

## KUAT AS AN INTERVENTION STRATEGY IN RISK CONTROL OF DRUGS ABUSE AMONG ADOLESCENTS AT DEPOK

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### Abstract

Changes in adolescents are one of the reason for their negative acts, including drug abuse. A strategy that can be used by the community health nurse to prevent this is by strengthening the role of adolescent families, so that they could provide their adolescent's needs properly. Based on assessment and identification of problems in adolescents, a program known as Keluarga Untuk Remaja Sehat (KUAT) was arranged in various of action plans for strengthening adolescent and their families as follows: 1) early detection of drug abuse; 2) how to communicate effectively with adolescent; and 3) forming a support group consist of families with adolescents in Kelurahan Cisalak Pasar Depok. The purpose of the study was to investigate the effectiveness of KUAT as an intervention strategy to increase adolescent's skill to control the risk of drug abuse. The method of this research was quantitative research and data was collected through questionnaire after KUAT intervention. A random sample of 72 adolescents who aged 10-19 years old and their families, was chosen. Result of KUAT program is the increasing of adolescent's risk control skill of drug abuse by 94,3% from 48,6% ( $p=0,046$ ). Conclusion is that KUAT as a strategy of intervention was effective and applicable to use in the management of service and nursing care for controlling the drug abuse risk in adolescent. It is recommended that KUAT as risk control of drug abuse is needed for strengthening the role of family to adolescents.

**Keywords:** adolescent, drugs, family, risk, strengthening.

### BACKGROUND

Adolescent is one of human development stage which experience transition that full of energy and have different characteristic from the other stage. Changes in adolescent usually caused a serious problem. In adolescent stage, mind is opened to receive knowledge, learning skill and absorbing positive or negative value from their environment to shape their future attitude and behaviour. (Santrock, 2007).

Characteristic of adolescent that different from another development stage. Adolescent become high risk group in community caused by biological risk, social risk, economical risk, life style, and special life moment (Stanhope and Lancaster, 2004). The physical changes in adolescent is very fast, experienced during adolescence are changes in the form of the body and maturity of reproductive organs as a result of the increasing of reproductive hormone. This changes often caused problem in adolescents. The problem occurs because they are not provided with the right informations.

This is in accordance with the statement of Santrock (2007) that biological changes could become risk in adolescent if they are never equipped with previous information about puberty. Lack of information about adolescent is because sometimes this issue get less attention from the stake holder. Dehne & Riedner (2005) said that until now problems in adolescent still get less attention compared with issues about child, family health, women, and welfare.

Biological change in adolescents, if not well prepared, also can affect them to do things that has a negative risk such as teen pregnancy, bullying, drug abuse, and even suicide (Santrock, 2007). Beside biological change, adolescent also having a social change along with the increasing of age and their level of education. According to Erickson, adolescent stage is a phase of identity crisis. His notion is encouraged by James Marcia who discovered that there are four kinds of self identity in adolescents: identity diffusion or confusion;

moratorium; foreclosure; and identity achieved (Santrock, 2007; Papalia, 2001).

Adolescent characteristic, that in process to find their identity, are often cause problems. At this stage, adolescent wants to be accepted in their new peer so they dare to do negative things (Papalia, 2003).

Further, economical factor could be risk that caused adolescent to behave negatively. It corresponds to research by Nurani (2012) conducted in adolescents at Depok, that 53,8% adolescent with low-income families have less control on risk of drug abuse. Economy also becoming the reason of the next risk factor; life style. According to Ariani (2006) the greatest wish of adolescent is to be independent and decent life, so if they could not fulfilled their wish they will get frustated and start to abusing drugs.

Adolescent in a low-income family are often taught to defend physically and it led them to irregularities behaviours such as juvenile delinquency, gang members, illicit drugs abuse and homeless (Friedman, 2010). Hard life experience can cause adolescent used to negative things and influence from their environment. One of the problems of adolescent and become a global problem is illicit drug abuse.

Illicit drug abuse and its circulation in adolescent has reached an alarming stage, according to UNODC (United Nation Office for Drugs and Crimes, 2010) illicit drug abuser worldwide in 2009 was about 149 million – 272 million people and 3,3%-6,1% of them started abusing illicit drugs at the age 15. This shows that people begins abusing illicit drugs when they are teenagers. Still according to UNODC (2004), illicit drug abuser in Indonesia was about 3,2 million people or equal with 1,5% of total Indonesian population and it is estimated to be increasing.

The increasing of illicit drug abuse case in adolescent, according Allender (2005) is because adolescent was group in community that has the biggest risk of abusing drug abuse. Illicit drug abuse often started in elementary to junior high stage, when they meet a lot of new friends and becoming vulnerable of peer pressure (Papalia, 2003). It correspond with research by Ariani (2006) conducted in senior high school at Bogor Barat that 46,8% of adolescent student is aggressive and smoking. Smoking behaviour could led them to illicit drug abuse, because according to Syarief

(2008) smoking is the gate to abusing illicit drugs.

Bogor is the location where Ariani (2006) conduct the research in Adolescent is a high risk area because it located near with the capital city DKI Jakarta so that transfer of information and illicit drug sirculation happened very fast. The same situation occurs in some satelite city of DKI Jakarta, mainly in Depok that directly bordering it. Besides that, Badan Narkotika Kota Depok (2008) reported that illicit drug abuser in Depok was about 1,5% of total Depok population and 75% of them are at 10-18 year of age. In accordance of BNK Depok report, Marsito (2008) conduct a research in Senior High School Student at Kelurahan Pancoran Mas Depok and found that 8,1% of them were always smoking and 90,9% state that they were smoking because of peer pressure.

One of the areas in Depok that at risk to be the centre of illicit drug abuse is Kelurahan Cisalak Pasar because it is bordered by east jakarta. Early assessment done in March to April 2013 at Kelurahan Cisalak Pasar found that 63,4% adolescent in the area was started to smoke at 10-15 year of age. The high risk of illicit drug abuse in adolescents also can be seen from the results of the early assessment; 51,5 % adolescents are having a low risk control of drug abuse and 19 % of them said that they were smoking because was being offered by a friend. This result shows that adolescent at Kelurahan Cisalak Pasar Depok are having high risk of illicit drug abuse.

The high risk of illicit drug abuse should be able to be prevented properly. Risk control of drug abuse in the community is must be done by all parties, including nurse. The community health nursing as a part of health profession is responsible to be active in increasing healthy behaviour of the community, including prevention of drug abuse in adolescents. Intervention strategies of community nursing that can be administered to control the risk of drug abuse include education related with growth characteristics of adolescent and illicit drug abuse; partnerships in prevention to rehabilitation of drugs abuse; also to empowering the sources in community to be active in the process of preventing illicit drug abuse in adolescents.

One of the strategies that can be used by community health nurses to prevent the risk of drug abuse in adolescents is to strengthen families so that family would be able to

perform a role that fit the needs of their adolescents. Interventions that has been used to strengthen families were known as Strengthening Family Program (SFP), it have been proven scientifically to be effective reduce the risk of drug abuse in adolescents (Kumpfer, et al., 2010).

Strengthening Family Program (SFP) is a training program for parents and families based on experience that has proven to be effective in decreasing behaviour problems, juvenile delinquency, illicit drug abuse, also to increasing their social and academic skills. Increasing the ability of family in order to control the risk of drug abuse in adolescent is one of the responsibilities of community health nurses.

According to Advanced Practice Nursing (APN), nursing role as a specialist are: as an educator, consultant, researcher and change agent. As a change agent, nurse are given a chance to make an innovation program in order to control the risk control of drug abuse in adolescents integrated in a model that modificate the Strengthening Family Program (SFP). The modification are done because the limited resources in applying the program. The new program is known as Keluarga Untuk Remaja Sehat (KUAT).

Keluarga Untuk Remaja Sehat (KUAT) was arranged in various of action plans for strengthening adolescent and their families as follows: 1) early detection of drug abuse; 2) how to communicate effectively with adolescent; and 3) forming a support group consist of families with adolescents in Kelurahan Cisolak Pasar Depok. The implementation of KUAT program is aimed to increase adolescent's skill in controlling the risk of drug abuse.

The purpose of this study is to investigate the effectiveness of KUAT as an intervention strategy to increase adolescent's skill to control the risk of drug abuse.

## METHODS

Data for early assessment were collected by interviews, observations, and questionnaires with purposive sampling for adolescents. KUAT program was implemented through health educations, coaching, counseling and early detection of drug abuse. KUAT was given to 72 adolescents at risk of drug abuse and their parents, also to a support group consist of parents and some local health volunteers (cadres) in 4 months.

KUAT program was given to adolescents, parents of adolescent and local health volunteers. Adolescent group was given health education about growth characteristic of adolescent, risk control of drug abuse including: information about the impact of illicit drug and how to control the risks of abusing it; life skills training to refuse with assertive way; and early detection on risk of drug abuse among their peer. Parents was given health education about adolescents and the risk of abusing illicit drug in adolescent, also trained to communicate effectively with their adolescents. Local health volunteers also given the same thing as parents, added with administration of case finding of illicit drug abuse in adolescent.

## RESULTS

Community nursing care done to overcome adolescent problems in risk of drug abuse with the implementation of KUAT program as an intervention strategy. The program was implemented in the groups consist of adolescents, parents, and local health volunteers.

### Adolescents

Evaluation results after the implementation of KUAT program in adolescents are:

1. Increasing of adolescent's knowledge, attitude and skills in refusing assertively of drug abuse offerences. (knowledge was increase by 29%, attitude was increase by 30%, and skills was increase by 26,4%).
2. Increasing of early detection skills in illicit drug abuse among adolescent by 20%.
3. Decreasing the high risk of adolescent to abusing illicit drugs from 20% to 8,6%.

### Parents

Evaluation results after KUAT implementation on parents group are:

1. Increasing of parents knowledge about adolescent and their characteristic also effective communication skills (increasing knowledge by 27,8% and skills by 37,5%).
2. 80% parents are capable to demonstrate the technique of effective communication with adolescents.

### Local health volunteers

Evaluation results on the local health volunteers are:

1. Increasing the early detection knowledge and skills on abusing drug among adolescents (increasing of knowledge by 23% and skills by 22,8%).
2. Guidebook to run and record the KUAT program independently.
3. Pathway of communication in case finding of drug abuse including adolescent group, community, health service center and government are composed.

The main indicators for the success of KUAT program was the increasing of risk control on abusing illicit drugs among adolescent from 48,6% to 94,3%.

## DISCUSSION

The beginning of the implementation of KUAT program was to form a support group consist of parents and local health volunteers. Support groups is one of intervention strategy to solve the problems in communities. Support group helps to increase personal potential from the group members to reach a better life (Allender & Spradley, 2005). Support group was formed to do the program activities after given the health education and training about risk of drug abuse among adolescents.

Community empowerment including early detection of drug abuse to case management are the responsibility of the support group, so that communities could solve the drug abuse problem independently. Community empowerment is a social action process contain of participation from individual, organizations and communities to reach objectives such as increasing community control, political skill, quality of life and social justice (Wallerstein, in Ervin, 2000).

At the first time forming a support group of KUAT, obstacles that found is perception that the new support group will add more task and will burden the work of community. So that the strategy was to do the activities after their routine meeting. The support group already had a routine meetings and from the plan of actions they urged to add more activities to the meetings that will give them more positive benefits such as sewing training, marketing and internet. This group also expected to develop more link to the private

organization or non government organization that support the prevention of illicit drug abuse in adolescents.

After given the early detection training of drug abuse, KUAT support group also given an effective way to communicate with adolescents. Family skills in communication is very important, because clear and functional communication in families are main tools to keep the family condusive (Friedman, 2010).

Family assessment result was mostly has an ineffective family coping management, basically all has a problem in communication with their adolescents. Besides, parents also complain about their adolescent behaviour such as laziness and spending most of time outside the house. In the problem identification task, almost all families do not know about how to communicate with their adolescents. Health education about adolescent's growth and effective communication was given to overcome this problem. Families also being encouraged to make a decision to overcome the communication problem with implementing effective communication on their families.

Adolescent characteristics and the increasing of cognitive skills are the reason why adolescent often get in a conflict with their parents (Papalia, 2003). Effective communication is needed to interact with adolescent, so that the transfer of informations or messages between parents and adolescents are optimal. According to Currand (1983, in Friedman, 2010) in his research, he state that the main characteristic of healthy family is the clear communication and skills to listen.

Obstacles that parents had during communication with adolescents are often occur as a result of the increasing of intellectual function in adolescents. Barriers in communication between parents and adolescents was often caused by the dysfunction of the communication process such as assumption, judging responses, inability to define needs, failed to listen, and insulting (Friedman, 2010). Effective communication should be able to overcome the dysfunctional of communication process in families.

## CONCLUSION

Clear and effective communication between parents and adolescents were aimed to create a preparation for the adolescent to control the risk of abusing illicit drugs. Parents are responsible to give guidance to anticipate



the risk of problems that happened to their children, so that parents must know how to do the anticipatory guidance. After the implementation of KUAT program, parents are expected to be able to do the anticipatory guidance by communicate effectively with their adolescent. As the main result of the program, adolescent skill to controlling the risk of drug abuse was increasing. It shows that this program were effective to help families give the anticipatory guidance to their adolescents.

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