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Correlation of Self-Regulation on Enhancing Adolescent Self-Reliance in Preventing Drug Abuse in Medan City

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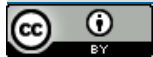
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ABSTRACT

Referring to the World Drugs Report 2020, there has been an increase in global drug use and illicit substance abuse. In 2018, approximately 269 million people worldwide were using drugs. This study aims to examine the influence of self-regulation on the resilience of teenagers in preventing drug abuse. This is a quantitative analytical study with a cross-sectional design. The study population consists of 17,906 students from public vocational schools in Medan City, with a sample of 200 individuals selected through random cluster sampling. The instruments used were questionnaires, and data analysis was conducted using univariate, bivariate, and multivariate analyses with simple regression tests. The data processing results from the 200 student respondents revealed that 49.5% were male and 50.5% were female. Among them, 56.5% had low levels of self-regulation, while 43.0% exhibited sufficient resilience. Bivariate analysis using the Chi-Square test yielded a p -value of 0.0001 ($p < 0.05$), indicating a significant relationship between self-regulation and teenage resilience in Medan City regarding drug abuse prevention. Referring to the findings of this study can be generally understood that self-regulation influences adolescent resilience in preventing drug abuse

INTRODUCTION

Referring to the World Drugs Report 2020 issued by the United Nations Office on Drugs and Crime (UNODC), which deals with drug and crime issues, there has been an increase in global drug and illicit drug use. In 2018, approximately 269 million people worldwide used drugs and illicit substances, 30 percent higher than in 2009, when more than 35 million people suffered from drug abuse.

In Indonesia, the problem of drug abuse is currently severe and alarming, considering the number of users, the proportion of abusers, and the types and quantities of drugs being abused and circulated in the black market.

The National Drug Abuse Survey data released by the National Narcotics Agency (BNN) recently stated that the predicted prevalence of drug abuse among the Indonesian population aged 15-64 in 2019-2020 increased from 1.08% in 2019 to 1.95% in 2021. From this data, in 2019, 4,534,744 people admitted to ever using drugs, and 3,419,188 people admitted to using drugs in the past year. In 2021, 4,827,616 people admitted to ever using drugs, and 3,662,646 people admitted to using drugs in the past year.

The National Narcotics Agency (BNN) revealed that the prevalence of drug use in North Sumatra in 2019 was 256,000 people (1.80 percent). According to data from the North Sumatra BNNP in 2019, there were 269 cases of underage individuals under 16 years old undergoing rehabilitation, while for the age group of 17-25, there were 2,349 cases.

In Medan City itself, according to the mapping conducted by the National Narcotics Agency on drug-prone areas in 2021, out of 21 mapped districts, 18 sub-districts were categorized as dangerous, and 126 sub-districts were categorized as alert. This means that no area in Medan is free from drug abuse and the illicit drug trade.

An individual's behavior is influenced or determined by factors both internal and external to the individual. According to Lawrence Green (1980), human behavior is influenced by predisposing, reinforcing, and enabling factors.

These three factors are necessary to shape a person's behavior to have a healthy lifestyle.

According to the World Health Organization (WHO), adolescence is the period between 10-19 years old, while the United Nations (UN) defines *youth* as individuals aged 15 to 24. Meanwhile, according to the Health Resources and Services Administration Guidelines of the United States, the age range for adolescence is divided into mid-adolescence (15-17 years old) and late adolescence (18-21 years old). These definitions are then unified under the term "young people," which includes individuals aged 10-24 (Kusmiran, 2014).

The adolescent period is a transitional phase from childhood to adulthood, often marked by the crisis of adolescent identity-seeking. This condition often becomes the root of adolescent problems, where they are often trapped in a free association that leads to negative behavior, such as drug use. Initially, they experiment and become dependent (Mustamin, 2015). According to Wiraguna (2022), adolescents are generally a vulnerable group easily tempted to use drugs due to their social environment. Lack of knowledge about the backgrounds of their peers can lead to involvement in negative social circles.

Low resilience can cause adolescents to feel down and engage in negative behaviors. Adolescents with low resilience tend to experience despair and engage in negative behaviors such as fighting, consuming illicit drugs, and getting involved in free associations, which can negatively impact their prospects (Dewi & Hendriani, 2014). Some factors that can influence the level of resilience among adolescents are self-regulation.

To have good resilience, adolescents must also have a capability called self-regulation. Bandura (Slavin, 2011) states that self-regulation is an individual's ability to control behavior. Cervone and Pervin (2010) add that self-regulation is an internal motivation that leads to a person's desire to determine goals in life, plan the strategies to be used, and evaluate and modify their behavior.

Self-regulation is a foundation for building resilience in adolescents. A study conducted by Wills & Bantum (2012) found that self-regulation variables were related to resilience as a protective factor against adolescent behavioral problems. Artuch et al. (2017) also stated in their study that there is a significant correlation between resilience factors (CD-RISK) and self-regulation.

Based on the explanations above, it shows that building strong resilience and self-regulation can significantly contribute to the development of protective factors. Therefore, the researcher is interested in examining the influence of self-regulation on adolescents in preventing drug abuse.

METHODS

In this study, the method used is quantitative research with an analytical approach using a cross-sectional design. The analysis methods employed include Univariate, Bivariate using chi-square at a 95% confidence level, and Multivariate analysis. The research was conducted in Medan, specifically in the environment of Vocational High Schools located in

districts categorized as high-risk areas for drug abuse and illicit drug trafficking.

Data collection was conducted using two sources of data, namely primary and secondary data. Primary data was obtained through interviews and measurements guided by questionnaires, while secondary data was obtained from the BNN behavior survey data and the BNN drug-prone area mapping data. The population in this study was all students in 14 public Vocational High Schools (SMK) located in Medan City, with a total number of students referring to the Dapodikdasmen (primary and secondary education data), data as of December 7, 2022, being 17,906 students. The determination of the sample in this study began by determining the number of public SMKs by taking 30% of all public SMKs in Medan City, resulting in 4 out of the 14 public SMKs being selected in Medan City. Next, for the determination of the sample size, the ISSAC and Michael table was used, based on the population size in the four public SMKs in Medan City, with a 10% margin of error, resulting in a sample size of 200 students in this study.

Table 1. Population and Samples

Schools	Students	Calculation	Samples
SMK Negeri 2 Medan	214	$214 : 800 \times 200$	53
SMK Negeri 7 Medan	188	$188 : 800 \times 200$	47
SMK Negeri 8 Medan	192	$192 : 800 \times 200$	48
SMK Negeri 9 Medan	206	$206 : 800 \times 200$	52
Total	800		200

The independent variable in this study is Self-Regulation (the ability to control impulses, emotions, and environmental influences). The dependent variable is adolescent resilience in drug abuse prevention.

For self-regulation and assertiveness, the scores are considered good if they are >75% of the highest score obtained, satisfactory if they are 55%-75% of the highest score obtained, and poor if they are <45% of the highest score obtained for all questions.

RESULTS AND DISCUSSION

Based on the table below, the information obtained is that the distribution of respondents by gender consists of 49.5% males and 50.5% females. According to this research, the group with the highest number of respondents is females, accounting for 50.5%. Regarding the categorization of respondents based on religion, according to this research, 69.5% of respondents are Muslims, 23.5% are Protestant Christians, and 7% are Catholic Christians. The majority religion in this research is Islam, accounting for 69.5%.

Characteristics of respondents. The distribution of respondents by age group is as follows: 1.0 percent for the 14-year-old age group, 24.0 percent for the 15-year-old age group, 50.5 percent for the 16-year-old age group, 22.5 percent for the 17-year-old age group, 1.5 percent for the 18-year-old age group, and 0.5 percent for the 19-year-old age group. Based on this research, respondents in the 16-year-old age group dominate with 50.5 percent.

Next, the distribution of respondents by gender is 49.5 percent male and 50.5 percent female. According to this research, the majority of respondents are female, accounting for 50.5 percent.

Then, the distribution of respondents based on religion reveals that 69.5 percent of respondents are Muslim, 23.5 percent are Protestant Christians, and 7 percent are Catholic Christians. The majority religion in this research is Islam, accounting for 69.5 percent.

Table 2. Respondent Characteristics

Respondent Characteristics	n	%
Age		
14 Years old	2	1.0
15 Years old	48	24.0
16 Years old	101	50.5
17 Years old	45	22.5
18 Years old	3	1.5
19 Years old	1	0.5
Total	200	100.0

Table 3. Respondent Characteristics

Respondent Characteristics	n	%
Sex		
man	99	49.5
woman	101	50.5
Total	200	100.0
Religion		
Islam	139	69.5
Kristen Protestan	47	23.5
Kristen Katolik	14	7.0
Total	200	100.0

There are 113 people (56.5%) who have a Low level of self-regulation, 44 people (22.0%) who

have a Good level of self-regulation, and 43 people (21.5%) who have a Moderate level of self-regulation.

Table 4. Result of Self Regulation

Self Regulation	n	%
Good	44	22.0
Enough	43	21.5
Less	113	56.5
Total	200	100.0

There are 86 individuals (43.0%) who have a Moderate level of self-resilience, 64 individuals (32.0%) who have a Good level of self-resilience, and 50 in-

dividuals (25.0%) who have a Low level of self-resilience. Based on these assessment results, it can be concluded that the majority of people in the sample have a Moderate level of self-resilience.

Table 5. Result of Self Resilience

Self resilience	n	%
Good	64	32.0
Enough	86	43.0
Less	50	25.0
Total	200	100.0

Bivariate Analysis

Table 6. The Measurement Results of the Relationship Between the Independent Variable and the Dependent Variable

Variable	Self Resilience								p. value
	Good		Enough		Less		Total		
	n	%	n	%	n	%	n	%	
Self Regulation								100,0	
Good	27		16		1		44	100,0	0.0001
Enough	18		19		6		43	100,0	
Less	19		51		43		113	100,0	

The analysis of the relationship between self-regulation and resilience using the chi-square test resulted in a p-value of 0.0001 ($p > 0.05$), indicating that there is a relationship between self-regulation and resilience among adolescents in the city of Medan.

CONCLUSION

Referring to the findings of this study can be generally understood that self-regulation influences adolescent resilience in preventing drug abuse. In other words, adolescents with good self-regulation will also have good self-reliance or resilience. In contrast, young individuals with poor self-

regulation will not have good self-reliance regarding drug abuse prevention. The analysis of the relationship between self-regulation and self-reliance using the chi-square test yielded a p-value of 0.0001 ($p > 0.05$), indicating a relationship between self-regulation and self-reliance among adolescents in Medan City. Based on the research findings and conclusions above, there are several recommendations that the researcher can provide to enhance adolescent self-reliance in preventing drug abuse. These include: To develop good resilience for the prevention of drug abuse, adolescents should strengthen assertive behaviors and have good self-regulation; schools should develop curriculum and teaching materials to strengthen adolescent resilience in preventing drug

abuse, especially those related to assertive behavior and self-regulation; parents should attend training programs to acquire knowledge and skills related to adolescent self-reliance, which can help adolescents develop good assertive behavior and self-regulation.

REFERENCES

Artuch-Garde, R., González-Torres, M., de la Fuente, J., Vera, M. M., Fernández-Cabezas, M., & López-García, M. (2017). Relationship between Resilience and Self-regulation: A Study of Spanish Youth at Risk of Social Exclusion. *Frontiers in psychology*, 8, 612. <https://doi.org/10.3389/fpsyg.2017.00612>

Badan Narkotika Nasional Sumatera Utara. (2019). Penyalahgunaan narkoba. Diakses dari <https://sumut.bnn.go.id>

Badan Narkotika Nasional. (2018). Laporan Akhir Pemetaan Ketahanan Diri (Anti) Narkoba. Jakarta: Badan Narkotika Nasional Republik Indonesia.

Cervone, D., & Lawrence, A. Pervin. (2010). *Kepribadian: Teori dan penelitian*. Jakarta: Salemba Empat.

Dewi, N. R., & Hendriani, W. (2014). Faktor protektif untuk mencapai resiliensi pada remaja setelah perceraian orang tua. *Jurnal Psikologi Klinis dan Kesehatan Mental*, 3(3), 37-43.

Green, L. (1980). *Health Education: A Diagnosis Approach*. The John Hopkins University, Mayfield Publishing Co.

Kusmiran, E. (2014). *Kesehatan Reproduksi Remaja dan Wanita*. Jakarta: SalembaMedika.

Mustamin, M. (2016). Studi tentang Penyebab Penggunaan Narkoba Dikalangan Remaja di Kelurahan Penana'e Kecamatan Raba Kota Bima. *Jurnal Ilmiah Mandala Education*, 2(2), 237-249.

Slavin, R. E. (2011). *Psikologi pendidikan: Teori dan praktik*. Jakarta: Indeks.

United Nations Office on Drugs and Crime. (2014). *Terjemahan Panduan pelaksanaan pencegahan narkoba berbasis sekolah*. Jakarta: UNODC.

Wills, T. A., & Bantum, E. O. C. (2012). Social support, self-regulation, and resilience in two populations: General-population adolescents and adult cancer survivors. *Journal of Social and Clinical Psychology*, 31(6), 568-592.

Wiraguna, D. N. A. (2022). FAKTOR PENYALAHGUNAAN NAPZA TERHADAP KEHIDUPAN REMAJA. *Bunga Rampai Isu-Isu Krusial tentang Narkotika, Alkohol, Psikotropika, dan Zat Adiktif Lainnya (NAPZA)*, 204.