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REVIEW

Social Vulnerability in Adolescence: Intervention Strategies to Promote Resilience and Integral Development

Vulnerabilidad Social en la Adolescencia: Estrategias de Intervención para Promover la Resiliencia y el Desarrollo Integral

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ABSTRACT

Introduction: Social vulnerability was defined as a condition of fragility in the face of social, economic and cultural risks that unequally affected the most vulnerable populations in Latin America. Globalization processes and economic policies intensified the difficulties for many families, especially those with adolescents, limiting their capacity for emotional, social and economic stability. This phenomenon particularly affected adolescents, who, going through a stage of simultaneous changes, were more susceptible to environmental pressures.

Development: The studies highlighted that poverty was the most important determinant of social vulnerability, intensifying problems such as exclusion, insecurity and lack of basic services. According to Barcelata Eguiarte (2015), poverty generated significant levels of stress that compromised the emotional and physical development of adolescents. To address these issues, Bronfenbrenner's bioecological theory was applied, which contextualized the interactions between microsystems such as family, school and community, offering a comprehensive vision for intervention. Likewise, Pender's Health Promotion Model (HPM) provided a practical approach by emphasizing the need to empower individuals through healthy behaviors.

Conclusions: It was concluded that addressing social vulnerability in adolescents required a comprehensive approach based on the promotion of protective factors such as education, extracurricular activities and support networks. The implementation of interdisciplinary strategies was essential to foster resilience and transform unfavorable environments into opportunities for development. This process demanded the active engagement of health, education and community teams to build more equitable and protective environments.

Keywords: Social vulnerability; Adolescence; Poverty; Resilience; Protective factors.

RESUMEN

Introducción: La vulnerabilidad social se definió como una condición de fragilidad frente a riesgos sociales, económicos y culturales que afectaron de manera desigual a las poblaciones más vulnerables en América Latina. Los procesos de globalización y las políticas económicas intensificaron las dificultades para muchas familias, especialmente aquellas con adolescentes, limitando sus capacidades de estabilidad emocional, social y económica. Este fenómeno afectó particularmente a los adolescentes, quienes, al atravesar una etapa de cambios simultáneos, experimentaron una susceptibilidad mayor frente a las presiones del entorno.

Desarrollo: Los estudios destacaron que la pobreza constituyó el factor más determinante de vulnerabilidad social, intensificando problemas como la exclusión, inseguridad y la falta de servicios básicos. Según Barcelata Eguiarte (2015), la pobreza generó niveles significativos de estrés que comprometieron el desarrollo emocional y físico de los adolescentes. Para abordar estas problemáticas, se aplicó la teoría bioecológica de Bronfenbrenner, la cual contextualizó las interacciones entre microsistemas como la familia, escuela y comunidad, ofreciendo una visión integral para la intervención. Asimismo, el Modelo de Promoción de la Salud (MPS) de Pender proporcionó un enfoque práctico al enfatizar la necesidad de empoderar a los individuos mediante conductas saludables.

Conclusiones: Se concluyó que enfrentar la vulnerabilidad social en adolescentes requirió un enfoque integral basado en la promoción de factores protectores como educación, actividades extracurriculares y redes de apoyo. La implementación de estrategias interdisciplinarias resultó esencial para fomentar la resiliencia y transformar entornos desfavorables en oportunidades de desarrollo. Este proceso demandó el compromiso activo de equipos sanitarios, educativos y comunitarios para construir entornos más equitativos y protectores.

Palabras clave: Vulnerabilidad social; Adolescencia; Pobreza; Resiliencia; Factores protectores.

INTRODUCTION

Social vulnerability is a multidimensional concept that manifests itself as a condition of fragility in the face of risks derived from economic, social, cultural, and environmental factors that affect different populations unequally. This phenomenon is particularly relevant in Latin America, where globalization processes and macroeconomic policies have negatively impacted many families' living conditions. According to Barcelata Eguiarte (2015), these families face significant challenges in maintaining a balance in coexistence, emotional stability, and economic management, directly affecting their substantive functions.

Although widely used, the term vulnerability is often underestimated in its complexity and significance. Feito (2007) emphasizes that vulnerability implies the possibility of physical or moral harm and exposure to situations beyond individual control, such as insecurity, social exclusion, or discrimination. In this sense, poverty is a central factor that amplifies the risks associated with vulnerability, especially in adolescents. This age group experiences a crucial stage of development marked by biological, psychological, and social changes that make them particularly susceptible to environmental pressures.

Adolescence, as a transitional stage, is a critical period in the life cycle, as individuals face both internal and external challenges simultaneously. The absence of adequate resources and support during this period can have profound effects on the physical and emotional well-being of adolescents,

especially in contexts of poverty and social exclusion. These factors limit development opportunities and generate high-stress levels that put young people's emotional stability and ability to adapt at risk.

In this context, diagnosing social vulnerability is a key tool for addressing these challenges. According to Represa et al. (2018), social vulnerability maps make it possible to identify the most affected areas and plan strategic interventions to reduce risks and promote community development. These interventions require the active participation of interdisciplinary teams, such as primary health care teams, which occupy a privileged place in the mesosystem described by Bronfenbrenner, as they interact directly with vulnerable families and communities.

Furthermore, Bronfenbrenner's bioecological model and Nola Pender's Health Promotion Model (HPM) offer valuable conceptual frameworks for designing intervention strategies that consider individual and contextual factors. These models underline the importance of the interrelationship between the different systems that make up the adolescent's environment and the need to promote healthy behaviors through the active participation of individuals and their communities.

In this context, the present work seeks to explore and propose strategic interventions from the health and education sectors to address social vulnerability in adolescents. It highlights the importance of protective factors, such as education, extracurricular activities, and support networks, as pillars for fostering resilience and integral development.

General objective

Identify and analyze the external protective factors that contribute to the resilient development of socially vulnerable adolescent males aged 12 to 15 years registered at a Primary Health Care Center in the Las Flores neighborhood of Rosario to design interdisciplinary intervention strategies that strengthen their overall well-being and reduce the risks associated with their socioeconomic environment.

DEVELOPMENT

Social vulnerability

Globalization has generated macroeconomic structures that impact the finances of many Latin American families with children and teenagers, limiting their possibilities of fulfilling "the substantive functions of the family in social, economic, emotional and general health terms." Families with these characteristics require a more significant number of tools to maintain a harmonious balance, both in terms of coexistence and emotional development and in the management of economic resources (Barcelata Eguiarte, 2015).

The meaning of the term vulnerability is often underestimated because its interpretation seems obvious. In this sense, Feito (2007) highlights the "remarkable complexity" of its meaning. Vulnerability can be applied to different areas of life since it could refer to vulnerability in terms of the possibility of being hurt and hacked into via email. Furthermore, it is a concept that is greatly influenced by the philosophical and theoretical perspective from which it is approached and, often, it is placed on a second level concerning its importance and usefulness; that is why the association between the characteristics of the individual and the conditions of the environment -environmental, social or cultural- where they live has been established. This could explain why vulnerability is frequently used to refer to populations or groups whose living conditions make them more susceptible to harm. "Vulnerability can also be understood as being able to be persuaded or tempted, being receptive, being transferable, not being invincible, not having absolute control of the situation, not being in a position of power, or at least having the possibility of that power being weakened." Vulnerable (RAE, 2022) can be hurt or injured, physically or morally.

Barcelata Eguiarte (2015) states that most contemporary theoretical approaches consider the situation of poverty as a fundamental risk that threatens the development of adolescents due to the number and magnitude of associated risk factors such as insecurity, crime, lack of services,

marginalization, and social exclusion. These factors are sources of stress that test adolescents' physical and emotional stability. Adolescence is a vulnerable stage in the development cycle of a person because it involves simultaneous, dizzying, and sometimes radical changes in the biological, psychological, and social dimensions. It is a stage that involves doubts and tensions when an adolescent's need to build knowledge, attitudes, and life skills takes hold, as they will be overwhelmed by the balance of internal resources available against the pressures and demands of the environment.

Social vulnerability, according to Feito (2007), involves considering the particular conditions of fragility in the socio-economic spheres or conditions in which people develop: the living conditions of the victims of natural disasters, the conditions of marginality and delinquency, discrimination of any kind, social exclusion or mental health problems, allow us to construct a concept linked to spaces of vulnerability. These spaces would act as "unfavorable conditions" that expose people to more significant risks, to situations of lack of power or control, to the impossibility of changing their circumstances, and, therefore, to a lack of protection."

To be able to face the processes of reduction and adaptation in risk factors associated with social vulnerability, Represa et al. (2018) point out the central role of situation diagnosis. They propose that social vulnerability maps can be constructed to improve territorial management and the planning of development actions. According to their findings, the unequal distribution in Argentina is evident and graphic, both in terms of benefits and socio-environmental risks. The maps can be used to improve the management of social vulnerability and to make better decisions in planning interventions for the development of communities about the strategic planning of access to health and education services.

"The interpersonal relationship that occurs in the healthcare relationship allows us to recognize the individual, the other, as a moral force that demands responsibility." The author proposes that healthcare teams respond to this demand from the patient to assess the situation based on their methodological capacity to do so and on the sensitivity inherent in bioethical altruism. Still, the challenge is to transform this vulnerability into a claim of rights and an intervention response where rights are put into practice. Therefore, if vulnerability is understood as the result of a set of unfavorable, harmful, or threatening characteristics (factors) concerning the possibilities of developing a life project for the person or group of people, the situation of poverty appears as the most significant contributor to factors. In a logical axis where social vulnerability is expressed by several known risk factors associated with poverty, neither the vulnerable adolescents, their families, nor the health team can configure a final solution given the magnitude of the problem. Social vulnerability and wealth distribution maps are factual proof that it is not an exclusively individual problem but a problem of social organization.

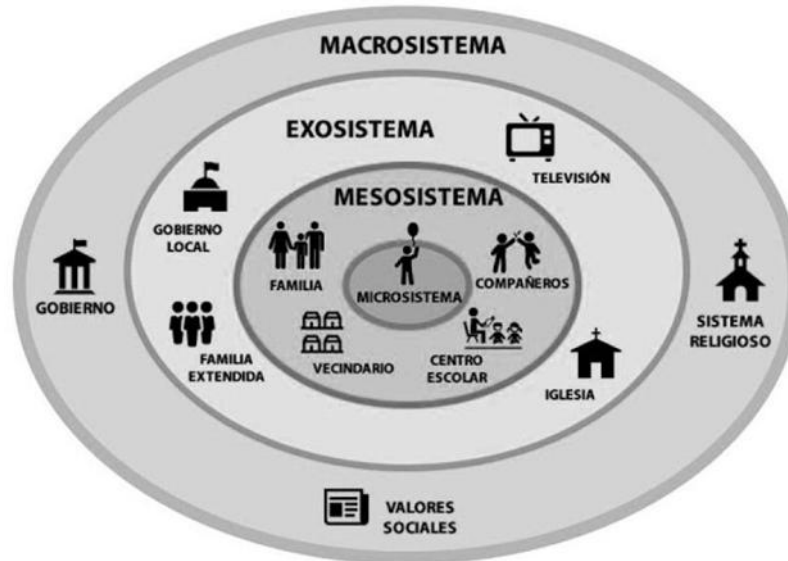
Faced with a problem that can appear to be stifling in terms of the possibilities of response, Feito's approach (2007) is mobilizing because it exhorts the health team to occupy a space based on their potential and capacity to assess and intervene in risk factors as part of the training that health professionals have in risk methods. Furthermore, it calls for implementing bioethical principles that mobilize health professionals and the search for options to respond to this situation of at-risk adolescents. This conception of a health team as a reservoir of ethical content in communities is an exciting contribution. It also considers the possibility that at-risk adolescents and their families may find a tool in the interpersonal relationship with health team members.

The Bioecological Model

Regarding the various theories attempting to explain violence's origin in humans, Frías-Armenta et al. (2003) have worked to test these explanatory attempts. In a study of 204 young Mexicans in secondary or preparatory education who answered a questionnaire with questions about domestic violence, the antisocial behavior of adolescents and young people, problems with school behavior, and some characteristics of the family, school, and neighborhood environment related to violence; the results

showed that Bronfenbrenner's Ecological Theory - published in 1987 - adequately explained the relationship between factors from different settings. The theory proposed by the field of psychology is one of the most influential in social sciences. Bronfenbrenner proposes "an ecological perspective on the development of human behavior" and establishes an environmental system that contextualizes the person's development at all stages of life from birth. He proposes that the ecological system can be represented as a set of subsystems at different levels where each subsystem contains the other, and he calls them microsystem, mesosystem, exosystem, and macrosystem.

Figure 1. Bronfenbrenner's Ecological Model.



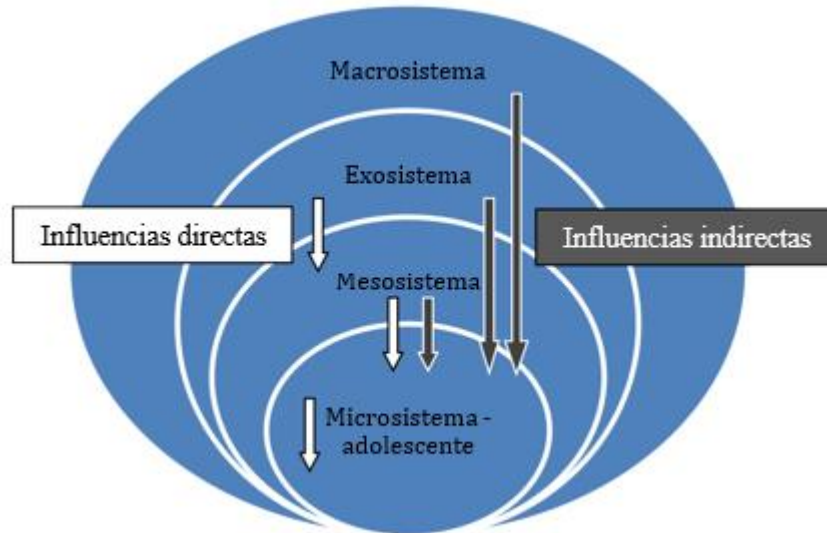
Source: Centro Uría Gijón (2022) Family.

The first subsystem (microsystem) is the immediate development space of individuals. It constitutes the first scenario of verbal and physical interrelation, where the construction of interpersonal relationships and behavior patterns through interaction with the family environment predominates. It also represents the first context with physical and material characteristics. The mesosystem refers to a level of the interrelation of two or more contexts in which the individual participates actively, such as school, friends, the neighborhood, the club, or the church. The exosystem comprises contexts that influence the person's development even though they are not actively included at this level; finally, the macrosystem is configured by the cultural, subcultural, and ideological frameworks of the society in which the person and their community develop. Bronfenbrenner argued that the model levels should be interdependent and that the capacity for formation and participation of each system depended on the social interconnections between them (Arias-Vargas, 2017).

Around 1994, Bronfenbrenner and Ceci modified the original theory. They incorporated a bio-ecological perspective into the conception of human development that considers the genetic characteristics of people and the need for complex and active development processes as a biopsychological organism. The final contribution of Bronfenbrenner's Bioecological Theory allows us to consider development "as a phenomenon of continuity and change in the bio-psychological characteristics of human beings, both of groups and individuals." It is a progressive accommodation between an active individual and their changing immediate environments (Parra Rodríguez & Rubio Berigues, 2017).

In short, if the aim is to intervene strategically from the CAPS (primary care center), the bio-ecological model allows us to visualize the spaces from which to articulate and position ourselves.

FIGURE 2. Bronfenbrenner's Ecological Model. Influences on a risk factor or a protective factor.



Source: Author's own creation.

When the health center is located near the target population and has an attitude of openness towards the community, it forms part of the mesosystem due to its geographical position and neighborhood status. This position in the mesosystem implies that its activities directly influence the adolescent's family microsystem and indirectly influence the risk factor to be addressed - or its counterpart, the protective factor. When the healthcare team uses home visits as a strategy, it strengthens the link with the microsystem. The same happens when the team establishes a therapeutic relationship with the adolescent. Bronfenbrenner argued that the subsystems should be interdependent and that their formation correlated with the existing interconnections (Arias-Vargas, 2017).

The mesosystem can allow the CAPS to articulate institutionally with schools, clubs, religious communities, youth groups, and neighborhood activity centers. This broadband from the mesosystem to the exosystem is a fertile field for planning actions with institutions and individuals mobilized by the problem. The health team can think of activities linked to the media and mobilize resources and programs at the local level. Provincial and national policies and programs also constitute alternatives to explore and propose.

The Health Promotion Model (HPM)

Nursing theorists have researched, elaborated on, and developed different conceptual approaches to nursing activity at different levels of care. The construction of theory applied to nursing makes it possible to explain the disciplinary phenomena of the profession, and the exploration of the conceptual debates that are being held in the process of verifying each proposal represents a leap in quality.

Nola Pender is a theorist, author, and emeritus professor of nursing in the United States. She published an approach to promoting preventive health behaviors that is extremely useful in Primary Care (Cajal Flores, 2021).

In her Health Promotion Model (HPM), Pender conceptualizes lifestyle as "a multidimensional pattern of actions that a person performs throughout their life, and that has a direct impact on their health." This pattern of actions allows three main areas to be described: a first area that brings together the biological, psychological, and sociocultural characteristics of people together with experiences about health; those of cognition and motivations specific to behavior; and those of behavioral outcome. A second area involves the characteristics of cognition and the motivations specific to behavior, and a third area refers to the behavioral outcomes pursued. The area of cognition and motivations specific to behavior is central to his proposal. He identifies cognitive-perceptual factors in the individual that can be modified (changed) when situations, personal decisions, or interpersonal relationships arise. The patient must initially perceive the benefits of the change in health behavior, identify the obstacles and difficulties that will arise in adopting the change, consider the perceived self-efficacy to make the change, identify thoughts and emotions in this regard, review the influence of interpersonal relationships and, finally, consider the general influences of the physical and socioeconomic environment (Coro Tierra & Remache, 2020). Regarding the target area of the behavioral outcome, Cajal Flores (2021) states that it involves getting the person to commit to the action plan outlined in the second area. Health-promoting behavior results from a planned action to achieve "a positive health outcome, personal fulfillment, and a productive life."

Regarding the usefulness and utilization of the Health Promotion Model (HPM) by Nola Pender, Aristazábal Hoyos et al. (2011) systematically reviewed the literature on original articles published from 2000-2010. Brazil, the United States of America, and Mexico were the countries that addressed the model most, with a predominance of application to adolescents and adults. The topics most frequently mentioned include physical activity, healthy lifestyles, chronic diseases, and obesity. At the same time, the professionals who most frequently research the model belong to the fields of Nursing and Sociology. The interest aroused by Pender's Model in health-promoting behaviors and the motivations that lead to them is significant. The PHS allows us to understand human behavior related to health decision-making and orient it toward the generation of healthy behavior. The authors of this review conclude that the PHS appears to be a powerful nursing tool for implementing Pender's concept of self-efficacy and, in this sense, for understanding people's attitudes, motivations, and actions to assess the usefulness of the proposed and implemented interventions. In this way, health promotion is the key activity in the different areas in which nurses participate (Aristazábal Hoyos et al., 2011).

Within the conceptual framework developed in this work, it has been proposed that the psychosocial factors that cause social vulnerability in adolescent males be intervened in based on a strategic approach by the health team with the CAPS as its epicenter. The approach considers the subsystems and social actors that allow for a better level of influence and impact in the interventions that will be carried out. The appropriate methodology for nursing intervention is the MPS for several reasons. Throughout the approach to this problem, an attempt has been made not to lose sight of the purpose of generating concrete interventions from the role that nursing occupies in the team; a nursing model, adjusted to the primary prevention level, is ideal. Furthermore, Pender's idea has been inspiring - in the words of Aristazábal Hoyos et al. (2011) - that people's behavior is motivated by the desire to achieve well-being and the potential of which they are capable in that articulation that occurs between the personal characteristics of individuals and the experiences, knowledge, beliefs and situational aspects linked to the behaviors or conducts linked to the health that they seek to achieve. Based on this, it will be possible to think of interventions that allow changes in the social climate of the neighborhood based on the motivations and interests of adolescents and their families.

TABLE 1. Health Promotion Model (HPM), Pender. Proposed methodological intervention framework. Nursing Record.

User identification:

1. Area of personal characteristics and experiences in relation to health	Biological
	Psychological
	Sociocultural
	Experiences
2. Cognition and specific motivations of behavior	Proposed behavior change:
	Benefits that the change in health behavior will bring:
	Perceived obstacles and difficulties in achieving or maintaining behavior change:
	Perceived self-efficacy to bring about change:
	Thoughts and emotions about change:
	The influence of interpersonal relationships on change:
	Influences of the physical and socioeconomic environment on the attempt at change:
3. Behavioral result	Level of commitment and results achieved

Source: own elaboration.

Risk factors and protective factors

The risk and protection approach has prevailed in the medical sciences, focusing on disease, symptoms, and characteristics associated with a greater probability of biological and social harm. As a

method, it has traditionally been used in primary health care, focusing on adverse outcomes generally expressed in terms of morbidity and mortality. This approach is limited and insufficient for interpreting other everyday aspects of human development where adversity does not always translate into morbidity and mortality. Applying the epidemiological method to social phenomena made it possible to establish the risk and resilience approaches with different but complementary aspects. The resilience approach proposes that negative factors do not inevitably act to generate damage. It describes the presence of factors that will prevent them from acting linearly so that the harmful effects can be mitigated. Sometimes, adverse events can even become a factor in overcoming the difficulty. This is why the complementary nature of approaches has been proposed, allowing for a broader view and a greater capacity to analyze reality (Munist et al., 1998). These risk factors can represent an opportunity and an advantage in terms of stimulus to transform reality and begin to accept Arias' proposal (2004) about recognizing resilient intelligence (Flores Crispín, 2008).

In Silas's (2008) definition, the personal capacity to overcome adversity or risk, called resilience, is a dynamic process that uses factors internal and external to the individual that includes the use of affective, social, and communication skills that enable the recognition, confrontation, and modification of adverse circumstances. For Aguiar Andrade and Acle-Tomasini (2012), resilience is defined as developing in areas of vulnerability. Protective factors, capable of cushioning or deflecting the direct impact of harmful factors, are conditions or environments of the external environment of the person - external factors - or belong to their internal environment - personal factors - such as temperament, self-esteem, self-confidence and self-assurance, ease of communication, and empathy. External protective factors involve communities such as schools, friends, and activity groups where adolescents can integrate and form networks. They constitute spaces for creating and supporting intimate, strong, and equitable peer bonds that allow them to express their needs, opinions, feelings, and expectations naturally. In turn, it is an exercise to put oneself in another's shoes and understand and accept them. The intervention of protective factors explains the capacity for resistance and recovery of some individuals and groups of people. These authors define protective factors as the basis of resilience, and they should not be defined as the antonym of risk but as a complement.

Looking at adolescents at risk from the resilience perspective, Barcelata-Eguiarte (2015) lists psychosocial risk factors and "the capacity they have to recover and get ahead." Low levels of schooling, the lack of formal employment among the elderly, living in neighborhoods where the elderly resort to crime as a way of life, and the lack of social and recreational activities and vocational workshops. Interest in resilience has been around for a long time, but it is receiving much attention. Becoña (2006) justifies this popularization and updating by the interest in this concept process in published studies on children who do not develop mental health disorders, addictions, or criminal behavior, even after having gone through traumatic circumstances in childhood. These include situations of abandonment, abuse, war, and hunger, for example. Resilience is a word from the Latin "resilin," which means "to go back, jump back, stand out, bounce." Many authors - such as Candanoza-Henríquez and Rojo-Gutiérrez (2021) - reproduce the definition of resilience by Luthar and Cushing (1999) as "a dynamic process that results in positive adaptation in contexts of great adversity."

In the presentation by Flores Crispín (2008) on the possibility of conceptualizing resilient intelligence, we can include the description by Moreno López et al. (2019) of some characteristics present in resilient children and adolescents, such as demonstrating the ability to adapt to the demands of the environment and to the changes that occur, using the development of social and communication skills and abilities as a resource. They have critical capacity, show maturity when making decisions, and are clear about their long-term goals. However, these skills need to be reinforced and stimulated to be sustained over time.

As stated in the book that gives rise to the proposal, Barcelata-Eguiarte (2015) presents a model for classifying risk-protection factors by integrating the risk method and the ecological model. As can be

seen in the illustration on the following page, the proximal-distal designation refers to the microsystem corresponding to the adolescent.

FIGURE 3. Basic interaction systems and risk-protection factors based on an ecological-transactional perspective.

Sistema	Subsistema	Tipo	Naturaleza
Microsistema	Individuo	Proximal	Biológicos: antecedentes familiares de salud, predisposición genética, temperamento, problemas congénitos, entre otros
			Sociodemográficos: edad y género
			Psicológicos: autoconcepto, autoestima, percepción de autoeficacia, locus de control, percepción de apoyo social; estilos y, o estrategias de afrontamiento, personalidad, compromiso, competencia social, académica y emocional, inteligencia, cogniciones, creencias, sucesos de vida, entre otros
Mesosistema	Familia		Sociodemográficos: nivel o estatus socioeconómico, ingreso familiar, edad, escolaridad y ocupación de los padres, conformación familiar Psicológicos: comunicación, cohesión, flexibilidad familiar, redes familiares y apoyo familiar, vinculación afectiva, afrontamiento familiar, solución de problemas, sistemas de creencias y valores familiares
Exosistema	Escuela		Académicos: rendimiento escolar, permanencia escolar, modelos o estilos de los sistemas educativos Interaccionales: relaciones con pares, compañeros y maestros
Macrosistema	Macroestructura Cultura Política Socioeconómicas	Distal	Contexto social: nivel de desarrollo económico, servicios de salud, características de la red(es) social(es), infraestructura física del vecindario, clima social, influencia de patrones de conductas sociales, entorno social, apoyo comunitario, sistema de creencias, cultura y valores

Source: Barcelata-Eguiarte (2015). Adolescents at risk: a look at resilience. Building and sustaining resilience

In the article by Gifre Monreal and Guitart (2012), Bronfenbrenner's concern for the application of the model to obtain results is highlighted: "There is nothing more practical than a good theory, I hope that my perspective will be considered the most practical of all theories. It will contribute to a better understanding of what can be done to produce a better and more desirable future for people worldwide. Some proposed areas of community intervention Bronfenbrenner refers to the subordination of science to social policy. Social reality lends validity to identifying relevant theoretical issues and problems that science, in this case bio-ecological theory, must respond to. The principles of the educational intervention are an "ideological stance, a way of establishing relationships between society." Another axis proposes that the integral development of people - intellectual, emotional, social, and moral - requires active participation that must be sustained regularly over time to establish the necessary links to achieve the objective. Adolescents must make progressively more complex constructions in the context of strong emotional bonds with the adults around them. Bronfenbrenner proposes a "curriculum for care" that goes beyond learning what something consists of, but rather doing it, like his proposal to create specific daycare centers to foster cooperative relationships between adolescents and the elderly through practical exercise: by doing it.

Education as an alternative for intervening in vulnerability at the level of the school and complementary extracurricular activities has a methodological approach in Díaz Oñoro et al. (2011) where the four pillars proposed by the United Nations Educational, Scientific and Cultural Organization - UNESCO (1996) are postulated: learning to know is an innovative proposal about traditional encyclopedic training. It proposes concentrating learning on fewer subjects with pragmatic objectives oriented towards technological changes and socio-productive needs. This vision of education involves motivational components in adolescents and prepares them - according to the UNESCO vision - for

lifelong learning. Learning to do includes learning trades and resolving everyday conflicts, such as the ability to work in a team or live together; learning to be is the requirement of the 21st century that needs strengthening autonomy and personal responsibility in realizing the collective destiny. Learning to live together is the possibility of learning from collective projects and realizing common initiatives or, at least, improving the knowledge of the community that contains us to achieve intelligent and peaceful solutions to the conflicts that will arise. Díaz Oñoro et al. (2011) highlight the need to articulate two axes to cement the proposal to reinforce educational interventions based on UNESCO 1996; first, to stimulate and improve the accompaniment of the initiative by parents, which will require constant and consistent nursing work in the relationship. Second, it will be necessary to review the quality of the environment within the educational institution - school, workshops, or classes promoted by clubs, scout groups, or church groups - which requires an honest self-assessment of the quality of the relationships between teachers and adolescents, the educational and institutional norms and values, recurrent teacher absenteeism, incomplete teaching staff, the lack of school planning, the improvisation of classes and the lack of teacher control over situations of segregation, harassment, bullying and aggression among students.

One source of inspiration is the US community education program Head Start, in operation since 1964, aimed at improving the health, personal, emotional, and social well-being, intellectual performance, and interest in the school of a population "at risk of social exclusion." The program is planned with learning experiences for children and adolescents' intellectual, social, and emotional growth in conjunction with a comprehensive immunization program and medical, dental, mental health, and nutrition services. In addition, families are included to help them assess particular needs and promote accessibility to the health system. Families are included as volunteers in the planned educational and welfare activities and are encouraged to make suggestions. These activities alternate between homes and specific centers to be designated and have adequate planning with actors responsible for them. This is one of the most outstanding expressions of Ecological Theory; the notion of a mesosystem is the construction of "continuities between microsystems" because, in the words of Bronfenbrenner, "the potential for development in a child-rearing scenario is increased by the number of supporting links between that scenario and other contexts in which the child and the adults responsible for his or her care are inserted." The evolution of environments in a given mesosystem correlates with the construction of solid bonds of mutual trust and the consensus of shared goals (Gifre Monreal & Guitart, 2012).

CONCLUSIONS

Social vulnerability, understood as fragility in the face of economic, social, cultural, and environmental risks, represents a significant challenge in Latin America, particularly for adolescents in contexts of poverty and exclusion. This group faces a complex interaction between internal and external factors that affect their integral development. Global transformations and macroeconomic policies have intensified the precariousness of the living conditions of many families, limiting their possibilities of fulfilling essential functions in the social, emotional, and economic spheres. In this context, adolescents, already going through a critical stage of simultaneous and profound changes, are especially susceptible to these pressures, highlighting the importance of strategically addressing the associated risk factors.

Poverty emerges as the most decisive structural factor of social vulnerability, as it exacerbates exclusion, insecurity, and lack of access to essential services. According to Barcelata Eguiarte (2015), these factors generate stress and limit adolescents' opportunities for emotional and social development, putting their ability to adapt at risk. Bronfenbrenner's bioecological theory offers a comprehensive framework for understanding how the different systems – microsystem, mesosystem, exosystem, and macrosystem – interact to influence human development. This model highlights that effective

interventions must address not only the immediate needs of adolescents but also the social interconnections that shape their environment.

On the other hand, Nola Pender's Health Promotion Model (HPM) complements this approach by emphasizing the importance of preventive behaviors and individual empowerment in health promotion. This model highlights how personal characteristics, motivations, and interpersonal relationships influence the adoption of healthy behaviors, offering a valuable framework for designing interventions focused on the specific needs of adolescents and their families.

The development of social vulnerability maps is a key tool for identifying priority areas and planning intervention strategies at the community level. These maps allow us to visualize inequalities in the distribution of resources and risks, facilitating territorial management and informed decision-making. In addition, initiatives such as home visits and coordination with educational and community institutions enhance the impact of interventions in the mesosystem, strengthening the links between adolescents, their families, and health and education services.

In conclusion, addressing social vulnerability in adolescents requires a comprehensive approach that combines an accurate diagnosis of environmental conditions, promoting protective factors such as education and extracurricular activities, and implementing interdisciplinary strategies sustained over time. Resilience and the strengthening of support networks are essential pillars for transforming adverse conditions into development opportunities, enabling adolescents to reach their potential and contribute to the well-being of their communities. This effort demands the commitment of health, education, and community teams, who must actively build more equitable and protective environments for future generations.

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FINANCING

None.

CONFLICT OF INTEREST

None.