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ANALYSIS OF THE RELATIONSHIP BETWEEN CHARACTERISTICS OF TEENAGERS AND FAMILY FUNCTIONS ON TEENAGERS' BEHAVIOR FOR CONSUMING DRUGS IN EAST JAVA

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ABSTRACT

This research aims to analyze the relationship between the characteristics of teenagers and family functions as well as the understanding of narcotics, psychotropics, and addictive substances on the behavior of teenagers consuming drugs in East Java as a response variable with a binary scale. The data source obtained through secondary data from the Performance Survey and Accountability Program 2019 with the observation unit teenagers aged 10-24 years. The sample used is 4,649. The analytical method used is descriptive statistics, the *Chi-square* method, and Odds Ratio (OR). The percentage of adolescent consuming drugs is 4.1% descriptively. The relationship analysis shows that the variables significantly related to young people's behavior in consuming drugs are gender, place of residence, level of education, age group, religious values, and psychological consequences. From the OR figures concluded that young males are 3.2 times more at risk of consuming drugs than young females. From the aspect of family function, it can be inferred that the percentage of young substance abusers from families who apply religious values is greater than those who do not. The findings of this research show that the risk of young people from families who practice religious functions becoming substance abusers are 1.61 times more compared to families who do not practice it. The understanding of drugs is not always related to teenagers' behavior in consuming drugs, because those who understand the psychological consequences of substance abuse are also 1.64 times more at risk of using drugs compared to teenagers who do not understand.

Keywords:
family functions,
drug consumption,
teenagers,
Chi-square,
Odds Ratio

ABSTRAK

Penelitian ini bertujuan untuk menganalisis hubungan antara karakteristik remaja dan fungsi keluarga serta pemahaman tentang Narkotika, Psikotropika, dan Zat Adiktif (NAPZA) terhadap perilaku remaja mengonsumsi NAPZA di Jawa Timur sebagai variabel respon yang berskala biner. Sumber data diperoleh melalui data sekunder dari Survei Kinerja dan Akuntabilitas Program (SKAP) 2019 dengan unit observasi adalah remaja berusia 10-24 tahun. Sampel yang digunakan sejumlah 4,649 remaja. Metode analisis yang digunakan adalah statistik deskriptif, analisis hubungan dengan metode Chi-square, dan Odds Ratio (OR). *Secara deskriptif, persentase remaja mengonsumsi NAPZA sebesar 4.1%. Hasil analisis hubungan menunjukkan bahwa variabel yang signifikan berhubungan dengan perilaku remaja mengonsumsi NAPZA adalah jenis kelamin, tempat tinggal, tingkat pendidikan, kelompok usia, nilai-nilai agama, dan pemahaman akibat psikologi. Hasil dari nilai OR yang didapatkan, dapat disimpulkan bahwa remaja laki-laki berisiko mengonsumsi NAPZA 3.2 kali dibandingkan remaja perempuan. Dilihat dari aspek fungsi keluarga, disimpulkan bahwa persentase remaja dari keluarga yang menerapkan nilai-nilai agama lebih besar dari yang tidak menerapkan. Temuan dari penelitian ini adalah risiko remaja dari keluarga yang menerapkan fungsi agama justru akan mengonsumsi 1,61 kali dibanding keluarga yang tidak menerapkan. Pemahaman terhadap NAPZA tidak selalu berhubungan dengan perilaku remaja mengonsumsi NAPZA. Hal ini disebabkan remaja yang paham akibat psikologi berisiko 1.64 kali menggunakan NAPZA dibandingkan remaja yang tidak paham.*

Kata kunci:
fungsi keluarga,
konsumsi NAPZA,
remaja, Chi-square,
Odds Ratio

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INTRODUCTION

Adolescence is a developmental phase between childhood and adulthood in which there is a tendency to experiment and follow trends and lifestyles, although all these tendencies are natural but it can also make it easier for teenagers to be encouraged to abuse narcotics, psychotropics, and addictive substances (drugs). The World Drugs Reports 2018 states that as many as 275 million people in the world or 5.6% of the world's population (aged 15-64 years) have ever consumed drugs (1). Narcotics abuse among adolescents is also increasing, where there is an increase of 24 to 28 percent of adolescents who use narcotics.

Factors causing drug abuse are broadly influenced by three factors, namely individual or personality factors, family factors and environmental/residential factors (2). In addition, the risk of drug abuse can be influenced by various factors, one of which is family (3). The role of the family is very important for a child because the family has an obligation to provide education and character building for children, and the most dominant factor influencing is worship in the family where strong family ties through emotional relationships and empathy for children are the most decisive things whether a child can abuse drugs or not (3). It was stated that until now the most effective drug abuse prevention efforts are prevention efforts carried out by families, especially parents, because parents and family are the closest environment that can influence a person's behavior, so it is very important to strengthen the role of parents in anticipating the dangers of drugs (4).

The family is a personal shaper for a person, so that parents and family members become examples and learning materials in shaping the child's personality (5). The National Population and Family Planning Board or *Badan Kependudukan dan Keluarga Berencana Nasional* (BKKBN) has a role in realizing a prosperous and quality family through the Family Development Program. The implementation carried out by the BKKBN is by optimizing eight family functions. Operationally, a prosperous family is a family that can carry out eight family functions, namely 1) religious function, 2) socio-cultural function, 3) love function, 4) protection function, 5) reproductive function, 6) socialization and education function, 7) economic function, 8) environmental development function (6).

Families who apply the eight family functions are expected to optimize a harmonious family so that it can reduce the tendency of teenagers to feel the desire to consume drugs. Data from the 2019 Program Performance and Accountability Survey (PPAS) show that the percentage of adolescents who consume drugs in East Java is 4%, so there are actually far more people who do not use drugs (7). However, the fact that the behavior of teenagers consuming drugs, is such as the iceberg phenomenon, only seen a little but what is not seen can actually be more. East Java Province in the 2010-2012 period ranked first in the number of drug cases by province (8). Based the problems above, it is interesting to know the relationship between adolescent characteristics and family function on the behavior of adolescents consuming drugs in East Java. The focus of this study is to analyze the relationship between adolescent characteristics and family function on adolescent drug-taking behavior in East Java.

METHODS

The design of this study is a cross-sectional design using secondary data from the *Survei Kinerja dan Akuntabilitas Program Program* (SKAP) or Performance and Accountability Survey (PPAS) for the Family Planning and Family Development (KKBPK) 2019. This PPAS survey is designed to estimate at the national and provincial levels, where the target population of this survey is fertile women aged 15-49 years and adolescents aged 15-24 years (9). This PPAS is used to assess the performance that has been done compared to the target that has been set. PPAS data source used in this study was using raw data from two PPAS modules, namely the 2019 PPAS Family Module, and the 2019 PPAS Youth Module using the research area in East Java Province.

The amount of data from the two modules will be combined, with details where the number of family data are 11,064 and the number of youth data are 1,768. After merging, a sample of 1,559 adolescents was obtained. Furthermore, weighting is carried out on each sample, and the amount of data used in this study is 4,649 samples. The addition of 3,090

samples is included in the data augmentation process using the Synthetic Minority Oversampling Technique (SMOTE), where SMOTE works by utilizing the k-nearest neighbor algorithm to generate data (10).

SMOTE starts first by selecting random data from the minority class, then the K-th nearest neighbor of the data is assigned. Synthetic data will then be generated between random data and randomly selected K-th nearest neighbors. The process will stop when the positive and negative classes have reached the desired proportion, where this proportion is defined by the researcher in the case of imbalance (determined until the two classes are balanced in their observations).

The research variables used in this study include the characteristics of adolescents, family functions, and knowledge about drugs as variables that are thought to influence the behavior of adolescents consuming drugs. Variables of adolescent characteristics consist of gender, location of residence, education (elementary school/no school, junior high school/junior high school, high school/high school, and university/college), age, and working status. The environmental factors used will be represented by an understanding of the eight family functions. The eight functions of the family include religious values, socio-culture, love, protection, basic reproductive functions, socialization and education, economy, and the environment. Knowledge behavior factors related to drugs will be represented by an understanding of drugs, an understanding of the physical consequences of drugs (eight indicators), an understanding of the psychological consequences of drugs (six indicators), and an understanding of the socio-economic consequences of drugs (three indicators). The dependent variable used in this study is the behavior of adolescents consuming drugs.

Some research variables require operational definitions in order to facilitate interpretation. There are four indicators for each family function value (excluding “Other” and “Don't Know”) that are measured in it (7). The family is assumed to instill the values of the family function if it fills one or at least one indicator that already exists in the concept of a value; it will thus be considered that the family has instilled values in the family function. For example, in measuring the inculcation of religious values in a family function if the answer from the respondent chooses "Yes" on one of the four indicators or at least one of them is worshiping, tolerant, doing good, and being patient and sincere, then the family is assumed to have instilled or understood religious values. And so on for the other values.

Adolescent behavior in consuming drugs in this study was appointed as a response/dependent variable which has a nominal data scale with two categories. The characteristics of adolescents and family functions in this study mostly have nominal data scales, so the *Chi-square* statistical method is used which has the advantage of being easy to interpret and calculating the Odds Ratio value. This Odds Ratio can describe changes in both increase and decrease which have a tendency for every increase in one unit of the independent variable (if the independent variable data is continuous). Odds ratio can also describe differences in trends between categories, if the independent variable used is categorical data (11).

There are several stages of the analytical method carried out in this study. The initial stage is to pre-process the data, where in this process processes will be carried out such as eliminating missing values and performing recordings for several variables. The next stage is the descriptive statistics stage, namely the description of each variable used in the study including the percentage of adolescents who consume drugs in each variable by cross-tabulating. The next stage will be a dependency test on the behavior of adolescents consuming drugs with all variables. The next step after the dependency test is to estimate the points and intervals of the Odds Ratio value. The two most important things in OR, namely the first category of events that is the reference in calculating OR and second is the definition of groups or groups as "group 1" and "group 2" in calculating OR.

RESULT

The results of the 2019 PPAS show that the percentage of East Java adolescents who have ever consumed drugs is approximately 4.1% of the total research data used; this means that there are 191 adolescents who have used drugs out of 4,649 adolescents. The description of adolescent drug consumption behavior was explored in several ways, such as adolescent

characteristics, family functions and understanding of drugs. One of the tools that can be used is cross-tabulation, as presented in Table 1.

Table 1 shows that descriptively there is a tendency for the percentage of adolescents in East Java to consume drugs with the highest number being male adolescents living in urban areas who have a high school education background aged 15-19 years and have working status. Table 1 also shows an interesting thing that the higher the education of the respondents, the lower the tendency not to consume drugs, it can be seen that the percentage of respondents who have a higher education background (college) is lower than the others. Another interesting fact is that it can be said that respondents who are teenagers (15-19 years old) have a tendency to consume drugs compared to other age categories (12). Another interesting fact is that respondents who have jobs actually have a greater tendency to consume drugs.

Table 1. Characteristics of Adolescents Associated with Adolescent Behavior in Taking Drugs

Variable	Criteria	Teens Taking Drugs				Total	%
		Yes		Not			
		Amount	%	Amount	%		
Teenage Gender	Man	148	77.5	2,317	52.0	2,465	53.0
	Woman	43	22.5	2,141	48.0	2,184	47.0
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Teens Residence	Urban	114	59.7	2,380	96.6	2,494	53.6
	rural	77	40.3	2,078	84.3	2,155	46.4
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Youth Education	Elementary/ No formal Education	39	20.4	938	21.0	977	21.0
	Junior High School	50	26.2	1,451	32.5	1,501	32.3
	Senior High School	80	41.9	1,714	38.4	1,794	38.6
	College	22	11.5	355	8.0	377	8.1
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Age Group	10-14	45	23.6	1,907	42.8	1,952	42.0
	15-19	76	39.8	1,663	37.3	1,739	37.4
	20-24	70	36.6	888	19.9	958	20.6
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Working Status	Doesn't work	76	39.8	1,940	43.5	2016	43.4
	Working	115	60.2	2,518	56.5	2,633	56.6
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**

Source: PPAS 2019 data, processed

The extent of the relationship between family function values on adolescent behavior in terms of taking drugs can be shown in Table 2. From The results shown in Table 2, it can be said that there are four family functions that have a tendency to have a positive relationship with adolescents who consume drugs, namely religious values, socio-cultural values, values of love, socio-cultural values, and reproductive function values. There is a tendency that adolescents who consume drugs come from families that apply the function of religion, love function, socio-cultural function and reproductive function. The opposite results are shown by two other family functions, namely for the values of protection and social values of education, which show a negative trend.

Table 2. Percentage of Eight Family Functions with Teenage Drug Consuming Behavior

Variable	Criteria	Teens Taking Drugs				Total	%
		Yes		Not			
		Amount	%	Amount	%		
Religious Values	Apply	141	73.82	2,836	63.62	,.977	85.50
	Not	50	26.18	1,622	36.38	1,672	14.50
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Socio-Cultural Values	Apply	124	64.92	3,007	67.45	3,231	69.50
	Not	67	35.08	1,451	32.55	1,518	30,50
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Values of Love	Apply	144	75.39	3,182	71.38	3,326	71.50
	Not	47	24.61	1,276	28.62	1,323	28,50
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Protection Values	Apply	122	63.87	3,054	68.51	3,176	63.90
	Not	69	36.13	1,404	31.49	1,473	32.10
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Reproductive Function Values	Apply	123	64.40	2,758	61.87	2,881	61.97
	Not	68	35.60	1,700	38.13	1,768	38.03
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Social and Educational Values	Apply	123	64.40	3,002	67.34	3,625	77.97
	Not	68	35.60	1,456	32.66	1,524	23.03
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Economic Values	Apply	168	87.96	3,918	87.89	4,086	87.88
	Not	23	12.04	540	12.11	563	12.11
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**
Environmental Values	Apply	124	69.36	3,092	69.36	3,216	69.17
	Not	67	30.64	1,366	30.64	1,433	30.82
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100**

Source: PPAS 2019 data, processed

The results of the 2019 PPAS show that there are teenagers in East Java who do not know or do not understand what drugs really are. The statement above can be seen from the percentage of East Java teenagers who understand what drugs are is only 12%, while the remaining 88% actually do not understand what drugs are. Based on these results, further exploration will be carried out regarding adolescents' understanding of drugs, both from physical, psychological, and socio-economic consequences. The survey results show that there are eight indicators of understanding the physical consequences, six indicators of understanding the effects of psychology, and three indicators of understanding the socioeconomic consequences of drugs. The characteristics of East Java youth who understand the physical, psychological, and socioeconomic consequences can be seen in Figure 1.

Figure 1 shows the percentage of adolescents' understanding of the consequences that will be experienced by drug users. It can be seen in the physical consequences section that the greatest percentage of understanding lies in the type of overdose and nervous disorders, namely 54.2% and 51.2%, respectively. Different things are shown for the percentage of understanding of six other physical effects, such as heart problems, lung disorders, digestive disorders, reproductive disorders, skin disorders and infections and viruses that are understood only below 20%. There are at least six types of

psychological consequences of drug use mentioned in the 2019 PPAS, including anxiety, fantasizing, brutal behavior, difficulty concentrating, self-harm, and suicidal ideation.

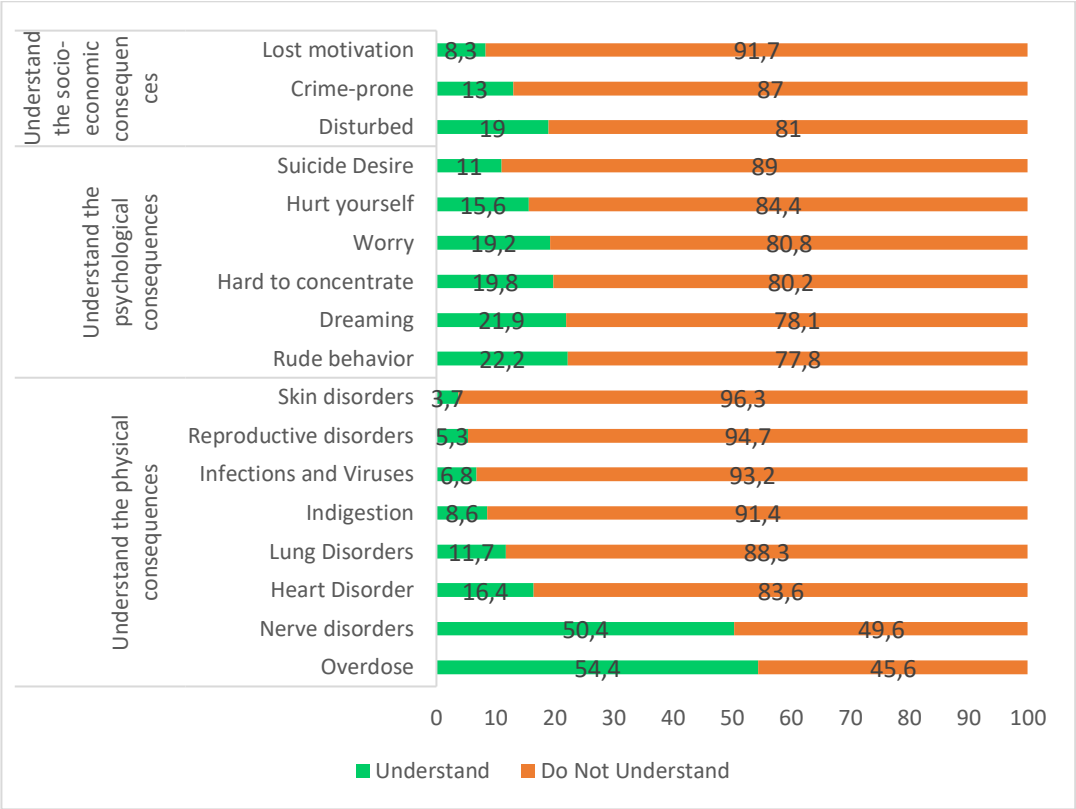

Image 1. East Java Teenagers Percentage of Physical, Psychological, and Socioeconomic Understanding of Drugs by Indicator

Overall, more than 75% of adolescents in East Java do not understand the psychological consequences of consuming drugs. Most (more than 80%) adolescents do not understand the social and economic consequences of consuming drugs. The small number of understandings of the physical, psychological, and social and economic consequences according to indicators will make it difficult when cross-tabulation is carried out with adolescent drug consumption behavior. This is because the number of observations in the cell will be very small. Overcoming this limitation, in this study, a redefinition of the understanding variable as a result of drug use is carried out, namely adolescents who understand at least one indicator as a result of using drugs, the teenager is considered to have understood. The cross-tabulation results can be seen in Table 3.

Table 3 shows interesting results that in fact all adolescents who consume drugs understand at least one indicator of the physical consequences of drug use. Another interesting thing is that teenagers who consume drugs actually tend to understand the psychological consequences. In contrast to the understanding of psychological consequences, teenagers who use drugs tend to not understand the social and economic consequences.

The next stage will be an analysis of the relationship between adolescent characteristics, family function values and understanding of drugs on adolescent drug use behavior, which is written and presented in Table 4.

Table 3. Percentage of Drug Understanding of Teenagers' Drug Consuming Behavior

Variable	Criteria	Teens Taking Drugs				Total	%
		Yes		Not			
		Amount	%	Amount	%		
Understand Physical Effects	Understand	191	100.0	3,681	82.6	3,872	83.3
	Do not understand	0	0.0	777	17.4	777	16.7
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Understanding Psychological Effects	Understand	119	62.3	2,237	50.2	2,356	50.7
	Do not understand	72	37.7	2,221	49.8	2,293	49.3
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**
Understanding Social and Economic Consequences	Understand	42	22.0	1,158	26.0	1,200	25.8
	Do not understand	149	78.0	3,300	74.0	3,449	74.2
Total		**191**	**100.0**	**4,458**	**100.0**	**4,649**	**100.0**

Source: PPAS 2019 data, processed

Table 4 shows that almost all variables of adolescent characteristics have a significant relationship with adolescent behavior in consuming drugs except employment status. Understanding of psychology also has a significant relationship with adolescent behavior in consuming drugs. Meanwhile, from the application of eight family functions, it turns out that only one value in family functions has a significant relationship, namely religious values.

Further analysis of the results of cross-tabulation and independent tests, calculated the value of the Odds Ratio (OR) only on the significant variables which are presented in Table 5.

Table 4. Dependency Test Results on Adolescent Behavior on Drugs

Variable	Db	χ^2_{hit}	p value	Significance
Characteristics of Youth				
Gender	1	46.842	0.000	*
Residence	1	2.674	0.102	*
Age Group	2	41.288	0.000	*
Education	3	5.751	0.124	*
Working Status	1	0.885	0.345	-
Understanding of Drugs				
Psychological Consequences	1	10.292	0.001	*
Social and Economic Consequences	1	1.318	0.250	-
Family Function				
Religious Values	1	7.846	0.005	*
Socio-Cultural Values	1	0.424	0.514	-
Values of Love	1	1.259	0.261	-
Protection Values	1	1.607	0.204	-
Reproductive Function Values	1	0.396	0.528	-
Educational Social Values	1	0.591	0.441	-
Economic Values	1	0	1	-
Environmental Values	1	1.4893	0.223	-

*: significant at 15% level; -: not significant

The OR values shown in Table 5 represent a measure of the relationship between categorical variables to determine the measure of risk between adolescent characteristics, family function, and understanding of drug use on adolescent drug use behavior. This OR calculation uses a reference to male gender, urban, high school, age group 15-19 years, working status, understanding of values in family functions, understanding of physical, psychological, and socioeconomic consequences. The results of the calculation of the point estimate and the confidence interval for OR can be seen in Table 5. For example, the OR value for gender, obtained from (148x2.141) divided by (43x2.317) is obtained as 3.2 and so on, for all variables. In addition, Table 5 also presents the 95% confidence interval. If the confidence interval contains a value of 1, it means that the OR number is significant.

Table 5. OR and OR Interval of Belief on Adolescent Behavior of Using Drugs

Factor	Variable	Criteria	OR	95% Confidence Interval
Characteristics of Youth	Gender	Man	3.2	[2.25;4.48]
	Residence	Urban	1.3	[0.96;1.73]
	Education	Elementary/No school vs High school	0.89	[0.60;1.31]
		Middle school vs high school	0.74	[0.51;1.05]
		College vs high school	1.33	[0.81;2.15]
	Age Group	10-14 vs 15-19	0.51	[0.35;0.75]
		20-24 vs 15-19	1.72	[1.23;2.41]
Family Function	Religious Values	Apply	1.61	[1,16;2,23]
Understanding the effects of drugs	Psychological Consequences	Understand	1.64	[1,21;2,21]

Source: 2019 PPAS data, processed

DISCUSSION

There are three factors that also influence risky behavior in adolescents including taking drugs, namely predisposing factors or factors that come from within a teenager (adolescent knowledge and characteristics), then enabling factors (behavioral drivers can occur), and the last is reinforcing factors (behavior reinforcing factors) (13). Factors used in this study are factors that come from adolescents or predisposing, namely the characteristics of adolescents themselves. While the enabling factor is used to understand drugs and reinforcing is explained by the application of family functions.

The Relationship between Adolescent Characteristics and Adolescent Behavior in Taking Drugs

Statistically, the relationship between gender and adolescent drug use behavior is significant. Judging from the OR value, it can be said that male adolescents are more at risk for consuming drugs than female adolescents. Adolescent boys' risk of taking drugs is 3.2 times compared to girls (OR value = 3.2). This is in line with several studies which concluded that the majority of drug abusers were male (14.15). Viewed from the side of the residence of the adolescents it also showed a significant relationship with the behavior of adolescents consuming drugs. In this study, the risk of adolescents living in urban areas showed 1.3 times greater than adolescents living in rural areas to consume drugs. However, from the 95% confidence interval, an interval containing the number 1 was obtained, which means that between urban and rural adolescents there is not statistical difference. The conclusion that can be drawn is that the risk of adolescents in urban and rural areas is almost the same in consuming drugs. This is in line with

research which says that drugs have entered rural areas (16).

The OR values respectively show the number 0.89 for No School/Elementary; 0.74 for middle school, and 1.33 for College. The OR figures show that adolescents with no school/elementary and junior high school education have a lower risk than adolescents with high school education; however, adolescents with college education will be 1.3 times more likely to consume drugs than adolescents with high school education. Statistically, this OR number does not show a significant difference. This can be seen from the 95% confidence interval for all levels of education containing the number 1. This means that the chances of adolescents consuming drugs at all levels of education are not statistically different. At least from the OR figures it can be said that the higher the level of education, the more teenagers have the risk of consuming drugs (17). It is necessary to get an adequate priority for handling in this matter, because the higher the education, the higher the risk of consuming drugs.

Regarding to the age of adolescents, the results of this study are in line with research which states that the percentage of adolescent drug users in the age range of 15-17 years is greater than the age of 18-21 years (18). The reference age used in this study was 15-19 years. The OR for adolescents aged 10-14 years does show a value smaller than 1, which is 0.51. This means that adolescents aged 10-14 years are at risk of using drugs 0.51 times compared to adolescents aged 15-19 years. Meanwhile, for the youth age group 20-24 years, the OR is 1.72 times, almost two times compared to when adolescents aged 15-19 years and this is in line with research from the National Narcotics Agency (1).

The last characteristic is the working status of the youth. Statistically, work status did not show a significant relationship with adolescent behavior in consuming drugs. The statistical tendency of adolescents who are at risk of consuming narcotics is statistically male, living in urban areas and aged 15-24 years and having high school education and above.

The Relationship between Family Functions and Adolescent Behavior Using Drugs

As far as researchers observe, there are not many research topics that raise family Functions with adolescent drug-taking behavior. In this study, of the eight family functions associated with adolescent drug-taking behavior, there was only one significant family function, namely religious values. The cross-tabulation results show a positive trend and the results of the dependency test also show significant results between religious values and adolescent drug-taking behavior. The results of the OR calculation using the 95% confidence limit found that religious values have an OR of 1.61. Statistically, the interpretation of the OR value is that adolescents who come from families who apply religious values will actually tend to be at risk for consuming drugs 1. 61 times compared to adolescents who come from families who do not apply. Of course, this is a big question mark: why is it that teenagers whose families apply the function of religious values tend to consume drugs more than those who do not apply?

The results of this study are not in line with other studies which state that there is an influence of the causes of worship in the family on drug abuse (3). Whereas descriptively, it can be said that the application of family functions, especially religious values (85.5%), is quite dominant. One statement that supports the results of this study is that the family does have a positive impact in shaping adolescent behavior, but a positive family does not guarantee that adolescents are not at risk for drug abuse (5).

The findings in the study are that the application of religious values in a family has not actually become a reinforcing factor (13). This fact implies that the possibility of implementing one of the four indicators of the function of religion, namely performing worship, tolerance, doing good, and being patient and sincere, has not been fully implemented. This is closely related to the use of an operational definition of family function that at least one indicator has stated 'yes' and is said to be 'implementing'. Whereas there are four indicators for each value in the

family function. Therefore, it is necessary to further strengthen family resilience through the cultivation of religious values.

The Relationship between Understanding Drugs and Adolescent Behavior in Using Drugs

Enabling factors are factors that drive a behavior to occur (13). The driving factor for adolescents to consume drugs is an understanding of the drug itself. Logically, teenagers who understand the physical, psychological, and socio-economic consequences of drugs will think or consider whether to consume drugs or not. As it is said that the better knowledge about drugs, the lower the risk of adolescents using drugs (19).

It is interesting from the results of this study, that it turns out that the logic that has been conveyed previously does not fully occur. Teenagers who understand the physical consequences of drugs actually consume 100% of drugs. When viewed from the eight indicators of understanding due to drugs, teenagers have understood at least one indicator due to consuming drugs, including overdose, nervous disorders, heart problems, lung disorders, digestive disorders, infections and viruses, reproductive disorders, and skin disorders. However, from the descriptive results, teenagers who do not understand the physical consequences still dominate. The dependency test between physical understanding and adolescent consumption behavior could not be carried out because there were empty cells. The results of the dependency test for understanding the socioeconomic consequences show that there is no statistical relationship between the two.

In contrast to the understanding of physical and socioeconomic, understanding, the consequences of psychology has an OR value of 1.64. This value means that adolescents who understand the consequences of psychology are actually 1.64 or almost two times at risk of using drugs compared to adolescents who do not understand the consequences of psychology. This is in line with research which states that the risk behavior faced by many adolescents is related to psychosocial behavior (20).

Statistically, the relationship between understanding of the psychological consequences and behavior of adolescents consuming drugs is very significant. Therefore, if this is associated with six indicators of psychological consequences, adolescents who consume drugs will experience at least two of the indicators, namely brutal behavior, fantasizing, difficulty concentrating, anxiety, self-harm, or suicidal ideation compared with adolescents who do not understand psychological conditions. This condition is really not expected to happen and may be more able to encourage teenagers to do negative actions, including in terms of consuming prohibited drugs.

CONCLUSIONS AND SUGGESTIONS

Conclusion

Adolescent behavior in consuming drugs which is significantly related to adolescent characteristics is gender, place of residence, education, and age group. The risk of teenage boys consuming drugs is three times higher than that of girls. Adolescents in urban areas and educated are more at risk of consuming drugs. The age groups at higher risk are the 15-19 and 20-24 years age groups. Statistically, the only family function that is significantly related to adolescent drug-taking behavior is religious values. The findings in this study, the relationship between religious values, is not in line with the expected; in fact, adolescents from families who apply religious functions will consume drugs 1.61 times greater than those who do not apply. Understanding of drugs is also an indispensable factor for adolescents due to their low understanding of the physical, psychological and socioeconomic consequences. Adolescents who understand the consequences of drugs do not fully guarantee that they do not consume drugs. This can be seen from teenagers who understand the psychological consequences of drugs; they are almost two times at risk of using drugs compared to teenagers who do not understand the psychological consequences.

Suggestion

Drug consumption behavior is closely related to adolescent characteristics, religious values and understanding of the drug itself. The response that can be made from the aspect of adolescent education which has been shown to significantly influence adolescent behavior in

consuming drugs is the need for coordination between relevant ministries to carry out more comprehensive activities in providing information about knowledge and the consequences of drug use. The provision of information about drugs needs to be communicated and must be up-to-date using social media that is usually accessed by youth groups. In addition, the role of the family in instilling family functions should be further enhanced to provide guidance to adolescents so as not to engage in risky behavior. The role and synergy of the BKKBN with various stakeholders is needed to conduct further research and appropriate socialization in order to overcome the involvement of adolescents in drugs. The author's suggestion for further research activities is that it is necessary to consider redefining the application of family functions; it is only by answering at least one indicator out of four indicators that it can be said that families implement family functions or need to fill in more than one indicator. The author estimates that, if a redefinition of the application of family functions can be carried out, then this research is a follow-up study that is quite interesting and provides more complete insight.

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