

ORIGINAL RESEARCH ARTICLE

Exploring the impact of family support and its function on high-risk behaviour among adolescents in Malang City, East Java, Indonesia: A cross sectional study

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Abstract

This study aims to investigate the impact of family support and family function on high-risk behavior among adolescents in Malang City, East Java, Indonesia using Cross-sectional study design. in Malang City, East Java, Indonesia using cross-sectional study design. The sample size consisted of 195 adolescents (aged 15 to 19) with various sociodemographic characteristics, as well as various types of risky behaviors, such as smoking, consuming alcohol, and so on. and so on. The results of the study indicate that perceptions of and family functions are significantly related to the level of adolescent involvement in high-risk behavior. Adolescents who perceive strong family support and cohesive family functioning are significantly less likely to engage in high-risk behavior. Significance test of the model, variable value of the Sig, which is 0.000, which means that the model has an independent variable that statistically significantly affects the dependent variable because the P-value $< \alpha$; (0.000 < 0.05). Family function is a variable that has a value of 0.000 so that it is related to the dependent variable and has a CI value of 95% (0.029-0.348) significantly less likely to engage in high-risk behavior. In addition, gender, age, and other sociodemographic factors also play a role in determining high-risk behavior. These findings underline the important role of the family in shaping adolescent behavior and emphasize the need for providing appropriate sexual information and education by parents. The implication of this research underscores the significance of parental involvement in providing emotional support, information, and supervision for their children. These parental roles can substantially reduce high-risk behaviors among adolescents. (*Afr J Reprod Health* 2024; 28 [10s]: 74-80).

Keywords: Adolescents; family support; family function; high-risk behaviour

Résumé

Cette étude vise à examiner l'impact du soutien familial et du fonctionnement familial sur les comportements à haut risque chez les adolescents de la ville de Malang, Java oriental, Indonésie en utilisant une conception d'étude transversale. dans la ville de Malang, Java oriental, Indonésie en utilisant une conception d'étude transversale. La taille de l'échantillon était composée de 195 adolescents (âgés de 15 à 19 ans) avec diverses caractéristiques sociodémographiques, ainsi que divers types de comportements à risque, tels que fumer, consommer de l'alcool, etc. et ainsi de suite. Les résultats de l'étude indiquent que les perceptions et les fonctions familiales sont significativement liées au niveau d'implication des adolescents dans les comportements à haut risque. Les adolescents qui perçoivent un soutien familial fort et un fonctionnement familial cohérent sont significativement moins susceptibles de s'engager dans un comportement à haut risque. Test de signification du modèle, valeur variable du Sig, qui est de 0,000, ce qui signifie que le modèle a une variable indépendante qui affecte statistiquement de manière significative la variable dépendante car la valeur $P < \alpha$; (0,000 < 0,05). La fonction familiale est une variable qui a une valeur de 0,000, de sorte qu'elle est liée à la variable dépendante et a une valeur IC de 95 % (0,029-0,348) significativement moins susceptibles de s'engager dans un comportement à haut risque. En outre, le sexe, l'âge et d'autres facteurs sociodémographiques jouent également un rôle dans la détermination du comportement à haut risque. Ces résultats soulignent le rôle important de la famille dans la formation du comportement des adolescents et soulignent la nécessité pour les parents de fournir des informations et une éducation sexuelles appropriées. Les implications de cette recherche soulignent l'importance de l'implication des parents dans la fourniture d'un soutien émotionnel, d'informations et de supervision à leurs enfants. Ces rôles parentaux peuvent réduire considérablement les comportements à haut risque chez les adolescents. (*Afr J Reprod Health* 2024; 28 [10s]: 74-80).

Mots-clés: Adolescents; soutien familial; fonctionnement familial; comportement à haut risque

Introduction

Adolescence represents a pivotal stage marked by significant physical, psychological, and mental transformation and also characterized by the tendency for exploration and experimentation as they try to attain self-discovery and independence¹. However, this exploration can be followed by high-risk behaviour that often has lifelong consequences². Views of family support and functioning were negatively associated with engagement in high-risk sexual behavior (HRSB) among adolescents. Adolescents who viewed their families as supportive or well-functioning were less likely to engage in HRSB. Parents/guardians are an important source of sexual and reproductive health information for adolescents³.

Irwin (1990) defines adolescent risk-taking behavior as behavior undertaken of one's own volition, the outcome of which remains uncertain with the possibility of identifiable negative health outcomes⁴. Most high-risk health behaviors, such as smoking, unhealthy diets, and substance use begin before age 18 years old^{5,6}. Addictions and abnormal social behavior in boys and unhealthy eating habits, as well as sedentary lifestyle in girls have been reported as priority risk behaviors. Gender differences can be caused by culture and social environment. It can also be influenced by parents' expectations according to their child's gender⁷.

According to data from the National Narcotics Agency Data and Information Research Centre (Puslitdatin BNN), in 2022, it was found that the prevalence of drug users in Indonesia according to the 15-24 years age group increased from 2019 was 1,80. There was also an increase in 2021 with the prevalence was 1,96^{8,9}. There were 99 new AIDS cases according to the age group 15-19 years cases of AIDS sufferers by province. In 2021, East Java Province was ranked third, after Central Java and Bali (this ranking was in relation to what outcome, is it AIDS prevalence? A reference also need to be cited here). In 2022, the number of new AIDS cases in East Java was 394 cases^{10,9}.

In the 2017 IDHS data, it was recorded that 80% of women and 84% of men admitted to having been in a relationship. 45% of women and 44% of men started to date at age 15-17 years. Most of them admit that they do various activities when they are dating. These activities include holding

hands (64% women and 75% men), hugging (17% women and 33% men), kissing on the lips (30% women and 50% men) and touching (5% women and 22% men)¹¹. Moreover, it was reported that 8% men and 2% women had had sexual reaction. 59% of women and 74% of men reported their first sexual relationship at the age of 15-19 years, with the highest percentage (19%) having their first sexual relationship at 17 years (a reference should be cited here). Among those who have had sexual activity, 12% of women reported experiencing unwanted pregnancies, while 7% of men are too¹²(Did these unwanted pregnancies occur when they were adolescents? Remember, again, that the focus of this present study is on adolescents).

In 2022, by province, 28.51% of people at least 15 years who smoked in the Indonesian Population were from the East Java province, according to data from the Central Statistics Agency¹³. In comparison with other provinces in Indonesia, this statistics places East Java in the 13th place in relation to the percentage of people at least 15 years who smoked in the Indonesian population¹³. Based on data from the Central Statistics Agency), in 2022, 28.51% of the people smoking in the Indonesian population were aged \geq 15 years by province, East Java was in 13th place with a percentage of 28,51%¹³. Furthermore, in 2022 from Indonesian smokers who are at most 18 years old, 6.54% and 0.16% are male and females, respectively¹⁴.

Social interaction, especially for teenagers, starts with family groups. Children learn from parents, siblings, and other family members about what is considered right and wrong by that social group. From social rejection or punishment for wrong behaviour or social acceptance or reward for correct behaviour, children gain the motivation to follow the standards of behaviour set by family members¹⁵.

Family support can be defined as a positive parent-child interactions based on open communication and high parental sensitivity and responsiveness to the child's needs¹⁶. Family support essentially helps adolescents develop greater balance, strengthens them during moments of helplessness and assists in the achievement of developmental tasks¹⁷. The greatest support for adolescents comes from parents and closest family because the family is the main place for adolescent development physically, cognitively, socially, and

emotionally. Provided family supports are in the form of information, assessment, instrumental (Instrumental support is identified by actions that include help with personal and medical care, transportation, and meal preparation), and emotional. These supports entail the provision of infrastructure, services, information, attention, appreciation, as well as advice that can make the recipient feel liked, safe, appreciated, and at ease¹⁸.

Several efforts to prevent and overcome problems in adolescents can thus be possibly done by optimizing the role of parenting by the family. Families that are able to provide good parenting to teenagers will possibly give satisfaction to teenagers, the impact of which is to create resilience and provide a control mechanism for teenagers. Love, support, trust, and optimism from family will possibly make teenagers feel safe and secure, and become powerful weapons against peer pressure, life's challenges, and disappointment¹⁹.

The aim of this study therefore is to examine the impact of family support and family function on high-risk behaviour among adolescents in Malang City, East Java, Indonesia using cross-sectional data. The result from this study will provide empirical evidence, to both parents and the Government, that can be used for addressing high-risk behaviour among adolescents in Indonesia.

Methods

Study design

This study was a cross-sectional design, and was conducted at the senior high school students in Malang City, East Java Indonesia. The study also received ethical clearance with number No.103/S.Ket/KEPK/STIKesKPJ/VII/2023 from Kepanjen College of Health Sciences Malang East Java Indonesia.

Population and sample

The study population comprising 224 subjects in total, was randomly recruited from males and females who were aged in 15-19 years old and attended the lessons. However, 195 adolescents were finally selected for the study.

Study variables

The main independent variables for this study included family support, which was measured the family social support instrument used is perceived social support family (PSS-Fa). This questionnaire consists of 20 statements about family social support that have been back translated into Indonesian. The questionnaire contains closed questions using the Guttman scale. The value of each answer to the family social support variable is divided into favorable and unfavorable indicators. The favorable indicator consists of a "yes" response given a score of 3 (indicating support from the family); a "no" answer given a score of 2; and a "don't know" answer given a score of 1²⁰. The unfavorable indicator consists of a "no" response given a score of 3 (indicating support from the family); a "yes" answer given a score of 2; and a "don't know" answer given a score of 1.

The Family APGAR Scale provides an assessment of family performance regardless of family life and has been used in various studies. This scale is used to diagnose dysfunction in the family system and to help intervene to balance family relationships²¹. The dependent variable in this study is health risk behavior which measured Respondents were asked to report whether they had engaged in a variety of risky and aggressive behaviors, including whether they had engaged in dangerous acts such as speeding, not wearing a helmet, and being involved in fights in the past six months. Questions assessing adolescents' involvement in substance use asked about smoking, alcohol consumption, and use of non-prescription drugs in the past six months. In addition, sexual risk behaviors were assessed with two questions including whether the adolescent had had sex in the past six months. In total, 11 risk behaviors were assessed. Examples of questions used to assess risk behaviors include "In the past six months, have you carried a knife, screwdriver or machete to use as a weapon (yes/no)?", "In the past six months, have you ever drunk alcohol, beer, wine, rum or bush rum or spirits (yes/no)?" and "Have you had sex in the past six months (yes/no)?" One point was assigned to each risk behavior in constructing a composite score²².

Data collection

Data was obtained from questionnaires that were distributed to students by filling out the questionnaire was guided by the research team on August 6-25, 2023 at SMA Laboratorium and SMK Muhammadiyah 1 Malang City, East Java, Indonesia. Data was collected anonymously from respondents through google form, in collaboration with schools to carry out this research. It was conducted by filling out the questionnaire voluntarily without coercion and having previously passed a request for willingness to be a respondent.

Statistical analysis

The collected data was analysed using SPSS (Statistical Package for the Social Sciences) statistical software. Since the dependent (outcome) variable is binary, multinomial logistic regression analysis was used to identify the relationship between the main independent variables (family support and family function) and the dependent variable (risky or non-risky behaviour). The researchers controlled for other independent variables such as age, gender, and education level

of parent, including the main independent variables, in this analysis.

Results

A total of 224 populations. Based on the exclusion criteria, 29 respondents were eliminated. Finally, 195 respondents were included for analysis (Figure 1). consisting of respondent characteristics, adolescent risk behaviour, family support and family function. Based on the results of research on the characteristics of parents' income, it will have an impact on teenagers' attitudes with the result that 34% of teenagers with risky behavior come from families with an income of less than Rp. 3,200,000.00.

The researcher conducted an Overall test, which can be seen in the Pearson value of the Sig variable, which is 0.770, which means the model is fit (suitable for use) because the P-value > α ; (0.770 > 0.05)

The researcher conducted a Significance test of the model, which can be seen in the intercept only final variable value of the Sig, which is 0.000, which means that the model has an independent variable that statistically significantly affects the

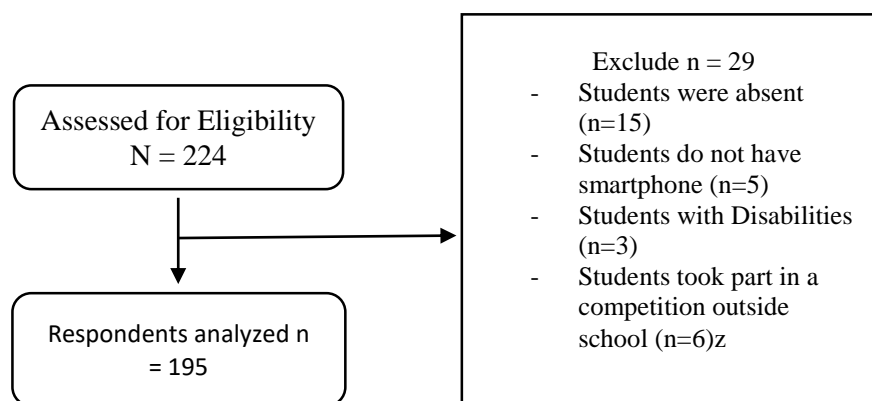


Figure 1: Flowchart of study

dependent variable because the P-value < α ; (0.000 < 0.05).

The Significance test of the model, which can be seen in the intercept only final variable value of the Sig, which is 0.000, which means that the model has an independent variable that statistically significantly affects the dependent variable because the P-value < α ; (0.000 < 0.05).

Discussion

Adolescents living in economically disadvantaged circumstances can be expected to be less satisfied with life and relationships among single parents and reduced life satisfaction may be partly due to economic hardship. Furthermore, national-level expectations among children are positively related

to increasing a country's economic prosperity²³. In the results of family status or adolescent family integrity, there were 39.5% of adolescents with risky behaviour from divorced or incomplete families. This of course increases irresponsible behaviour in teenagers. Deteriorating relationships with absent parents may explain much of the correlation between living in an incomplete family and a variety of negative outcomes or risky health behaviours for adolescents. Therefore, the researchers hope that the negative impact of teenagers living with a single mother or mother and stepfather can mediate and improve communication well²⁴.

Adolescence is a relatively healthy decade of life, where their cognitive and abstract thinking abilities are similar to those of adults. However, adolescents experience higher rates of morbidity and mortality due to risky behaviors²⁵). Many of the high-risk behaviours, including HRSB, tobacco use, substance abuse, and physical inactivity, that result in premature death in adulthood originate in adolescence²⁶.

Adolescents with low family support are at higher risk for any substance use, alcohol use, and possibly tobacco use. Family support is included in the adolescent microsystem and has a direct impact on developing adolescents. Focusing on increasing family support to reduce risk factors for adolescent substance use is critical and consistent with literature indicating that family support is a protective factor for at-risk youth. The researchers found no significant relationship between family support and marijuana use. These results demonstrate the importance of family support in reducing factors in border communities that may place youth at higher risk of substance use. Family support is included in the adolescent microsystem and has a direct impact on developing adolescents. Focusing on increasing family support to reduce risk factors for risky behaviour in youth is critical and consistent with literature, showing that family support is a protective factor for at-risk youth²⁷.

Based on the results above, family function also has a relationship with risk behaviour. The basic functions of the family include affective function, socialization function, reproductive function, economic function and family care function. In this study, the researcher only focused on the affective function of the family and the socialization function of the family because its

function is related to the internal function of the family and the existence of divorce, juvenile delinquency, and other problems that often arise in the family as the family's affective function is not fulfilled²⁸.

In line with previous research conducted by Pattiruhu *et al.*, which aimed to determine the relationship between affective function and family socialization and adolescent sexual behaviour. The results showed that there was a relationship between family affective function and adolescent sexual behaviour²⁹. Therefore, family function is very important in adolescent development in preventing risky behavior. According to Tchuisseu *et al.* found that the role and parenting patterns of parents in sexual and reproductive health and rights and the development of early adolescents. Parental guidance and support serves as an important protector in the lives of adolescents, while insufficient support and guidance can contribute as a risk factor and contribute to adolescents' exposure to sexual health and rights³⁰.

Conclusion

The study indicated that family support and family function are significant plays a crucial role in enabling adolescents to mitigate health risk behaviours. Family support and its function can be maximized if parents have sufficient knowledge and awareness to pay more attention to adolescent health. This study showed that family support and family function can prevent risky behaviour in adolescents. On this occasion, the researchers highlighted the importance of emphasizing a holistic approach that does not just target individual teenagers but rather family involvement. There is thus need for families to support adolescents to prevent risky behaviour in adolescents.

Authors contribution

Rosyidah Alfitri: conception and design; writing manuscript

Kuntoro: conception and design;, data collection and analysis

Mochammad Bagus Qomaruddin: material preparation

Rachma Indawati: conception and design; material preparation; data collection

Rifzul Maulina: conception and design; material preparation; data collection and analysis; review and editing

Conflict of interests

The authors declare that there are no conflicting interests.

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