, rehabilitate, and provide scientific training to this population (H. Congreso del Estado de San Luis Potosí, 2018).

The general objective of this study was to determinate the relationship between attachment styles and mental health in children between 6 and 12 years of age in South Huasteca of San Luis Potosí. The specific objectives were: a) to compare attachment strengths and mental health statuses differ between native and non-native people, b) to know if a relationship between attachment styles and mental health exists, c) to investigate the relationship between mental health of parents and children.

METHODS

Design

Our study was cross-sectional and correlational.

Participants

The study was conducted among families in the Huasteca Sur region of San Luis Potosí, specifically in the localities of Axtla de Terrazas, Matlapa, Tamazunchale, Tampacán, and San Martín Chalchicuautla. To form the sample, the approximate population of each municipality, ranging from 30,000 to 90,000 inhabitants, was initially considered. Given the challenges of obtaining a representative sample due to the geographical dispersion of the communities and the limited financial resources available, quota sampling was employed.

The sample consisted of 179 families, with each family represented by two members: a child aged 6 to 12 years and one parent. Sampling quotas included 36 families per locality, except in Tampacán, where only 35 families were included due to difficulties caused by the COVID-19 pandemic. Of the total

sample, 60% of families were identified as native and 40% as non-native. Among the parents, 92% spoke both Nahuatl and Spanish, while only 10% of the children were bilingual in these languages. This sampling approach allowed for the inclusion of diverse family units across the municipalities in the Huasteca Sur while addressing logistical and resource limitations.

Instruments

The *Mental Health Questionnaire in Primary Health Care (MH-QPHC)* for children between 6 and 12 years old, this psychological test measures 10 different psychological disorders in children through Likert scale responses with 5 options according to the frequency of occurrence of symptoms (never = 0 points, no symptoms, rarely = once or twice a , sometimes = 1 point, 1 or 2 days a week, frequently = 2 points, 3 or 4 days a week, always = 3 points, every). This questionnaire was chosen because it is designed according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases (ICD-10), has a Cronbach's Alpha of .80 for each condition, and is validated for the Mexican child population (Martínez et al., 2010).

The *Attachment Style Classification Questionnaire (ASCQ)* measures attachment styles in latency-aged children between 6 and 12 years, this psychological test measures three attachment styles: secure, anxious and avoidant. The instrument contains 15 Likert-scale items, five items for each attachment style. Subjects can indicate their rating of the application on a five-point scale ranging from "not at all bad" to "very good". Items 1, 3, 7, 10 and 15 refer to the secure attachment style, items 2, 4, 8, 12 and 13 to the avoidant style, and items 5, 6, 9, 11 and 14 to the anxious/ambivalent style. We use the Argentinian version (Richaud et al., 2019) as it is suitable for the Latin American population, and is an adaptation of the ASCQ by Finzi et al. (2002). This instrument has adequate psychometric properties and Cronbach's alpha of .80.

The *Reporting Questionnaire for Children (RQC)* is a screening test that mental health in children aged 5 to 15 years. It has a sensitivity for measuring symptomatology in Mexican children of 87.2% and a specificity for detecting healthy children of between 73% and 96%. The instrument has a sensitivity to identify the presence of psychopathology, between 100 to 89.7%; and a specificity to identify who do not have a disorder, between 62.7 to 95.8%; its cut-off point is based on one or more symptoms present. This test consists of 10 items and focuses on the detection of mental health problems in children and adolescents. The questions of the instrument are designed so that they can be asked to the parent or guardian of the child, the instrument is scored by placing an X in any of the two response options and is scored in a simple way, assigning one (1) point for each positive response, the presence of only one affirmative response, is indicative of the presence of a mental health problem, which requires comparison with the ICD10 diagnostic criteria, in order to have more clarity on the problem presented by the user, and is recommended for use at the first level of care and is endorsed by the World Health Organization, validated for the Mexican child population (Gómez et al., 1993).

The *Self Reporting Questionnaire (SRQ)* (Romero, et al., 2016), is

a self-applied scale that identifies the psychiatric symptomatology that was current or present during the previous 30 days. From questions 1 to 20, if there are more than 11 positive answers, the person has a high probability of having depression or anxiety, depending on the scores in these items. If question 25 is answered affirmatively, probable epilepsy. In the questions concerning alcoholism and psychosis, with a “yes” answer, the person has a high probability of being a case. The SRQ has been designed by the World Health Organisation for the purpose of screening and care of mental health problems in primary health care services, especially in developing countries. SRQ is easy to administer, has 28 dichotomous questions (“yes” or “no”), and this test has content validity and concurrent validity. For the cut-off points of the test, the best balance is reached with a cut-off point of 7 for men and 9 for women and to try to obtain an adequate balance between the different indicators, in relation to questions 1-20, the best cut-off point is 8, as the test has a sensitivity and specificity found for the first 20 questions in the general population sample of 78% and 76%, The positive predictive value (PPV) falls from 90% to 37%, which would be directly related to the lower prevalences found, while the negative predictive value rises from 79% to 95%.

Procedures

This research was conducted between May and August 2022 in the South Huasteca region of San Luis Potosí, including the towns of Axtla, Tamazunchale, Matlapa, San Martín, and Tampacán. To access the sample and collect data, support was sought from school administrators and primary education teachers, who facilitated the invitation of parents interested in participating. A meeting was subsequently held with the parents to explain the research purpose. Those who agreed to participate provided informed consent, after which the evaluation instruments (MHQPHC, ASCQ, RQC, and SRQ) were administered. All instruments used in the study had been previously validated through a pilot test involving 30 families from indigenous communities.

Data analysis

The data collected were analyzed using JASP software, where non-parametric tests were performed due to the normality test performed, using Welch's t-test for comparative data with Cohen's d for effect size and omega square ANOVA to obtain the effect size, this test is used to measure small samples and provides an unbiased measure for effect size. Both tests share the purpose of measuring the in-sample effect between variables. Spearman's rho analysis was performed to identify the level of association between the variables under investigation (Gross, 2018).

Ethical considerations

Scientific research involving human subjects must adhere to ethical principles that ensure the protection of participants. These principles are outlined in various international declarations, including the Declaration of Helsinki, originally adopted in June 1964 in Finland and subsequently revised (Declaration of Helsinki, 1964). The Mexican General Health Law on Research establishes guidelines and principles governing all scientific and technological research related to health. According to this framework, researchers must use standardized tests validated under the scientific method and possess up-to-date professional knowledge, as stipulated in Article 16 of the Psychologist's Code of Ethics (Mexican Society of Psychology, 2010).

In compliance with this legislation, the present study was classified as minimal risk, as it did not manipulate or modify any variables related to participants' health (H. Congreso de la Unión, 2024). Participation was voluntary, and all participants provided informed consent, which outlined the study's purpose and ensured that collected data would remain confidential and handled with strict adherence to ethical standards. No participants experienced physical, psychological, or other forms of harm. The research project was reviewed and approved by the Committee of Ethics and Research in Psychology, receiving a favorable evaluation and the folio number 2131252022 from the Autonomous University of the State of San Luis Potosí.

All data are securely maintained by the research team and are available to the institution for scientific dissemination, with participants' anonymity fully protected.

RESULTS

Description of participants

Of the 179 surveyed families, 58% considered themselves as native, with 98% belonging to Nahuatl culture and 2% to Tének culture. The average age of the adults in the families was 34 years ($SD = 7.25$). Of the adults, 7.26% were men and 92.7% were women. Children's average age was 8 years ($SD = 1.6$, male = 49.1% and female = 50.9%). Of the children, 60.89% had secure attachments, 31.84% had avoidant attachments, and 7.26% had anxious attachments based on their ASCQ scores.

Differences between native and non-native populations

Comparative scores on the different attachment styles between natives and non-natives of La Huasteca Potosina are found in Table 1, where significant differences are reported only in avoidant attachment with medium effect size, with higher scores on this attachment style native participants. The result may indicate that the differences between the non-native and native population gives a 60% probability that infants from indigenous peoples have avoidant attachments, thus increasing the likeli-

Table 1. Differences in attachment scores between native and non-native participants.

Attachment styles in children	Statistic	p	Mean difference	SE difference	Cohen's d
Secure attachment	0.92	0.36	0.58	0.63	0.14
Anxious attachment	1.81	0.07	1.25	0.69	0.28
Avoidant attachment	3.53	< 0.001	1.87	0.53	0.54

Note: degree freedom = 177.

hood of having an association with mental health problems. Table 2 displays the comparison in SRQ and other scores between those who reported any kind of pathology and those who did not. There were significant differences between avoidant attachment with a medium effect size and in RQC and MHQPHC with close to medium effect size.

Child attachment styles and parental mental health

An ANOVA was performed between the children's attachment styles and parent's mental health, which showed significant differences with a medium effect size $F=2, 8.92, p<.001, \eta^2=.08$. The post hoc analysis (Table 3) showed significant differences with medium effect only between avoidant and secure attachments and the relationship with mental health of the primary caregivers.

Relationship between parent-child mental health and avoidant attachment

The correlation between MHQPHC and avoidant attachment (ASCQ) scores was moderate but significant with $\rho=0.28, p<.001$. In addition, moderate and significant relationships were found between the children's and caregivers' mental health (SRQ with MHQPHC and RQC), and a moderate association was found between the MHQPHC and RQC for children's mental health (see Table 4).

DISCUSSION

This study examined the attachment styles in children between 6–12 years in South Huasteca. Significant differences were found in attachment styles between native and non-native people; native people had more pronounced avoidant attachment. This finding is related to children's mental health issues. This is

Table 2. Comparison between Native and Non-Native Participants in RQC and CSMAP Scores.

Attachment type	t	df	p	Mean	SE	95% CI for mean difference		Cohen's d	95% CI for Cohen's d	
						Lower	Upper		Lower	Upper
Secure	1.41	64.32	0.16	1.02	0.72	-0.43	2.46	0.25	-0.11	0.61
Anxious	-0.54	58.35	0.59	-0.46	0.86	-2.17	1.25	-0.1	-0.45	0.26
Avoidant	-2.9	54.83	0.01	-1.99	0.69	-3.37	-0.61	-0.55	-0.91	-0.17
RQC total	-2.2	53.46	0.03	-0.42	0.19	-0.8	-0.04	-0.42	-0.78	-0.05
MHQPHC total	-2.57	70.18	0.01	-4.21	1.64	-7.48	-0.95	-0.44	-0.81	-0.08

Note. Welch's t-test. RQC (Reporting Questionnaire for Children). MHQPHC (Mental Health in Primary Healthcare).

Table 3. Comparison between attachment style in children and primary caregivers' mental health.

		95% CI for mean difference					
		Mean difference	Lower	Upper	SE	t	p _{tukey}
Anxious	Avoidant	-1.35	-4.05	1.34	1.14	-1.19	0.46
	Secure	1.2	-1.37	3.77	1.09	1.1	0.51
Avoidant	Secure	2.55	1.12	3.99	0.61	4.21	< .001

Note. P-value and confidence intervals adjusted for comparing a family of three (confidence intervals corrected using the Tukey's method).

Table 4. Correlation between children's attachment styles and children's and adults' mental health.

Variable	SRQ total	Secure attachment	Anxious attachment	Avoidant attachment	MHQPHC total
secure attachment	-0.13	—			
anxious attachment	0.06	0.08	—		
avoidant attachment	0.21**	0.14	0.14	—	
MHQPHC total	0.42***	-0.05	0.09	0.28***	—
RQC total	0.43***	-0.05	0.17*	0.21**	0.42***

Notes. * $p < .05$. ** $p < .01$. *** $p < .001$. RQC (Reporting Questionnaire for Children); SRQ (Self-Report Questionnaire). MHQPHC (Mental Health in Primary Healthcare).

consistent with the results obtained by Villaseñor et al. (2017), who showed that children of native people had more mental health issues compared to children from urban areas.

There was a significant relationship between children's mental health and their avoidant attachment style, consistent with the results obtained by Martínez et al. (2019), who reported that mental health issues in individuals develop in childhood owing to insecure attachments. Furthermore, these findings are consistent with those of Momeñe & Estévez (2018), who identified that insecure attachment styles developed in childhood can lead to psychological issues in adulthood. These findings are relevant because they offer insights into the possible direct or indirect implications of neglecting children at young ages due to various reasons.

Furthermore, a small but significant association was found between parents' and children's mental health, which is consistent with the findings by Díaz et al. (2019), who mentioned that mental health and attachment styles are associated. These results are also consistent with those of Carrera et al. (2021) who reported that the presence of primary caregivers during child development promotes secure attachments and good mental health in children. Therefore, the children whose parents had mental health problems and neglected them, developed mental health problems and insecure attachments.

Goncalves et al. (2021) investigated the association between mental health problems and attachment in adults and reported that an individual's relationship with their caregivers from early stages such as childhood can determine health problems in adulthood such as eating behavior problems. Furthermore, the impact of the development of attachment in childhood can help understand occurrence of mental health problems in later stages. Other researchers such as Palau & Galán (2023), who explored attachment patterns, agree with Goncalves et al. (2021) that attachment style with caregivers in childhood may be related to the type of mental health problems in adulthood, for example, personality disorders or addictions. Although none of the investigations involved children, they highlighted the hypothesis about the possibility of an association between attachment type and the development of mental health disorders. Therefore, the present study can contribute to the prevention of chronic personality disorders by exploring the relationship between attachment type and children's mental health. However, another line of investigation can be considered regarding the structural barriers or structural violence in society. These situations may prevent the development of secure attachments in children by forcing families to separate or disintegrate by migrating for better working conditions and remuneration to support the basic needs of the families, hindering the development of a secure attachment in children due to physical and emotional distance from primary caregivers.

This study showed that the children of Indigenous people had a higher prevalence of pathologies compared to those of non-indigenous parents; as observed in the RQC and MHQPHC, 27% of children of Indigenous people compared to 18% of those of non-indigenous people had some pathologies. Therefore, there may be important elements, such as marginalization or structural violence, that force people to separate for longer times to

support their families in the context of Indigenous families that contribute to mental health problems at an early age. Mental health problems in children were diagnosed may be due to the pathologies already present in the parents since at least 23% of the adult population had mental disorders and addictions such as alcoholism, a common situation in the communities of native people of the southern Huasteca of San Luis Potosí.

Finally, no difference was observed between the mental health of native people and that of non-natives. This may be due to the precarious living styles and structural violence, as suggested by Galtung (1969), from the marginal area where the Huasteca Potosina is located; in other words, socio-economic difficulties that affect the towns considered in this study.

Limitations

As a first limitation, the lack of validity of the measurement instruments for native population, as well as the fact that the tests are written entirely in Spanish and are not translated into the languages of the native people. Another limitation is that the results cannot be generalized since the sample was limited and chosen by quotas due to the difficult accessibility of the communities and the high risk due to the low level of security that the researcher experienced as well as the effects of the post-pandemic Covid-19. It is worth mentioning that one limitation is the cross-sectional nature of the study, as it can only be read in the context in which it was carried out. Furthermore, qualitative research is needed to deepen the knowledge of attachment relationship styles and the specific characteristics of the natives to improve the data presented. One of the strengths of this work is that the main researcher belongs to the Nahua culture, which is one of the factors that favored this research process. Another aspect to highlight is that the research carried out on indigenous peoples is innovative due to the scarcity of research on this type of population. There is also a direct relationship between family and child mental health, an aspect recommended by the World Health Organization.

Conclusion

The most significant contribution of this study was confirmation of the association between primary caregivers' mental health and development of attachment style in children. Avoidant attachment was most prevalent in native people, as reflected in the mental health test scores of indigenous and non-indigenous people. Marginalization, poverty, and precariousness are associated with structural violence in the Huasteca area. The South San Luis Potosí region faces several challenges in developing families to cover their basic needs, such as food, housing, clothing, employment, and health. When these needs are not satisfied, the families are forced to migrate to other regions of the country or even overseas, causing avoidant attachment.

This research emphasized the importance of focusing on socio-economic conditions in Mexico, in addition to promoting public politics, and spreading education on science that supports, improves, and acknowledges the role of primary caregivers in the future development of children.

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AUTHORS' CONTRIBUTION

Jhonny Bautista Valdivia: Conceptualization, Investigation, Formal análisis, Writing - Original Draft, Writing - Review & Editing.

Jaime Sebastián F. Galán Jiménez: Methodology, Investigation, Formal analysis, Writing - Original Draft, Writing - Review & Editing.

Benito Daniel Estrada Aranda: Writing - Original Draft, Writing - Review & Editing.

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CONFLICT OF INTEREST

The authors declare that there were no conflicts of interest in the collection of data, analysis of information, or writing of the manuscript.

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REVIEW PROCESS

This study has been reviewed by external peers in double-blind mode. The editor in charge was Anthony Copez-Lonzoy. The review process is included as supplementary material 1.

DATA AVAILABILITY STATEMENT

The authors attach the database as supplementary material 2.

DISCLAIMER

The authors are responsible for all statements made in this article.

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