Concept Analysis: Sexual Resilience in Andolescence

Chapter · March 2019

CITATIONS
0

READS
30

3 authors:

Lubia Castillo
Universidad Autónoma del Carmen
78 PUBLICATIONS **229** CITATIONS
SEE PROFILE

Raquel A Benavides-Torres
Autonomous University of Nuevo León
196 PUBLICATIONS **449** CITATIONS
SEE PROFILE

Rosamar Torres
University of Texas at Austin
7 PUBLICATIONS **192** CITATIONS
SEE PROFILE

Asunto: Dictamen de obra literaria
CAC-95/2019

María de los Ángeles Paz- Morales
Raquel Alicia Benavides-Torres
Milton Carlos Guevara-Valtier
Olimpia Oralia Cortes- Rivera
Juana Mercedes Gutiérrez-Valverde

Por medio del presente oficio se les notifica que el contenido de la obra literaria titulada

"APORTACIONES A LA INVESTIGACIÓN DE ENFERMERÍA"

ha sido ***dictaminada y aprobada*** por pares académicos expertos nacionales que integran el Comité Científico del Cuerpo Académico Consolidado Respuestas Humanas a la Salud y Enfermedad, por tal motivo este Comité considera pertinente su difusión y publicación.

Anexo 1. - Desglose de trabajos dictaminados aprobados
Anexo 2. -Desglose de trabajos dictaminados no aprobados

Para los propósitos legales que más convenga a los interesados quedo de usted.

Atentamente
"Alere Flammam Veritatis"
Monterrey N.L. a 19 de Noviembre 2019

Dra. Norma Edith Cruz Chávez
Presidente de Comité Científico
Cuerpo Académico Consolidado
Respuestas Humanas a la
Salud y Enfermedad

CA RESPUESTAS HUMANAS SALUD Y ENFERMEDAD
FAEN / UANL

ANEXO 1
TRABAJOS DICTAMINADOS APROBADOS DE LA OBRA LITERARIA:
"APORTACIONES A LA INVESTIGACIÓN DE ENFERMERÍA"

1. La Autónoma como método diagnóstico del virus del papiloma humano
   Dra. Gloria Maricela Guerra Rodríguez
   MD. Octavio Augusto Olivares
   MGA. Héctor Manuel Gil Vázquez
2. Identificación de factores asociados a la reincidencia de psoriasis en una comunidad indígena
   Filomena Damián Joaquín
   Maylin Almonte Becerrril
3. Enfermería, terapia Infunsiva y Norma Oficial Mexicana 022-SSA3-2012
   Laura Yareli Romero Villeda
   Elsie Ariadna Rocha Lara
   Juan Pineda Olvera
4. Automanejo de la Diabetes Tipo 1 en Adolescentes de una Institución Privada de Salud
   Dra. Velia Margarita Cárdenas Villarreal
   Diana Analí Bonilla Cantú
   Elvira Margarita Escobar García
   Sheila Saraí Hermosillo Gámez
   Mayra Lizbeth Ramírez Pinales
5. Conocimiento del personal de enfermería sobre el Síndrome de muerte súbita del lactante.
   M.E Blanca Lidia Ortiz Atilano
   Dra. Annel González Vázquez
   Estudiantes De Licenciatura En Enfermería
   Rocío Garza González
   Alejandra Judith Jiménez Garza
   María Guadalupe Martínez Muñiz
   Moisés Maximiliano Martínez Salazar
   Sergio Osvaldo Villarreal Chávez

6. Susceptibilidad de riesgo en convivientes de personas afectadas por tuberculosis pulmonar
   Dra. Educ. María de los Angeles Paz Morales
   Dr. Educ. Milton Carlos Guevara Valtier

7. Estudio Comparativo de Procedimientos Tradicionales usados durante embarazos de Riesgo en una Comunidad Indígena
   PESS. Isaac Salvador Vázquez
   PESS. Josefa Pérez Juan
   Dra. Denison Sánchez Miguel
   Dra. Maylin Almonte Becerril
8. Plantas Utilizadas por comadronas en el Parto y Posparto
   Liliana Mercedes Sapan
   Gloria Estela Cristóbal López
   Ana Lucia de Jesús Calderón
9. Motivos del abandono escolar en adolescentes embarazadas
   Rosalva del Carmen Barbosa Martínez
   José Ángel Murillo Treviño
   Melissa Elizabeth Treviño Ortega
   Lizeth Nohemí Carreón Torres
   Velia Margarita Cárdenas Villarreal
   Diego Ramón Medellín Moreno
10. Concept Analysis: Secial Resilience in Adolescence
    Lubia Del Carmen Castillo Arcos
    Raquel Alicia Benavides Torres
    Rosamar Torres
11. Conocimiento sobre el VPH, Relación de Pareja y Grado de Satisfacción Sexual
    Dra. Silvia Guadalupe Soltero Rivera
    EG. Hugo Benigno Félix Iglesias
    EG. Gloria Elena Cedillo Rodríguez
    EG. Yulissa Anahí Medina Obregón
    EG Jesús Alberto Carranza Ramírez
    Dr. Milton Carlos Guevara Valtier
    DCE. Juana Mercedes Gutiérrez Valverde

FICHA REGISTRO DE ISBN
INTERNATIONAL STANDARD BOOK NUMBER
Agencia Nacional de ISBN de México

Instituto Nacional del Derecho de Autor
Puebla No. 143, Col. Roma, Delegación Cuauhtémoc, C. P. 06700, México, D. F
www.indautor.gob.mx

No Radicación 406256

Fecha de asignación: 2019-12-03

Tipo de Obra	Información del Título
ISBN Obra independiente: 978-607-27-1246-1	Título: Aportaciones a la investigación de enfermería
ISBN Volumen:	Título:
ISBN Obra Completa:	Título:
Sello editorial: Universidad Autónoma de Nuevo León (978-607-27)	

Subtítulo
Subtítulo Obra Independiente:
Subtítulo Obra Volumen:
Subtítulo Obra Completa:

Tema		
Materia: 370 - Educación		Tipo de Contenido: Libros Universitarios
Colección:	No colección:	Serie:
Público objetivo:		
IDIOMAS		
Español		

Colaboradores y Autor(es)

Nombre	Nacionalidad	Rol
Paz Morales, María de los Angeles	México	Autor
Paz Morales, María de los Angeles	México	Coordinación editorial de
Benavides Torres, Raquel Alicia	México	Autor
Benavides Torres, Raquel Alicia	México	Coordinación editorial de
Guevara Valtier, Milton Carlos	México	Autor
Guevara Valtier, Milton Carlos	México	Coordinación editorial de
Cortes Rivera, Olimpia Oralia	México	Autor
Cortes Rivera, Olimpia Oralia	México	Coordinación editorial de
Gutiérrez Valverde, Juana Mercedes	México	Autor
Gutiérrez Valverde, Juana Mercedes	México	Coordinación editorial de

Traducción			
Traducción: No	Del:	Al:	Idioma Original:
Título Original:			

Información de Edición			
No de Edición: 1	Ciudad de Edición: San Nicolás de los Garza	Departamento, Estado o Provincia: Nuevo León	Fecha de aparición: 2019-12-12
Coedición: No		Coeditor:	

Comercializable	
No de ejemplares oferta nacional:	Precio en moneda local:
No de ejemplares oferta externa:	Precio en dólares:
Oferta total: 0	
Disponibilidad:	Estatus en el catálogo:

Descripción física - Impresión en papel			
Descripción física:	No páginas:	Tipo de impresión:	No tintas:
Tipo de encuadernación:	Tipo papel:		Gramaje:
Tamaño:	Peso:		

Descripción física - Medio electrónico o digital		
Tipo de soporte:	Formato: XHTML (.xhtml, .xht, .xml, .html, .htm)	Tipo de contenido:

FICHA REGISTRO DE ISBN
INTERNATIONAL STANDARD BOOK NUMBER
Agencia Nacional de ISBN de México

Instituto Nacional del Derecho de Autor
Puebla No. 143, Col. Roma, Delegación Cuauhtémoc, C. P. 06700, México, D. F
www.indautor.gob.mx

No Radicación 406256

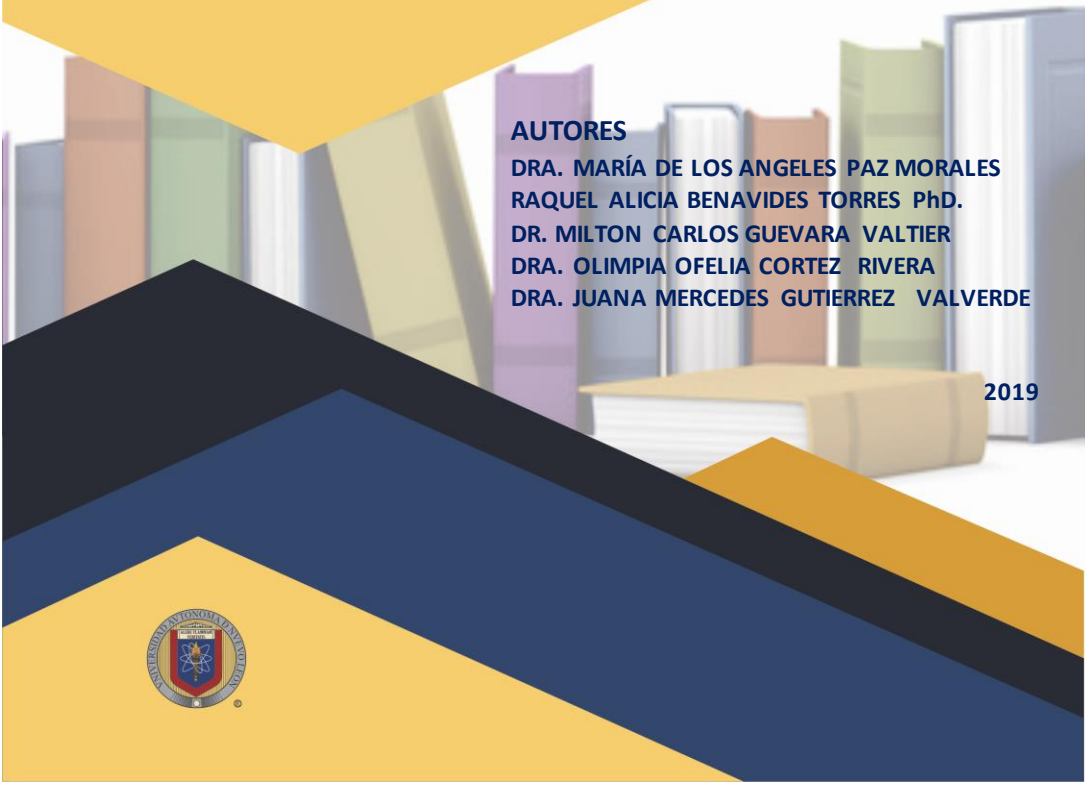
Fecha de asignación: 2019-12-03

Medio electrónico o digital: E-Book	Protección técnica:	Permiso de uso:
Tipo de restricción de uso:	Tipos de acceso:	Tamaño: 18.1 MbMb

Editorial o Autor-Editor: Universidad Autónoma de Nuevo León		
Número de identificación tributaria o de ciudadanía : UAN691126	Teléfono: 83294021	
Representante legal: Jaime Javier Gutiérrez Argüelles		
Responsable ISBN: Diana Yesenia Carrizales Lerma	e-mail: diana.carrizalesl@uanl.mx	Teléfono: 83294111

Control de Agencia

APORTACIONES A LA INVESTIGACIÓN DE ENFERMERÍA



AUTORES

DRA. MARÍA DE LOS ANGELES PAZ MORALES
RAQUEL ALICIA BENAVIDES TORRES PhD.
DR. MILTON CARLOS GUEVARA VALTIER
DRA. OLIMPIA OFELIA CORTEZ RIVERA
DRA. JUANA MERCEDES GUTIERREZ VALVERDE

2019

APORTACIONES A LA INVESTIGACIÓN DE ENFERMERÍA

COORDINADORES
DRA. MARÍA DE LOS ANGELES PAZ MORALES
RAQUEL ALICIA BENAVIDES TORRES PhD.
DR. MILTON CARLOS GUEVARA VALTIER
DRA. OLIMPIA OFELIA CORTEZ RIVERA
DRA. JUANA MERCEDES GUTIERREZ VALVERDE

2019

© Universidad Autónoma de Nuevo León
Padre Mier No.909 poniente, esquina con Vallarta
Monterrey Nuevo Leon Mexico CP 64000
www.uanl.mx/publicaciones

Primera edición, 2019
ISBN: 978-607-27

COMPENDIO DE INVESTIGACIONES EN ENFERMERIA// [autores y editores] **©** Dra. Maria De Los Angeles Paz-Morales, Raquel Alicia Benavides-Torres PhD., Dr. Milton Carlos Guevara-Valtier, Dra. Olimpa Ofelia Cortez-Rivera, Dra. Juana Mercedes Gutierrez-Valverde.
Publicación electrónica e-book Páginas; 266

Este libro fue sometido a evaluación y dictaminación por especialistas en la materia bajo un sistema “doble ciego” quienes emitieron un resultado favorable para su publicación. Así mismo el Comité de Científico de la Facultad de Enfermería UANL realizo el procedimiento de valoración de la calidad metodológica y científica de la obra total.

Aportaciones a la investigación de enfermería

Dra. María de los Angeles Paz Morales

Doctorado en Educacion. Profesor Titular de Tiempo Completo y Jefe de Clase Clínica Comunitaria de la Facultad de Enfermería, Universidad Autónoma de Nuevo León. Profesor con Reconocimiento Perfil PRODEP y Certificación como Enfermera Docente por el Consejo Mexicano de Certificación en Enfermería A.C. Miembro del Sistema Nacional de Investigadores del CONACYT. Integrante del Cuerpo Académico Respuestas Humanas ante la Salud y la Enfermedad. Expresidenta y Miembro del Capítulo Tau Alpha, Sigma Theta Tau Internacional

Raquel Alicia Benavides Torres PhD.

Doctora en filosofía en Enfermería. Profesor Titular de Tiempo Completo y Secretario de Programas de Doctorado de la Facultad de Enfermería, UANL. Responsable de Unidad de Enfermería en el Centro de Investigación y Desarrollo en Ciencias de la Salud de la UANL. Miembro del Sistema Nacional de Investigadores (Nivel 1). Líder de la línea de investigación Sexualidad Responsable y prevencion de ITS-VIH/SIDA. Cuenta con reconocimiento como maestro con perfil PRODEP y Certificación como Enfermera Docente por el Consejo Mexicano de Certificación en Enfermería. Miembro del Capítulo Tau Alpha, Sigma Theta Tau Internacional

Dr. Milton Carlos Guevara Valtier

Doctor en Educacion, Sistema Nacional de Investigadores, CONACYT. Profesor Titular de Tiempo Completo de la Facultad de Enfermería, Universidad Autónoma de Nuevo León. Cuenta con reconocimiento como maestro con perfil PRODEP y Certificación como Docente por el Consejo Mexicano de Certificación en Enfermería. Miembro del Cuerpo Académico Respuestas Humanas a la Salud y Enfermedad. Miembro del Capítulo Tau Alpha, Sigma Theta Tau Internacional

Dra. Olimpia Ofelia Cortez Rivera

Doctorado en Educación. Adscrita a la Secretaria de Salud de Sonora en la Dirección de Salud Mental y Adicciones, es Jefe de Servicios de Enfermería en el Hospital Psiquiátrico Cruz del Norte. Es Integrante del Grupo Desarrollador de Guías de la Práctiva Clínica e Invitada en el Cuerpo Academco Estilos de Vida, Salud y Educación

Dra. Juana Mercedes Gutiérrez Valverde

Doctora en Ciencias de Enfermería. Profesor Titular de Tiempo Completo, Universidad Autónoma de Nuevo Leon, Facultad de Enfermería. Profesor con Perfil PRODEP y Certificación como Docente por el Consejo Mexicano de Certificación en Enfermería Miembro y Presidenta del CapÍtulo Tau Alpha, Sigma Theta Tau Internacional (STTI). Directora del Consejo del Consejo de Directores STTI

Prólogo

Se espera que el contexto de este libro beneficie a la creciente población universitaria de las diferentes ciencias de la salud y otras afines que muestran un interés por el campo de la investigación. Esta obra de manera específica es resultado de la experiencia de la práctica clínica-comunitaria que han ampliado investigadores, docentes y estudiantes desde diferentes regiones del país.

El número creciente de investigaciones ha permitido mirar con responsabilidad ética el carácter disciplinario de enfermería y de manera conjunta multidisciplinaria, lo que ha generado expandir las perspectivas hacia otros contextos como el uso de la herbolaria y el abordaje hacia la comunidad indígena.

La estructura de este libro aborda tres enfoques de la investigación de la práctica profesional, vistos como procesos cuantitativos y se encuentran agrupados en: Cuidado de Enfermería, Salud del embarazo, parto y puerperio y Conducta sexual. De este modo el texto en su conjunto está orientado a asignaturas sobre investigación y el cuidado de enfermería y puede emplearse en cursos o sesiones según el criterio del profesor o investigador.

Por lo que este libro manifiesta la posición hacia la metodología de la investigación desde la perspectiva de la experiencia de la práctica de enfermería y sus aportes al conocimiento generado en las diferentes ciencias y disciplinas.

Lista de Contenido

Capítulo 1

Concept Analysis: Sexual Resilience in Adolescence

Lubia del Carmen Castillo- Arcos

Raquel Alicia Benavides-Torres

Rosamar Torres

1. Doctor of Nursing Science. Universidad Autónoma del Carmen, Faculty of Health Sciences. México. E - mail: lubiacastilloa@gmail.com

2. Ph.D. Universidad Autónoma de Nuevo León, Center for Research and Development in Health Sciences. Nursing Faculty and PhD Program Coordinator. México. E - mail: rabenavi@gmail.com

3. Ph.D. University of California, Los Angeles, School of Nursing, Assistant Professor. U.S.A. E - mail: rosamartorres@ucla.edu

Corresponding Author: Raquel Alicia Benavides-Torres, PhD.

Introduction: Resilience is a development process of a person´s existing internal and external resources to offset risk factors.

Objective
The aim of this study is to analyze the concept of resilience so it can be applied to the context of Mexican/Latin-American adolescent sexual behavior.

Methodology
We used the concept analysis method proposed by Walker and Avant.

Results
We identified the attributes, antecedents, consequences, and empirical referents of the concept.

Conclusion
Our results indicate that the concept analysis of resilience in the context of adolescent sexual behavior allows the health professional to establish a basis for Building sexual resilience in this age group, in addition to providing elements for developing a new operational definition of the concept.

Keywords: Resilience, Sexual Behavior, Nursing.

Problem Identification

Understanding how individuals overcome adversity and achieve positive adaptation is a topic of interest to researchers. After three decades of empirical and systematic study of this particular phenomenon, this concept is now known as resilience (Cicchetti, & Blender, 2006). The concept of resilience has received significant attention in various fields, especially in the field of health promotion.

Within the field of health promotion, the original concept of resilience was partly based on the premise that persons born into poverty and living in psychologically unhealthy environments are high risk for poor physical and mental health. Rather than succumbing to an adverse living situation, resilience promotes healthy and positive development, where the individual uses internal and external resources to counteract risky or unhealthy situations and/or stress (Harvey, 2007). By extension, this concept is now emerging in the area of adolescent sexual risk revention. Sexual resilience allows adolescents to exercise safe sexual behaviors by utilizing protective resources to avoid or manage risky sexual encounters. These protective resources reduce the impact of risk (De Santis, 2008) and aid in making effective decisions to address risky sexual situations.

Adolescence is a period of physical, mental and emotional transition that increases vulnerability to Sexually Transmitted Infections (STI's) (Abma, Martinez, Mosher, & Dawson, 2002; Fontenot, Fantasia, & Allen, 2007; Hall,

Holmqvist, & Sherry, 2004). For example, studies report that changes in testosterone levels are linked to early sexual activity (Albertsson-Wikland, 2009). In addition, adolescents often utilize defensive coping mechanisms that leads to unhealthy decisions about their sexual behavior (Haase, 2004). An additional challenge for teens is that they are often trying to establish their personal identities while simultaneously seeking acceptance from peers and independence from parents (Michels, Kropp, Eyre, & Halpern-Felsher, 2005; Vinaccia, Quiceno, & Moreno, 2007).

During this vulnerable stage, teens are often exposed to a series of risky sexual encounters which they often view as part of their growth and development (Andino, 1999; McCabe, & Killackey, 2004; Roberts & Kennedy, 2006). Because of this viewpoint, adolescents often begin sexual activity, without objective, timely, or accurate information on how to navigate safe sexual behavior and often fail to use correct and consistent safe sex practices that can lead to acquiring STI's such as HIV/AIDS (HIV/acquired immunodeficiency syndrome) (Rakhi, Sumathi, & Talwar, 2014; Secretaria de Salud, 2002), Weinstock, Berman, & Cates, 2004). Therefore, a concept analysis is necessary to examine the significance, structure and function of sexual resilience in adolescents.

Hence, the purpose of this concept analysis is to construct a more general theoretical framework that can be implemented within the context of Mexican/Latin American adolescent sexual behavior and be utilized by nurses working with this population.

Approach to Concept Analysis

The methodology proposed by Walker & Avant (2005), was used to guide this concept analysis: 1. Select the concept; 2. Determine the purpose of the analysis; 3. Identify all uses of the concept; 4. Determine the defining attributes of the concept; 5. Construct a model case; 6. Construct an opposite case; 7. Identify the antecedents and consequences; and 8. Define the empirical referents. The detailed elements that comprise the analysis are listed below.

1. Concept Selection

The concept of adolescent sexual resilience within nursing science is limited. Defining the attributes of this concept allows for its application within nursing theory and practice, thus strengthening the nursing body of knowledge. Analyzing the concept also contributes to knowledge development of the phenomenon of interest allowing for its use in future research. In practice, nurses can operationalize this concept when interacting with adolescent clients to help promote resilience and successful adaptation to adverse situations, such as risky sexual behaviors.

2. Purpose of analysis

The purpose of this analysis is to clarify meaning, distinguish between the normal use, common language and scientific use of the concept as it applies to Mexican/Latin-American adolescents; and to develop theoretical and operational definitions of the concept sexual behavior.

3. Uses of Concept

In this step of the analysis (Walker & Avant, 2005) it is important review they concept in both ordinary and scientific ways. Walker and Avant suggests consulting with other colleagues on the concept's use, reviewing both scientific and non-scientific literature and researching how the concept is defined in dictionaries in order to support and validate the attributes that were chosen to define it.

Data sources and literature search

The databases used to search the academic literature were: CINAHL, Medline, PsycArticles, PsycInfo, Eric, ProQuest, Dialnet, Ovid, Dynamed, and Google Scholar. The keywords used were resilience, adversity, sexual risk behavior and adolescent. The publications that were reviewed were in the fields of psychology, psychiatry, medicine, nursing, social work and education. The literature review addressed resilience, successful Adaptation to adversity (risk) and adolescent sexual behavior.

The term resilience originated in the physical sciences and refers to the quality of hardness of organic materials when subjected to high pressures or temperatures. Even though these organic materials melt in these extreme environments, once the stimulus is removed, the organic material recovers to its original hardness (Becoña, 2006; Kotliarenco,
Cáceres, & Foncilla, 1997). It is unclear what year the use of the term *resilience* began, however the authors indicated that its inception was in Physics. The term resilience is also used by various disciplines such as ecology, microbiology, engineering, business and economics (Earvolino-Ramírez, 2007).
Merriam-Webster defines resilience as the "ability to become strong, healthy or successful again after something bad happens" (www.merriam-webster.com) which closely aligns with how the concept has been defined in the health and social sciences and in education. However, it was the disciplines of psychology and psychiatry that introduced the term to the health sciences in order to gain an understanding of the processes of resilience in children and adolescents.
For example, the original psychiatry and psychology research on this concept involved the study of schizophrenia, problems during the perinatal period, interpersonal conflicts, poverty, trauma response or a combination of several factors. The research exploring trauma responses was in effort to understand the

Etiology and development of psychopathology in at-risk children whose parents suffered from mental illness (Kotliarenco, et al., 1997; Luthar, Cichetti, & Bronwyn, 2000; Masten, et al., 1988). In this context the concept refers to the human capacity to face, overcome and be strengthened or transformed by great adversity.

Early health promotion studies on resilience began with examining people with a history of living in psychologically unhealthy environments that were high-risk for adverse physical and mental health.
Rather than focusing on the factors that were associated with these individuals' living situation, the conditions that allowed for healthy and positive development were reported (Kotliarenco et al., 1997).
The nursing profession has begun to recognize the potential contribution of resilience in various clinical Settings that include mental health, post-traumatic stress disorders, violent behavior, aging, drug addiction, sexual behavior, among others (Engel, 2007; Jaselon, 1997; Philips, 2008; Tusaie, Puscar, & Sereika, 2007).
This concept is also of interest to social work professionals that work with children and adolescents whose targeted interventions promote risk awareness at schools and within families. Social workers have adopted the risk and resilience framework in their policies and care systems geared towards this population (Anthony, Alter, & Jenson, 2009; Greene, Galambos, & Lee, 2003; Luthar, et al., 2000).

In short, the term resilience seeks to explain how children, adolescents, adults and seniors are able to survive and overcome adversities despite the conditions of family life and /or social unfavorable, illnesses, injuries, natural disasters. In turn, the study of resilience can also extend to families and communities.

Resilience has been studied with an emphasis on illness and disease with very little emphasis at the preventive level. In this regard, Smokowski (1998) states that resilience-based prevention must be addressed in the development of intervention programs, being an element that aims to strengthen the protective factors within the individual and to reduce risk factors. This constitutes an important element for nurses and health professionals to help prevent risky sexual behaviors that contribute to STI- HIV/AIDS in Mexican/Latin-American adolescents.

4. Definition of attributes

Identifying attributes is the "heart of concept analysis" (Walker & Avant, 2005). After a review of the resilience, three main characteristics emerged which represent the most frequently mentioned elements. The word resilience originates from the Latin word "*resilio*" which means "jump back, bounce, be repulsed, to arise" (Arrogante, 2015; Kotliarenco et al., 1997). Since the mid-seventies, resilinece has been defined as rebounding after living in a traumatic situation, returning to the original state, and/or restoring the original shape and emerging

stronger (Becoña, 2006). The attributes of resilience are defined in-part by how researchers define the concept.

Rebounding / Risky living

Resilience has also been defined as, “jump back, bounce, be repulsed, and arise "; rebounding from living a traumatic situation (Arrogante, 2015; Kotliarenco et al. 1997). People who are resilient have the ability to bounce back and move forward in adverse situations. In order to develop this trait, the individual must first be aware of the detrimental situation (Tusaie, et al., 2007). The term "rebound” was found as the most used definition of the resilience concept since research began 30 years ago and suggests a positive response to risk. It specifically refers to the process in which the affected individual wants to return to a routine after experiencing adversity (Earvolino-Ramírez, 2007). These individuals are prepared to return to their daily lives in a positive manner.

researchers believe the key to becoming resilient stems from problems experienced in childhood. Years later the child emerges as a strong healthy adult who is able to lead a gratifying life (Kotliarenco et al., 1997; Masten et al., 1988). Resilient teens who have experienced childhood adversity often possess the tools to cope with the difficulties and risky sexual situations that they may encounter.

Richardson (2002) refers to this attribute as reintegration. It is a means by which the adolescent, through planned

interruptions, reacts to life events and has the opportunity to choose consciously or unconsciously to become reintegrated. Resilientre integration refers to coping strategies that cause growth, knowledge, and understanding and increases the strength of the individual's resilient qualities to overcome adversity and engage in safe sexual behavior

Setback / Self determination

Self-determination is necessary for a person to press-on after suffering a blow or setback. It also allows the individual to overcome feelings of despair regardless of the circumstances or barriers encountered during the lifespan. In the case of the adolescent, instead of feeling overwhelmed by feelings of hopelessness or extreme challenges, their self-determination is based on the belief and desire to persevere (Anthony et al., 2009; Luthar et al., 2000; Vinaccia et al., 2007).

Recovery / Flexibility

As previously noted the term resilience originates from physics and describes the quality of materials that are able to recover to their original state after being subjected to extreme environmental stress and therefore are considered flexible (Arrogante, 2015; Becoña, 2006). In regards to the individual, the ability to return to his or her original state after times of duress implies both flexibility and the ability to adjust (Anthony et al., 2009; Fergus & Zimmerman, 2005; Luthar et al., 2000).

Oftenthe adolescent must be flexible when attempting to achieve their goals. Thus, the resilient adolescent has a greater chance of achieving success during their lifetime.

Fortitude / Strength

Fortitude allows the adolescent to become mentally strong when facing adversity thus allowing the adolescent to hone their problem solving skills (Markstrom, Marshall, & Tryon, 2000). These characteristics also allow the

Adolescent to deal with, detect and avoid adversity. The adolescent develops the ability to resist and avoid risky sexual situations since they are aware of the risk involved with certain actions (Fergus & Zimmerman, 2005).
Resurgence / Stability

Resurgence encompasses the ability to cope with situations that threaten the stability of the at-risk adolescent. When a person is at-risk or in a dangerous situation the person learns to detect, analyze and prevent future risk (Herman et al., 2011; Vinaccia et al., 2007). In the context of Mexican/Latin-American adolescents, the adolescent has the ability to resurge from a dangerous sexual encounter (Fantasia, 2008; Fergus & Zimmerman, 2005).

5. Model Case

According to Walter and Avant (2005) the model case is an example using the concepts that illustrate all the attributes that define the concept.

Maribel is 17 years old is the eldest of three sisters. Juan, her father, is a laborer and Ana, her mother is a stay-at-home mom. It is a very close family. Maribel knows that if she encounters any difficult situations, her parents will always be there to support her. Maribel is in her 3rd year in high school and has three close friends: Lidia, Carmen and Rubí. Maribel often shares her thoughts and her dreams with her friends, and they plan to go college to together. Maribel also has a boyfriend, Estaban. Maribel and Esteban get along well and often discuss their future goals. Recenlty, they discussed having sex. Ultimately, they decided not to have sex because they want to go to college and do not want to risk a pregnancy or getting an STI or HIV / AIDS.

One day, Maribel tells her friends about the talk that she and Estaban had about waiting to have sex. Mariana responds that Maribel and Estaben are not really in love and states, "when love you eacther, you have to have sex, or else he will look somewhere else for it." Rubí also agrees with Mariana and adds, "you have to tell Esteban that you want to be with him and it's the right time to have sex. You love him and he loves you, but if he doesn't want to have sex, it means he doesn't love you and you should find another boyfriend." However, Lidia

Encourages Maribel to not have sex and reminds her of her dream of going to college.
Afterwards, Maribel thinks about the discussion she had with her friends, and reflects on the values that her parents have instilled in her and her and Estaban's desire to have better lives than their parents by going to college and becoming professionals. They do love each other, but they are too young to have a child or contract an STI. She and Estaban want to have fun together without any complications and continue their studies. Maribel tells her parents about the conversation that she and her friends had. Her parents advise her to stay away from Carmen and Rubí since they are not good friends. Afterwards, Maribel's dad hugs her and says he's very proud that she was able to make the responsible decision to not have sex, even though it was a difficult choice. Maribel knows she has the strength and fortitude to cope with the difficulties and risks that are presented, and that makes her feel strong to face the future.

Contrary Case

According to Walker and Avant (2010, p. 44)this type of case is a clear example of "not the concept" and does not contain any of the attributes of the concept under study.
Mayra is a 16 year old teenage girl and an only child. Her parents are constantly traveling, leaving Mayra alone and feels lonely most of the time. Mayra doesn't like to socialize with other people and she doesn't have any friends. She has started taking drugs to feel better, and she has started missing class. She recently met a young guy who also uses drugs named Luis. Despite her parents'

Disapproval, she decides to move-in with Luis. Mayra feels like he really understands her because they share a drug habit. She becomes pregnant, and her relationship with Luis changes. He becomes violent and constantly hits her.

Mayra becomes distraught about her life and seeks refuge in drugs. Mayra can't go to her parents because they have disowned her.
Mayra and Luis end up having two kids and their family is completely dysfunctional. There is daily verbal and physical abuse. Marya doesn't have the Skills to get out of her environment, and she often takes her frustration out on her children. Then one of Luis' family members reports the abuse and neglect of the children to the authorities. Mayra's children are taken away from her and placed in foster care. Mayra was unable to get her children back and eventually her children were adopted by other families. Luis never tried to get his children back. Later, at the age of 25 she died sad and lonely in a hospital due to an AIDS-related syndrome that she acquired from Luis.

Antecedents and Consequences

In a concept analysis, the identification of the antecedents and consequences often provide clarification of the social context and usage of the concept. The antecedents are events that must occur before materialization of the concept. Consequences relate to events that occur as a result of the existence of the concept (Walker, & Avant, 2005).

Antecedents

According to the reviewed empirical data, the main tenet

of resilience as a process is adversity. There are three protective factors that one must possess in order to deal with adversity. If one of the elements is absent, resilience cannot be achieved (Anthony et al., 2009; Becoña, 2006; Earvolino-Ramírez, 2007; Kotliarenco et al., 1997).

1. Adversity is the antecedent trigger. The term adversity specifically refers to detrimental situations that the individual must face. Adversity activates the development and use of internal protective resources, thus enabling the individual to effectively deal with unfavorable situations and learn from these interactions (Anthony et al., 2009; Becoña, 2006). Encountering such situations also allows the individual hone the skill of utilizing internal protective reseources (Cicchetti, 2010; Masten, 2011).

The literature revealed several anecdotes of successful adaptations of people who had been exposed to risk factors or stressful life events. In addition, the literature found that these individuals had low susceptibility to future stressors (Engel, 2007; Fergusson & Lynskey, 1996; Masten & Obradovi´c, 2006; Obradovi'c, Burt, & Masten, 2006). The risk factors that were identified in regards to sexual risk in adolescents were: sexual uncertainty, peer pressure, defensive coping, low perception of risk, Impaired judgment, substance use, lack of knowledge and lack of parental supervision (Hall et al., 2004; Lenoir, Adler, Borzekowski, Tschann, & Ellen, 2006; Wu et al., 2005).

The cognitive and social ability to interpret sexual adversity is essential for resilience to occur. This ability stems from the individual's belief that they have the capability to cope with change (Jaselon, 1997; Pillips, 2008; Rutter, 1999). The individual has the ability to interpret reality, analyze situations, make decision and has the resolve to address adverse sexual situations (Fantasia, 2008; Rakhi et al., 2014).

In order for resilience to occur, the adolescent must possess internal protective factors. These factors are contextual and individual and acting as buffers. Protective factors vary from one adolescent to another, and these protective factors also differ between individuals depending on the presence of a risky sexual encounter (Earvolino-Ramírez, 2007; Greene et al., 2003; Luthar, 1991; Luthar, Sawyer, & Brown, 2006).
Researchers also suggest that adolescents often use their internal and external protective factors to reach recovery (Anthony et al., 2009; Kotliarenco et al., 1997; Masten, 2001).

These factors act as a cushion to the consequences of participating in risky sexual encounters and interrupt the cause and effect chain, which alleviates some of the effects of participating in these risky behaviors.
Therefore, protective factors include a component of interaction, acting directly, so their effects persist before the presence of a future stressor.
These factors modify a person's response to future stressors in an adaptive fashion (Kotliarenco, et al., 1997).

The results of the empiric review indicate that the most common protective factors of risky sexual behavior are:

a) Internal: self-control, self-efficacy, self-esteem, self-determination, religiosity, sense of humor, hope, internal locus of control, social skills, cognitive ability, problem solving and decision making skills (Anthony et al., 2009; Fantasia, 2008; Goodson, Buhi & Dunsmore, 2006; Hunter & Chandler, 1999; Haase, 2004; Lohman & Billings, 2008; Luthar et al., 2006; Moore, 2013; Taylor-Seehafer & Rew, 2000).

b) External: support from parents or guardian, friends, family, school, extracurricular activities, access to health services, socioeconomic status and community involvement (Benzies & Mychasiuk, 2009; Cicchetti, 2010; Haase, 2004; Moore, 2013).

Consequences

The main consequence of resilience is recovery. Recovery can be defined as "a relatively permanent change from a poor result to a desired result, in any domain affected by a risk factor ", allowing the adolescent to counteract risky sexual situations (Kalawski & Haz, 2003, p. 369). This is likely to involve physiological and psychological adaptation since an individual needs to develop the habit of evaluation and acquisition of effective coping strategies, and/or cognitive redefinition of experience (Fergus & Zimmerman, 2005; Rutter, 1999). Recovery is indispensable for positive adaptation and is the result of Confronting and successfully overcoming the risk and

Challenge of stressful or painful situations, traumatic experiences or danger.

Another consequence of exposure to a negative or risky sexual encounter is positive adaptation. Positive adaptation is oriented towards recovery through processes or patterns to function effectively under adverse conditions (Doll, Jones, Osborn, Dooley & Turner, 2011; Fergus & Zimmerman, 2005; Tusaie et al., 2007).

The final consequence is to identify and avoid negative or risky sexual situations without harm. This allows the adolescent to manage their own sexual care, and helps to maintain safe sexual behaviors to prevent STIs such as HIV/AIDS and unwanted pregnancies (Fergus & Zimmerman, 2005; Moore, 2013).

Table 1 *Antecedents and Consequences of Sexual Resilience in Adolescents*

Antecedents	Consequences
Adversity/ sexual risk factors (Anthony et al., 2009; Becoña, 2006; Cicchetti, 2010; Engel, 2007; Fergusson & Lynskey, 1996; Hall et al., 2004; Masten, 2011; Masten & Obradovi´c, 2006; Lenoir et al., 2006; Obradovi'c et al., 2006; Wu et al., 2005).	Recovery (Fergus & Zimmerman, 2005; Kalawski & Haz, 2003; Rutter, 1999).
Cognitive and social ability to interpret sexual adversity (Rakhi et al., 2014; Jaselon, 1997; Pillips, 2008; Fantasía, 2008; Rutter, 1999).	Positive adaptation (Doll et al., 2011; Fergus & Zimmerman, 2005; Tusaie et al., 2007).
Sexual risk protective factors (Earvolino-Ramírez, 2007; Greene et al., 2003; Luthar, 1991; Luthar et al., 2006).	Identify and avoid sexual risk (Fergus, & Zimmerman, 2005; Moore, 2013).

Final definition

In this concept analysis, sexual resilience in Mexican/Latin-American adolescents is defined as the ability to overcome risky sexual situations through the recognition of susceptibility and the use of protective factors by which the adolescent is transformed and strengthened. Thus allowing the Mexican/Latin-American adolescent to manage and alleviate the psychological, physiological, behavioral and social consequences arising from experiences of risky sexual behaviors or encounters.

Empirical referents

The empirical referents that define the attributes of the concept are determined after meticulous examination of the theme. The empirical referents are categories of real phenomena in existence that demonstrate the development of the concept. They are also useful in practice because they provide the clinician with a clear vision for individual clients (Walker & Avant, 2005). Researchers who study resilience have used various Instruments to measure the presence and level of resilience in individuals. Among them they are: Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003), Adolescent Resilience Scale (ARS) (Oshio, Kaneko, Nagamine, & Nakaya, 2003), Resilience Scale (RS) (Wagnild & Young, 1993) and Resilience Scale for Adults (RSA) (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003).

The following instruments are described below:
Connor- Davidson Resilience Scale.
The Connor-Davidson Resilience Scale (CD- RISC) consists of 25 items, with scores ranging from 0-4. Individual scores can range from 0 - 100. The highest score reflects increased levels of resilience. It classifies individuals by their levels of resilience. It has been used in patients with psychiatric disorders and translated to many languages (Connor & Davidson, 2003).

Adolescent Resilience Scale.
The Adolescent Resilience Scale (ARS) is a 21-item scale, with responses based on a five-point (1-5) Likert scale. This scale measures the psychological characteristics of resilient individuals. The scale was designed for Japanese youth and consists of three factors: novelty seeking, emotional regulation and positive future orientation. The instrument shows adequate reliability and validity. The results support the construction of the resilience of adolescents, but the results can be difficult to generalize to other populations (Oshio et al., 2003).

Resilience Scale.
The Resilience Scale (RS) consists of 25 items. Responses range from 1 to 7 points. The scale has two factors, personal competence and self-acceptance of life, which measure the concept of the individual's resilience. The authors (Wagnild & Young, 1993) argue that psychometric evaluation supports internal consistency, reliability and concurrent validity of the scale. This scale has been tested with adult samples, although numerous

Studies have found that the scale works well with samples of all ages and ethnic groups. It has a Spanish version that has be validated in the United States with Mexican participants.

Resilience Scale for Adults.
The Resilience Scale for Adults (RSA) consists of 37 items and is designed to measure protective resources in adults with resilience attributes (personal communication). The RSA contains five factors: personal skills, social skills, family consistency, social support and personal structure. The RSA is a valid and reliable measure used in psychology and the health sciences in order to assess for the presence of factors important to restore and maintain mental health (Friborg, et al., 2003).

Selected empirical referent
Although each instrument has some limitations in terms of their psychometric properties, the results of the review suggest that the RS may best utilized in Mexican and Latino populations in Latin America. The instrument has been translated to Spanish and validated. The Resilience Scale (RS) also meets the criteria for concept analysis proposed by Walker and Avant (2010). For example, the empirical referents are categories of real phenomena that exist within the concept (Wagnild & Young, 1993; Walker

& Avant, 2005). The scale was developed largely on lists of protective factors developed by resilience researchers over the past 20 years.

Based on the aforementioned, the RS would also be suitable to measure resilience in risky sexual behaviors And encounters (Castillo-Arcos, Benavides-Torres, & López-Rosales, 2012). The scale consists of 22 items, with responses ranging from 1 = strongly disagree to 5 = strongly agree. Total scores range from 22-110 with higher scores indicating higher levels of resilience. The scale consists of two subscales, personal competence (18 items) and acceptance of self and life (4 items). In addition, construct validity was done through a factor Analysis extraction by major components. The first factor, personal competence, consists of 18 items and explains 41% of the total variance and the second factor, acceptance of self and life, has 4 items and accounts for 7 % of the total variance. It presents a reliability coefficient of 0.94.

Conclusions

This concept analysis redefines ambiguous terms, provides operational definitions with a clear theoretical base, facilitates the development of instruments and improves nursing language development (Walker & Avant, 2005). This concept analysis also identifies the scientific use of the term, allowing for application in theory, practice and nursing research. Within the social and health sciences, resilience has been investigated in people at all life stages in a variety of adverse situations.

Resilience is a process that gives individuals the ability to Confront adversity, thus increasing personal growth. At present, nursing research has focused on the attributes of resilience and the potential to increase resilience processes in various clinical settings. The recognition of the inherent strengths that characterize resilience can aid in the development of research aiming to identify strategies that help Mexican/Latin-American adolescents cope with adversity, such as the Caused by HIV/AIDS-related sexual risk behaviors.

Therefore, resilience represents an interesting advancement for the development of intervention programs geared towards Mexican/Latin-American adolescents that address strengthening protective factors for safer sexual behaviors and avoiding sexual risk factors. This also allows for policy change addressing health issues affecting these adolescents, and fills a gap in nursing science by applying resilience to sexual risk behavior at the preventive level.

References

Abma, J.C., Martinez, J.M., Mosher, W.D., & Dawson, B.S. (2004). Teenagers in the United States: Sexual activity, contraception use, and childbearing,
2002. National Center for Health Statistics. Vital Health Statistics, 23(24), 1-87.

Albertsson-Wikland, K., Rosberg, S., Lannering, B., Dunkel L, Selstam, G., & Norjavaara, E. (2009). Twenty-Four-hours profiles of luteinizing hormone, follicle-stimulating hormone, testosterone, and Estradiol levels: A semilongitudinal study throughout puberty in healthy boys. The Journal of Clinical Endocrinology & Metabolism, 82(2), 541-549.

Andino, N. (1999). Salud y estilos de vida saludables de los jóvenes y adolescentes. (Working Papers Series CST/ LAC No. 12). Available at:
http://www.uruguay.cruzroja.org/juventud/documents/documents/estilos.pdf

Anthony, E.K., Alter, C.F., & Jenson, J.M. (2009). Development of a risk and resilience-based, out-of-school time program for children and youths. Social Work, 54(1), 45-55.
Arrogante, Ó. (2015). Resiliencia en Enfermería: definición, evidencia empírica e intervenciones. Index de Enfermería, 24(4), 232-235.
http://dx.doi.org/10.4321/S1132-12962015000300009.

Becoña, E. (2006). Resiliencia: Definición, características y utilidad del concepto. Revista de Psicopatología y Psicología Clínica, 11(3), 125-46.

Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. Child & Family Social Work, 14(1), 103-114.

Castillo-Arcos, L., Benavides-Torres, R. A. & López-Rosales, F. (2012). Intervención por Internet para reducir conductas sexuales de riesgo para VIH/SIDA: Una Propuesta Innovadora. Desarrollo Científico de Enfermería, 20(8), 266-270.

Cicchetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. World Psychiatry, 9(3), 145-154.

Cicchetti, D., & Blender, J. (2006). A multiple-levels-of-analysis perspective on resilience, Implications for the developing brain, neural plasticity, and preventive interventions. Annals of the New York Academic of Science, 1094, 248-258.

Connor, K.M., & Davidson, J.R. (2003). Development of a new resilience scale: The Connor Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18, 76-82.

De Santis, J. (2008). Exploring the concepts of vulnerability and resilience in the context of HIV infection. Research and Theory for Nursing Practice, 22(4), 273-287.

Doll, B., Jones, K., Osborn, A., Dooley, K., & Turner, A. (2011). The promise and the caution of resilience models for schools. Psychology in the Schools, 48(7), 652-659.

Earvolino-Ramírez, M. Resilience: A concept analysis. (2007). Nursing Forum, 42(2), 73-82.

Engel, B. (2007). Eagle soaring: the power of the resilient self. Journal of Psychosocial Nursing and Mental Health Services, 45(2), 44-49.

Fantasia, H. (2008). Concept analysis: sexual decision-making in adolescent. Nursing Forum, 43(2), 80-90.

Fergus, S., & Zimmerman, M. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. Annual Review of Public Health, 26, 399-419.

Fergusson, D.M., & Lynskey, M.T. (1996). Adolescent resiliency to family adversity. Journal of Child Psychology and Psychiatry, 37(3), 281-292.

Fontenot, H.B., Fantasia, H.C., & Allen, J.D. (2007). HPV in adolescents: Making the wake-up call. ADVANCE for nurse Practitioners, 15(10), 73-76.

Friborg, O., Hjemdal, O., Rosenvinge, J.H., & Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? International Journal of Methods in Psychiatric Research, 12, 65-76.

Goodson, P., Buhi, E.R., & Dunsmore, S.C. (2006). Self-esteem and adolescent sexual behaviors, attitudes, and intentions: A systematic review. Journal of Adolescent Health, 38, 310-319.

Greene, R.R., Galambos, C., & Lee, Y. (2003). Resilience theory: Theoretical and professional conceptualizations. Journal of Human Behavior in the Social Environment, 8(4), 75-91.

Haase, J.E. (2004). The adolescent resilience model as a guide to interventions. Journal of Pediatric Oncology Nursing, 21(5), 289-299.

Hall, P.A., Holmqvist, M., & Sherry, S.B. (2004). Risky adolescent sexual behavior: A psychological perspective for primary care Clinicians. Topics in Advanced Practice Nursing e Journal, 4 (1). Available at: http://www.medscape.com/viewarticle/467059

Harvey, M. (2007). Towards an ecological understanding of resilience in trauma survivors implications for theory, research and practice. Journal of Aggression, Maltreatment and Trauma, 4(1/2), 9-32.

Herman, H., Stewart, D.E., Diaz-Granados, N., Berger, E., Jackson, B., & Yuen, T. (2011). What is resilience? The Canadian Journal of Psychiatry, 56, 258–265.

Hunter, A., & Chandler, G. (1999). Adolescent Resilience. The Journal of Nursing Scholarships, 31(3), 243-247.

Jaselon, C. (1977). The trait and process of resilience. Journal of Advances Nursing, 25, 123-29.

Kalawski, J.P., & Haz, A.M. (2003). ¿Dónde está la resilencia? Una reflexión conceptual. Interamerican Journal of Psychology, 37(2), 365-372.

Kotliarenco, M.A., Cáceres, I., & Foncilla, M. (1997). Estado del arte en resiliencia. Washington: Organización Panamericana de la Salud. Available at: http://www.paho.org/Spanish/HPP/HPF/ADOL/Resil6x9.pdf.

Lenoir, C.D., Adler, N.E., Borzekowski, D.L.G., Tschann, J.M., & Ellen, JC (2006). Condom use with “casual” and “main” partners: What´s in a name? Journal of Adolescent Health, 39, 443e1-443e7.

Luthar, S.S. (1991). Vulnerability and resilience: a study of high-risk adolescents. Child Development, 62, 600-616.

Luthar, S.S., Cichetti, D., & Bronwyn, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. Child Development, 71(3), 543-562.

Luthar, S.S., Sawyer, J., & Brown, P. (2006). Conceptual issues in studies of resilience: past, present and future research. Annals of the New York Academy of Sciences, 1094, 105-15.

Markstrom, C.A., Marshall, S.K., & Tryon, R.J. (2000). Resiliency, social support, and coping in rural low-income Appalachian adolescents from two racial groups. Journal of Adolescence, 23(6), 693-703.

Masten, A.S. (2001). Ordinary magic: Resilience processes in development. American Psychologist, 56(3), 227-238.

Masten, A.S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research practice, and translational synergy. Development and Psychopathology, 23(2), 493-506.

Masten, A.S., & Obradovi´c, J. (2006). Competence and resilience in development. Annals of the New York Academic of Sciences, 1094, 13-27.

Masten, A.S., Garmezy, N., Tallegen, A., Pellegrini, D., Larkin, K., & Larsen, A. (1988). Competence and stress in school children: The moderating effects of individual and family qualities.

The Journal of Child Psychology and Psychiatry, 29(6), 745-764.

McCabe, M.P., & Killackey, E.J. (2004). Sexual decision making in young women. Sexual and Relationship Therapy, 19(1), 15-27.

Michels, T.M., Kropp, R.Y., Eyre, S.L., & Halpern-Felsher, B.L. (2005). Initiating sexual experiences: How do young adolescents make decisions regarding early sexual activity? Journal of Research on Adolescence, 15(4), 583-607.

Moore, J. (2013). Resilience and At-risk Children and Youth. North Carolina: National Center for Homeless Education. Available at: http://center.serve.org/nche/downloads/resilience.pdf
51. Lohman, B., & Billings, A. (2008). Protective and risk factors associated with adolescent boys' early

sexual debut and risk sexual behavior. Journal of Youth and Adolescence, 37, 723-735.

Nursing. (4th ed., pp. 63). New Jersey: Pearson Prentice Hall.
Obradovi'c, J., Burt, K.B., & Masten, A. (2006). Pathways of Adaptation from Adolescence to Young Adulthood Antecedents and Correlates. Annals of the New York Academic of Sciences, 1094, 340-344.

Oshio, A., Kaneko, H., Nagamine, S., & Nakaya, M. (2003). Construct validity of the Adolescent Resilience Scale. Psychological Reports, 93, 1217-1222.

Pillips, G. (2008). Recilience in practice interventions. Child Care in Practice, 14(1), 45-54.

Rakhi, J., Sumathi, R., & Talwar, R. (2014). Sexual resilience within intimate relations among unmarried

Adolescent girls seeking abortion in an abortion clinic of Delhi, India. Indian Journal of Sexually Transmitted Diseases, 35(1), 29-34.

Richardson, G. (2002). The metatheory of resilience and resiliency. Journal of Clinic Psychology, 58(3), 307-321.

Roberts, S.T., & Kennedy, B.L. (2006). Why are young college women not using condoms? Their perceived risk, drugs use, and developmental vulnerability may provide important clues to sexual risk. Archives of Psychiatric Nursing, 20(1), 32-40.

Rutter M. (1999). Resilience concepts and findings: implications for family therapy. Journal of Family Therapy, 21(2), 119-144.

Secretaría de Salud. (2002). Prevención del embarazo no planeado de los adolescentes. México: Secretaría de Salud. Available at: http://www.salud.gob.mx/unidades/cdi/documentos/DOCSAL7201.pdf

Smokowski, P. (1998). Prevention and intervention strategies for promoting resilience in disadvantaged children. Social Service Review, 4(2), 337-364.
Taylor-Seehafer, M., & Rew, L. (2000). Risky Sexual Behavior among adolescent women. Journal of Pediatric Nursing, 5(1), 15-24.

Tusaie, K., Puscar, K., & Sereika, S. (2007). A predictive and moderating model of psychosocial resilience in adolescents. Journal of Nursing Scholarship, 39(1), 54-60.

Vinaccia, S., Quiceno, J.M., & Moreno, E. (2007). Resiliencia en adolescentes. Revista Colombiana de Psicología, 16, 139-46.

Wagnild, G.M., & Young, H.M. (1993). Development and psychometric evaluation of the Resilience Scale. Journal of Nursing Measurement, 1, 165-178.

Walker, L., & Avant, K. (2005). Concept Analysis. Strategies for theory construction in Weinstock, H., Berman, S., & Cates, W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. Perspectives on Sexual and Reproductive Health, 36(1), 6-10.

Wu, Y., Burns, JJ, Stanton, BF, Li, X., Harris, C., Galbraith, J., & Wei, L. (2005). Influence or prior sexual risk experience on response to intervention targeting multiple risk behaviors among adolescent. Journal of Adolescent Health, 36, 56-63.