

Relación entre asertividad sexual y autoeficacia para prevenir el VIH/SIDA en jóvenes universitarios del área de la salud

Relationship between sexual assertiveness and self-efficacy for preventing HIV/AIDS in young university students in the area of health care

Relação entre assertividade sexual e auto-eficácia na prevenção de HIV / AIDS entre estudantes universitários da área da saúde

Doi: <http://dx.doi.org/10.23913/ride.v7i14.264>

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Resumen

El objetivo de este trabajo de investigación es determinar la relación entre asertividad sexual y autoeficacia para prevenir el VIH/SIDA en jóvenes universitarios de la Unidad Académica de Enfermería N° 2, en la Universidad Autónoma de Guerrero. Para ello se utilizó el método de estudio transversal, descriptivo y correlacional. Participaron 400 jóvenes universitarios por muestreo aleatorio simple, quienes respondieron una cédula con datos personales, escolares y laborales, una escala de asertividad sexual y una de autoeficacia para prevenir el VIH/SIDA. Se contó con la autorización de la institución educativa y el consentimiento/asentimiento informado de los participantes. En el análisis de los datos se obtuvo estadística descriptiva e inferencial. En cuanto al perfil sociodemográfico de los participantes, 50 % son mujeres y el resto hombres, de los cuales 84.8 % está soltero, 33.8 % cursa el tercer semestre, 31.0% trabaja y estudia al mismo tiempo, y 65.8 % estudia la licenciatura. Con respecto al nivel de asertividad sexual, 39.5 % alcanzó un nivel promedio alto y 39.0 % un nivel promedio alto de autoeficacia para prevenir el VIH/SIDA. Asimismo, hubo una relación significativa entre estas variables ($r=.406$; $p<0,01$), lo que comprueba que a mayor nivel de asertividad sexual hay mayor nivel de autoeficacia para prevenir el VIH/SIDA. En conclusión, los resultados permitieron determinar que a mayor nivel de asertividad sexual hay mayor nivel de autoeficacia para prevenir el VIH/SIDA, lo cual sirve de base para diseñar intervenciones específicas en esta población de estudio.

Palabras clave: asertividad, autoeficacia, adolescente, adulto joven, salud sexual.

Abstract

The objective of this research is to determine the relationship between sexual assertiveness and self-efficacy for preventing HIV/AIDS in students of the Academic Unit of Nursing N° 2, at the Autonomous University of Guerrero. Cross-sectional, descriptive and correlational study method was used. Was attended by 400 students by simple random sampling, who answered a card with data personal, school, and work, sexual assertiveness scale and one of self-efficacy for preventing HIV/AIDS. Was authorized by the educational institution and the participants informed consent/assent. In the analysis of the data is obtained statistics descriptive and inferential. Out of the profile demographic of participants, 50% are women and the rest men, of which 84.8% are unmarried, 33.8% is the third semester, 31.0% working and studying at the same time, and 65.8% study Bachelor's degree. With respect to the level

of sexual assertiveness, 39.5% achieved a high average level and 39.0% a high average level of self-efficacy for preventing HIV/AIDS. Also, there was a significant relationship between these variables ($r = .406$; $p < 0.01$), which noted that to higher level of sexual assertiveness no higher level of self-efficacy for preventing HIV/AIDS. In conclusion, the results allowed to determine that to higher level of sexual assertiveness have higher level of self-efficacy for prevention of HIV/AIDS, which serves as a base for designing targeted interventions in this study population.

Key Words: assertiveness, self-efficacy, teenager, young adult, sexual health.

Resumo

O objetivo desta pesquisa é determinar a relação entre assertividade sexual e auto-eficácia na prevenção de HIV / AIDS entre os jovens universitários unidade de enfermagem Academic No. 2, na Universidade Autónoma de Guerrero. Para este efeito, o método da transversal, foi utilizado estudo descritivo e de correlação. 400 estudantes universitários participaram por amostragem aleatória simples, que respondeu com uma cedula de dados pessoais, escolares e de trabalho, uma escala de assertividade sexual e auto-eficácia na prevenção de HIV / AIDS. Ele teve o apoio da escola e de consentimento / assentimento informado participantes. Na análise dos dados foram obtidos estatística descritiva e inferencial. Quanto ao perfil sócio-demográfico dos participantes, 50% são mulheres e os homens de descanso, dos quais 84,8% são solteiros, 33,8% está no terceiro semestre, 31,0% trabalham e estudam ao mesmo tempo, e 65,8% estudando um grau. Quanto ao nível de assertividade sexual, 39,5% alcançaram um elevado nível médio e 39,0% maior nível médio de auto-eficácia para prevenir o HIV / AIDS. Houve também uma relação significativa entre estas variáveis ($r = 406$; $P < 0,01$), o que prova que um maior nível de assertividade sexual não é maior nível de auto-eficácia para prevenir o HIV / AIDS. Em conclusão, os resultados permitiram determinar que um maior nível de assertividade sexual não é maior nível de auto-eficácia na prevenção de HIV / AIDS, que serve como base para a concepção de intervenções específicas na população estudada.

Palavras-chave: assertividade, auto-eficácia, adolescentes, adultos, saúde sexual.

Fecha Recepción: Julio 2016

Fecha Aceptación: Enero 2017

Introduction

The behavior is defined as the manifestation of an observable response to a specific situation (Fishbein and Ajzen, 1991). For purposes of this research, this concept was taken and was adapted as a sexual behavior of the University young student. Sexual behavior encompasses actions that the young man decides to perform in sexual situations where the stimuli received have a very important role, as well as the degree of consistency between thinking, feeling and actions, since they influence the way as decides to behave after analyzing the information available (Fergos and Zimmerman, 2005).

Risk in adolescent sexual behavior may increase the rate of HIV/AIDS. This behavior is influenced by various factors of risk, so it is essential that the young person receives negative environment influence sexual education that help to counteract and prevent risk situations.

Two protection in sexual situations of risk factors are sexual assertiveness and self-efficacy for prevention of HIV/AIDS, the first is defined as the ability to initiate sexual activity, reject unwanted sexual activity, as well as to negotiate desired sexual behaviour, contraceptive methods and more healthy sexual behaviors (Morokoff et al., 1997). He second is defined as the perception that the young has of its competition to develop a conduct sexual effective and thus prevent the AIDS (López y Moral, 2001).

There is literature that designated as sexual risk behaviours to casual sex, intercourse without protection/under the effect of alcohol or drugs, not condom use, having multiple sexual partners, start the sex life of an early, among others (Forcada, et al., 2013; Espada, Morales and Orgilés, 2014). They also mentioned the low sexual assertiveness and self-efficacy for the prevention of HIV/AIDS.

Several researchers have studied sexual assertiveness and self-efficacy to prevent HIV/AIDS from individual. For his part, Ballester, Gil-Llario, Ruíz-Palomino y Giménez-García (2013), reported average scores of self-efficacy in the use of condoms, while Jenkins and Kennedy (2013) reported a high level of assertiveness in the dimensions of home, rejection, pregnancy and sexually transmitted diseases. For Fontanilla, Bello and Palacio (2011) high capacity was presented in the sexual assertion; Likewise, Uribe and Orcasita (2011) reported average high levels of self-efficacy to prevent HIV / AIDS.

The objective of the present study was to determine the relationship between sexual assertiveness and self-efficacy to prevent HIV / AIDS in university students of the Academic Unit of Nursing N ° 2 at the Autonomous University of Guerrero.

PROBLEM STATEMENT

The Joint United Nations Program on HIV / AIDS reported in 2013 that there are 35 million people with HIV and 1.5 million have died as a result of AIDS. In Latin America, 1.6 million people have HIV and 47 000 die from AIDS-related causes (UNAIDS, 2014).

The HIV / AIDS Epidemiological Surveillance System reported at the end of 2014, 174,564 AIDS cases reported and 9,573 new cases diagnosed for HIV and AIDS reported. The states with the highest rate of newly diagnosed HIV cases are Yucatan, Quintana Roo, Campeche, Tabasco, and Oaxaca; And with AIDS, Campeche, Guerrero, Quintana Roo, Chiapas and Yucatan. The system also reported that the proportion of cases of HIV (77.1%) and AIDS (82.1%) in men is higher than in women. Finally, AIDS deaths in 2013 were 4,971 and the death rate per 100,000 population in that same year totaled 4.2 (UNAIDS, 2014).

Specifically in the group of young people aged 15-24 in 2014, 1 437 cases were reported as HIV positive, of which 1 134 are men and 303 are women; With respect to AIDS, 734 cases were reported: 619 men and 115 women. About the transmission category, 731 cases were reported sexually. From this it can be mentioned that the group of people most vulnerable to contracting this disease are young adults, because the time between acquiring HIV and developing AIDS is approximately 5 to 10 years; It can be said that most of these infections occur during adolescence (UNAIDS, 2014).

In the state of Guerrero there are 8 216 reported cases of AIDS by 2014, of which 6 223 are men and 1 993 women, with a proportion of cases with respect to the total of 4.7%. This figure places it below Mexico City (15.1%), State of Mexico (10.5%), Veracruz (8.9%), Jalisco (7.3%) and Chiapas (5.0%) (UNAIDS, 2014).

In this context, it is important to prevent risky sexual behavior among adolescents and university students, as well as to identify sexual assertiveness and self-efficacy to prevent HIV / AIDS and thus promote a health-promoting lifestyle.

MATERIAL AND METHODS

A correlational descriptive cross-sectional study was conducted to describe the variables of sexual assertiveness and self-efficacy and thus to prevent HIV / AIDS. Likewise, the relationships between the above variables were studied and information was collected in a given period.

The universe was formed by the students of the Academic Unit of Nursing N ° 2 of the Autonomous University of Guerrero. The type of sampling was of probabilistic type and the calculation of sample size was calculated with the formula for finite populations: $n = (Z^2 pq N) / (Ne^2 + Z^2 pq)$. Where a confidence level of 99% was considered, with a sample size of 400 participants. The selection of the sample was random simple and it considered the lists provided by the department of school services.

As a selection criterion, students of both sexes and of apparently healthy age, who signed an informed consent, were included. Those students who were not at the time of data collection were not included. The elimination criterion included the instruments that were not answered in their entirety and the students who decided not to continue in the study.

In order to obtain sociodemographic information, a cédula was designed with questions about personal, school and work data. In the measurement of the sexual assertiveness variable, the sexual assertiveness scale (SAS), created from the semantic and syntactic definition itself (Carretero-Dios and Pérez, 2005) and the construct defined by Morokoff et al. (1997). The SAS is composed of 18 items that collect the three components that define the construct of sexual assertiveness. The first sub-scale (Start, items 1-6) evaluates how often a person begins a sexual relationship and what happens in a desired way; The second (Rejection, items 7-12) measures how often a person is able to avoid both a sexual relationship and an unwanted sexual practice; The last dimension (Pregnancy and Sexually Transmitted Diseases, items 13-18) evaluates the frequency in which a person insists on using latex barrier contraceptive methods with their partner. All items are scored on a Likert-type response scale between 0 (Never) and 4 (Always). Half of the items are written in reverse (3, 4, 6, 8, 10, 11, 13, 14 and 16). High scores indicate more sexual assertiveness. Cronbach's alpha reported in a study of university women scored between .71 and .85

For the measurement of the self-efficacy variable, the Self-efficacy scale was used to prevent AIDS, taking its format from the study of López and Moral (2001), consisting of 27 Likert-type reagents between 0 (Not Sure) and 5 (Total Safe) Organized in four subscales: the first measures the ability to say "no" to sexual relations in different circumstances (A1 to A11); The second assesses the perceived ability to ask the partner about previous sexual intercourse and other risk behaviors, such as drug use (B1 to B4); The third questions about the perceived ability to acquire and use condoms correctly (C1 to C8), and the latter addresses the ability to maintain virginity until marriage, to be faithful to the couple and to discuss sex with parents (D1 to D4). The interpretation of the total scale score is as follows: 1-48 Very low self-efficacy level, 49-71 Low self-efficacy level, 72-94 Low average self-efficacy level, 95-117 High average self-efficacy level , 118-135 High level of self-efficacy. The scale has been applied in Mexican population obtaining a Cronbach alpha of .89.

Authorization was requested from the Research Committee of the Faculty of Nursing of the UAQ and later to the institution where the study was conducted. In the collection of the data, two assistants previously trained for this purpose also participated. The students' relationship was requested in the area of academic subdivision of the Academic Unit No. 2 of Nursing of the UAGro., To make the selection of the participants in order to offer them an invitation to a meeting of information of the project within the Facilities of the educational institution.

On the day of the meeting the project was explained to them and specifically what their participation consisted of, waiting for an approximate duration of 25 minutes.

For the analysis of the information a database was generated in the statistical program for the social sciences - SPSS, version 17. We proceeded to obtain the frequencies, proportions and percentages for the categorical variables and for the numerical variables were calculated measures of location , Central tendency and variability. In addition, the Kolmogorov-Smirnov Adjustment Goodness Test was performed with Lilliefors correction to test the hypothesis of normality in the distribution of continuous variables. For the hypotheses, indexes were constructed and hypothesis tests were performed with Pearson correlation tests.

This research adhered to the general provisions of the Regulation of the General Health Law in the field of research for health in its reform of 2014, which establishes respect for the

dignity and protection of the rights and well-being of the subject of study, provide A clear and complete explanation of the justification and objectives of the investigation (SSA, 2014).

RESULTS

In relation to the characteristics of the study population, table 1 is presented.

Table 1. Characterization of study population.

Variable	<i>f</i>	%
Sexo		
Femenino	200	50
Masculino	200	50
Estado civil		
Soltero	339	84.8
Casado	33	8.3
Unión libre	16	4.0
Separado	10	2.5
Divorciado	2	.5
Semestre		
Primer	103	25.8
Segundo	4	1.0
Tercero	135	33.8
Quinto	79	19.8
Sexto	6	1.5
Séptimo	53	13.3
Octavo	20	5.0
Trabaja		
Sí	124	31.0
No	276	69.0
Nivel de escolaridad		
Técnico	137	34.3
Licenciatura	263	65.8

Fuente: Cédula de datos

n=400

Nota: *f* = Frecuencia % = Porcentaje.

Table 1 shows the characteristics of the population of the 400 students participating in the study, where the female gender is 50.0% of the total population as well as the male, of which 84.8% are single, 33.8% Third semester, 31.0% work and study at the same time, and 65.8% study the undergraduate level.

On the other hand, the level of sexual assertiveness of the participants is shown in table 2.

Table 2. Level of Sexual Assertiveness

Variable	<i>f</i>	%
Nivel muy bajo	2	.5
Nivel bajo	25	6.3
Nivel promedio bajo	153	38.3
Nivel promedio alto	158	39.5
Nivel alto	62	15.5

Fuente: Escala de asertividad sexual n=400
 Nota: *f* = Frecuencia % = Porcentaje.

Table 2 shows the level of sexual assertiveness in frequency and percentage, it is observed that 39.5% of the participants are in a high average level and 15.5% in high level with respect to their sexual assertiveness. This indicates that they are able to avoid both an unwanted sexual relationship and sexual practice and in their case insisting on the use of contraceptive methods with their partner, they are finally able to make the decision to start a sexual relationship if they so desire.

Table 3 shows the level of self-efficacy to prevent HIV / AIDS in participants.

Table 3. Level Self-efficacy to prevent HIV / AIDS in participants.

Variable	<i>f</i>	%
Nivel muy bajo	7	1.8
Nivel bajo	48	12.0
Nivel promedio bajo	104	26.0
Nivel promedio alto	156	39.0
Nivel alto	85	21.3

Fuente: cédula autoeficacia n=400
 Nota: *f* = Frecuencia % = Porcentaje.

Here 39.0% of the participants present a high average level of self-efficacy and 21.3% a high level, indicating that they have the capacity to say no to sexual relations in different circumstances and also that they are able to ask their partner about Their previous relationships and other risk behaviors such as drug use, acquiring and using the condom correctly, maintaining virginity until marriage, being faithful to the couple and discussing sex with parents.

Table 4 shows the relationship between the variables sexual assertiveness and self-efficacy to prevent HIV / AIDS in the participants.

Table 4. Relation of the variables assertiveness and self-efficacy.

		Autoeficacia	Asertividad
Índice autoeficacia	Correlación de Pearson	1	.406
	Sig. bilateral		.000
	<i>n</i>	400	400
Índice asertividad	Correlación de Pearson	.406	1
	Sig. bilateral	.000	
	<i>n</i>	400	400

** la correlación es significativa al nivel 0,01 (bilateral)

It is observed that there is a significant relationship between these variables ($r = .406$; $p < 0.01$), which proves that a higher level of sexual assertiveness has a higher level of self-efficacy to prevent HIV / AIDS.

DISCUSSION

In the present study, the empirical application of the theoretical concepts of sexual assertiveness and self-efficacy for the prevention of HIV / AIDS, basic concepts for the study of their relation in 400 students of the Academic Unit of Nursing No. 2 of the Autonomous University Of Guerrero.

The demographic profile of the participants agrees with the fact that they are enrolled in the Academic Unit of Nursing No. 2 of the Autonomous University of Guerrero. In addition, it shows the equal opportunity of study in both men and women, which favors the inclusion of gender in the university. On the other hand, 6 out of 10 participants only study because they have the financial support of their family, while 1 in 10 has a moral and economic responsibility with third parties because of their civil status.

The results on sexual assertiveness are similar to those reported by Jenkins and Kennedy (2013), who found a high assertive state in condom use for disease and pregnancy prevention, as well as high sexual assertiveness in communication with parents. Likewise, the results found by Fontanilla, Bello, Palacio (2011), report high capacity in sexual assertiveness, so it can be said that it constitutes a central component of human sexuality, since it is related to various aspects of sexual response, such as sexual desire and satisfaction, as well as lower levels and frequency of sexual victimization and coercion, and the absence of risky sexual

behaviors. In this sense, sexual assertiveness works as a protection factor against risky sexual behaviors.

The results of self-efficacy to prevent HIV / AIDS are similar to those reported by Ballester, Gil-Llario, Ruíz-Palomino and Giménez-García (2013), who affirm that the majority of participants reached average high levels of self-efficacy. The same is true of Uribe and Orcasita (2011) regarding the high level of self-efficacy against HIV / AIDS. Thus, self-efficacy to prevent HIV / AIDS is centered on adolescents' perceptions of their ability to act, that is, they feel effective, are more resistant to manifesting behaviors, have higher goals, and persist more in their purposes Than those who do not have that capacity. In this sense, self-efficacy works as a protection factor against sexual risk behaviors in the face of HIV / AIDS.

CONCLUSIONS

The obtained results allowed to corroborate that to a greater level of sexual assertiveness there is a greater level of self-efficacy to prevent HIV / AIDS. Additionally, the instruments used in the Sexual Assertiveness Scale and Self-Efficacy Scale to Prevent AIDS were found to be fairly consistent, so it is suggested to continue to use them in future research.

The instrument of sexual assertiveness is considered suitable for application in young university students due to the freedom of questions about specific situations related to their sexuality. In Mexico, it is inconsistent the ability of young women to talk about their sexuality, so it is suggested to protect gender equality by taking the same number of men and women.

It is necessary to fight the problem with prevention and action programs to promote the level of sexual assertiveness, with the purpose of providing tools that promote the assertiveness in the use of condoms and to communicate with their parents, while being self-efficacious for prevention Of HIV / AIDS.

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