



The Role of Spirituality in the Construction of Healthy and Resilient Adolescent Families

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ABSTRACT

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Families with adolescent are one of the groups vulnerable to health problems. Adolescence is a transitional period that is full of stress because there are quite radical changes from the previous period of growth and development that require special attention. The existence of a strong family is very important in guarding the growth of teenagers. One of the domains of family resilience is a belief system or spirituality which can be a source of coping for families and adolescents to form healthy behavior. This research is a quasi-experiment pre-post test with control group, with family respondents who have street teenagers who are still returning home (children on the street) in Jabodetabek and Yogyakarta. The statistical test used is the t-test to determine the average healthy behavior score of adolescents after the family implemented the family resilience model, especially in the spirituality system. The family resilience model is equipped with a pocket book on tips for increasing family resilience and the digital application for resilient families, AMPIBI (I Want to Be Sure You Can). The form of research intervention provided over 8 meetings consisted of education in groups, 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 healthy behavior for street teenagers in families who pay attention to the family spiritual system in the family resilience model. The application of spiritual values becomes a source of coping for families to adapt to accept the existing reality and become a strong family.

KEYWORDS:

Spirituality, healthy behavior, resilient family

INTRODUCTION

Spirituality is an important part of strengthening family resilience which can bridge the gap between family defense mechanisms and resilience. Spirituality can be seen from a divine and humanitarian perspective which originates from the diversity of spiritual values and noble values of Indonesian culture, which has a great opportunity to strengthen the spirituality of its population. It is believed that applying spiritual values to family members from an early age can help families of street teenagers adapt to their conditions, prevent maladaptive and antisocial behavior, so that families become resilient. Family resilience is needed to form a strong family, because resilience is a form of a collective family's

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ability to survive, adapt and recover from the problems or crises they are facing. (McCubbin & Thompson, 1988); Walsh & Walsh, 2016).

Adolescent health problems occur due to adolescents' unpreparedness in adapting to physical, cognitive, mental and social changes. Referring to the profile of Indonesian teenagers according to UNICEF (2021) stated that 17% of the total population of Indonesia are teenagers aged 10-19 years with health risk factors during the pandemic, namely: the number of teenagers who smoke cigarettes has increased (18.8%), is overweight (15%), increased eating patterns unhealthy (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 in 2018 which stated that smoking behavior started at the age of 10 with routine use of cigarettes every day (13.4%), and there were already teenagers using alcohol (9.63%).

Reni Chairani et al, The Role of Spirituality in the Construction of Healthy and Resilient Adolescent Families

The many problems that occur among street teenagers make the family's task very difficult. Families are required to be able to accompany teenagers to adapt to their growth and development process so that teenagers have adaptive behavior (Martono, 2014). Another challenge is that families must be able to withstand all problems that originate from the family and from outside, such as the negative stigma of society towards street teenagers. Referring to research results Muslim (2011) stated that there was a change in the interaction pattern of street teenagers with their families, namely the lack of attention given by parents to their children, especially in terms of protection from street life. Kayiranga dan Mukashema (2014) explained that parents of street teenagers are expected to have knowledge about how to care for, provide love, be responsible and be more caring. This family capability is a form of synergy between teenagers and families in an effort to encourage teenagers to leave street life. Family resilience can be seen when the crisis experienced is used as a challenge that must be overcome well, and spirituality as a source of coping that can make the family survive the crisis. The depiction of the spirituality system as a subdomain of family resilience which influences achieving healthy behavior in adolescents is the aim of the research carried out by the author.

METHOD

Design and participant recruitment

Quantitative quasi-experimental research conducted with a pre-post test with control group design to prove the hypothesis that the average score of healthy behavior for adolescents in preventing health problems in families that apply the AMPiBI resilience model is higher than for adolescents whose families do not implement the AMPiBI resilience model. This research also proves that there was an increase in the average family spirituality score before and after implementing the AMPiBI resilience model. Guidance on promotive and preventive efforts for families implementing the AMPiBI resilience model was carried out 8

times through home visits and group activities at shelter homes. The sample size in the research was 76 families of street teenagers assisted by shelter homes spread across 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 that have teenagers aged 12-20 years, the teenagers live with their parents, the family and teenagers are in a halfway house, and are willing to be used as a sample.

Instruments

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

Ethical Considerations

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

RESULTS

The results of this study illustrate the difference in the average healthy behavior scores of adolescents in families that apply the resilience model and families that do not implement family resilience, as well as the spirituality domain in family resilience which influences increasing adolescent healthy behavior.

Table 1. Family Characteristics of Street Adolescents in Jabodetabek and Yogyakarta City (N=76)

Respondent characteristics	Intervention Group	Control Group
Ages		
14-16 tahun	11 (28.9%)	14 (36.8%)
17-20 tahun	27 (71.1%)	24 (63.2%)
Parent's Education Level		
Elementary school	10 (26.3%)	17 (44.7%)
Junior school	19 (50.0%)	5 (13.2%)
High school	9 (23.7%)	16 (42.1%)
Parents' employment status		
Not working	0 (0.0%)	10 (26.3%)
Work	38 (100.0%)	28 (73.7%)
Parents' income		
< Rp 2.700.000/month	34 (89.5%)	29 (76.3%)
≥ Rp 2.700.000/month	4 (10.5%)	9 (23.7%)

Reni Chairani et al, The Role of Spirituality in the Construction of Healthy and Resilient Adolescent Families

Based on the results of the analysis presented in the table above, it shows that the majority of teenagers in both groups are aged between 17-20 years. The education level of parents in the intervention group was mostly junior high school

(50.0%) while in the comparison group more had elementary school education (44.7%). Most parents in both groups worked.

Table 2. Problems Faced by Street Adolescents in Jabodetabek and Yogyakarta City (N=76)

Problems	Intervention Group	Control Group
Adolescents are difficult to communicate	27	24
Adolescents have difficulty learning/decreasing learning achievement	19	12
Adolescents start smoking	19	18
Adolescents go against family rules	12	11
Adolescents have tried drugs	5	1
Adolescents run away from home	3	1
Adolescents get into legal trouble	1	0

Table 3. Analysis of differences in family resilience in preventing health problems among street Adolescents in Jabodetabek and Yogyakarta City (N=76)

Variable	Group	N	Mean	SD	P value
Spirituality	Pre	Intervention	38	63,34	5,42
		Control	38	62,79	8,69
	Post	Intervention	38	79,08	4,87
		Control	38	64,39	7,67
	Difference Pre-post	Intervention		15,74	0,551
		Control		1,6	1,019
Difference Total	Intervention-Control		14,14	0,468	0,000
Family Organization Patterns	Pre	Intervention	38	58,32	6,49
		Control	38	62,45	5,52
	Post	Intervention	38	77,68	4,31
		Control	38	64,03	4,94
	Difference Pre-post	Intervention		19,36	2,187
		Control		1,58	0,58
Difference Total	Intervention-Control		17,78	1,607	0,000
Communication Patterns	Pre	Intervention	38	59,71	6,23
		Control	38	63,63	5,50
	Post	Intervention	38	77,66	4,83
		Control	38	64,58	5,27
	Difference Pre-post	Intervention		17,95	1,406
		Control		0,95	0,23
Difference Total	Intervention-Control		17	1,176	0,000
Adolescent Maladaptive Behavior	Pre	Intervention	38	77,74	4,97
		Control	38	74,82	4,89
	Post	Intervention	38	84,24	4,04
		Control	38	75,71	4,55
	Difference Pre-Post	Intervention		10,5	4,223
		Control		0,89	1,956
Difference Total	Intervention - Control		11,39	2,267	0,000

The difference in the total mean score of family spirituality in the intervention and control groups was 14.14 (Standard Deviation 0.468). Based on statistical analysis, the mean difference for two unpaired samples shows that there is a mean difference in the three variables at a significance level of 5% ($p=0.000$). Likewise, for the adolescent maladaptive behavior variable, there was a difference in scores between the intervention group and the control group ($p=0.000$).

DISCUSSION

The application of the AMPiBi family resilience model has been proven to increase the average healthy behavior score of teenagers, and spirituality in the family is one of the important domains in increasing healthy behavior of teenagers which can be a source of coping for the family. The attitude of families of street teenagers who tend to surrender to their lives does not actually show the family's helplessness, but rather an attitude of acceptance and enthusiasm for the way of life that has been determined by God. Menurut Grabbe, Nguy, dan Higgins (2012) Surrender does not mean showing defeat, but rather an attitude of surrender by continuing to adapt to changes that occur in order to be more resilient. Resilience implies tenacity and physical, material, mental, spiritual and social abilities to live independently and achieve family prosperity (McCubbin & Thompson, 1988; Walsh & Walsh, 2016).

The dimension of spirituality is divided into two, namely the vertical dimension of human relationship with God (divine values) and the horizontal dimension of human relationship with humans or the natural environment. The application of spiritual values regarding health and illness can influence the development of family members' belief systems which will have an impact on a prosperous life. A person's closeness to God makes a person calmer and happier, which has a significant effect on physical and mental health (Kim, Kim-Godwin, & Koenig, 2016). This is in accordance with the results of the researcher's analysis, where the family seems resigned, calm, confident in allowing teenagers to work on the streets, and continues to pray for the safety of their teenagers. Likewise, teenagers sincerely help the family economy by working and sacrificing their play time.

According to Greeff and Loubser (2008) Prayer provided by the family is part of a spiritual system that supports and facilitates adolescents in adapting to changes that cause crises in adolescents. The results of this study are in line with research İnci and Temel (2016) that family spiritual support is significant in increasing the resilience of families of street teenagers. One form of spiritual support can be through teaching and getting used to religious worship activities which can be a defense for street teenagers to prevent unhealthy behavior.

Adolescence is in the synthetic-conventional faith phase where teenagers have a high interest and curiosity in religion, so they ask a lot of questions and if they cannot control them,

teenagers can act radically (Fowler, 1993, in Berman et al., 2016). Adolescents in this phase are synthesizing religious beliefs and values that can support the process of forming self-identity. The process of building a paradigm of their relationship with God, thereby increasing teenagers' belief that there is a God who judges them, saves them and gives them peace of mind. This spirituality approach proves that one effective coping strategy is a spirituality system. According to Tuncay, Musabak, Gok, dan Kutlu (2008) there is a positive relationship between spiritual-based coping strategies and anxiety levels. This opinion is in line with Krok (2015) that people who have high spirituality have a stronger tendency to interpret life and have an influence on their coping mechanisms.

According to Greeff and Loubser (2008) There is a significant relationship between spirituality and family resilience. Spiritual support from the family is really needed by street teenagers, because phenomenologically the family is the first place of learning and protection for all family members. The spiritual values of divinity and humanity that are applied can depict a family figure who is strong in facing the problems they face. A strong family will have an effect on increasing the self-esteem of family members (Chew & Haase, 2016). 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 for overcoming problems.

CONCLUSIONS

The application of spirituality in the family is a very important part in increasing family resilience. The family's habit of carrying out spiritual activities together and interdependence between family members is part of the spiritual values that are important to foster. Families that have high spirituality have a stronger tendency to interpret life and influence the family's coping mechanisms. The family spirituality system of street teenagers which has increased significantly occurs because of education and coaching about spirituality in the family, which is implemented when implementing the family resilience model. This analysis also proves that family spirituality creates strong families to help teenagers improve their healthy behavior.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

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