The Social Sciences 8 (2): 191-195, 2013

ISSN: 1818-5800

© Medwell Journals, 2013

# Measuring the Level of Resilience among Teenagers Involved with Drugs: Implications to Drug Prevention and Rehabilitation

I. Fauziah, N. Subhi, S. Nen, N. Sarnon and K. Alavi Faculty of Social Sciences and Humanities, School of Psychology and Human Development, Universiti Kebangsaan Malaysia, 43600 UKM, Bangi, Selangor, Malaysia

Abstract: Resilience is an important concept with huge implications particularly in prevention and rehabilitation. Thus, the main objective of this study was to determine resilience levels among teenagers involved with drugs and further to propose the prevention and rehabilitation strategies to overcoming the drug problem. In total, 200 teenagers age between 13-21 years from three juvenile Henry Gurney School in Malaysia, took part in this exploratory cross-sectional survey research design. All of these respondents were positively identified involved with drugs. A set of questionnaires were administered to the respondents in group. Results of the study indicate that the majority of teenagers involved in the study had moderate levels of resiliency (75.5%). Findings suggest that teenagers who have been identified involved with drugs should be helped to maintain and strengthen their recovery process. An existing drugs prevention and rehabilitation module must include the principle and processes which strengthen the resiliency among teenagers who are involved with drugs.

**Key words:** Resilience, teenagers, substance abuse, drugs, prevention, rehabilitation

## INTRODUCTION

Drug abuse continues to be one of the most pervasive and serious health problems in many countries including Malaysia. The current trend of substance abuse among adolescents is troubling. Some researchers found that substance abuse is a leading cause to crime (Deitch et al., 2000), poor workplace productivity and lower educational achievement (Fauziah et al., 2011). Adolescents who involved with drugs were also found to have an aggressive behavior that affect their positive development and quality of life as a teenagers (Fauziah et al., 2012a). Malaysia is no exception despite having one of the toughest laws in the world for drug abuse and trafficking. To combat the problem, Malaysia has set a target of achieving a drug-free country by 2015 (Fauziah et al., 2010). In order to materialize this goal various approaches and strategies have been mobilized for the fight drug problem in this country. Among the proactive steps taken by the Malaysian government to combat this problem including prevention drug rehabilitation and education programs on the dangers of drug abuse at the various levels of the society. Even drug prevention programs have been though, implemented by the govt. to resolve the issue however, the drug problem is still become a primary concern in this country as there are still many young people involved with this illegal drug abuse (Fauziah et al., 2012b).

According to Substance Abuse and Mental Health Services Administration SAMSHA in 2006, teens ages between 12-17 years old have the second-highest annual rates of prescription drug abuse after young adults (18-25). The latest statistics released by the National Drug Agency of Malaysia in 2011 shows that 3,302 teenagers aged between 13-24 years reported to involve with drug activities and most of them have low education levels (NADAM, 2012). Many researchers found that academic underachievement, such as grade retention and school dropout leads to poor educational qualifications and thus to low employment status (Moffitt et al., 2002; Fauziah et al., 2011). This situation may affect the lives of young people in the future, especially for those who have poor resiliency. Teenagers with low resilience are easily influenced by their peers (Dishion and Kavanagh, 2000; Russell and Joyner, 2001). Indeed, a low level of resiliency has been identified as one of the reasons why young generations are easily involved with unhealthy social activities such as drugs (Johnston et al., 2004).

**Resilience:** Most theorists and researchers have recognized resilience as a dynamic process (Luthar *et al.*, 2000, 2001; Rutter, 1985; Spencer, 2006), encompassing positive individual adaptation within the context of significant adversity and resources (Luthar *et al.*, 2000, 2001). People who are resilient can effectively cope with

or adapt to, stress and challenging life situations. They learn from the experience of being able to effectively manage a situation, making them cope better with stresses and challenges in the future. Kitano and Lewis (2005) has defined resiliency as returning back elasticity and returning to the original state after encountering failure and the problems such important changes in the family status, occupation, education, divorce, illness and drug abuse. From an ecological perspective, resilience can be regarded as qualities of an individual as well as the individual's environment that help them to face adversity (Ungar, 2005).

The concept of resilience is also associated with the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences and avoiding the negative trajectories associated with risks (Allison et al., 1999; Fergus and Zimmerman, 2005). Research has indicated that some personal characteristics protect young people from substance abuse which simultaneously increase their resilience. These factors include positive relationships that promote close bonds, such as the ability to have warm relationships with family members, teachers and other adults who encourage and recognize a young person's competence (Hawkins et al., 1992). The resilience model suggests that part of preventing teenager's substance abuse is by increasing their protective factors and reducing their risk factors. Protective factors can be internal or external to individuals. Individual physiological, emotional and intellectual characteristics such as general health IQ and coping ability are considered internal contributors to resilience. Meanwhile, families and other organizations, such as schools and health care agencies are considered as an external protective factors (Mandleco and Perry, 2000). Study conducted by Weiland et al. (2012) and Block et al. (1988) found that the factors contribute to resilience may vary depending upon the nature of the adversity. They found that low resilience in preschoolers related to drug use in early adolescence. According to Wong et al. (2006), resilience which remained stable from preschool through teenagers may represent an important component among the psychological strategies needed to cope with the range of personal, social and cognitive challenges facing today's teenagers. Strengthening individual resiliency requires positive lifestye that is the knowledge about appropriate ways of living and factors that affecting it. These knowledge include but not limited to self-understanding, spirituality, occupation, social relationships and the recognition of one's primary mistakes (Bogar and Hulse-Killacky, 2006; Gillespie et al.,

Furthermore, resilience enhancement via lifestyle factors could serve as a shield for the prevention of drug abuse and reduces the likelihood of relapse.

Since, the concept of resilience is an important aspect of human well-being and has been gaining attention among counselors, social workers, health professionals and researchers, therefore a study related to resilience among people who are involved with drugs should be conducted to help the government improve appropriate drug prevention and rehabilitation programs for teenagers. Data that are based on the study about resiliency that are undergoing drug teenagers' rehabilitation is much in need to help in strengthening the drug prevention modules for teenagers. Thus, the research was conducted to measure the level of teenagers' resilience and further proposed to the existing prevention and rehabilitation strategies in order to help overcome the drug problem among teenagers.

### MATERIALS AND METHODS

This research was conducted using cross-sectional survey and analyzed using descriptive analysis. Descriptive analysis according to Chua is a statistic used to describe the characteristics of the variables. The primary data was obtained through a survey using self-administered questionnaire. The resilience item was consisted of 10 items developed by the researchers to measure teenagers' resilience who are involved with drugs. The respondents were asked to respond on a four scale of measurement strongly disagree, disagree, agree and strongly agree.

From the analysis, it was identified that the Cronbach alpha for all constructs showed high reliability (0.82). Thus, the instrument used in this study was proved to be reliable. The level of resilience among teenagers who are involved with drugs were then measured based on the minimum score interpretation (Table 1).

Prior to the research a research proposal together with a letter requesting for permission to conduct research at three Henry Gurney School were submitted to Director General Department of Malaysian Prison. The research instruments were only distributed after written consents were obtained from the Department of Malaysian Prison. To accomplish this study, a total number of 200 respondents were chosen using stratified random sampling (Table 2).

Table 1: Interpretation of the mean score on the level of resilience among teenagers involved in drugs

Mean scores	Interpretation of the mean score
<0.20	Low level
2.01-3.00	Moderate level
3.01-4.00	High level

Table 2: Number of respondents by states

Institution	States	(n = 200)		
Integriti school, Kajang	Selangor	60		
Henry gurney school, Keningau	Sabah	50		
Henry gurney school, Telok Mas	Melaka	90		

The instruments were then personally distributed to the teenagers aged between 13-21 years and later collected by counselors from the respective centers. This procedure achieved 100% response rates from respondents. This is due to the high degree of cooperation between the respondents and the centers' counselors. The data were then analyzed using descriptive statistic through SPSS Version 15.

#### RESULTS AND DISCUSSION

Resilience is an important aspect of adolescents developmental study. In this study, resilience refers to the capability to defend themselves from the negative elements among peers. Table 3 shows the level of resilience among teenagers involved in drug abuse activities. From the study, it was found that the majority (75.5%) of the respondents showed moderate level of resilience while 24 and 0.5% showed high and low level of resiliency, respectively (Table 3).

This study further found that 68.5% of the respondents admitted that they were able to face certain situation calmly were motivated in life (80%) and acknowledged that they were able to rebound in facing life difficulties (74%) (Table 4).

In addition, most of the respondents showed good resilience characteristics in which the majority (90%) admitted that they would not give up easily and would not easily surrender (88.5%). Some researchers found that some good characteristics of resilience such as having positive self-esteem, feeling motivated and self-efficacy are important components of resilience and can help

Table 3: The level of resilience among teenagers involved with drugs

Resilience	n = 200	Percentage
Low (<2.00)	1	0.5
Moderate (2.01-3.00)	151	75.5
High (3.01-4.00)	48	24.0
Total	200	100.0

individuals stay away from doing negative things (Brooks, 1994; Masten, 1994; Cicchetti and Garmezy, 1993). Of all respondents, 62.5% admitted that they were easily influenced by negative behaviors and acknowledged that they were easy to do things that can destroy their life after being pressured by their friends (52.5%). Although, most of the adolescents in the study had moderate levels of resiliency however this also indicates that levels of resiliency are still vulnerable to difficulty of life such as peer pressure. According to the developmental theory, adolescent is a stage where cognitive development that involve moral reasoning concern for future and gratification are not yet well establish. Thus, educational programs and guidance are still much in need to sustain or to enhance level of resiliency.

An effective education strategy to help and protect teenagers from drug abuse should be introduced early in educational program and especially to those who have a record involved with drugs. According to a study conducted by Resnick (2000), an individual who have a strong resilience would be able to resist any peculiarities or behavior beyond the norm of the actual values in a society.

By having strong level of resilience an individual is expected to achieve success in their life despite the difficulties and challenges they encounter. Besides susceptible to negative behaviors, almost all (91%) of 200 respondents admit that they lack of strong self-discipline and are easily influenced by negative circumstances around them. The absence of strong self-discipline among teenagers should be taken seriously by correctional institutions in order to strengthen the program towards recovering these teenagers identity. Without having a strong self-control and discipline, they are not expected be able to protect themselves from negative influences and challenges in life after being released.

 $\underline{\textbf{Table 4: The percentages of resilience among teenagers involved with drug use activities}$ 

	Strongly disagree	Disagree	Agree	Strongly agree	Mm.
Items			(%)		
I usually could face certain situation with a feelings of calm	3.0	28.5	59.5	9.0	2.74
I am a person with motivated	2.5	17.5	57.5	22.5	3.00
I am an easily influenced by negative behaviors	3.0	34.5	50.0	12.5	2.72
I have a strong self-discipline and not easily influenced by others	4.5	46.5	38.5	10.5	2.55
Sometimes i do not sure to do something	4.5	21.0	66.5	8.0	2.78
When i was in trouble, I usually could face the difficulties	4.5	21.5	59.5	14.5	2.84
I may not give up easily	1.0	11.0	59.5	28.5	3.16
I may not go down	1.0	10.5	60.0	28.5	3.16
I had grit in facing the adversity	2.0	27.0	55.5	15.5	2.84
I am not easily doing things that can damage my life even invited by my friends	6.0	46.5	28.5	19.0	2.60

#### CONCLUSION

Resilience is not a trait or characteristics that someone is born with. Some teenagers develop resilience naturally but others will need help. The results of the study showed that the resiliency of teenagers who are undergoing the process of rehabilitation is still at moderate level. Thus all parties, especially parents play an important role in developing resilience among their teenagers, especially who were undergoing rehabilitation program. Parenting however, must also be combined with supportive school and community programs. Factors that positively related to high level of resiliency must be stressed in school and community programs such as self confidence, intelligence and optimism. Ecological aspect also must be take into account when developing the program and this include enhancing a caring and supportive relationship between individual within the community. This is extremely important in helping teens to develop strong resilience thus enabling them to deal better with numerous daily challenges and building a drug-free of life.

## ACKNOWLEDGEMENTS

Researchers have been supported generously by Prisons Department of Malaysia and the Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia on UKM-GGPM-CMNB-007-2010 grant. The researchers would like to express their sincere appreciation for all the support provided.

# REFERENCES

- Allison, D.B., R. Zannolli and K.M. Narayan, 1999. The direct health care costs of obesity in the United States. Am. J. Public Health, 89: 1194-1199.
- Block, J., J.H. Block and S. Keyes, 1988. Longitudinally foretelling drug usage in adolescence: Early childhood personality and environmental precursors. Child Dev., 59: 336-355.
- Bogar, C.B. and D. Hulse-Killacky, 2006. Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. J. Counseling Dev., 84: 318-327.
- Brooks, R.B., 1994. Children at risk: Fostering resilience and hope. Am. J. Orthopsychiatry, 64: 545-553.
- Cicchetti, D. and N. Garmezy, 1993. Milestones in the development of resilience. Dev. Psychopathol., 5: 497-761.
- Deitch, D., I. Koutsenok and A. Ruiz, 2000. The relationship between crime and drugs: What we have learned in recent decades. J. Psychoactive Drugs, 32: 391-397.

- Dishion, T.J. and K. Kavanagh, 2000. Adolescent Problem Behavior: An Intervention and Assessment Sourcebook for Working with Families in School. Guilford, New York, USA.
- Fauziah, I., Z. Arifin, W.S.W. Shahrazad, Z.M. Lukman, A.R.R. Murni, A.Z. Zainah and G.S. Fatihah, 2010. Measuring motivational readiness for change among drug addicts in Malaysia: A descriptive analysis. Social Sci. J., 5: 429-432.
- Fauziah, I., M. Omar, Z.M. Lukman, K. Alavi, N. Sarnon, S. Nen and N. Subhi, 2011. Employment barriers against people with drug use histories. Pertanika J. Social Sci. Hum., 19: 109-115.
- Fauziah, I., A. Khadijah, M.A. Noremy, N. Sarnon and Z.M. Lukman *et al.*, 2012a. The role of family towards current adolescence challenges: Drug prevention and living without drugs. Social Sci., 7: 341-345.
- Fauziah, I., M.S. Mohamad, S.T. Chong and A.M. Azmi, 2012b. Substance abuse and aggressive behavior among adolescents. Asian Social Sci., 8: 92-97.
- Fergus, S. and M.A. Zimmerman, 2005. Adolescent resilience: A framework for understanding healthy development in the face of risk. Annu. Rev. Public Health, 26: 399-419.
- Gillespie, B.M., W. Chaboyer, M. Wallis and P. Grimbeek, 2007. Resilience in the operating room: Developing and testing of a resilience model. J. Adv. Nursing, 59: 427-438.
- Hawkins, J.D., R.F. Catalano and J.Y. Miller, 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychol. Bull., 112: 64-105.
- Johnston, L.D., P.M. O'Malley, J.G. Bachman and J.E. Schulenberg, 2004. Monitoring the Future National Survey Results on Drug Use, 1975a 2003, Secondary School Students (NIH Publication No. 04-5507). Vol. 1, National Institute on Drug Abuse, Bethesda, MD.
- Kitano, M.K. and R.B. Lewis, 2005. Resilience and coping: Implications for gifted children and youth at risk. Roeper Rev., 27: 200-205.
- Luthar, S.S., D. Cicchetti and B. Becker, 2000. The construct of resilience: A critical evaluation and guidelines for future work. Child Dev., 71: 543-562.
- Luthar, S.S., K. Doyle, N.E. Suchman and L. Mayes, 2001. Developmental themes in women's emotional experiences of motherhood. Dev. Psychopathol., 13: 165-182.
- Mandleco, B.L. and J.C. Perry, 2000. An organizational framework for conceptualizing resilience in children. J. Child Adolescent Psychiatric Nursing, 13: 99-112.

- Masten, A.S., 1994. Resilience in Individual Development: Successful Adaptation. In: Educational Resilience in Inner-City America: Challenges and Prospects, Wang, M.C. and E.W. Gordon (Eds.). Lawrence Erlbaum Associates, Hillsdale, NJ., USA., pp. 3-26.
- Moffitt, T.E., A. Caspi, H. Harrington and B.J. Milne, 2002.

  Males on the life-course-persistent and adolescence-limited antisocial pathways: Follow-up at age 26 years. Dev. Psychopathol., 14: 179-209.
- NADAM, 2012. Drug report, 2012. National Anti-Drug Agency of Malaysia, Kuala Lumpur, Malaysia.
- Resnick, M.D., 2000. Protective factors, resiliency, and healthy youth development. Adolescent Med. State Art Rev., 11: 157-164.
- Russell, S.T. and K. Joyner, 2001. Adolescent sexual orientation and suicide risk: Evidence from a national study. Am. J. Public Health, 91: 1276-1281.
- Rutter, M., 1985. Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. Br. J. Psychiatry, 147: 598-611.

- Spencer, M.B., 2006. Phenomenology and Ecological Systems Theory: Development of Diverse Groups. In: Handbook of Child Psychology, Volume 1: Theoretical Models of Human Development, Damon, W. and R. Lerner and R.M. Lerner (Eds.). John Wiley and Sons Inc., New York, USA., pp. 829-893.
- Ungar, M., 2005. Introduction: Resilience Across Cultures and Context. In: Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts, Ungar, M. (Ed.). Sage Publication, Thousand Oaks, CA., USA., pp. 15-36.
- Weiland, B.J., J.T. Nigg, R.C. Welsh, W.Y.W. Yau, J.K. Zubieta, R.A. Zucker and M.M. Heitzeg, 2012. Resiliency in adolescents at high risk for substance abuse: Flexible adaptation via subthalamic nucleus and linkage to drinking and drug use in early adulthood. Alcoholism: Clin. Exp. Res., 36: 1355-1364.
- Wong, M.M., J.T. Nigg, R.A. Zucker, L.I. Puttler and H.E. Fitzgerald et al., 2006. Behavioral control and resiliency in the onset of alcohol and illicit drug use: A prospective study from preschool to adolescence. Children Dev., 77: 1016-1033.