



Category: Applied Research in Health and Medicine

ORIGINAL

## External protective factors in adolescent boys aged 12 to 15 years at psychosocial risk enrolled in a Primary Health Care Center (CAPS) of Barrio Las Flores in the city of Rosario between March and October 2020

### Factores externos protectores en varones adolescentes de 12 a 15 años en riesgo psicosocial adscriptos a un Centro de Atención Primaria para la salud (CAPS) De Barrio Las Flores de la ciudad de Rosario entre marzo y octubre de 2020

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#### ABSTRACT

**Introduction:** This study focuses on the external protective factors that influence adolescent boys aged 12 to 15 years old at psychosocial risk. The research was conducted at the Primary Health Care Center (CAPS) No. 15 of Barrio Las Flores, in the city of Rosario, during the period from March to October 2020. The objective was to identify protective elements in their social and educational environment that could contribute to the well-being and integral development of this age group.

**Methods:** The research design was descriptive and cross-sectional. We worked with a sample of 30 adolescents who agreed to participate through the application of a structured survey of 10 questions, which was answered with the consent and accompaniment of a responsible adult. The questionnaire addressed issues related to school, extracurricular activities, artistic and sports interests, friendship relationships and group membership.

**Results:** Among the main findings, a school dropout rate of 33.34% was observed, while 73% of the adolescents indicated that they do not like to attend school. However, only 30% considered that school attendance was not important. As for extracurricular activities, 37% of respondents participate in them, and 23% belong to organized groups outside of school. Sports preferences lean almost exclusively towards soccer, while 70% showed interest in music and 50% in theater and circus activities. Friendship relationships are highly relevant, reaching a preponderance of 93.34%, surpassing in importance organized groups such as churches or boy-scouts (23.40%). In addition, 50% of the adolescents referred to being in a dating relationship.

**Conclusions:** The school environment stands out as a fundamental protective external factor, despite the high dropout and disinterest reported, evidencing the need to reinforce its role in the development of adolescents. Extracurricular activities, both sports and artistic, represent another relevant dimension that promotes well-being and social integration. Likewise, the bonding dimension, expressed in friendship relationships and belonging to peer groups with common projects, is a key aspect at this stage of life. Finally, the importance of the guidance of responsible and qualified adults to channel concerns and strengthen these protective factors in vulnerable contexts is highlighted.

**Keywords:** psychosocial risk factors; psychosocial risk factors; external protective factors; adolescent boys; resiliency.

## RESUMEN

**Introducción:** Este estudio se centra en los factores externos protectores que influyen en varones adolescentes de 12 a 15 años en situación de riesgo psicosocial. La investigación se llevó a cabo en el Centro de Atención Primaria para la Salud (CAPS) N° 15 del Barrio Las Flores, en la ciudad de Rosario, durante el período de marzo a octubre de 2020. El objetivo fue identificar elementos protectores en su entorno social y educativo que puedan contribuir al bienestar y desarrollo integral de este grupo etario.

**Métodos:** El diseño de la investigación fue de tipo descriptivo y transversal. Se trabajó con una muestra de 30 adolescentes que aceptaron participar mediante la aplicación de una encuesta estructurada de 10 preguntas, la cual fue respondida con el consentimiento y acompañamiento de un adulto responsable. El cuestionario abordó temas relacionados con la escuela, actividades extraescolares, intereses artísticos y deportivos, relaciones de amistad y pertenencia a grupos.

**Resultados:** Entre los hallazgos principales, se observó una deserción escolar del 33,34%, mientras que el 73% de los adolescentes indicó que no les gusta asistir a la escuela. Sin embargo, solo el 30% considera que la asistencia escolar no es importante. En cuanto a actividades extraescolares, el 37% de los encuestados participa en ellas, y el 23% pertenece a grupos organizados fuera del ámbito escolar. Las preferencias deportivas se inclinan casi exclusivamente hacia el fútbol, mientras que el 70% mostró interés en la música y el 50% en actividades teatrales y circenses. Las relaciones de amistad tienen una gran relevancia, alcanzando una preponderancia del 93,34%, superando en importancia a grupos organizados como iglesias o boy-scouts (23,40%). Además, el 50% de los adolescentes refirió estar en una relación de noviazgo.

**Conclusiones:** El ámbito escolar se destaca como un factor externo protector fundamental, a pesar de la alta deserción y desinterés reportados, evidenciando la necesidad de reforzar su papel en el desarrollo de los adolescentes. Las actividades extraescolares, tanto deportivas como artísticas, representan otra dimensión relevante que fomenta el bienestar y la integración social. Asimismo, la dimensión vincular, expresada en las relaciones de amistad y pertenencia a grupos de pares con proyectos comunes, constituye un aspecto clave en esta etapa de la vida. Finalmente, se resalta la importancia de la guía de adultos responsables e idóneos para encauzar las inquietudes y fortalecer estos factores protectores en contextos vulnerables.

**Palabras clave:** factores de riesgo psicosociales; factores externo-protectores; varones adolescentes; resiliencia.

## INTRODUCTION

The study of external protective factors in adolescent boys aged 12 to 15 years attending a Primary Health Care Center (CAPS) in the Las Flores neighborhood, Rosario, addresses a complex problem:

psychosocial vulnerability in highly marginalized contexts. This neighborhood, characterized by a profound inequality in access to essential services, shows the marked differences between Las Flores Norte, with relatively better conditions, and Las Flores Sur, where large families live in extreme precariousness, often in settlements that are not officially registered. In this context, adolescents face social, economic, and cultural challenges that limit their possibilities for integral development.

Adolescence is a crucial stage of human development marked by profound biological, psychological, and social changes. During this period, external protective factors, such as school, extracurricular activities, and social ties, play a key role in mitigating the risks associated with vulnerability. School dropout, exposure to violence, substance use, and lack of integration spaces are common problems in this population. According to Barcelata Eguiarte (2015), these risk factors increase stress and decrease emotional and social development opportunities, highlighting the need for effective interventions.

The design of the present study, of an exploratory-descriptive type, aimed to identify these protective factors in a group of 30 adolescents who participated voluntarily. The selection was carried out under specific criteria, prioritizing those adolescents at greatest risk to plan intervention strategies to strengthen the available resources and improve their quality of life.

The CAPS health team, in collaboration with schools, churches, clubs, and other local organizations, played a central role in data collection and in identifying the needs of this population. In addition, the fundamental ethical principles in research with minors were considered, guaranteeing autonomy, confidentiality, and beneficence at each study stage.

This work seeks to contribute to the knowledge of external protective factors in adolescents in vulnerable situations, highlighting the importance of school as a space for building resilience, extracurricular activities as tools for integration, and social bonds as a basis for emotional stability. From the results obtained, the possibility of designing community interventions that strengthen these factors and provide better opportunities for adolescents in a context of structural adversity opens up.

What external protective factors can be described in adolescent males between 12 and 15 years of age at psychosocial risk attached to a Primary Health Care Center (CAPS) of Barrio las Flores in Rosario in March-October 2020?

#### General objective

To establish the external protective factors in adolescent boys between 12 and 15 years of age at psychosocial risk attending a Primary Health Care Center (CAPS) in the Las Flores neighborhood of the city of Rosario during the period March-October 2020.

## **METHODS**

### Design

A research study was carried out with a non-experimental design and with an exploratory-descriptive scope of external protective factors in adolescent boys between 12 and 15 years of age attending a Primary Health Care Center (CAPS) of the Las Flores neighborhood in the city of Rosario during the period March-October 2020, a cross-sectional research because the measurement was made at a specific time with a methodological approach of quantitative focus. According to its purpose, it was applied research to improve people's quality of life and contribute theoretically to a better knowledge of the problem.

### Study area

Barrio Las Flores is one of the southernmost neighborhoods of Rosario. It is located on both sides of the Circunvalación 25 de Mayo, an avenue that divides it into Las Flores Norte and Las Flores Sur. To the west of the neighborhood runs Route 9 - Highway - which communicates with the Autonomous City of Buenos Aires. The Saladillo Stream is the natural boundary with the neighboring city of Villa Gobernador Gálvez.

There is a great difference in the quality of essential services between Las Flores Norte and Las Flores Sur. The former has the best housing conditions because it was the first hamlet that gave its name to this

community. Most of the inhabitants were and continue to be employees of the meat packing plants in the area, workshops and metallurgical companies in the region, and construction workers. On the other hand, Las Flores Sur is subdivided into a zone annexed to the northern zone with basic services and a later zone where some services, such as electricity and water, are provided with irregular connections. This is where the new settlement is located next to the embankment of the Saladillo stream, far from basic services such as electricity, drinking water, and sewage. This situation affects more than 30 large families who live in extremely vulnerable conditions. This settlement does not appear on the map of the city's neighborhoods because it is approximately five years old. Most of them are people who have come from other provinces with the promise of work in many cases and others, escaping from the poverty of their places of origin.

The Primary Health Care Center (CAPS) No. 15 "Juan Domingo Perón" is located at the intersection of Estrella Federal and Guarda Morada streets in Barrio Las Flores in the Southwest District of the city of Rosario, in the Province of Santa Fe, Argentina. It is located meters away from the embankment of the Saladillo stream - the natural southern limit with the neighboring city of Villa Gobernador Galvez - and has been, since the 1990s, the site of drug trafficking and organized crime, with the result of a high number of young people killed and disabled as a result of accidents, fights or drug use. Young people believed that criminal activities were a way out of poverty and a door to the future.

The health team works in a network with the school and the neighborhood churches, the scout group, community canteens, and different associations that make referrals and counter-referrals for adolescents at social risk. Many times, soccer or club teachers refer to the situation of adolescents at risk. The team uses vaccination cards to make a home visit, begin to approach the families, establish a relationship, and invite them to the health center.

#### Participants

In May 2020, the Primary Health Care Centers Information System (SICAP) revealed 578 adolescents between 12 and 15 years of age enrolled in the CAPS in the study area. The males -270- represented 46.39%, and a non-probabilistic convenience sampling was decided by choosing the first 30 adolescents who agreed to participate and met the inclusion and selection criteria. The selected population consisted of 30 adolescent males who are ascribed and regularly attend the CAPS referred to. The inclusion criterion was that they were between 12 and 15 years of age, male, accompanied by an adult guardian (father, mother, or adult in charge) at the time of completing the survey and that there was a minimum prior mutual acquaintance with the researcher -who is a nurse at the CAPS-.

The exclusion criterion was that the adolescents did not want to participate, their guardians did not authorize it or did not want to complete the informed consent form. The minors and guardians could read the items in the instrument before agreeing to participate. Given that the purpose of this study is to plan interventions to strengthen the containment of adolescents at psychosocial risk, the inclusion criteria are based on the fact that boys are more exposed to these risks, the age between the end of primary school and the beginning of secondary school is indicated as the age of highest school dropout. The situation of enrollment and attendance at the CAPS allowed for a better understanding of the survey's message. There is a bias regarding intra-family violence, given that the adolescents will answer a survey next to the guardian after both reading the content of the items and that the attendance and acceptance of the guardian to participate in the survey is an indicator of commitment to the safety of the minor. However, the research objective is not prejudiced since elements-resources are sought to act on the external protection factors of the adolescents from the CAPS, and the family is a fundamental resource.

#### Techniques and instruments

The survey technique was used with a questionnaire prepared and administered by the researcher (see Annex B). This technique was adapted to the needs of the study and allowed information to be collected dynamically and within the time availability of the adolescents and their guardians. The instrument was organized into 10 items. A pilot instrument test was conducted on 10 adolescents with the same inclusion

and exclusion criteria determined for the study population but who would not be part of the research. The objective was to validate the instrument regarding the clarity and relevance of the proposed items. The test concluded with a satisfactory result.

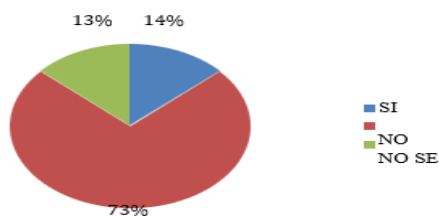
#### Ethical considerations

During the development of the study, the ethical principles of research were respected. The participating CAPS and the adolescents surveyed agreed to autonomy when they were informed in detail and truthfully about the study's objective and the activities they were invited to participate in. The effector was formally informed (see Annex C), and the adolescents' guardians signed an informed consent form for the participation of the minors (see Annex A). The researcher guaranteed the confidentiality of the identity of the effector and the participants involved and the confidentiality of the information collected; in fact, this information is of academic interest only. The study was framed within the principle of beneficence because it sought to favor the health team and its adolescents by providing knowledge that could be applied in the search for solutions to the problem. The principle of non-maleficence was considered, and the adolescents were informed of the possibility of withdrawing from the study when the proposed reagents caused them discomfort or displeasure. It was guaranteed that there would be no harm if they refused to participate or decided to withdraw from the study. The principle of fairness was applied given that the invitation to participate had previously defined inclusion and exclusion criteria.

## RESULTS

The surveyed male adolescents aged 12 to 15 years attached to a health center in the Las Flores neighborhood showed a school dropout rate of 33%, a typical risk factor for vulnerability, as pointed out by Barcelata-Eguiarte (2015). Most of them expressed that they disliked attending school, but 27% were unsure about it. Even in the face of the rebelliousness generated by the authority of compliance with schedules and slogans represented by the school as an institution, Aguiar Andrade and Acle-Tomasini (2012) state that the school community is one of the important external protective factors because they constitute the opportunity for adolescents to integrate with peers in an exercise to put themselves in the place of others, understand them and accept them.

**GRAPH 1. Disliking to attend school. Adolescents aged 12 to 15 years old attending a health center, Las Flores neighborhood.**

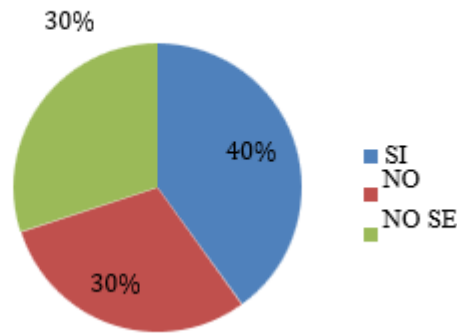


Source: Own elaboration.

It is worth remembering that according to Moreno López et al. (2019), there are characteristics in resilient children and adolescents with the capacity to adapt to the demands of the environment and develop social and communication competencies and skills. The school can be an external protective factor, stimulate their critical capacity, and build during adolescence; in Arboccó de los Heros's (2012) proposal, a life project is a plan and path to achieve their proposed goals. The school is an external protective factor that allows for building resilient competencies in adolescents. The opportunity that means introducing it in the concept of life project is based on the finding of Flores Crispín (2008), who was able to determine a statistically significant correlational relationship between the levels of resilience and the degree of definition of the life project in students in the third year of high school.

Only 30% of the adolescents stated that school was not important to them.

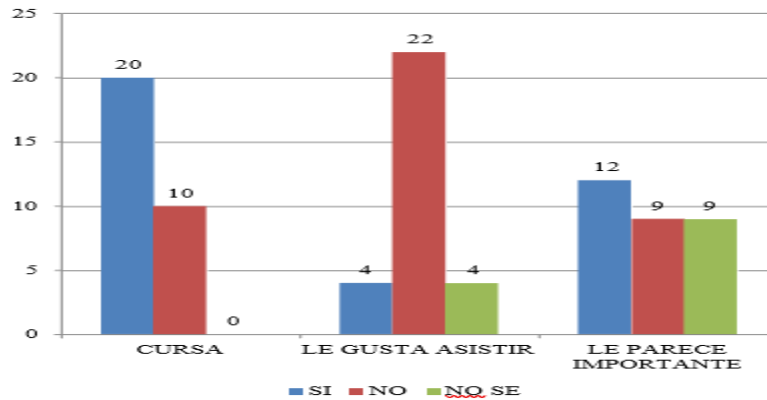
**GRÁFICO 2. Importancia que asignan a asistir a la escuela. Adolescentes de 12 a 15 años adscritos a un centro sanitario, barrio Las Flores.**



Source: survey data.

This proposal contrasts the social risk involved in involving adolescents in activities that, according to Cozzi, prepare them to be discarded or killed.

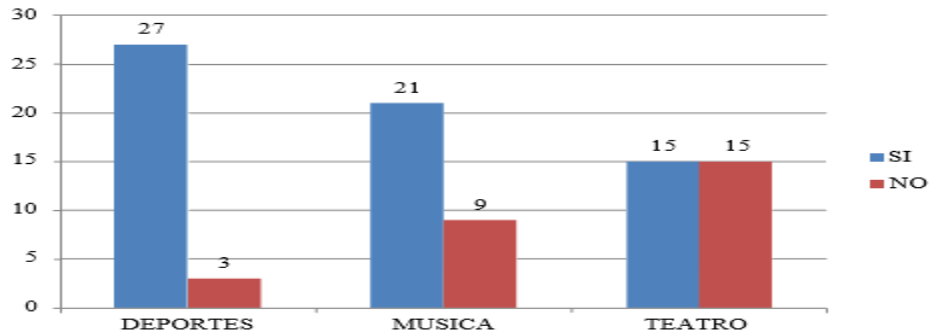
**GRAPH 3. Comparison between the first three items of the school activity. Adolescents between 12 and 15 years of age attending a health center, Las Flores neighborhood.**



Source: survey data.

Thirty-seven percent of the adolescents surveyed expressed that they were involved in activities that interest them outside of school. Adolescents' interest in sports and sports activities referred almost exclusively to soccer. The liking and following of musical activities are high, and activities linked to theater, clown art, and circus skills showed a very important interest in the respondents. Aguiar Andrade and Acle-Tomasini (2012) consider that external protective factors involve communities such as that of friends and activity groups in which adolescents can integrate, forming intimate, strong, and equitable bonds because it is the bond between peers, a space different from the external protective school. With peers, they can be themselves and naturally express their needs, opinions, feelings, and expectations.

**GRAPH 4. Comparative interest in other activities. Adolescents between 12 and 15 years of age attending a health center, Las Flores neighborhood.**

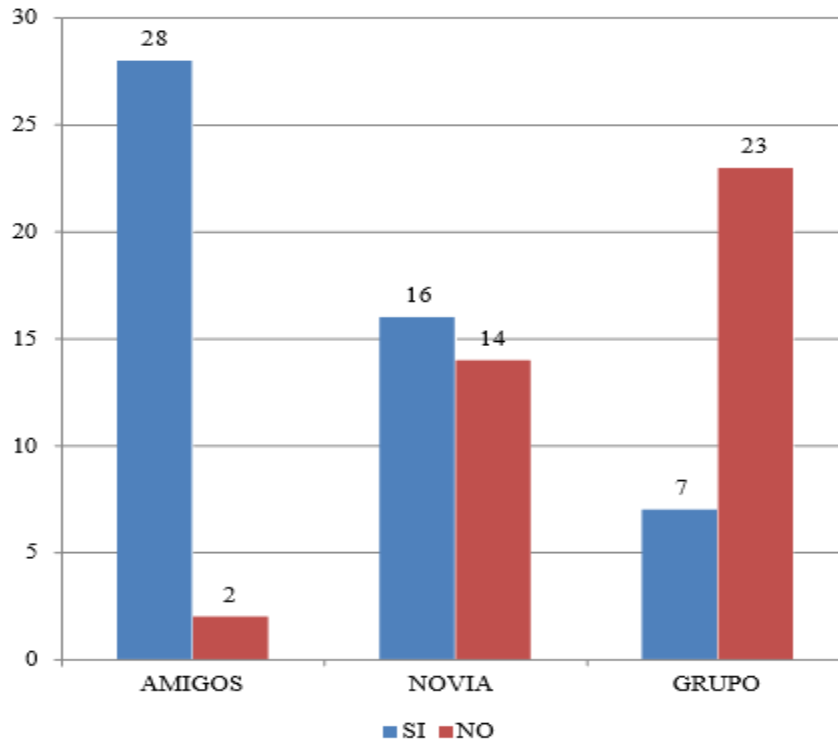


Source: survey data.

External protective factors involve different communities that allow the development and use of affective, social, and communication skills. Díaz Oñoro et al. (2011) propose cementing formative activities in different mesosystem spaces that can consolidate adolescents' integration among peers, adults, and parents. The construction of external protective factors (Gifre Monreal & Guitart, 2012) requires frequent and sustained activities of integral development of individuals -intellectual, emotional, social, and moral- with active participation that must be sustained regularly over time to establish the necessary links to achieve the objective. Adolescents must carry out progressively more complex constructions in the context of strong affective bonds with the surrounding adults.

As for the referent bonds of adolescents, friendship relationships and groups of friends are predominant and outnumber, in many cases, groups such as those of the neighborhood churches of the Boy Scouts. The dating category occupies an intermediate range (53%).

**FIGURE 9. Comparative extracurricular links. Adolescents aged 12 to 15 years old attending a health center, Las Flores neighborhood.**



Source: survey data.

When the importance of bonds as external protective factors has been raised, the category of courtship invites practical application. From a traditional epidemiological approach, adolescent dating could be defined as a risk factor for teenage pregnancy, non-consensual sex, or the transmission of sexually transmitted diseases (STDs). From a social epidemiological point of view, the resilience approach enriches the view and the capacity to analyze reality (Munist et al., 1998), and the situation studied represents an opportunity and a stimulus advantage to transform reality (Flores Crispín, 2008) and propose training interventions and interventions to support and accompany the experience (Flores Crispín, 2008).

## CONCLUSIONS

Among 30 adolescent boys between 12 and 15 years of age attending a health center in the Las Flores neighborhood of the city of Rosario who agreed to answer a 10-item survey with the authorization and accompaniment of a responsible adult, it was concluded that, although enrollment in the current school year showed a dropout rate of 33.34% and 73% reported that they did not like going to school, only 30% of the adolescents stated that school attendance was not important.

Thirty-seven percent of the adolescents surveyed engage in activities outside school, and 23% belong to extracurricular groups. The sports activity is soccer -almost exclusively- but artistic interests and tastes referred to music and theatrical and circus activities reached 70% and 50%, respectively.

Friendships and groups of friends have a preponderance of 93.34% in the reference of adolescents and exceed 23.40% in groups such as church or Boy Scouts. Half of the respondents reported that they were in the process of dating.

It is concluded that the school environment cannot be excluded as an external protective factor because the percentage of adolescents who admit its importance is high. Membership in extracurricular groups is low, and - even with criticism - the school environment is an important space for building resilience if permanence is improved. In Arias Vargas' (2017) proposal, monitoring the type of treatment among peers during the academic day with teachers may be important. The school is a propitious space



to work on constructing bonds, emotional management, and coping strategies for difficulties and conflicts. On the other hand, the joint work of the school and the CAPS could recover a favorable school climate that would allow parents to keep their children in the neighborhood school without interrupting their children's emotional ties. A school involved and assisted with strategies from the CAPS health team could be a safe place for parents to avoid leaving their children alone during the working day.

As a protective external factor, the out-of-school dimension showed adolescents' interests in sports and various artistic activities. It is an opportunity to coordinate recreational activities with clubs, scouts, and churches in the neighborhood and recreational and workshops with psychotherapeutic support.

The bonding dimension is a fundamental external protective factor in adolescents, and it becomes strategic to form groups of peers involved in social responsibility activities and the construction of community projects and life projects. In addition to this peer bonding capacity, a trusting interaction with adult referents at home and in institutions should be added and built. The health team should monitor and assist these dating relationships, which, although they are part of the wonderful discovery of life, are also considered a risk for early, non-consensual, unprotected sexual activity and unwanted pregnancy.

Undoubtedly, the present work leaves open the possibility for future intervention work that can provide the tools to guide and provide answers to young people in this age group.

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#### **FINANCING**

None.

#### **CONFLICT OF INTEREST**

None.