

Protective factors and its relationship with the beginning of sexual relations in Teenagers in the Educational Private Institution Señor de la Misericordia, Salaverry

Gloria Luz Julca Flores^{a, b}

^aDepartment of Nursing-Medical Sciences, University Cesar Vallejo – Lima Norte, C.P. 15314, Lima 39, Peru.

Affiliation and Address, no email, left, Arial 8 [Style: GHMJ Address]

^b Institute of Health and Medical Sciences, Centre of Research and Training to the Regional Development (CINCADER). Lima 39, Peru.
gjulca@hotmail.com

Resumen

La presente investigación tuvo como objetivo determinar los factores protectores: nivel de autoestima, proyecto de vida y funcionamiento familiar y su relación con el inicio de las relaciones sexuales en adolescentes de la Institución Educativa Particular Señor de la Misericordia, Salaverry, 2014. El procedimiento que se siguió en la investigación fue identificar los factores protectores: nivel de autoestima, proyecto de vida y funcionamiento familiar y su relación con el inicio de las relaciones sexuales en los/las adolescentes en la Institución Educativa Particular Señor de la Misericordia, Salaverry. Además se describió el inicio de las relaciones sexuales en los/las adolescentes de la Institución Educativa Particular Señor de la Misericordia, Salaverry. Los resultados más resaltantes que presentaron los adolescentes en estudio fueron los siguientes: Nivel de Autoestima Medio (88.7%), Proyecto de Vida establecido (95.2%), Nivel de Funcionamiento Familiar: Moderadamente Funcional (43.5%) y Funcional (54.8%), el 35.5% de los adolescentes en estudio han tenido relaciones sexuales. además no se encontró relación significativa entre el nivel de autoestima, proyecto de vida y nivel de funcionamiento familiar percibido con el inicio de las relaciones sexuales en los adolescentes de la Institución Educativa Particular Señor de la Misericordia – Salaverry.

Palabras clave: factores protectores, relaciones sexuales, adolescentes

Abstract

The present research had as objective to determine the protective factors: Self-esteem level, life project and family functioning and its relation with the beginning of the sexual relations in Teenagers of Educational Private Institution Señor de la Misericordia, Salaverry, 2014. The procedure followed in the investigation was to identify the protective factors: Self-esteem level, life project and family functioning and its relation with the beginning of having sex in Teenagers in the Educational Private Institution Señor de la Misericordia, Salaverry. Also described the beginning of having sex in Teenagers of Educational Private Institution Señor de la Misericordia, Salaverry. The following were the most significant results of the study: Average Self-esteem Level (88.7%), Established Life Project (95.2%), Family Functional Level: Moderately Functional (43.5%) and Functional (54.8%), 35.5% of Teenagers in the study had sex. In addition, no significant relationship was found between the level of self-esteem, life project and level of family functioning perceived with the beginning of having sex in Teenagers of Educational Private Institution Señor de la Misericordia – Salaverry.

Keywords: protective factors, sexual relationships, teenagers.

1. Introduction

Adolescence is the evolutionary period of the human being that encompasses a new vision of himself and the world that surrounds him is a transition between childhood and adulthood. It is a complex stage within the development of the human being, immersed in profound and important physical, endocrinological-, psychological- and social- changes in which body, mind, spirit and social life are interrelated. Adolescence is a difficult stage because of young people seek their own identity. They value and evaluate past and present education, question family, social, cultural and economic rules, seek individuality, independence and acceptance by others, especially by people of the same age. Sexuality exerts an important influence during adolescence, not limited to sexual behavior or behavior, it also focuses on the development of generic identity, sexual role, attitudes and values, orientation, behavior, identity, sexual knowledge and sexual skills, determining social acceptance or rejection within a range of areas such as cultural, religious and social. The great biological-, psychological- and social- changes in the teenager create great anxiety uncertainty, this can lead to conflicts and leads to develop risk behaviors such as: desertion, drug addiction, alcoholism, sexual promiscuity, early pregnancy, among others. It has also been noticed that the number of Teenagers who begin their sexual life is more frequent, having Teenagers who have started their sexual relations at the age of 11, without any precaution of any kind and with little knowledge of it (Dulanto, 2000).

Ignorance in the area of sexuality influences the onset of sexual activity of Teenagers, due to lack of communication and the need for affection. Education in values by the family group and in the school level of Teenagers is deficient, which may contribute to the onset of early sexual activity (Moreno, 2006). The age of onset of sexual relations is independent of the family support perceived by the Teenagers of the Maria Goretti School (Rospigliosi, 2013)

Adolescence is characterized as a period of confusion and anguish for series of values and goals. Teenagers experience diverse identities in the family, at school, among peers, in clubs, or in political movements (Erickson, 2004)

Each person inherits a series of children's conflicts along with ways to confront them. If these are good experiences are people able to overcome conflicts into certain situations. If, on the contrary, they are traumatic experiences they will not be able to face certain situations, they will have a weak self (Freud, 2015).

Protective factors are defined as conditions or environments capable of favoring the development of individuals or groups. It can distinguish two types: External, that refer to the conditions of the environment that act by reducing the probability of damage, and Internal that refer to attributes of the person as self-esteem, confidence, self-confidence and ease of communication (Vargas, 2000).

Individual and internal personal protectors have Self-esteem defined as the child's appreciation of himself. It is therefore important to guide the adolescent so that he knows himself, to strengthen his self-esteem, helping him to discover his positive qualities, such as his strengths, physical attributes, abilities, especially those for which they have not received sufficient recognition. Developing positive self-esteem can be difficult and time-consuming, but any step in this area is a transcendent achievement. It is also closely related to the acceptance received by the parents in the first years of life, interferes with the parents' acceptance of themselves as men and women who interact in a society. The socioeconomic location of the family itself reproduces in each of its members the acceptance it receives from others. Self-esteem falters as family history has been experienced and the adolescent may have difficulty making plans and decisions that affect his or her future life. A child who possesses a positive self-esteem feels loved, valuable, capable, accepts himself, is confident and likes affective proximity, among other things. On the other hand, it can acquire and use skills and strategies to deal with difficult situations (Vargas, 2000).

Self-esteem is then learned, not inherited and can be modified. People with high self-esteem are creative. They see things in an original, positive way, independent, immune to group pressures, flexible, spontaneous, more assertive and self-assured. Themselves know their defects and virtues and accept their body image. In the opposite case, people with low self-esteem are characterized by being discouraged, feeling isolated, unattractive, unable to express themselves and too weak to cope or overcome their deficiencies. They are afraid to provoke anger or anger in others, social groups listen more do not participate, are sensitive to criticism and concerned about the impression they cause on others and do not accept their body image.

Self-esteem is a factor that decides success or failure among people, however we must understand that this is modifiable. Self-esteem consists of three elements: self-concept (representing the opinions, ideas or beliefs that each person has), affection (it is the admiration of our own worth) and self-assertion (it is the security to act and to decide (Flores, 2013).

The project of life in adolescence involves discovering desires, aspirations, tastes, abilities and tendencies, with which objectives are set to be fulfilled and goals to which it is aspired to arrive. This is a project that includes, then, a mixture of realities and fantasies, dreams and possibilities, aspirations and illusions. To dream of a better world, with a more coherent country, with a more organized and supportive community, with a more nutritious school, with a more integrated and affective family, dreaming of being happier, feeling better and better with itself, more and more open to others. All this is to dream a life through life project. Family functioning is the way of interacting with family members. It is produced by the interaction of the cohesion dimension (affection) and adaptability (authority). In this sense, it is a stage in which homeostasis is readjusted in a new level of functioning, more appropriate for the development of its members (Vargas, 2000).

These characteristics of the relationship system can be accompanied by greater uncertainties for the people and more conflicts between the different members of the family. Parental tasks are difficult at this stage. Parents must accept the growth and development of their child and progressively develop conditions for it to develop and can personally decide their future work, sexual relationships and family. The choices that the teenager makes at times may or may not match the expectations of the parents, which produces conflicts that many families are difficult to handle and accept. Sometimes the parents close and assume a controlling attitude that delays the independence of the young person. Ideally they should react by supporting their children, maintaining open communication and giving the emotional and material possibilities for the young person to start a successful independent life. It is also possible that they have a disinterested or impotent position, manifested in an excessive permissiveness, and that also has negative consequences for the adolescent development. Parents, especially mothers, when they have put all their self-esteem in the parental function, can be seen quite affected by the disqualification of their adolescence and frightened by their independence. In order to allow children to grow up, it is important for parents to learn in order to negotiate agreements about times, spaces, duties, own and collective, desires, customs, dress, language, etc. (Flores, 2013)

The family must offer young people real opportunities to find new roles that allow them to exercise in the role of adult that has to assume, thus achieving sufficient autonomy for their adult functioning. There are also family influences on adolescent sexuality. It also addresses the recognition of adolescent sexuality from the epidemiological view that conceives Teenagers as a group at risk. The recognition and acceptance of adolescent sexuality is an issue that has been evaded by various researchers, because it is uncomfortable to address in view of the widening of the generational gap, and because in the end it is not recognized at the social level and tends to be invisible, as if adolescent sexuality for not recognizing it did not exist (Flores, 2013).

2. Methodology.

The protective factors in Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry were analyzed by: the level of self-esteem (Rosemberg test), life project (Questionnaire with Likert scale), and perceived level of family functioning (Questionnaire with Likert scale). The onset of sexual intercourse was analyzed by: Affirmation or denial of having sex (Questionnaire with Likert scale). It is a cross-sectional correlational design. The population was constituted by the students of the 3rd, 4th and 5th. year of high school, which were 147 pupils of the district of Salaverry. The sample consists of 62 students belonging to the 3rd, 4th and 5th. year of high school. Simple random sampling was applied. The applied questionnaire was the following:

QUESTIONNAIRE

PROTECTIVE FACTORS AND ITS RELATIONSHIP WITH THE START OF SEXUAL RELATIONSHIP OF THE ADOLESCENT

AUTHOR: JULCA FLORES, GLORIA

INSTRUCTIONS:

The following items describe some behaviors related to the adolescent psycho-social development, the protective factors: Self-esteem, life project, and family functioning.

You are asked to express your appreciation with sincerity about each item by indicating with an arrow (x) in the corresponding space. This survey is anonymous.

I. INFORMATION DATA:

Age: Gender: M F Education:

Below is a list of 29 items, in each of them are offered five (5) alternatives, among which you must select one (1) of them:

1. Never
2. Almost never
3. Sometimes
4. Generally
5. Always.

II. FACTOR PROTECTOR: PROJECT OF LIFE (Author: Moreno, 2006)

Statements	(1) Never	(2) Almost never	(3) Sometimes	(4) Generally	(5) Always
1. I have thought what I would like to be in future.					
2. I am interested in having a personal life project.					
3. I have a desire to learn a manual work that does not require much study.					
4. I have doubts to decide my vocational plan.					
5. I am interested in developing activities that will contribute to my personal fulfillment.					
6. I wonder if I should or should not pursue a professional career.					
7. I feel the desire to get a job in anything and not study more.					
8. I feel that I have resources in my home to pursue a profession.					
9. I am interested in knowing what kind of goals I will achieve in life.					
10. I do things that have nothing to do with my personal life Project.					

Established = 28 -50 points

Not established = 16 - 27 points

III. PROTECTING FACTOR: PERCEIVED FAMILY OPERATION: (Author: Moreno, 2006)

Statements	(1) Never	(2) Almost never	(3) Sometimes	(4) Generally	(5) Always
1. Important decisions are taken together at home.					
2. I am satisfied with the help that I receive from my family when I have a problem.					
3. We talk among ourselves about problems we have at home.					
4. I feel that my family cares about me.					
5. Family members meet on weekends at home.					
6. I have permission from parents during the weekends to go out with my Friends.					
7. I have confidence with my parents to talk about issues my age.					
8. I currently live with both parents.					
9. My parents supervise my school activity.					
10. The relationship with my brothers and sisters is trustworthy.					

Dysfunctional = 0 - 18 points

Moderately functional = 19 - 36 points

Functional = 37 - 50 point

ROSENBERG SELF-TEST TEST

Self-esteem is the reflection of the relationship between real self-image and ideal self-image. This test aims to evaluate the feeling of satisfaction that you have of yourself (or). Please answer the following sentences with the answer that you consider most appropriate. Answers: A = Strongly agree B = Agree C = Disagree D = Strongly disagree.

The Rosenberg score for Teenagers is:

- Low Level: 0 to 12 points.

- Middle Level: 13 to 24 points.

- High Level: 25 to 40 points.

Nº	Statements	A	B	C	D
1	I feel that I am a worthy person of esteem, at least as much as the others.				
2	I think that after a failure I will go forward.				
3	I think I have several good qualities.				
4	I can do things as well as most people do.				
5	I do not think I have many reasons to be proud of myself.				
6	I have a positive attitude about myself.				
7	In general I am satisfied with myself.				
8	I would like to value myself more				
9	Sometimes I feel truly useless.				
10	Sometimes I think I'm no good at all.				

IV. START OF SEXUAL RELATIONS

1. Have you had your first sexual relationship?

a) Yes (); at what age:

b) No ()

If the answer is YES, answer the following questions:

2. Your first sexual relationship or sexual act was:

a) By mutual agreement (both agree) ()

b) They forced you ()

c) You forced your partner ()

d) Other: () Specify

3. With whom did you first have sex or sexual intercourse?

a) A friend ()

b) in love ()

c) Relative ()

d) Person you circumstantially knew ()

e) Other people: () Specify

4. The person you started with was:

a) Of younger age than You. ()

b) The same age as You. ()

c) Older than You. ()

5. Do you use any method of planning? If not ____ .

Specifies

THANK YOU FOR YOUR COLLABORATION

3. Results

The results obtained after the questionnaire were applied were as follows.

Table 1. Self-esteem Level in Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry

Self-esteem level	Teenagers	
	Nº	%
Low	1	1.6
Medium	55	88.7
High	6	9.7
Total	62	100

Source: Self-esteem Level Survey (SEL)

Teenagers have 88.7% medium Self-esteem level, 9.7% high Self-esteem level and 1.6% low Self-esteem level.

Table 2. Life Project of Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry.

Life Project	Teenagers	
	Nº	%
Not Established	3	4.8
Established	59	95.2
Total	62	100

Source: Protective Factors Survey and its relation with the beginning of having Sex in Teenagers (PFSRBST)

Teenagers have 95.2% established their life project and 4.8% not established their life project.

Table 3. Family functioning Level perceived in Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry

Family functioning Level perceived	Teenagers	
	Nº	%
Dysfunctional	1	1.6
Moderately functional	27	43.5
Functional	34	54.8
Total	62	100

Source: Protective Factors Survey and its relation with the beginning of having Sex in Teenagers (PFSRBST)

Teenagers have perceived 54.8% functional of family functioning Level, 43.5% moderately functional of family functioning Level and 1.6% dysfunctional of family functioning Level.

Table 4. Beginning of sexual relations in teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry

Beginning of sexual relations	Teenagers	
	Nº	%
You have had sex	22	35.5
You do not have had sex	40	64.5
Total	62	100

Source: Protective Factors Survey and its relation with the beginning of having Sex in teenagers (PFSRBST)

35.5% of teenagers indicate have had sex and 64.5% of teenagers indicate have not had sex.

Table 5. Relationship between Self-esteem level, Life project and Family functioning Level perceived with the beginning of having sex in Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry

FACTOR PROTECTOR	Beginning of sexual relations						Square Chi	P.
	Yes		Not		Total			
	Nº	%	Nº	%	Nº	%		
Self-esteem level								
Low	0	0	1	100	1	100	3.2810	0.1939
Medium	18	32.7	37	67.3	55	100		
High	4	66.7	2	33.3	6	100		
Life project								
Not Established	1	33.3	2	66.7	3	100	0.0064	0.9364
Established	21	35.6	38	64.4	59	100		
Family functioning Level perceived								
Dysfunctional	0	0.0	1	100.0	1	100	2.0446	0.3598
Moderately functional	12	44.4	15	55.6	27	100		
Functional	10	29.4	24	70.6	34	100		
Total	22	35.5	40	64.5	62	100		

Source: Protective Factors Survey and its relation with the beginning of having Sex in Teenagers (PFSRBST) and Self-esteem Level Survey (SEL)

4. Conclusions

In the present investigation the following conclusions were:

- Teenagers in the study had a Self-esteem Level: Low (1.6%), Medium (88.7%) and High (9.7%).
- Teenagers under study presented Project Life: Not established (4.8%) and established (95.2%).
- Teenagers in the study had Family Functioning Level: Dysfunctional (1.6%), Moderately Functional (43.5%) and Functional (54.8%).
- Teenagers under study 64.5% have not had sex and 35.5% have had sex.
- There was no significant relationship between the level of self-esteem, life project and perceived level of family functioning with the beginning of having sex in Teenagers of the Educational Private Institution Señor de la Misericordia, Salaverry

Acknowledgements

We gratefully acknowledge to the Department of Nursing, Medical Sciences, University Cesar Vallejo – Trujillo, for giving facilities in Nursing. We also thank to the Institute of Health and Medical Sciences, Centre of Research and Training to the Regional Development, (In Spanish, Centro de Investigación y Capacitación para el Desarrollo Regional-CINCADER) for allowing us to share experiences.

Reference

- Dulanto, E. 2000. The Adolescent. Editorial McGraw-Hill Interamericana. Mexico.
- Erickson. E. 2004. Society and adolescence. 20th century publishers. ISBN 968-23-1841-6.

Flores, C. & Soto, V. 2013. Protective and risk factors of adolescent pregnancy in Colombia. National Demographic and Health Surveys. Colombia.

URL available at:

<https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/INEC/INV/5%20-%20FACTORES%20PROTECTORES%20Y%20DE%20RIESGO%20DEL%20EMBARAZO%20EN%20COLOMBIA.pdf>

Freud, S. 2015. Three Essays for a Sexual Theory. FV Editions. ISBN 979-10-299-0091-4.

Moreno, Y. 2006. Influential social factors at the onset of adolescent sexual activity. Nursing school. Experimental University "Rómulo Gallegos". Valencia. Spain. URL available at:

<http://www.monografias.com/trabajos67/factores-social-influencers-sexuality-adolescent/factors-social-influencers-sexuality-adolescent.shtml#conclusioa>

Rospigliosi C. 2012. Family support perceived at the onset of sexual activity in adolescents of the National College of Women "María Goretti" Pacasmayo - La Libertad [Thesis to obtain the degree of licenciada in Infirmary]. 2013. Professional academic school of nursing, Universidad Cesar Vallejo de Trujillo (in Spanish)

Vargas, N. 2000. Protective factors and risk behavior of adolescents from the Miramar - Alto Moche sector. Thesis to choose the degree of Master in nursing with mention in Women's and Children's Health. Postgraduate School, National University of Trujillo (in Spanish).