



Mothers' experience in caregiving for stimulant and hallucinogen drug-abusing adolescent[☆]



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Received 13 November 2018; accepted 17 April 2019

Available online 11 July 2019

KEYWORDS

Adolescent;
Drug abuse;
Hallucinogen;
Mother experience;
Stimulant

Abstract

Objective: Substance abuse reaches the youth market (adolescents) even further in these past years. Impact of drug abuse covers wide aspects, particularly from stimulant and hallucinogen type of drugs. The role of parents, especially mother, is pivotal in caregiving for substance-abusing adolescents. Mothers are the closest people to their children, so the role of caregiving is particularly associated with them. The mother's experience has not been explored in-depth, so this study aimed to identify the description of a mother's experience in providing care for stimulant and hallucinogen drug-abusing adolescent.

Method: The study design was qualitative with a phenomenological approach involving eight participants. Data were collected by in-depth interview and analyzed using Colaizzi method.

Results: The study result identified six themes, including grieving response of mother of drug abusing adolescent, closest person's support provides motivation and strength for mother, seeking and maintaining recovery as mother's effort in providing care for substance-abusing adolescent, adolescent's behavior cause drug abuse becomes mothers' burden, adolescent's behavior as the effect of drug abuse influences mothers' psychological condition, and burden perceived by mother as a result of drug abuse by adolescents.

Conclusions: The study result recommended that mother, as the closest person, plays a crucial role in seeking and maintaining recuperation of drug-abusing adolescent and as main focus of intervention due to substance abuse by the adolescent.

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Introduction

Substance abuse has become a common case which can be found all across the globe. Its prevalence in international level from 2006 through 2014 was unstable but increased.¹ The prevalence of substance abuse in Indonesia is fairly high. It was estimated that this case mounted up to 3.8–4.1

[☆] Peer-review under responsibility of the scientific committee of the Second International Nursing Scholar Congress (INSC 2018) of Faculty of Nursing, Universitas Indonesia. Full-text and the content of it is under responsibility of authors of the article.

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million people out of all Indonesian people with exposure risk in 2014, while in the last year it only reached 3.1–3.6 million people.² There were 204 cases of substance abuse throughout 2014 in Yogyakarta. In 2013, its number was even higher, 357 cases.³ A pilot study conducted in National Anti-Narcotics Agency of Yogyakarta revealed that there was a decline in new cases of substance abuse, though the old cases number stayed still. Yogyakarta is ranked eighth among regions with the highest prevalence of substance abuse in Indonesia in 2016 and previously ranked fifth in 2015. Approximately 70–80% of cases of drug abuse involved adolescents and young adults (high school and college students).

Abuse of stimulant drugs, such as meth, has dramatically increased in number for more than 150% over the past 5 years. There are also plenty of cases of hallucinogen drug (marijuana) abuse. Marijuana or cannabis is categorized as the most commonly abused substance in global. The case of Amphetamine-Type Stimulants (ATS) abuse has also seen a raise.¹

Substance abuse has extensive impacts that include medical, criminality, psychosocial, and economical aspects. Education aspect may also be affected by substance abuse which commonly associated with the economic issue. Family perceived the psychosocial impact as the greatest challenge. The family of an individual with a history of substance abuse would experience sadness, embarrassment, disappointment, and other emotions which may generate dysfunction in the family.⁴

Substance abuse mostly occurs in individual aged 15–64 years. Adolescent (aged 11–20 years) is the most vulnerable age group due to seeking for self-identity that happened in this phase. There are numerous health issues and behavioral aberrations that start to develop in adolescent and if they were left untreated may result in developmental problems during adulthood.⁵

Parents played a crucial role in childhood development by teaching a cognitive and non-cognitive skill.⁶ Mother is a central figure in child development. Mother is the first and main educator of the family who is responsible to raise her child in accordance with the child's developmental stage. A strong mother–child bond is starting to develop since pregnancy, delivery, until the child's growth into an adolescent or even adulthood; Mother's compassion and affection are second to none.⁷ Mother's interaction with her teenager is critical for the mutual understanding of their respective needs and desire. A study revealed that improving the intensity of communication with the mother may reduce the incidence of delinquency in adolescents. The communication also represented intimacy and compassion that resulted in an adolescent's perception of comfort and safety and prevented them from promiscuity among teenagers.⁸ Mother is a figure who always provides her child with love abundantly, regardless of the child's appearance. Mother would bear the heaviest psychological burden when her child abused substances.⁹

Method

The study design was qualitative with a phenomenological approach. Samples were selected through purposive

sampling technique, which is a technique in selecting participants by referring to study purpose and inclusion criteria.¹⁰ The inclusion criteria were (1) mother of adolescent aged 11–20 years who abused stimulant and hallucinogen type of drug in Yogyakarta, (2) lived under the same roof with a drug-abusing adolescent, (3) able to communicate properly in the Indonesian language, and (4) competent in reading and writing.

Data were collected through an in-depth interview by employing semi-structured interview guide then analyzed by Colaizzi method. Authors complied with principles of research ethics in conducting this study, that included beneficence, respect for human dignity, and justice.¹¹ Authors complied with principle of beneficence by providing an opportunity for participants to express their experiences in providing care for stimulant and hallucinogen drug-abusing adolescent. They might feel relieved after venting all their stories and authors were heedful and attentive for them, as well as provided suggestion and recommendation only when they needed it at the end of the session.

The principle of respect for human dignity was applied by asking participants to be involved in this study without any coercion. Authors provided information about the study purpose, benefit, risk, and confidentiality prior to involvement in the study. Participants were also provided 24 hours to consider their decision.

Participant's confidentiality was completely protected. Authors kept the interview record and soft copy in a folder that compressed into winrar archiver format (software for file storage) and encrypted by password. Laptop and external hard disk used in this study were also protected by a password. Physical data such as interview transcript, list of participants' descriptions and adolescents' descriptions were put in a case, locked, and stored in a locked cabinet to ensure its safety. Their names were not written on the transcript. Instead, initials were assigned: P1 for the first participant, P2 for the second participant, and so on. The study would be published solely for science development purposes and accessible only by authors and academic community by authorization from the institution.

The principle of justice implies an effort to maintain impartiality and fairness. Every participant candidates were provided with an equal chance to be involved in this study, and following the consent, they were provided with equal treatment and respect. Authors did not discriminate the treatment among participants.

Mauthner, Birch, Jessop, and Miller outlined principles of research ethics for qualitative study which were similar as the ones applied in this study with the addition of nonmaleficence, which defined as participant's privilege to be exempted from risks of the study. It was implemented through convincing participants that the study did not pose any harm, exploit, or cause any physical or psychological discomfort for them. Authors further explained that if they perceive any discomfort during the study, they are allowed to halt the interview process to calm themselves first and resume when they feel ready. Participants were allowed to terminate the involvement in this study if they feel incapable of or inconvenience in expressing all of their experiences.¹⁰

Results

Total of 8 mothers was involved in this study with age ranged from 41 years to 55 years. Highest degree completed by participants: primary school (1 participant), middle school (3 participants), high school (2 participants), and bachelor (2 participants). Majority of them had a middle or low-income household with non-fixed income, and only 3 participants had an income more than 5 millions rupiah. All of them possessed health insurance.

Adolescents' age was ranging from 16 years (2 participants), 17 years (1 participant), 18 years (1 participant), and 20 years (4 participants). 4 out of 8 adolescents were first-born child of family, 2 of them were second child, and the rest was the youngest children of family. The most common substance used by participants included Gorilla tobacco (hallucinogen) (3 adolescents), meth (1 participant), and ecstasy (4 participants).

The analysis result identified six themes, namely: (1) grieving response of mother of drug abuser adolescent, (2) closest person's support provides motivation and strength for mother, (3) seeking and maintaining recovery as mother's effort in providing care for substance-abusing adolescent, (4) adolescent's behavior cause drug abuse becomes mothers' burden, (5) adolescent's behavior as the effect of drug abuse influences mothers' psychological condition, and (6) burden perceived by the mother as a result of substance abuse by adolescents.

Discussion

The grieving response of mother of drug abuser adolescent

Participants perceived various emotions in providing care for their children who abused substances. Grieving was the most common response shared among them. Substance abuse resulted in psychosocial impacts such as sadness, disgrace, rage, disappointment, and despair (4). The family has to deal with various troubles caused by symptoms manifested in adolescent, stigma in society, or financial issues. Efendi stated that when one or a couple of family members were affected by an illness, other family members or another family would likely be affected by such condition.¹²

As stated by the participant:

Ya, I do not know how...struggle, shocked, startled. I mean, what should I do? (P5)

We do not expect our children to be like this, but he ended up this way. So, my first response was I felt really sad. I did not expect this, and it definitely would not be easy to change (P7)

Closest person's support provides motivation and strength for mother

Falls-Stewart, Lam, and Kelley claimed that there was mutual support between family and family member who was afflicted by illness.¹³ The mother of substance abuser adolescent turned into a family member with health issue

due to various responses she had to go through, including fear, disgrace, sadness, and so on. Supports provided by relatives from the core or extended family served as a source of motivation and strength for the mother.

As remarked by participants:

I could not do it at first. But, my husband and children keep on supporting, advising, and encouraging me. The neighbors and relatives also did the same. (P2)

Everyone supported me, his grandfather and uncle picked him up to "Suryalaya". And before that, his grandmother helped him to see the doctor whose name I could not recall. His grandmother did talk to him while stroking his hair (P7)

Seeking and maintaining recovery as mother's effort in providing care for substance-abusing adolescent

Among mother's functions in caregiving is seeking for the recuperation of family member who was afflicted by a disease. All participants strived for their children recovery by looking for information about health service and taking them to it. The literature stated that one of family health functions (mother serves as the main pillar in the family) is to recognize health problem affecting family member, in this case, was substance abuse, and seek for access of health facility for recovery purposes.¹⁴

The treatment of substance abuse is not simple. It is based on the type of substance abused. It generally consists of medical and social rehabilitation. Purpose of medical rehabilitation is for detoxification while social rehabilitation aims to return the patient to the community and resume productivity in life.⁴ Abuse of stimulant drugs, such as ecstasy and meth, induces aggressiveness and unstable emotion in adolescents that require assertive treatment. Abuse of hallucinogen substance, such as gorilla tobacco, generates symptoms of hallucination, uncoordinated smile, excessive laughter, and distorted perception. Management of hallucinogen drug abuse in adolescents emphasizes on body detoxification that followed by counseling once his condition is stabilized.¹⁵

As expressed by participants:

I asked for advice and information to Mrs "Health Volunteer". She told me to take him to the health center and then to "Grhasia Hospital" to be hospitalized for a month. (P4)

In the end, I took him to "Suryalaya" to be rehabilitated. "Suryalaya" is a boarding for repentance which is specifically aimed for substance abuser. (P7)

Adolescent's behavior as the cause of drug abuse

The adolescent may respond positively or negatively toward changes that occurred to himself. Adolescent's positive response is characterized by seeking for information of what happened that helps to accept his condition properly. A negative response is manifested by isolating adolescent from society due to embarrassment and not confidence resulted from the changes that occurred. Changes in adolescents are

thought of as a conflict since they have never experienced it before. McCrae and Costa described that adolescents tend to resolve a conflict in three methods: power assertion, negotiation, and disengagement. Power assertion is the best method for resolving a conflict, it involves positive and constructive attempts to deal with conflict, such as emotional ventilation to unload the burden or problem.¹⁶

As remarked by a participant:

He barely talks with us at home, he used to binge watching in his room. He only goes out of his room when he wants to eat. Do you want to eat? What do you want for the side dish? Egg and sauce? I'll get you the water. (P3)

Adolescent's behavior as the effect of drug abuse

Brain development in adolescence is yet to achieve its optimal level that leads to an irrational decision and lack of impact estimation. Literature revealed that adolescents' brain is still undergoing myelination process which affects their cognitive function, especially in making a decision.¹⁷

Permanent brain damage may result from substance abuse that leads to unstable emotion and mood. The instability causes uncontrollable anger in adolescents. Neurobiological characteristic in adolescence indicates the visible neuroendocrine process is correlated with observable clinical manifestations such as initiative, desire to do activity, stable emotion, and interest. The decline in those aspects was observable in substance abuser adolescents.¹⁸

As suggested by a participant who threw a fit following substance abusing adolescent:

He slammed his helmet once he arrived home. Fuming and knocking everything around. Everything was on the floor. (P8)

Burden perceived by the mother as a result of substance abuse by adolescents

A mother may perceive a serious psychological burden due to substance abuse by her teenager. Various problems emerge due to substance abuse may result in helplessness and hopelessness. Moreover, other external problems such as a problem at work would complicate and make her consider giving in to the situation.

Burden experienced by mother affected her physically. A mother constantly worries about her child thus disrupts her sleep pattern. Lanywati stated that stress, strain, and anxiety might cause sleep disorder (insomnia).¹⁹

Majority of participants in this study had a middle or low-income household. Nowadays, drug distributor syndicate becomes even more skilled and proficient in using an electronic communication device to force, deceive, and persuade teenagers to abuse drugs.²⁰ Most of the participants also reported that their children were persuaded to owe a huge debt to purchase the illicit substance.

As expressed by participants:

Oh my God, I ask you to make my child realizes what he is doing. I can't sleep when I think about my child, Mas. I could not maintain my sleep longer than half an hour. . . I am always awakened. (P8)

Up till now, I am stuck in a huge debt that I could not afford to pay off. I bought that Mio (motorcycle brand) but my child asked for Beat (motorcycle brand). . .and I could not fulfill his wish. So, I turned to the bank loan to fulfill it. (P6)

Conclusion

Mother of substance-abusing adolescent demonstrated a grieving response that required support from her closest people to seek and maintain recuperation of her child. The behavior of substance-abusing adolescent could be identified as cause or effect that resulted in the burden perceived by mother as the caregiver.

Recommendation

- (1) Mother as a caregiver of substance abusing-adolescent experience the greatest burden and grieving that may render her as main focus of the treatment of substance abuse by the adolescent.
- (2) A mother who requires support from family is suggested to undergo Family Psycho-Education or Triangle therapy.
- (3) A nurse may improve his role as an educator by providing information about growth and development in adolescence so the mother would be able to anticipate when changes started to occur in an adolescent.

Conflict of interests

The authors declare no conflict of interest.

Acknowledgements

This work is supported by Hibah PITTA 2017 funded by DRPM Universitas Indonesia No. 366/UN2.R3.1/HKP.05.00/2017.

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