

Social skills and Resilience in Adolescents of Secondary Education of the Kumamoto I 3092 Educational Institution, of the Puente Piedra District – Lima 2019

Evelyn Roncal-Cespedes¹, Gloria Castillo-Laban¹, Brian Meneses-Claudio^{2,*}, Hernan Matta-Solis¹, Lourdes Matta-Zamudio¹, Eduardo Matta-Solis³

¹Faculty of Health Sciences, Universidad de Ciencias y Humanidades, 15314, Lima-Perú

²Image Processing Research Laboratory (INTI-Lab), Universidad de Ciencias y Humanidades, 15314, Lima-Perú

³Health Sciences, Instituto Peruano de Salud Familiar, 15304, Lima-Perú

ARTICLE INFO

Article history:

Received: 03 August, 2020

Accepted: 05 December, 2020

Online: 16 December, 2020

Keywords:

Social skills

Psychological resilience

Adolescents

Students

ABSTRACT

Social skills are the behaviors that the individual adopts on a regular basis at specific moments in everyday life. Resilience is the way in which the individual faces the adversity that life imposes on them, as well as manages to overcome it. In adolescence, problems are perceived because important changes are generated in an accelerated way, many adolescents develop psychological disorders or alterations that could compromise their own lives, if not detected in time, therefore, the objective of this study is to determine the social skills and resilience in adolescents of secondary education of the Kumamoto Educational Institution I 3092, of the Puente Piedra district - Lima, 2019. Applying a quantitative, non-experimental, descriptive, and correlational study, with a population of 626 adolescents from the Kumamoto I 3092 educational institution in the Puente Piedra district, who answered a questionnaire with sociodemographic data and the instruments of the social skills scale and the Connor-Davidson questionnaire for resilience. In the results, the predominance of the medium level in both variables, in social skills with 87.5%, in resilience with 58.3%, concluding the need to carry out interventions in adolescent students, to prevent the inadequate development of their personality.

1. Introduction

The social skill or assertive behavior is a set of expressions that is manifested in a verbal and non-verbal way, where the person externalizes in an interpersonal way all his deficiencies, emotions, ideas, favoritism, rights, avoiding anxiety and hostility [1], [2]. Resilience is the ability that a subject or a group obtains that projects itself into the future despite difficult situations and on some occasions can generate trauma and serious consequences in its own life [3].

In adolescence, internal problems such as anxiety disorders, depression, post-traumatic disorders, and even obsessive-compulsive disorders can be perceived. They may also perceive external problems associated with abrupt behavior, conflicts with their environment and aggressive behavior [4]. Family problems

can have a strong impact on the adolescent's life, which is why it is important that the family manages its problems correctly during this period, since otherwise this problem will affect the adolescent, diminishing his or her abilities in the academic aspect in society and in a personal way [5].

Worldwide, social skills are specifically oriented to prevent risk behavior and promote a healthy lifestyle [6]. Skills education has emerged since the increase of the problems that affects the community, but directly to adolescents as there are several events such as diseases generated through sex, drug addiction, bullying and even suicide [7].

According to the Pan American Health Organization, it promotes healthy lifestyle and the development of the adolescent stage in the Caribbean and Latin America. Regarding resilience, it establishes support for adolescents based on strategies to reduce various risk behaviors. This process will be continuous, where

*Corresponding Author: Brian Meneses-Claudio, Mr., +51 1 950159924 & bmeneses@uch.edu.pe

adolescents will use adaptation skills to seek adequate development within society, the family, school and culture [8].

PAHO establishes that social skills require the adoption of attitudes that are indispensable for optimal behavior to achieve success in the various challenges that life imposes. This favors healthy physical, social and mental behaviors, where adolescents have various possibilities for satisfying their needs, developing their aspirations and coping their environment [9].

In [10], un studio entre 170 adolescents between 15 to 17 years old participated in this study, to whom the social skills questionnaire was applied, where the predominance of the medium level is seen with 50.6%, continuing the low level with 38.2%, then the high level with 11.2%. In the explanation of the dimensions, it is observed that the self-expression factors in social situations predominate the low level with 40.6%, making requests 59.4%, while the high level corresponds to the expression of anger and disagreement with 45.3%. Regarding its study, it mentions the importance of developing social skills in an adequate way to reduce the risk of developing antisocial behaviors.

In [11], it developed the study with a population of 49 adolescents, where the prevalence of medium level resilience was found with 51%, then the low level with 43% and a high level of 6%. In its study, it was shown that adolescents have a medium capacity of resistance to remake and try to escape complex situations.

In [12], the present study had a population of 119 adolescents, where the results show that 71.75% is equivalent to the medium level, in their study, they determined to resort to development programs for teachers in order to include social skills topics in the training of adolescents.

In [13], they indicate that their total population was 160 adolescents, of whom the prevalence of medium-level resilience was obtained with 52.5%, continuing the high level with 46.9% and the low level of 0.6%. Regarding its control and purpose dimensions, they obtained a high level of 61.9%, while control under pressure had a medium level with 59.4% and spirituality a low level of 8.1%. Concluding that the present work will be use as reference to suggest precise interventions where the beneficiary will be the adolescent.

The main objective of this research study is to determine the relationship of social skills and resilience in adolescents because there is a deficit in research on this enigmatic topic in adolescence.

This study presents a quantitative approach, it will be carried out without manipulating the variable, which is why it is a non-experimental and descriptive cross-sectional design. The technique to be used in the research work will be the survey, since it is a measurement instrument which the data will be collected appropriately in a reliable, objective, and valid way.

The Elena Gismero Gonzales, E.H.S questionnaire includes 33 items, 28 of which are written in the sense of lack of assertion or deficit in social skills and 5 of them in the positive sense. The Connor –Davidson Questionnaire (CD-RISC) This test was created in 2003 and consists of two fundamental versions, one of 25 items and the other of 10, in which to carry out the research work the 25-item version was used. All the data collected was

entered into the matrix designed by the statistical software SPSS 24.0., This procedure was carried out cautiously to not have errors and avoid values being lost.

This study is important because it will show us the capacity that adolescents have in the face of stimuli of changes in their personality and in their environment, in which it allows the adolescent to improve their capacity for understanding and adaptation both on a social, personal, and family level.

2. Methodology

Starting by making a request and receiving the authorization of the director of the educational institution, it was always established that ethical aspects were applied during the process, respectively, the students voluntarily answered the questionnaires. It is worth mentioning that these questionnaires were provided by the researchers, in the different classrooms, in the presence of the teachers from each grade. The descriptive cross-sectional and correlational methodological design was chosen. Once the database was assembled, the descriptive analysis began, where the percentages achieved, as well as its dimensions, are emphasized by the contingency table that will later be reflected in the bar charts. The stages of data collection are shown in Figure 1 where the processes by which the students were part are shown.

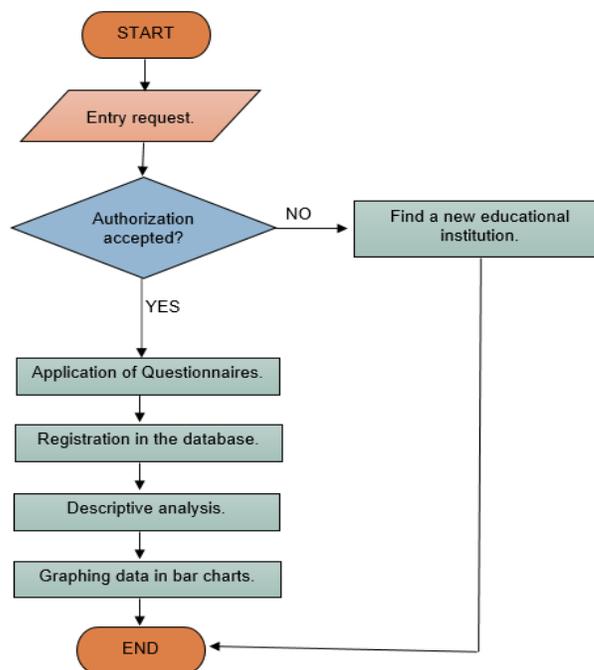


Figure 1: Flowchart for data collection

1.1. Population and sample

For this research, a vulnerable population was selected from a state school in the Puente Piedra district, where 626 students participated, they are the total population, ranging in age from 11 to 18 years old, who are in 1st to 5th grade of secondary education.

1.2. Type of study

In the present research work, due to its characteristics, data collection and the measurement of the variables involved is a quantitative approach. Regarding the methodological design, it is a non-experimental, descriptive, and correlational study.

Table 1: Distribution of classrooms at the secondary level of the Kumamoto I 3092 educational institution

Grade	Shifts	Classrooms	Total Students
1 st	Afternoon	5	145
2 nd	Afternoon	5	135
3 rd	Afternoon	6	133
4 th	Afternoon	4	103
5 th	Afternoon	4	110
TOTAL		24	626

1.3. Inclusion and exclusion criteria

Inclusion:

- Adolescents who study in 1st to 5th grade of high school.
- Adolescents who have signed the informed consent.
- Parents who have signed the informed consent for the application of the survey in the adolescent.

Exclusion:

- Adolescents and parents who have missed classes and who have not signed the informed consent.
- Parents who have not signed the informed consent.

1.4. Analysis of the variable

The following study has two main variables, social skills, and resilience in adolescents, both variables according to their nature, are qualitative or categorical, and their measurement scale is ordinal.

The technique for data collection in the educational institution was the survey, which is very useful to collect data appropriately in a reliable, objective and valid way [14].

To assess social skills, the instrument of Elena Gismero Gonzales E.H.S was used, which comprises 33 items, 28 of which are written in the sense of lack of assertion or deficit in social skills and 5 of them in the positive sense. The final factor analysis has revealed 6 factors: self-expression in social situations, defense of their own rights as a consumer, expression of anger or disagreement, saying no and cutting interactions, making requests and initiating positive interactions with the opposite sex [15]. This instrument has been valid in different Latin American countries and in other countries, as well as in Peru that has construct validity, the meaning attributed to the measured construct (assertion) is correct. Regarding statistical validity, it was obtained using the Kaiser-Meyer-Olkin (KMO) obtained a sample adequacy coefficient of 0.923 and the Bartlett's Sphericity Test of 0,000 ($\chi^2 = 4036,183$; g.l. = 300; $p < 0,05$). Regarding the reliability of the instrument, it was determined based on the Cronbach's Alpha statistic. For the Social Skills Scale instrument, it was determined that it presents an internal consistency index of 0.805 ($\alpha > 0.6$).

The Connor –Davidson questionnaire (CD-RISC) was used to assess resilience. This test was created in 2003 and consists of two fundamental versions, one of 25 items and the other of 10 in which the 25-item version was used to carry out the research work. The construct consists of five factors: persistence-tenacity-self-efficacy (items: 10-12, 16, 17, 23-25); control under pressure (6, 7, 14, 15, 18, 19, 20); adaptability and support networks (1, 2, 4, 5, 8); control and purpose (13, 21, 22) and spirituality (3, 9). The scores for each item are added together and it is interpreted that the higher the score in each dimension, the more indicators of resilience the individual shows. Measurement scale 0 - 33 Low resilience, 34 - 66 Medium resilience, 67 - 100 High resilience [16][17]. The Spanish translation was carried out by two members of the research team and supervised by a bilingual person with training in Psychology. Regarding the statistical reliability of the data collection instrument, a coefficient of 0.882 ($\alpha > 0.6$) was obtained.

All the collected data will be entered into the matrix designed by the statistical software SPSS 24.0., this procedure was carried out cautiously to not have errors and avoid the values being lost.

1.5. Place and Application of the Instrument

To start the process, the followed steps were taken, making a request document attaching the letter of presentation provided by the nursing professional school of the Universidad de Ciencias y Humanidades, addressed to the director of the educational institution Kumamoto I 3092, located in the department de Lima, Puente Piedra district, in the AA. HH Laderas de Chillón, to access the permit and be able to apply the questionnaires formally, also it coordinated a meeting with the director, in the interview the authors explained in detail about the importance of conducting such research, which was accepted for the director and allowed the study to be carried out.

On July 19, 2019, the informed consent and assent was delivered to all students from the 1st to the 5th grade of secondary education, on July 22 the documents were collected verifying the correct filling, then the authors proceeded with the delivery of the surveys. The time elapsed in each classroom was 25 minutes. They were informed of the importance of their participation, in a brief explanation of the instrument, also it was mentioned that the confidentiality of their responses would be respected, the doubts they presented were also clarified. The students voluntarily answered the questionnaire provided. At the end of the application of the instrument, each of the surveys was verified with the correct completion and they were thanked for their participation in the research.

3. Results

After applying the surveys, the data was processed in a statistical program, resulting in the summary tables presented below.

Table 2 shows the results of the gender of the high school adolescents, where 306 (48.9%) of the adolescents are female and 320 (51.5%) of the adolescents are male.

Table 3 shows the mean age of secondary school adolescents, where the minimum age of adolescents is 11 years and the

maximum age of adolescents is 18 years, therefore the average age of adolescents in primary education is 14 years old.

Table 2. Gender of secondary education adolescents from the Kumamoto I 3092 educational institution, from the Puente Piedra district - Lima, 2019 (N = 626)

Gender of the adolescents			
		Frequency	Percentage
Valid	Female	306	48,9
	Male	320	51,1
	Total	626	100,0

Table 3. Age of secondary education adolescents from the Kumamoto I 3092 educational institution, from the Puente Piedra district - Lima, 2019 (N = 626)

Adolescents Age					
	N	Minimum	Maximum	Mean	SD
Adolescent Age	626	11	18	14,33	1,485
Valid N (per list)	626				

Table 4: Social Skills in adolescents of Secondary Education of The Kumamoto I 3092 Educational Institution, of The Puente Piedra District - Lima, 2019 (N = 626)

		N	%
Social Skills	Low Level	76	12,1
	Medium Level	548	87,5
	High Level	2	0,3
Total		626	100,0

In Table 4, the social skills in the adolescents of secondary education of the Kumamoto I 3092 Educational Institution, of the Puente Piedra district - Lima, 548 adolescents that represent 87.5% have a medium level, followed by 76 adolescents representing 12.1% have a low level and finally 2 adolescents representing 0.3% have a high level.

Table 5: Resilience in adolescents of Secondary Education of The Kumamoto I 3092 Educational Institution, of The Puente Piedra District - Lima, 2019 (N = 626)

		N	%
Resilience	Low Level	24	3,8
	Medium Level	365	58,3
	High Level	237	37,9
Total		626	100,0

In Table 5, it can see the resilience of adolescents in secondary education at the Kumamoto I 3092 Educational Institution, in the Puente Piedra district - Lima, where 365 adolescents representing 58.3% have a medium level, 237 adolescents representing 37.9% have a high level and finally 24 adolescents representing 3.8% have a low level.

Table 6: Social Skills and Resilience in adolescents of Secondary Education of The Kumamoto I 3092 Educational Institution, of The Puente Piedra District - Lima, 2019 (N = 626)

			Social Skills			Total
			Low Level	Medium Level	High Level	
Resilience	Low level	Count	4	20	0	24
		% Resilience	16,7%	83,3%	0,0%	100,0%
	Medium Level	Count	34	330	1	365
		% Resilience	9,3%	90,4%	0,3%	100,0%
	High Level	Count	38	198	1	237
		% Resilience	16,0%	83,5%	0,4%	100,0%
Total		Count	76	548	2	626
		% Resilience	12,1%	87,5%	0,3%	100,0%
Pearson's chi-square			X ² Value	g.l.	Sig. (p)	
			6,767	4	0,149	

In Table 6, the relationship between the variables Social Skills and Resilience was determined based on the Pearson's Chi square (X²) statistical test. The significance level of the test obtained a value of 0.149 (p>0.05) (X² = 6.767; g.l. = 4). Therefore, the dissociation hypothesis cannot be rejected, for which there is no statistical evidence of a significant relationship between social skills and resilience of a sample of students from the Kumamoto I 3092 Educational Institution, in the Puente Piedra District - Lima. 2019.

4. Discussion

In this research study, the issue of social skills and resilience was raised, promoting adolescent mental health, therefore, it seeks to collaborate with educational institutions that are linked to education as part of the global training of adolescents, where they must incorporate plans or programs that allow the adolescent to strengthen and improve all the capacity to interrelate and be able to face better in daily life and social aspect.

Regarding social skills in adolescents at the secondary level of the Kumamoto I 3092 Educational Institution, in the Puente Piedra district - Lima, the medium level stands out, then the low and finally the high. This study is similar to [10], in which they found medium scores of 50.6% as the predominant average, however, it differs in terms of dimensions, the lowest level most affected is making requests with 59.4% and in our study shows a low score in the expression of anger or disagreement with 34.3%. At the same time, in [12], it presents a percentage of 44.54%, being the predominant medium level, for this reason we agree with the proposal of resorting to development programs for educators and this allows covering topics of social skills within the training of students.

Regarding resilience, it was evident that the medium level predominates, a similar value was found in the study [11], where a greater proportion of the medium level of resilience is evident, represented by 51% followed by 43% of low level and 6% of the high level. At the same time, it shows the average capacity of adolescents to cope with complicated situations. Similarly, in [13], the author determine that the predominant level of resilience was

the medium, and also proposes to carry out interventions with a multidisciplinary vision to comprehensively address adolescents, in the same way, it is evidenced in the study [18], who argue that the resilience in the participants was 17.5% low resilience, 67.1% medium resilience and 15.4% high resilience.

The research study shows that the results obtained indicate the need to carry out an intervention to the adolescent population with social skills and medium-level resilience, otherwise they would present an inadequate development in their personality.

5. Conclusions

Eighty-seven-point five percent of the study participants reported to have medium level of social skills, twelve point one, medium level and zero point three, high level. Regarding social skills according to their dimensions, where the most affected dimension was the expression of anger or disagreement with 215 representing thirty-four-point three percent of adolescents. All students from 1st to 6th grade of secondary level presented medium level resilience with fifty-eight-point three percent, high level with thirty-seven-point nine percent and low level with three-point eight percent.

Regarding resilience according to its dimensions, the most affected dimension was spirituality with 132 representing twenty-one-point one percent of adolescents.

As future work, it is expected that health professionals will have a greater interest in conducting more research, in vulnerable locations, that cover the adolescent stage in a holistic way, physically, emotionally, and socially, where adolescents can develop in an intrapersonal or interpersonal context.

The limitation in the present research work is that some adolescents were not present at the time of conducting the surveys also the interpretation of some questions, so nurse professionals were taking the survey to help school students understanding the questions.

Likewise, educators must assume the responsibility they have regarding the adolescent's physical, affective, psychological-cognitive, social development, guiding them to increase their activities to contribute to the management of good self-esteem, social skills, resilience, among others.

Conflicts of Interest

The authors declare that they have no conflict of interest.

References

- [1] E. Gismero, Escala de Habilidades Sociales - EHS. Manual. 3a ed. Madrid - España: TEA- Ediciones; 2010. 56 p.
- [2] E. Flores, M. Garcia, W. Calsina, A. Yapuchura, "Las Habilidades sociales y la comunicación interpersonal de los estudiantes de la Universidad Nacional del Altiplano - Puno.," *Comunicación*, 7(2), 2016.
- [3] J. García del Castillo, Á. García del Castillo, C. López, P. Dias, "Conceptualización teórica de la resiliencia psicosocial y su relación con la salud.," *Health and Addictions/Salud y Drogas*, 16(1), 59–68, 2016, doi:10.21134/haaj.v16i1.263.
- [4] R. Vera, F. Raquel, L. Tobar, V. María, V. Delgado, "Habilidades Sociales.," *Revista Salud y Ciencias*, 1(2), 08–15, 2017.
- [5] C. Salavera, P. Usán, P. Teruel, "Contextual problems, emotional intelligence and social skills in Secondary Education students. Gender differences.," *Annales Médico-Psychologiques, Revue Psychiatrique.*, 177(3), 223–230, 2019.
- [6] B. Gunn, E. Feil, J. Seeley, H. Severson, H. Walker, "Promoting School

- Success: Developing Social Skills and Early Literacy in Head Start Classrooms," *NHSA Dialog*, 9(1), 1–11, 2006, doi:10.1207/s19309325nhsa0901_2.
- [7] M. Aparicio, *Habilidades para la vida. Manual de conceptos básicos para facilitadores y educadores.*, CEDRO, 1–38, 2013.
- [8] Organización Panamericana de la Salud, *Manual de identificación y promoción de la resiliencia en niños y adolescentes.*, 1–90, 1998.
- [9] Ministerio de Salud, "Guía técnica de gestión de promoción de la Salud en Instituciones educativas para el Desarrollo Sostenible.," 46, 2011.
- [10] M. Quispe, "Habilidades sociales y consumo de alcohol en adolescentes de un Colegio Nacional de Lima.," *Revista Ciencia y Arte de Enfermería*, 2(2), 43–49, 2017, doi:10.24314/rcae.2017.v2n2.08.
- [11] L. Badaracco, "Factores de resiliencia y riesgo suicida en adolescentes en estado de abandono.," *Temática Psicológica*, 9(9), 35–42, 2013, doi:10.33539/tematpsicol.2013.n9.838.
- [12] A. Gonzales, P. Quispe, "Habilidades sociales y rendimiento Académico de los estudiantes de la Facultad de Ciencias de la Educación - Universidad Nacional del Altiplano - Puno Perú.," *Revista de Investigaciones Altoandinas - Journal of High Andean Research*, 18(3), 331–336, 2016, doi:10.18271/ria.2016.222.
- [13] E. Choque, H. Matta, "Nivel de resiliencia y funcionalidad familiar en adolescentes de un albergue de Ventanilla , Perú.," *Ágora Rev. Cient.*, 5(2), 1–7, 2018.
- [14] C. Fernández, P. Baptista, *Metodología de la Investigación*. 6ta ed. México: Mc Graw-Hill/Interamericana., 2015.
- [15] H. As, E. Huairu, "Desarrollo de habilidades sociales en contextos universitarios," *Horizonte de La Ciencia*, 8(14), 123, 2018, doi:10.26490/uncp.horizonteciencia.2018.14.430.
- [16] M. Serrano, M. Garrido, B. Notario, R. Bartolomé, M. Solera, V. Martínez, "Validity of the Connor-Davidson resilience scale (10 items) in a population of elderly | Validez de la escala de resiliencia de Connor-Davidson(10 items) en una población de mayores no institucionalizados.," *Enfermería Clínica*, 23(1), 2020, 2013, doi:10.1016/j.enfcli.2012.11.006.
- [17] M. Cresp, V. Fernandez, C. Soberon, "Adaptación española de la escala de resiliencia de connor-davidson (cd-risc) en situaciones de estrés crónico," *Behavioral Psychology / Psicología Conductual*, 22(2), 219–238, 2014.
- [18] R. Singh, S. Mahato, B. Singh, J. Thapa, D. Gartland, "Resilience in nepalese adolescents: Socio- demographic factors associated with low resilience.," *Journal of Multidisciplinary Healthcare*, 12, 893–902, 2019, doi:10.2147/JMDH.S226011.