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Research Article

Effective Communication The Foundation of Family Resilience Towards Healthy Adolescent

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Abstract

Family resilience can be used as a guide in efforts to prevent, overcome, and strengthen families who are vulnerable to crises, so that they become a resource to overcome problems, one of which is adolescent health problems. One of the domains of family resilience, namely effective communication patterns between families and adolescents will affect the formation of healthy behavior Quasi-experimental quantitative research pre-post test with control group, respondents are families who have street teenagers who are still returning home (children on the street) in Greater Jakarta and Yogyakarta. The statistical test used was t-test to determine the average score of adolescent healthy behavior after the family implemented the family resilience model. The family resilience model is equipped with a pocket book of tips to increase family resilience. The form of research intervention that was given during 8 meetings contained group education, counseling services, coaching, mentoring, and home visits. The results of the analysis prove that there is a very significant increase in the average score of street youth healthy behavior in families who apply the family resilience model. The successful application of this model is expected to be one of the models of public health nursing services to accelerate the transformation of health pillar 1, namely primary care through promotive and preventive efforts.

Keywords: Family resilience, communication patterns, healthy behavior

INTRODUCTION

Communication is a very basic need in human life. Communication makes it easier for someone to convey information, messages, or ideas to others, so that harmonious relationships are established, including relationships in the family. Families need to build effective communication in order to achieve resilience in the family, because through communication the family can adapt to all very dynamic changes. Family adaptability is manifested by assertive behavior among family members, and it is easier to interact in the face of change so that the family becomes resilient.[1,2]

Family resilience is the family's ability to survive, and rise from the problems or crises being faced, which causes the family to become stronger. Resilience implies tenacity and the ability to live independently and achieve family well-being. The involvement of all family members is very much needed, considering that family resilience is a collective strength in solving problems, one of which is adolescent health problems.[3,4]

Adolescent health problems occur because of the unpreparedness of adolescents in adjusting themselves to physical, cognitive, mental, and social changes. Referring to the profile of Indonesian youth, according to UNICEF, 17% of the total population of Indonesia are teenagers aged 10-19 years with health risk factors during the pandemic, namely: the number of adolescents who smoked cigarettes increased (18.8%), experienced weight gain overweight (15%), increased unhealthy eating patterns (40%), decreased physical activity (49%), fewer opportunities to express opinions (63.1%), and felt more distant from family (25%). This profile complements the results of Basic Health Research (2018) which states that smoking behavior has started since the age of 10 years with routine use of cigarettes every day (13.4%), and there are adolescent using alcohol (9.63%).[5–7]

The data above proves that adolescents are a group that is very vulnerable to maladaptive behavior that can cause illness and death. This is very reasonable considering that adolescence is a transition period for the formation of self-identity, tends to break away from dependence on family, and is more peer-oriented. This condition can actually be used as a teenager's potential to be developed and directed so that adolescents can think positively, creatively, be more responsible for solving problems faced in the phase of growth and development.[8]

Adolescents really need family support in overcoming their helplessness, so that maladaptive behavior such as drug use can be prevented through the establishment of harmonious communication between parents and adolescents by providing each other with psychosocial support and affection. This further clarifies the function of the existence of the family as a support system that is needed by adolescents. The description of effective communication as a subdomain of family resilience that can improve adolescent adaptive behavior to achieve healthy adolescents is the goal of the research conducted by the author.[9,10]

MATERIALS AND METHODS

Quasi-experimental quantitative research conducted in the period June-September 2022 with a pre-post test with control group design to prove the hypothesis that the average score of adolescent healthy behavior in preventing health problems in families who apply the AMPiBI resilience model is higher than adolescents whose families do not apply the resilience model. AMPiBI. The promotion of promotive and preventive efforts for families who apply the AMPiBI resilience model is carried out 8 times through home visits and group activities at halfway houses. The sample size in the study was 76 families of street youth assisted by shelter homes spread over 5 urban areas, namely: Akur Kurnia Kramat Jati, East Jakarta, Tabayun, Bogor Regency, Bina Insan Mandiri, Depok City, Cinta Anak Negri Bekasi City, and Ahmad Dahlan Yogyakarta. Sample inclusion criteria: families who have teenagers aged 12-20 years, teenagers living with their parents, families and teenagers are under construction of a halfway house, and are willing to be sampled.

The questionnaire was compiled based on a literature review and modification of the questionnaire that was used by researchers in 2006 with the reliability coefficient r calculated compared to r table. (knowledge = 0.630; attitude = 0.837; and skills = 0.790).

This research has passed the ethical test from the Ethics Commission of the Yogyakarta Health Polytechnic number e-KEPK/POLKESYO/0692/V/2022 dated May 6, 2022, and has applied the basic ethical principles, namely: respect for human dignity, beneficence, and justice that guarantees human rights. respondent's rights and anticipation of ethical problems. All respondents were provided with information about the objectives, benefits, and procedures of the research in easy-to-understand language. Efforts to reduce the negative stigma of street youth assisted by shelter homes are carried out by ensuring that all respondents receive treatment according to the protocol, and the same benefits without discrimination. This is done to fulfill the element of right to fair treatment, namely the right to get fair treatment.

RESULT

The results of this study describe the difference in the average score of adolescent healthy behavior in families that apply the resilience model with families that do not apply family resilience, as well as the domain of family resilience that has the most influence on increasing adolescent healthy behavior.

Table 1. Frequency distribution of respondents based on their characteristics

Characteristics	Groups	
	Intervention	Control
Age		
14 – 16 years old	11 (28.9%)	14 (36.8%)
17 – 20 years old	27 (71.1%)	24 (63.2%)
Parents educational		
Elementary School	10 (26.3%)	17 (44.7%)
Junior High School	19 (50.0%)	5 (13.2%)
High School	9 (23.7%)	16 (42.1%)
Parents Occupation		
Working	0 (0.0%)	10 (26.3%)
Not working	38 (100.0%)	28 (73.7%)
Parents income		
< IDR 2,700,000/month	34 (89.5%)	29 (76.3%)
≥ IDR 2,700,000/month	4 (10.5%)	9 (23.7%)

Based on the results of the analysis presented in the table above, it shows that the majority of the youth groups in both groups are between the ages of 17 and d. 20 years. The education level of parents in the intervention group was mostly junior high school (50.0%) while the comparison group had more elementary school education (44.7%). Most of the parents in both groups worked.

Table 2. Frequency distribution of street adolescent problems

Characteristics	Groups	
	Intervention	Control
Adolescent are difficult to communicate	27	24
Adolescent find it difficult to learn/decline learning achievement	19	12
Adolescent start smoking	19	18
Adolescent against family rules	12	11
Adolescent ever tried drugs	5	1
Adolescent run away/run away from home	3	1
Adolescent get into legal trouble	1	0

Table 3. Analysis of differences in family resilience in preventing of street adolescent problems

Variable		Groups	N	Mean	SD	p-value
Belief System	Pre-test	Intervention	38	63.34	5.42	
		Control	38	62.79	8.69	
	Post-test	Intervention	38	79.08	4.87	
		Control	38	64.39	7.67	
	Δ Pre-post test	Intervention		15.74	0.551	
		Control		1.6	1.019	
	Δ Total	Intervention		**14.14**	**0.468**	**0.000**
		Control				
Family Organization Pattern	Pre-test	Intervention	38	58.32	6.49	
		Control	38	62.45	5.52	
	Post-test	Intervention	38	77.68	4.31	
		Control	38	64.03	4.94	
	Δ Pre-post test	Intervention		19.36	2.187	
		Control		1.58	0.58	
	Δ Total	Intervention		**17.78**	**1.607**	**0.000**
		Control				
Communication Pattern	Pre-test	Intervention	38	59.71	6.23	
		Control	38	63.63	5.50	
	Post-test	Intervention	38	77.66	4.83	
		Control	38	64.58	5.27	
	Δ Pre-post test	Intervention		17.95	1.406	
		Control		0.95	0.23	
	Δ Total	Intervention		**17**	**1.176**	**0.000**
		Control				
Adolescent maladaptive behavior	Pre-test	Intervention	38	77.74	4.97	
		Control	38	74.82	4.89	
	Post-test	Intervention	38	84.24	4.04	
		Control	38	75.71	4.55	
	Δ Pre-post test	Intervention		10.5	4.223	
		Control		0.89	1.956	
	Δ Total	Intervention		**11.39**	**2.267**	**0.000**
		Control				

The difference in the total mean score of the Family Belief System in the intervention and comparison groups was 14.14 (Standard Deviation 0.468). Meanwhile, the family organization pattern score was 17.78 (SD 1.6) and the communication score was 17 (SD 1.176). Based on statistical analysis of the mean difference for the two unpaired samples, it shows that there is a difference in the mean of the three variables at a significance level of 5% (p=0.000). Likewise for the variable of adolescent maladaptive behavior, there was a difference in scores between the intervention group and the control group (p=0.000).

DISCUSSION

The results of this study prove that families who apply the AMPiBi family resilience model can increase the average score of their adolescent healthy behavior, and communication within the family is one of the important domains in improving adolescent healthy behavior. Changes in healthy behavior that occur in a person are influenced by predisposing, enabling, and reinforcing factors.[8] The existence of effective communication in the family is a reinforcing factor to improve the ability of adolescents to monitor health and have healthy behavior. This study is in line with the results of research conducted by Thoyibah et al. which states that there is a significant relationship between family communication patterns and juvenile delinquency, because functional communication that is applied can prevent adolescent maladaptive behavior including those related to health.[11]

Good communication patterns are one of the important factors in the implementation of family functions which will have an impact on increasing family resilience. Poor communication is one of the causes of conflict between adolescents and their families. Poor communication can occur because of the low frequency of children's willingness to talk to their parents, which triggers parental anger, but it should be realized that this condition can also occur due to the attitude of parents who are less concerned about their child's development. This condition is in accordance with the results of this study which showed that 71% of families in the intervention group and 63% of families in the control group had difficulty communicating with their adolescents. The results of previous qualitative research conducted by Chairani, et al stated that although the family was difficult to communicate with, the family was grateful that the teenager was still open and honest, making it easier for parents to give advice, because the family was afraid that their teenager would use drugs or alcohol.[12,13]

The right communication technique for adolescent can be done by displaying open communication. Open communication is done by providing opportunities to express personal feelings, actively listening, encouraging adolescents to ask questions according to their needs. An open family attitude to develop effective communication will make adolescents feel accepted and valued as human beings, so that a positive self-concept can be formed. Similar research conducted by Luthfa and Muflihah, stated that adolescent smoking behavior can be prevented through the application of functional and open communication patterns. This opinion is reinforced by the statement that communication between parents and children about drugs can be a protective factor in preventing drug use, the study also reports that parents pay attention to communication techniques

during conversations with their adolescents. The process of delivering messages from parents to children during the conversation needs to be considered, because the way messages are delivered from parents can affect the effectiveness of anti-drug use messages. Therefore, all the results of this study are considered by researchers to educate and train families of street teenagers about effective communication techniques between families and adolescents.[14–16]

Families are given a pocket book on tips to improve family resilience to make it easier for families when accompanying teenagers through their stages of growth and development, especially the ability to communicate with teenagers. Increased family communication skills can be proven by an increase in the average communication pattern from 59.71 to 77.66. Interpersonal communication can make families closer to teenagers after knowing there are problems that occur in their teens. In addition, it can form family resilience and strengthen family functions to face increasingly tough challenges.

Improving family communication skills is very important to increase family resilience. Education about effective communication in the family which is implemented in the application of the Amphibian tiered intervention model, aims to make the family have an effective communication pattern between family members, which can strengthen the family's resilience in dealing with family problems.

The increase in the behavior of street youth and the resilience of street youth families is influenced by the behavior of adolescents and the resilience of previous street youth families. Therefore, in implementing the Amphibian tiered nursing intervention model, the concept of flexibility and negotiation is very much concerned. Examples of the application of the concept of flexibility and negotiation are providing opportunities for youth in their groups to choose topics to be discussed by considering prior knowledge, meeting times for health education and coaching, and selecting group members to serve as self-help groups who provide mutual support. The distribution of information is given when street youth and their families receive education about the topics in the pocket book in groups at halfway houses or individually during home visits. The application of the AMPiBi family resilience model can be an enabling factor that facilitates the improvement of adolescent healthy behavior. Considering the form of nursing action in the model is oriented to the cognitive and behavioral domains, which is carried out through health education programs, coaching, mentoring, and 5 home visits. Family resilience can be used as a guide in efforts to prevent, overcome, and strengthen families who are vulnerable to crisis, so that they become a resource to overcome problems. Family resilience also has an effect on increasing high self-esteem in family members including adolescent in it.[17,18]

CONCLUSION

Communication within the family becomes a very important part, because there is openness, mutual empathy, freedom of expression, negotiation, agreement in making decisions, and being proactive in preventing crises.

The communication pattern of street adolescent families that increased significantly was due to education and guidance on effective communication within the family, which was implemented when implementing the family resilience model. The analysis also proves that family communication patterns can strengthen family resilience to make efforts to improve adolescent healthy behavior, because adolescents really need support from their families.

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CONFLICT OF INTEREST

The author declared that don't have conflict of interest

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