Relationship between Resilience and Family Functioning with Drug Abuse Risk Behaviour among Adolescents

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ABSTRACT

Aims Substance abuse in adolescents is caused by many factors, including family conflicts, negative parenting models, and family estrangement. The aim of this study was to determine the relationship between resilience and family functioning with drug use risk behavior among adolescents in Limo District, Depok city, Indonesia.

Instruments & Methods This descriptive correlational study with a cross-sectional approach was conducted on adolescents aged 10-15 years who lived in Limo District, Depok, Indonesia. 315 adolescents were selected by simple random sampling method. Walsh Family Resilience Questionnaire was used to measure family resilience, and Family Assessment Device was used to measure family functioning. Data analysis was performed using chi-square test and logistic regression analysis.

Findings Family resilience (p=0.011) and family functioning (p=0.001) were significantly related to drug use risk behavior. Adolescents whose families have poor resilience are 1.694 times more likely to engage in risky drug behaviors than adolescents whose families have good resilience. Also, adolescents who have poor-functioning families are 2.054 times more at risk of risky drug behaviors than adolescents whose families function well.

Conclusion Adolescents whose families have low resilience and whose families have poor functioning are 60.7% more likely to exhibit drug use risk behavior.

Keywords Adolescent; Drug Abuse; Family; Psychological Resilience

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CITATION LINKS

[1] Hubungan resiliensi dan keberfungsian keluarga pada pecandu narkoba yang menjalani rehabilitasi [2] Penyelenggaraan program paud (studi evaluatif di pos paud kota jakarta timur, provinsi dki Jakarta) [3] Peran keluarga dalam membangun karakter anak [4] World Drug Report 2017 [5] Survei nasional konsumsi narkoba di 34 provinsi tahun 2017 [6] Development of a new Resilience scale: The Connor-Davidson resilience scale (CD-RISC) [7] A family resilience model of behavioral health for low-income ethnic minority families [8] Adolescents in situations of poverty: resilience and vulnerabilities to sexually transmitted infections [9] Dukungan sosial pecandu narkoba di desa cijeruk, bogor, jawa barat [10] Measuring Walsh's family resilience framework: Reliability and validity of the family resilience assessment among women with a history of breast cancer [11] Dukungan Keluarga dan Resiliensi Peserta Rehabilitasi Narkoba di Kota Palembang [12] Penyesuaian psikologis orangtua dengan anak down syndrome [13] The scale of perceived occupational stress

Introduction

Family is the smallest unit in society that has a very strategic position for development of the quality of human resources, which includes development of the capability to face challenges in life and prevent problems from arising in society. The capability can also be a capital in an effort to break the chain of abuse of narcotics, psychotropics, and addictive substances among adolescents [1]. Based on this explanation, it can also be said that family is one of the factors that play an important role in protecting adolescents from substances/drug abuse.

Hartati [2] explains that family is a place where a child grows and develops, and therefore, a family play a role in shaping the personality and character of a child in terms of moral, ethical, aesthetic, social, and emotional aspects. By taking precautions by families to shape a child's personality and character, one of which is by optimizing family resilience and functioning, children can achieve the success they desire. Families can act as agents to effectively and easily share educational knowledge with individuals, especially adolescents. The parenting style in the family has a significant effect on the probability of success or failure of adolescents in interpersonal relationships in society [3]. Drug abuse and illicit trafficking is still a serious issue in many countries, as it has the potential to negatively affect human resources, especially teenagers. According to the World Drug Report [4], the estimated number of narcotics abusers in the world (aged 15-69 years) was 255 million, with a death rate of 190,000 per year or 512 deceased addicts per day. The majority of drug addicts (74%) abused marijuana and 800 new types of narcotics circulating in various countries. Meanwhile, according to the results of the Survey on Drug Abuse and Illicit Trafficking conducted by the Indonesian National Narcotics Agency and the Center for Health Research University of Indonesia [5] in 34 provinces in Indonesia, the prevalence rate of narcotics abuse in Indonesia is 2.1%. It is estimated that 3 million Indonesians aged 10-59 years abuse drugs, with a death rate of 30 per day. Drug addicts in Indonesia are spread in 3 types of environment: work environment (59.3% or ±2,000,000 drug addicts), educational environment (23.7% or ±800,000 drug addicts), and public environment (17% or ±573,000 drug addicts). Family functioning is fundamental and central for families to work as a whole. Currently, many families have not been able to perform the function of a family properly. Families have an important role through family functioning to prevent risky behaviour of drug abuse among adolescents. It should also be noted that a family is an integrated system where each family member is a part of the system, and the impact of drug abuse can have implications for other family members. The Limo District Public Health Centre (Puskesmas) in Depok is a public health service unit located in West Java Province, Indonesia, whose one of its working areas is Grogol Urban Village, where there are 533 early adolescents who attend private or public junior high school or Islamic junior high school. The authors conducted Focus Group Discussion (FGD) as a preliminary study. It showed that some adolescents have a lot of free time for social engagements with their peers. Based on the interview, 15 adolescents were identified as being at risk for drug abuse, and one adolescent was identified as a drug dealer. The results of interviews with their family members revealed that the parents did not know what their children were doing outside the home.

The aim of this study was to reveal the relationship between family resilience and family functioning with high-risk drug use behaviours among adolescents in Limo District, Depok.

Instruments and Methods

This descriptive correlational study with a cross-sectional approach was conducted in 2020. Data were collected from adolescents aged 10-15 years who lived in Limo District, Depok. The sampling technique used was simple random sampling with a total sample of 315 respondents. The inclusion criterion of the subjects was willingness to answer, and the exclusion criterion was lack of satisfaction to participate in the study. The research data collection procedure started with the administrative process of obtaining ethical clearance from the Depok City Public Health Office, Community Health Centre, and the Limo Urban Village Office. Then, by checking the validity of the questionnaire and distributing the questionnaires among the respondents, the process was followed by a technical procedure. Walsh Family Resilience Questionnaire (WFRQ) was used to measure family resilience, and Family Assessment Device (FAD) was used to measure family functioning.

The Walsh Family Resilience Questionnaire is based on three key family resilience processes. The three key processes each have three subcomponents, namely, family beliefs (consisting of giving meaning to crisis situations, positive outlook, transcendence, and spirituality), organizational patterns (consisting of flexibility, connectedness, socio-economic resources), and communication processes (consisting of clarity, emotional expression, and collaborative problem solving). Six indicators with 54 items measures family resilience using a Likert scale. The indicator of Family Communication and Problem Solving (FCPS) has 27 items, Utilizing Social and Economic Resources (USER) has 8 items, Maintaining a Positive Outlook (MPO) has 6 items, Family Connectedness (FC) has 6 items, Family Spirituality (FS) has 4 items, and Ability to Make Meaning from Adversity (MMA) has 3 items. The answer choices are in the form of a Likert scale. There are four answer choices, including STS (very unsuitable), TS (not

appropriate), S (suitable), and SS (very appropriate). The answer choices are then coded in the form of numbers, namely STS=1, TS=2, S=3, SS=4. Higher scores indicate that the family is more resilient. Family Assessment Device (FAD) measures six main aspects of family functioning, including problem solving, communication, roles, affective responsiveness, affective involvement, and behaviour control. General functioning is also assessed. This scale is prepared with four response options, namely "Strongly Disagree" (STS=1), "Disagree" (TS=2), "Agree" (S=3), and "Strongly agree" (SS=4). In this scale, there are favourable items and unfavourable items: for favourable items, SS=4, S=3, TS=2, and STS=1, and for unfavourable items, SS=1, S=2, TS=3, and STS=4. The evaluation of the results for each dimension is as follows:

Problem solving: good if ≥14, not good if <14; Communication: good if ≥17, not good if <17; Role: good if ≥24, not good if <24; Affective responsiveness: good if ≥17, poor if <17; Behavioural control: good if ≥27, poor if <27; General functioning: good if ≥35, poor if <35.

This research investigated the relationship between independent variables, i.e., characteristics of adolescents, family resilience and family functioning, and the dependent variable, which was high-risk drug use behaviour. These variables were measured simultaneously and were instantaneous. Data analysis included univariate, bivariate, and multivariate analyses. Univariate analysis was used for data related to respondent characteristics (age, gender, and year of education), while bivariate analysis was used to determine family resilience, family functioning, and drug risk behaviour using chi-square test and logistic regression analysis. Multivariate analysis aimed to determine the most dominant independent variable associated with the dependent variable. The statistical analysis used was multiple logistic regression.

Findings

The mean age of respondents was 13±1.02 years old. Most of the adolescents were 13 years old (32.7%). 133 adolescents were male (42.2%) and 182 were female (57.8%). Most of the respondents were in 7th grade (Table 1).

Table 1) Frequency distribution of respondents' demographic characteristics (n=315)

Variable	No.	%
Age (years)		
12	67	21.3
13	103	32.7
14	88	27.9
15	57	18.1
Sex		
Male	133	42.2
Female	182	57.8
School grade		
7th	113	35.9
8th	98	31.1
9th	104	33.0

Regarding family resilience, 156 teenagers (49.5%) were in families with low resilience, and 159 teenagers (51.5%) had families with high resilience. Also, 151 teenagers (47.9%) had poor-functioning families, and 164 teenagers (52.1%) had well-functioning families. In addition, 142 adolescents (45.1%) were at risk of drug abuse, and 173 adolescents (54.9%) were not at risk of drug abuse (Table 2).

Table 2) Frequency distribution of the levels of family resilience, family functioning, and drug use risk behaviour in studied adolescents (n=315)

Variable	No.	%
Family resilience		
Low	156	49.5
High	159	51.5
Family functioning		
Poor	151	47.9
Good	164	52.1
Drug use risk behaviour		
Risky	142	45.1
Not risky	173	54.9

Age, sex, and school grade had no significant relationship with drug use risk behavior (p>0.05), while family resilience (p=0.011) and family functioning (p=0.001) were significantly related to drug use risk behaviour (Table 3).

Table 3) Results of bivariate analysis of the relationship between independent and dependent variables

Independent variables	p
Age	0.399
Sex	0.297
School grade	0.257
Family resilience	0.011
Family functioning	0.001

There were two variables that influenced drug use risk behaviour in adolescents, namely family resilience and family functioning. Adolescents whose families have poor resilience are 1.694 times more likely to engage in risky drug behaviours than adolescents whose families have good resilience. Also, adolescents who have poor-functioning families are 2.054 times more at risk of risky drug behaviours than adolescents whose families function well (Table 4).

Variable	B	S.E.	Wald	p	OR (95% CI)
Constant	-0.814	0.197	17.063	0.0001	0.443
Family resilience	0.527	0.233	5.097	0.024	1.694 (1.072-2.677)
Family functioning	0.720	0.233	9.501	0.002	2.054 (1.300-3.245)

Discussion

Recovering from drug addiction is a long and challenging process. Therefore, it requires the commitment, support and participation of the family. According to Karsiyati [1] and Connor & Davidson [6], resilience is important to support the recovery process, and one of the things that can support

resilience is the family. Families who perform their functions well will also perform their functions well in providing support for the addiction recovery process.

This study aimed to examine the relationship between family resilience and family support with drug risk behaviour in adolescents aged 10-15 years. The results showed that the respondents in this study were dominated by 7th grade (35.9%) female (57.8%) adolescents aged 13 years (32.7%). Drug abuse is still a problem in Indonesia, and drugs are prone to abuse by people of all ages. Cases of drug abuse occur due to several factors, including external factors [7].

External factors are factors that exist outside the client, including the client's family problems, people around the client who abuse drugs, and financial problems. Meanwhile, the internal factors of an individual using drugs include the curiosity of an individual to try using drugs, the urge to have fun, following trends or imitating their idols, the urge to be accepted by certain circle or group, and tendency to avoid life problems instead of solving them [8].

The results of this study indicated that 51.5% of respondents have families with good resilience, 52.1% of respondents have well-functioning families, and 54.9% of respondents have behaviours that are not at risk of drug abuse. Therefore, it can be concluded that most of the respondents already have good internal and external factors to prevent drug use risk behaviour. The results of this study are in accordance with the results of the study conducted by Merinda [9], which proves that the resilience of drug addiction victims who receive social and family support improves more easily than drug addiction victims who do not have social and family support. Based on the above explanation, resilience attitude can be improved by having family support and social support. Family support is expected to help drug addiction victims recover quickly and be productive in their lives [10].

Family support and resilience are factors that play a very big role in the recovery process. Family is the initial environment that creates and provides comfort. If a family does not care about their family member who is a victim of addiction, it will be more difficult for the victim to recover because of low motivation. The results of this study showed that there is a significant relationship between family resilience (p=0.011) and family functioning (p=0.001) with drug use risk behaviour in 10-15 year olds in Depok City. It is supported by the results of the study conducted by Maulinda *et al.* [11], which showed that the better the family support, the higher the level of resilience of former drug addicts. This finding is consistent with the finding of Valentina [12], who considers the family to be an important factor in the recovery process. The behaviour exhibited by the family can reduce the victim's motivation and self-confidence to recover. In psychology, an individual's

capability to recover from difficult life events is called resilience.

Resilience can be defined as capability to recuperate or recover from stress and adapt to stressful situations or adversities [13]. Resilience is also seen as a measure of successful stress coping skills [6].

Based on these opinions, it can be concluded that resilience is an effort of individuals so that they are able to adapt well to stressful conditions and, subsequently, are able to recover and function optimally and overcome adversities.

Resilience is also needed by victims of drug abuse. Resilience will help them to be able to easily recuperate from adversity resulting from drug abuse. Drug abuse victims who have resilient attitude will be able to stay sober, manage emotions, and monitor other positive thoughts and behaviours.

One way to increase the resilience of a victim of drug abuse is family support in the ongoing rehabilitation process.

This study emphasized the importance of family's role in supporting health education in adolescents. To the best of the authors' knowledge, this topic has rarely been discussed in developing countries such as Indonesia, and the use of widely known questionnaires increases the validity of this study. Nevertheless, as the study is cross-sectional, it is difficult to state a causal inference. Longitudinal studies are needed to further assess the impact of family resilience as well as its functioning.

The results of this study are expected to be the basis for policy making by the Indonesian National Narcotics Agency, the Public Health Office, and public health centres in providing health services and guidance related to drug abuse among adolescents and school-age children in general.

Conclusion

Adolescents whose families have low resilience and whose families have poor functioning are 60.7% more likely to exhibit drug use risk behaviour.

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