

COPING STYLES AND RISK BEHAVIORS TENDENCIES AMONG LATINAMERICAN ADOLESCENTS

ESTILOS DE AFRONTAMIENTO Y TENDENCIA A EMITIR COMPORTAMIENTOS DE RIESGO EN ADOLESCENTES LATINOAMERICANOS

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RESUMEN

El objetivo de la presente investigación es analizar la relación entre las estrategias de afrontamiento y tendencias hacia conductas de riesgo en un grupo de adolescentes de Perú y Costa Rica. La muestra estuvo conformada por 829 adolescentes entre 16 y 17 años de edad, 428 peruanos y 401 Costarricenses. Se utilizó el Coping Across-Situations Questionnaire (CASQ; Inge, 1995) para evaluar el afrontamiento y el Youth Risk Behavior Survey (YRBS; CDC, 2006) para evaluar las conductas de riesgo. Se encontró diferencias significativas en las conductas de riesgo y afrontamiento según país, género y tipo de escuela. Los resultados son una primera aproximación al estudio de variables relevantes para la salud mental y podrían ser consideradas para futuros programas de intervención. Palabras clave: estilos de afrontamiento, tendencia a emitir conductas de riesgo, adolescentes, escuelas secundarias, Perú, Costa Rica.

ABSTRACT

The aim of this study is to analyze the relationship between the coping styles and risk behavior tendencies in a group of adolescent from Peru and Costa Rica. The total sample grouped 829 adolescents between 16 and 17 years old, 428 were Peruvian and 401 from Costa Rica. We applied the Coping across situations Questionnaire (CASQ; Inge, 1995) to assess coping and the Youth Risk Behavior Survey (YRBS; CDC, 2006) to assess risk behavior. Significant differences were found in relation to the risk behavior tendencies and the coping styles according to country, gender and type of school. These results were the first step to study relevant variables associated to mental health and they could be considered for future intervention programs.

Key words: coping, risk behaviors tendencies, adolescents, secondary school, Peru, Costa Rica.

Since the 60's, the topic of coping has been considered relevant in the field of psychology. This is mainly due to the growing interest in knowing how people face their problems and cope with different perceived stressors in life (Ayers, Sandler & Thowey, 1998; Endler & Parker, 1990, Lazarus & Folkman, 1986). Frydenberg (1997), one of the main researchers, raises the interest for studying the field of coping in the belief that our resources and actions against the stress influence, to a large extent, the process of individuals' coping and contribute to wellbeing. According to this framework, coping is a psycho-social competence consisting of behavioral and cognitive strategies used to deal with life's demands. This psychological variable is especially relevant in adolescents who, in addition to coping with physical, psychological and social changes of their developmental stage, are facing a transition period in which they must face many problems from various contexts, such as family, school, peer group pressure or workplace (Kiuru, Aunola, Vuori & Nurmi, 2007).

It's important to point out that in different Latin - American countries, like in Peru and Costa Rica, additional circumstances have guided some researchers to pay attention to adolescents' coping styles and strategies. In Peru, 26.9% of the total population belongs to the group of adolescents and youngsters (15 to 29 years old), and most of them (76.70%) are living in urban areas. They have migrated from rural areas in search of a better way of life (Instituto Nacional de Estadística e Informática [INEI], 2015; Organización Internacional del Trabajo [OIT], 2012; Comisión Económica para América Latina y el Caribe [CEPAL], 2008). It has been reported that only the 22% of these adolescents and youngsters are exclusively studying, 44 % do not study, but work mostly in precarious jobs; 17% study and work and 17% neither study nor work (Secretaría Nacional de la Juventud [SENAJU], 2012; OIT, 2012). This condition makes this group vulnerable, mainly because they could be looking for a particular identity and be at risk of developing non-conventional activities that in some cases could be violent.

Similarly, in Costa Rica, the group of adolescents and youngsters whose ages are between 15 and 29 represent approximately the 30 % of the total population. Just like other countries from this age group of 15 to 35, 70% of them are living in urban areas. In contrast to the Peruvian group, 43.5% of them are studying and 52% are working (Consejo Nacional de Política Pública de la Persona Joven, 2013). However, some quantitative information about the group of adolescents (12 to 17) reported that 7.9% of them are neither working nor studying (D'Alessandre, 2010). In the same way as the Peruvian situation, this group is vulnerable and at social risk.

A strong concern in young people in both countries is the fact that many of them do not cope effectively with the situation and do engage in risky behaviors. It's also clear that educational and employment deficiencies are present for these Latin-American adolescents and probably some risk tendencies are related not only to socio-economic factors, but also to psychological particularities that could somehow explain the reality these young people go through. Based on the National Women's Law Center & Mexican - American Legal Defense and Educational Fund (2009), it's possible to affirm that from those who do not graduate from high school, their futures are at risk for teenage pregnancy or multiple pregnancies before the age of 20, a career of dead-end jobs being a welfare recipient, a drug addiction or locked up for criminal activities, among other aspects.

There are a number of additional health problems in youth to be mentioned in both countries. In relation to the mental health of adolescents in Peru, the results of the first national survey of youth conducted by the National Youth Secretariat (SENAJU, 2012) reveal that young people aged between 15 and 29 have the following difficulties: 56.4% present changes in their sleep patterns; 55.0% report anxiousness; 51.1% indicate tiredness and boredom, 47.5% report psychosomatic symptoms like head, neck or back ache. In Costa Rica, there is a lack of updated information about adolescents' mental health. According to information of the Costa Rican Social insurance (CCSS), 0.5% of emergency cases during the year 2006 were due to anxiety in young women and depression in adolescents. Two years later, 35 cases of suicide were reported among people who were between 10 to 19 years old. It has been also indicated that tobacco and alcohol consumption starts between 12 and 13 years of age. Illicit drug use starts mostly among 14 and 17 years of age. Violence is also an indicator of mental health and mortality. Many adolescents in Costa Rica die of traffic accidents (10.1% of the total number of accidents). These figures could be avoided with specific interventions (MSCR, CCSS & OPS, 2011).

It is possible that many of these difficulties found in youngsters are related with the intensity and velocity of international and local changes. Youngsters are very often the recipients of huge inequalities in both countries in terms of human development.

In order to change the above mentioned situation and contribute to Latin American socio - economic development, present and future generations should be provided with the best conditions. To make a contribution in this area, we have deemed convenient to analyse, from a psychological viewpoint, the strategies for coping with stress that are related to risk- behaviour tendencies in a sample of Latin American adolescents (Peruvian and Costa Rican).

Strategies for coping with stress

According to the transactional model of stress and psychological literature (Lazarus & Folkman, 1986; Stone, Greenberg, Kennedy-Moore & Newman, 1991), coping is a dynamic process comprised of cognitive and behavioral efforts to deal with internal and external specific demands which exceed the person's resources (Folkman, Lazarus, Gruen & De Longis, 1986; Folkman & Moskowitz, 2004; Lazarus, 1993, 2000; Lazarus & Folkman, 1986). Coping allows people to face objective demands and subjective appraisals of particular situations. Taking into account the research findings of Lazarus and Folkman (1986), the way in which people cope with stress is not a personality trait. On the contrary, it's mainly integrated by cognitions and behaviors oriented to facing stressful situations. It is important to point out that the relationship between stress and coping is reciprocal (Lazarus & Folkman, 1986; Stone et al., 1991).

In terms of coping styles, Lazarus and Folkman (1986) stated that there are specifically two focus: problem and emotion. Problem focus coping is oriented to making an effort to alter the stressor and dealing with the source of the problem, e.g., making an action plan, taking concrete steps to reduce the problem. Emotion focus coping seeks to reduce or handle the emotional discomfort generated by the situation by getting distracted, seeking emotional support, denying the situation, among others (Carver, Scheier & Weintraub, 1989; Folkman y Moskowitz, 2004).

It's noteworthy that Seiffge-Krenke and Beyers (2005), based on previous studies made by Lazarus and Folkman, and research about psychological variables in adolescents, have proposed three styles of coping: active coping (direct action as well as support-seeking and solving the problem with the person concerned), internal coping (cognitive activities such as reflections about possible solutions) and withdrawal (including avoidance behavior and distraction).

Coping with stress can impact not only the frequency, intensity, length, and neurochemical reactions to stress, but can also limit damaging conditions. Through coping it is possible to decrease the pathogenic potential of the stressful situation. Coping with stress is an emotional disturbance regulator and if it is not very effective it can affect health negatively and consequently increase the mortality and morbidity risk, especially when it is oriented to the use of toxic substances (drugs, alcohol, etc.) or when risky tendencies and

behaviors are activated (Lazarus & Folkman, 1986). The most common stressors during adolescence are related to daily interactions and include self-image. Concerns during puberty are also relevant. For instance, conflicts with peers and parents, problems at school as well as the initiation or maintenance of relationships (Seiffge-Krenke & Beyers, 2005).

In Peru, there are some studies in which the main stressors among high school students are stated. As part of the social demands in the world of teenagers the future, school performance, family, personal aspects and relationships with peers have been reported (Martínez & Morote, 2001). These findings have been confirmed by Montenegro (2001), but socio - economic differences were found. Those who belong to the low socio- economic level showed higher levels of stress. In the same mold, the epidemiological study, in metropolitan Lima and Callao in mental health, carried out by the Peruvian National Institute of Mental Health (INSM HD-HN, 2002) identified, among others, the following major stressors among adolescents in Lima and Callao: health (35%), parents (26.3%) and studies (20.7%).

In Costa Rica, as part of a study that was oriented to measuring resilience in adolescents, a coping scale was applied in a sample of 340 school adolescents (52.4 girls and 47.6 boys) (Villalobos, 2009). Two factors were identified: active and avoidance coping. Differences between girls and boys were found in relation to avoidance coping. Girls showed higher levels of these strategies ($M=15.24$ vs. $M=13.69$). Multiple comparisons among school types were applied and significant differences were found in active coping. The ones who are enrolled in private schools show higher levels of active coping strategies than the ones who go to public institutions (Villalobos, 2009).

Besides the reported stressors in Peru and the coping strategies in Costa Rica, it is also worth pointing out that some analysis was done at the Peruvian national level and several studies have been conducted involving stress and coping styles. These findings suggest that female Peruvian adolescents and youngsters often report the emotion coping orientation, whereas men prioritize the problem orientation (Canessa, 2000; Casuso, 1996; Chau, 1999, 2004; Martínez & Morote, 2001). In relation to the coping variable, Montenegro (2001) found, in a school sample in Lima ($N = 681$), that adolescents tend to use the active way of coping. This is complemented by Martínez and Morote (2001) findings. They identify the coping strategies in a group of Lima teens, aged 13-18. These researchers found as main strategies "to strive and to succeed" and also "worrying".

In Costa Rica there are some studies in which information about coping styles is collected. However, not all of them are strictly related with the Lazarus and Folkman's model (Smith, 2006) and their theoretical support is always mentioned. For instance, in a study reported by Smith et al. (2005), social discrimination, psychological consequences and coping strategies in different social groups in Costa Rica were analyzed. According to these findings related with stress coping, it is possible to say that in a selected sample of Nicaraguan immigrants (103 participants), the most common coping strategy used by the group was the religious orientation. This option is followed by social - support searching and the active coping planning. Sex differences have also been identified. While women more often turn to religion and social support, men use humor as a tool for coping with the stress related to segregation situations and also more often turn to alcohol consumption.

Taking as a reference the general findings in both Latin-American countries regarding coping strategies and having a clear knowledge about the relevance of the group of adolescents in these places, it has been considered very important to explore the risk tendencies of this population sector.

Risk Behavior Tendencies

Adolescence is a period in which changes in individuals' developmental environments are set according to age - graded socio-cultural environments (Herrera, 2002). In this context, different behaviors take place and it is widely accepted that adolescents decide, many times, to participate in a variety of risky activities that may have life - altering consequences (Caffray & Schneider, 2000). It has been reported that the concept of risk - behavior tendency is worthy in this age group stage, basically because it points out the possibility that different behaviors or tendencies to practice some activities regularly guide adolescents to decrease their well-being, health and personal development (Weinstein, 1992).

Risk implies a problem situation. The presence of one or more factors can increase the probability of appearance of a phenomenon that can represent adversity for personal health, life projects and people survival options, among other aspects. Knowing how risky a situation or behavior is means the possibilities to act and intervene for avoiding severe consequences are higher. It's important to point out that risk not always guides people directly to damaging situations. This depends on their particular vulnerability as well (Suárez & Krauskopf, 1995).

The risk framework is based on the assumption that it is important to know or to be conscious about the relevance of negative events on personal health and general well-being. If people are aware of which variables can be potentially damaging, then they could be prepared to avoid their presence in particular situations. Of course, this relation is not direct and we cannot talk about causality between knowing the risk and avoiding it, but this could be a way of partially dealing with it. This can be illustrated clearly when some conditions are modified and health danger is not present after that. In these cases primary prevention has been practiced. In other words, before the problem appears, the risk factors that potentially create that situation are eliminated and can prevent its occurrence. This is one of the ways of dealing with risk and damaging conditions (Suárez & Krauskopf, 1995).

Identifying risk behavior tendencies is relevant due to the fact that they can be modified in order to prevent the occurrence of some difficulties. This consideration permits to different professionals to select specific groups, in this case adolescents, and focus on their problems for modifying their health conditions. It is a way of prevention, allowing institutions to optimize their resources (Cunningham, McGinnis, García Verdú, Tesliuc & Verner, 2008).

In order to identify those risk tendencies some research has been done through the Center for Disease Control and Prevention (CDC, 2006). They used the Youth Risk Behavior Survey (YRBSS, 2005) and pointed out that the levels of stress were significantly associated with violent behaviors like fighting, using guns, substance abuse and sexual irresponsible practices. It has been also found that stress levels were closely associated with depressive symptoms and suicidal tendencies. Taking into consideration these general findings, risk behavior tendencies were collected in the sample selected for this study.

The main purpose of this study is to determine the particular association of strategies for coping with stress and risk-behavior tendencies among Latin American adolescents (Peruvian and Costa Rican). It has been also considered relevant to compare the psychological profiles of both Peruvian and Costa Rican adolescents (boys and girls) who belong to public and private educational institutions (secondary schools).

Method

Participants

The selected sample was comprised of 829 participants. From the total sample, 428 students were assessed in Peru (215 from public schools -120 boys and 95 girls- and 196 from private educational institutions -103 boys and 93 girls-) and, 401 adolescents in Costa Rica. Two cases had not the complete information but were included. (273 students in public schools -118 boys and 155 girls- and 126 from the private ones -56 boys and 70 girls-). We assessed students who were in their last year of high school (16 and 17 years old). In both cases these adolescents belonged either to a public or a private school. The public schools belonged to a middle, socio-economic status and in both countries they are in an urban environment.

Instruments

Coping Strategies

The CASQ (Coping Across Situations Questionnaire) was developed in Germany by Inge Seiffge Krenke (1995). The instrument has also been adapted to the school population of Lima by Montenegro (2001) and used by Zuñiga (2002).

The CASQ is provided as a double - entry table consisting of 20 items of coping strategies that can be used in 8 problem situations. The items or coping strategies are selected with a check mark depending on whether or not they are used in each situation. The instrument also permits to reorganize the coping strategies grouping them into three coping styles: Active Coping, Internal Coping and Withdrawal. However, when Factor Analysis was runned (varimax rotation) with the latinoamerican collected data, the same original structure was not found. Two factors appeared: the first grouped items of active coping and the second of withdrawal, but, at this factor the items of internal coping were also grouped.

Considering these two factors, Cronbach's Alpha coefficients were .91 (Peru) and .86 (Costa Rica) for the active coping and .79 (Peru) and .67 (Costa Rica) for withdrawal coping.

Risk Behavior

The present study used the adapted version of the Youth Risk Behavior Survey (YRBS) in Spanish (CDC, 2006). The survey was organized in five areas represented by 17 items. However, after

analyzing the internal consistency some of Cronbach's alphas were very low. Given the similarity of content in certain areas, some items were gathered and then the final survey had 17 items organized in 3 areas: accident risk tendency, alcohol/drug consumption risk tendency and disease risk tendency due to inadequate life style. Cronbach's alphas were .70; .89 and .63 respectively.

The translation and back translation of the YRBS was done. The test was translated to Spanish by a bilingual person and then translated back to English. Final documents were compared in order to determine the accuracy of the translation. Afterwards, a panel of expert judges on adolescent risk behavior gave their opinion on the items and areas. When the concordance index between judges was below .80 the items were modified. Taking into account these results, it was considered that the test had the adequate psychometric properties for its use in this research. Cronbach's Alpha coefficients with the according countries were the following: .69 (Peru) and .71 (Costa Rica) for accident risk tendency, .90 (Peru) and .71 (Costa Rica) for alcohol/drug consumption risk tendency .63 (Peru) and .64 (Costa Rica) disease risk tendency due to inadequate life style.

Procedure

The comparative study analyzed coping styles and risk tendencies. By doing that, assessed data from the two country capitals (Lima-Peru and San José-Costa Rica) was considered. The sample of 829 participants was randomly selected from different secondary schools from the two cities. The gathered information was analyzed through the SPSS- 17 based on the theoretical background regarding coping styles and risk tendencies and taking into account the psychometric characteristics of the instruments. ANOVAs and MANOVAs were then applied.

Results

Differences among coping styles by country of residence

In order to assess significant differences among coping styles according to the country of residence a multivariate analysis of variance (MANOVA) was conducted. It was found that a significant main effect of withdrawal coping existed ($F = 4.97, p = 0.03^*$). This means that this coping style is more used in Costa Rican students than in Peruvian students (see table 1). Withdrawal coping includes strategies related to escaping the situation in order to avoid dealing with the stressors.

Table 1.
Coping Styles by Country of Residence

	Country				Main Effect	
	Peru (n= 411)		Costa Rica (n= 399)		F	p
	M	SD	M	SD		
Active coping	1.37	0.86	1.72	1.13	21.15	n.s.
Withdrawal coping	1.00	0.64	1.13	0.84	4.97	0.03*

*N= 810, *p < 0.05*

A significant main effect of school type or coping styles was not found in (public or private): active coping ($F = 1.75, p = 0.19$) and withdrawal coping ($F = 1.16, p = 0.28$). ANOVAs yielded no differences, depending on school type and coping styles.

Differences among coping styles by country and gender

In order to assess significant differences among coping styles according to the country and gender a one-way analysis of variance (ANOVA) was completed and significant differences in the interaction of both variables and withdrawal coping was found ($F = 6.41, p = 0.01$). As was stated before, withdrawal includes cognitive strategies intended to minimize and deny the seriousness of the problem or its consequences and behaviors that can temporally reduce tension.

According to these results (see table 2), male Peruvian adolescents tend to use the withdrawal coping style more than Costa Rican ones while Costa Rican female adolescents tend to use this strategy more than the Peruvians ($F = 6.41, p = 0.01$). No significant differences were found according to country or school type.

Table 2.
Coping styles as a function of gender

	Peru (n = 428)				Costa Rica (n = 401)			
	Boys		Girls		Boys		Girls	
	M	SD	M	SD	M	SD	M	SD
Active coping	1.44	.85	1.38	.92	1.69	1.15	1.83	1.13
Withdrawal coping	1.05	.72	.96	.59	1.03	.80	1.20	.83

N=810

Risk behavior differences according to country and school type

Significant differences in the interaction between country and type of school in the disease-risk tendency due to inadequate life style were found ($F = 7.22, p = 0.01$). This means that Peruvian private school students are at a higher risk of having a disease than Costa Rican ones, whereas Costa Rican public schools students are at a higher risk than their Peruvian counterparts (see table 3).

Table 3.

Risk Behavior as a function of country and type of school

	Accident risk tendency				Alcohol/drug consumption risk tendency				Disease risk tendency due to inadequate life style			
	Public		Private		Public		Private		Public		Private	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Peru	3.95	1.22	3.74	1.01	4.67	1.56	4.64	1.21	3.51	1.06	3.66	0.92
Costa Rica	4.14	1.03	3.92	1.03	4.74	1.28	4.63	1.22	3.82	1.03	3.56	0.98

N=810

Risk behavior differences according to gender

This analysis also yielded significant effects in the accident risk tendency ($F = 9.68, p = 0.00$) and in the disease risk tendency ($F = 5.77, p = 0.02$) meaning that girls have a higher risk of getting diseases and suffering accidents compared to boys (see table 4). There aren't significant differences between genders in the alcohol/drug consumption risk tendency.

Table 4.
Risk behavior as a function of gender

	<i>Gender</i>				<i>Main Effect</i>	
	<i>Boys</i>		<i>Girls</i>		<i>F</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Accident Risk Tendency	3.81	1.07	4.10	1.02	1.08	0.00**
Alcohol/drug consumption risk tendency	4.61	1.32	4.75	1.21	1.33	0.157
Disease risk tendency due to inadequate life style	3.57	1.00	3.75	0.94	1.01	0.02*

N = 810, **p* < 0.05, ***p* < 0.01, ****p* < 0.001

Risk behavior differences according to school type

In order to assess significant differences among risk behaviors according to school type, a multivariate analysis of variance was conducted (MANOVA) and significant effects of the accident risk tendency was found ($F = 6.29, p = 0.01$). This could mean that in public schools the students have higher risks of suffering accidents than students in private schools (see table 5). Thus, belonging to a public school increases the risk of suffering accidents.

Table 5.
Risk behavior as a function of school type

	<i>Type of school</i>				<i>Main Effect</i>	
	<i>Public</i>		<i>Private</i>		<i>F</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Accident Risk Tendency	4.06	1.11	3.81	1.02	6.29	0.01*
Alcohol/drug consumption risk tendency	4.71	1.4	4.63	1.21	0.38	0.54
Disease risk tendency due to inadequate life style	3.69	1.05	3.62	0.94	0.850	0.36

N = 810, **p* < 0.05, ***p* < 0.01, ****p* < 0.001

Discussion

According to the Ecological theory of Bronfenbrenner (1990), socialization implies an active and bidirectional process in which diverse relations and multiple influences among different systems are carried out. In this context the two studied variables (coping styles and risk tendencies) in the group of adolescents are relevant due to the fact that they are individual characteristics, but are in interaction with specific systems like families, schools and countries. According to our research results, this particular period of age guides individuals towards some behavior tendencies specifically related to the country, school type and sex.

Comparative research allows investigators to contrast some psychological variables in different socio-cultural contexts and to observe similarities and differences among equal groups. Latin-American countries share common characteristics, but they are also quite different. As researchers we were interested in knowing about these particularities in assessing adolescent behavior in a South American country as well as in a Central American one.

Adolescents and youngsters in Peru and Costa Rica are a relevant group in the population structure. They are not only important according to their number, but also due to the fact that they are facing a special period of their lives. They have to deal with different developmental tasks that hopefully should guide them to their successful social insertion, promising future and life satisfaction. Also, they have to face new challenges in different life domains (educational, labor, family and leisure). However, if they do not deal with these social demands properly, they could behave or tend to guide their behavior in risky ways. Inappropriate practices could have devastating consequences in their lives and it is important to then intervene using preventive methods to deal with these possible difficulties.

Data analysis has shown information in terms of coping styles and it has been reported that Costa Rican adolescents use withdrawal coping more when these results are compared to Peruvian adolescent coping styles. It will be interesting to go deeply into these results in order to understand specific reasons why Costa Rican adolescents show this coping style. It is also relevant to know why the Peruvian results along these lines, Canessa (2000) reported that youngsters

tend to concentrate on solving the problem and point out, basically, the positive aspect of the difficulties.

In terms of gender it's noteworthy that in comparing female adolescents from Peru and Costa Rica, withdrawal coping style is preferred by Costa Rican girls. Taking into account the study of Smith et al. (2005), in which Nicaraguan women were assessed, they show a tendency of using religion as a tool for coping with stress. It's possible to assume that some cultural influence can exist among female secondary school students who have the possibility of being Nicaraguan descendants. This logic inference must be empirically tested.

At this point, it is important to reflect in terms of what the scientific literature has already stated. At the adolescent period different risk behaviors are displayed. Among them are drug consumption, unprotected sex, street accidents, etc. In the specific case of drugs, the use of them is associated with avoidance coping style (Chau, 2004). This previous finding, which is theoretically supported has to be contrasted with the information reported in this research. The information indicates that accidents and drug consumption that show low levels of withdrawal coping must be again explored in further studies. The coping styles used by the assessed group can be a way of facilitating the social interaction or, according their particularities, can be an obstacle (Castaño & León del Barco, 2010). In this sense, risk-behavior tendencies are a relevant variable to be associated with this style. Having a clear picture of this association can guide researchers to further interventions.

Besides country and gender differences, school type is a relevant consideration for understanding some behavioral tendencies according to socio-economic situations in adolescent groups. When the risk behavior has been studied, school type has showed differences. One possible explanation is that public schools in Peru could be associated with medium low or low socio-economic status and also to problems related with low quality of education, for instance violent behavior among the students, lack of teachers, etc.

In Peru, researchers have reported that economic problems are associated with family violence; gangs being as a consequence, as well as crime and drugs (Rodríguez, 2006) Previously, in the same field, opinions of adolescents, whose age was between 11 and 17, were collected in different Peruvian cities. These teenagers report that their main concern is the one related to street violence (Rädda Barnen, 1998).

During the last few years, studies oriented to understand school violence behavior have paid attention to the bullying phenomenon. This particular way of student behavior is evident at both public and private schools (Oliveros & Barrientos, 2007). However, low socio-economic level shows a higher tendency of risk behavior. Different variables can be associated with violent behavior at schools, but it is important to elaborate arguments on these research findings. In Costa Rican public schools, higher risk of being ill due to inadequate life style was reported. It demands an urgent intervention. Obesity and its consequences is a non-infection disease that is being more and more prevalent in women in this country. Diabetes, as a consequence of being overweight is a problem as well. In Peru, the same problem is evident at private schools and intervention is also required at these institutions. Public school students in general have also shown a higher tendency of suffering accidents. This is probably due to the way in which students go to the school. Low security regulations could also be a variable that can increase such a risk.

According to gender, females are at a higher risk of suffering accidents. This could be due to the fact that young girls are not regularly exposed to protector factors for avoiding undesired pregnancies and infection diseases. They are probably under more pressure than their male classmates and due to this, their risk tendency is higher. More investigation about this topic is needed to be conclusive regarding these results. Some facts are indicative, for instance, in Peru, according to National Youth Secretariat (SENAJU, 2015), the girls who belong to the lowest socio-economic levels have more possibilities to have an undesired pregnancy and know less about methods of contraception. In addition, the women aged between 15 to 29 reported to know about this topic, but just the 50% of them actually use the methods of contraception.

Country, school type and gender have shown differences between the two variables analyzed, coping styles and risk behavior tendencies. This relevant data is a preliminary step for further studies. Scientific research previously reported the relevance of associating risk-behavior tendency with other variables. Coping styles was associated at this time with this aspect and findings provide the opportunity of reaffirming this research path. Besides going deeply into these results, intervention programs must be organized for either public or private schools in both countries.

2.6. Conclusion

Peru and Costa Rica are two Latin-American countries in which a high proportion of adolescents and youngsters make up part of their population. These groups as a whole are not able to finish

secondary school education and probably due to that reason, among others, are vulnerable groups that show some tendencies of risk behavior. Coping styles, as predispositions of managing diverse situations are relevant, according to their association, for predicting the tendency of different behavior.

The present study findings are an important input in terms of future intervention programs. Prevention of mental health in youngsters can be applied using knowledge of some weak points in adolescents. It is a well - known fact that finishing secondary school is an important tool for further social insertion, so students, counselors, teachers and parents must be aware of some psychological particularities of teenagers. As country, gender and school type have shown significant results in terms of risk behavior tendencies this proposal can be adapted to specific requirements and realities.

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