

# Family Background and Parenting Characteristics of Young People with Methamphetamine Use Disorder in Northeastern Region of Thailand

Pinet Tatiwechakul<sup>1</sup>, Varisara Luvira<sup>2</sup>, Akarapat Tayarajakul<sup>3</sup>, Wannaporn Phachantasein<sup>4</sup>

<sup>1</sup>Doctor, <sup>2</sup>Assistant Professor, Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand, <sup>3</sup> Doctor, Thanyarak Khon Kaen Hospital, Khon Kaen, Thailand, <sup>4</sup> Nurse, Thanyarak Udon Thani Hospital, Udon Thani, Thailand

## Abstract

**Background:** Drug abuse is an important medical problem which affects both the patient and society. This problem is rather common among young people in Thailand which family upbringing is one of the risk factors especially in the Northeastern region where prevalence of parental migration is the highest.

**Objective:** The objective of this study was to examine family background and parenting characteristics of young people with methamphetamine use disorder as well as the association between factors related to family upbringing and the onset of substance use in these young people.

**Materials and Method:** This cross-sectional descriptive study of young people between 18 and 24 years of age with methamphetamine use disorder who visited outpatient clinics in Thanyarak Udon Thani Hospital and Thanyarak Khon Kaen Hospital. 145 subjects were included to complete self-answer questionnaire that included demographic information, details on substance uses, family background and parenting characteristics.

**Results:** The results showed 88.3% were male and the mean age of 21.22 years. The prevalence of parental migration during childhood was 30.34% (95%CI: 23.14, 38.61) while parental absence was 16.6%. Primary caregivers during childhood were either father or mother in 70.34% of the subjects. Data analysis found that having neither of parents as primary caregivers was associated with the onset of methamphetamine use before age of 18 years ( $p < 0.5$ ).

**Conclusion:** Having one or both parents as childhood primary caregivers could reduce the risk of methamphetamine abuse among adolescents.

**Keywords:** *parental migration, family, methamphetamine use, young people, youth*

## Introduction

Drug abuse is recognized as a major public health problem in many countries<sup>(1)</sup>, since it affects not just the users but also the society<sup>(2)</sup>. Amphetamine-type stimulant use was first reported in Thailand during

1980s<sup>(3)</sup>. According to the national household survey, 3.5 million individuals between age of 12 and 65 years had ever used illicit drugs and 590,000 people had been using the drugs within 12 months<sup>(4)</sup>. The problem is becoming rather common and is still rising in young people<sup>(4-7)</sup>, while studies had shown its associated with inappropriate parenting and family backgrounds<sup>(8-9)</sup>.

---

**Corresponding author:** Varisara Luvira, Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen 40002, Thailand. Phone: 043-363-588 E-mail: varisara@kku.ac.th, varisara\_111@yahoo.com

Thailand has been facing with concentrated industrialization which results in mass migration of working population into these industrialized areas. Consequently, rural areas are left with children and

elderly, obliging the grandparents to look after their grandchildren instead of the migrating parents. Children living apart from parents due to this pattern of internal migration is very common particularly in the Northern and Northeastern regions of Thailand, due to poverty and misconception; believing that it is better for the children to be raised by their grandparents<sup>(10)</sup>. Even though, internal migration seems financially essential for the families, many studies had shown that children who experienced parental migration had higher risk of delayed development<sup>(11)</sup>, negative mental health<sup>(12-14)</sup>, poor academic outcomes, low living condition satisfaction, and alcohol use<sup>(15)</sup>. Still, the association between parental migration and substance abuse has not been well examined especially in Thailand. We assessed family background and parenting characteristics that might associate with early age onset of substance abuse among young people who lived in Northeastern region of Thailand.

## Material and Method

This cross-sectional descriptive study assessed patients with methamphetamine use disorder who visited outpatient clinics in Thanyarak Udon Thani Hospital and Thanyarak Khon Kaen Hospital from September to November 2019. The patients aged from 18 to 24 years, had no communication and reading difficulties, were not intoxicated from any substances, had negative urine drug tests, and were not in a medical emergency. The subjects were asked to fill in a self-answer questionnaire that included demographic information, information on substance use, family background and parenting characteristics.

Statistical analyses were performed using IBM SPSS 19; nominal variables using frequency and percentage, numerical variables using mean and standard deviation. All statistics were two-sided and a p-value of 0.05 was considered statistically significant.

In this study, “parental migration” was defined by subjects reported migration for employment of father and mother during childhood but not time-specific, whereas “parental absence” was when the migration lasted at least 1 year. Young people were usually referred to the subjects, aged 18 – 24 years, of this study.

## Results

### 1. Demographics

The study included 145 subjects, 88.3% of the

subjects were male, with the mean age of 21.22 years (S.D. = 2.06 years), 64.1% graduated from junior high school or lower, 69% were unemployed and 74.5% were unmarried.

### 2. Information about substance use

The earliest age onset of methamphetamine use was 11 years and the mean age onset was 15.86 years (S.D. = 2.01 years). The most common place where subjects used the substance was their home (61.1%) and the rate of multiple substance use, other than methamphetamine, was 93.79%; with smoking as the most co-occurring substance (66.2%).

### 3. Family background and parenting characteristics

Parental migration rate was 30.34% (95%CI: 23.14, 38.61) which mostly lasted longer than 2 years (43.18%). 60 subjects (41.38%) reported of either paternal or maternal migration, with higher rate of paternal migration. It was found that all subjects who reported of maternal migration longer than 2 years also reported of paternal migration longer than 2 years (Table 1). Parental absence was reported in 24 subjects (16.6%).

Primary caregivers during childhood were mostly either father or mother in 102 subjects (70.34%); with more on the mother side. In 45 subjects (31%) both father and mother were the primary caregivers. There were 43 subjects (29.66%), whose primary caregivers were neither father nor mother, who were left in care of mostly maternal grandparents (Table 2).

Subjects reported rate of past family conflict was 24.8% and domestic violence was 18.6%. As for the present family conflict was 15.9% and domestic violence was 12.4%

### 4. Factors from family background and parenting characteristics that might associate with age onset of methamphetamine use.

The study found that subjects with neither parents as primary caregivers were associated with the age onset of methamphetamine abuse before 18 years old, while having both parents as the primary caregivers, parental migration, and parental absence were not associated with the early age onset (table 3).

**Table 1: Duration and types of parental migration**

| Types of migration (N)  | Maternal migration (%) | Paternal migration (%) |
|-------------------------|------------------------|------------------------|
| Parental migration (44) |                        |                        |
| Less than 1 year        | 19 (43.18)             | 15 (34.10)             |
| Between 1 – 2 years     | 6 (13.64)              | 5 (11.36)              |
| Longer than 2 years     | 19 (43.18)             | 24 (54.55)             |
| Maternal migration (46) |                        |                        |
| Less than 1 year        | 20 (43.48)             | 15 (32.61)             |
| Between 1 – 2 years     | 6 (13.04)              | 5 (10.87)              |
| Longer than 2 years     | 20 (43.48)             | 24 (52.17)             |
| Paternal migration (58) |                        |                        |
| Less than 1 year        | 19 (32.76)             | 20 (34.48)             |
| Between 1 – 2 years     | 6 (10.34)              | 8 (13.79)              |
| Longer than 2 years     | 19 (32.76)             | 30 (51.72)             |

**Table 2 Primary caregiver during childhood**

| Primary caregiver         | Number | %     |
|---------------------------|--------|-------|
| Father or Mother          | 102    | 70.3  |
| Both parents              | 45     | 31    |
| Father only               | 17     | 11.72 |
| Mother only               | 40     | 27.59 |
| Neither father nor mother | 43     | 29.66 |
| Paternal grandfather      | 3      | 2.07  |
| Paternal grandmother      | 6      | 4.14  |
| Maternal grandfather      | 8      | 5.52  |
| Maternal grandmother      | 28     | 19.31 |
| Others                    | 4      | 2.76  |

**Table 3 The relationship between family background and parenting characteristics and age onset of methamphetamine use.**

| Family background and parenting characteristics | Age onset of methamphetamine use         |   | P      |
|---|--|---|--------|
|   | Less than 18 years<br>(n = 106)<br>n (%) | 18 years and above<br>(n = 39)<br>n (%) |        |
| One or both parents as primary caregivers       |  |   |        |
| No  | 37 (86.0)                                | 6 (14.0)                                | 0.022* |
| Yes   | 69 (67.6)                                | 33 (32.4)                               |        |
| Both parents as primary caregivers              |  |   |        |
| No  | 74 (74.0)                                | 26 (26.0)                               | 0.717  |
| Yes   | 32 (71.1)                                | 13 (28.9)                               |        |
| Parental migration                              |  |   |        |
| No  | 71 (70.3)                                | 30 (29.7)                               | 0.248  |
| Yes   | 35 (79.5)                                | 9 (20.5)                                |        |
| Parental absence                                |  |   |        |
| No  | 86 (71.1)                                | 35 (28.9)                               | 0.216  |
| Yes   | 20 (83.3)                                | 4 (16.7)                                |        |

\*  $P < 0.05$  level of significance

## Discussion

The study found that the rate of parental migration was 30.34% among young people with methamphetamine abuse in Northeastern region of Thailand. When compared with the earlier study of parental migration in 2012, among Thai children age between 0 and 4 years, the rate of parental migration was lower at 21%<sup>(16)</sup>. Bear in mind that our study was done in Northeastern region, where the rate of parental migration was the highest, as well as the subject age group of 18 to 24 years, when parental migration could occur after 4 years of age. Our study was done in subjects or families who, without court-mandated, sought treatment for methamphetamine abuse which might imply that these subjects were more attentive and taken care by their family members. The attentiveness could obscure the real number of parental migration/absence among young people with methamphetamine abuse who might had never sought medical care or been recognized by their

family members. Paternal migration was more common than maternal migration which was consistent with earlier studies<sup>(16,17)</sup>. Maternal migration had been shown to negatively impact the children<sup>(18,19)</sup> as consistent with our study showing any maternal migration lasted longer than 2 years would always co-exist with paternal migration also lasted longer than 2 years.

The earliest age onset of methamphetamine use was 11 years which was reported by two subjects. Similarly, the two subjects did not have their parents as primary caregivers while one subject reported of parental absence. In Thailand, 18 is the age of majority and when taking this into account we found that the age onset of methamphetamine abuse before 18 was associated with having neither of parents as primary caregivers. This could assume that by having neither of parents as primary caregivers could problematically affect the children as consistent with the study that showed negative impacts on children from maternal migration<sup>(18,19)</sup> as well as

from paternal migration in the other study<sup>(20)</sup>.

This was the first study ever assessed the issue of parental migration on young people with methamphetamine use disorder in Northeastern region as well as in Thailand. Interestingly, we found that maternal migration that lasted longer than 2 years would always occur with paternal migration that also lasted longer than 2 years. In terms of substance abuse, this study suggested that adolescents would be better off under the care of either one or both parents, since unavailability was associated with the age onset of methamphetamine abuse before 18. However, the subjects from this study were those who voluntarily sought medical care rather than subjected to compulsory treatment order and the hospital settings were specialized drug addiction treatment centers that could not represent patients from general hospitals. Other limitation was that this study was based on a self-answer questionnaire; being a retrospective study, the results might not be as impactful as prospective studies.

### Conclusion

Young people with methamphetamine use disorder who sought medical care, without compulsory treatment order, in the drug addiction treatment hospitals in Northeastern region of Thailand were found that the rate of childhood parental migration was 30.34% and the rate of parental absence was 16.6%. In every case of maternal migration that lasted longer than 2 years, paternal migration would always co-exist and also lasted longer than 2 years. Family conflict and domestic violence, either in the past or present, were reported in one out of four or five subjects. Primary caregivers during childhood were either father or mother in 70.34% of the subjects; mother was the majority. By having neither of parents as primary caregivers was associated with the age onset of methamphetamine abuse before 18.

**Conflict of Interest:** The authors declare no conflict of interest.

**Source of Funding:** Self

**Ethical Clearance:** This study was classified as an exempt research as reviewed by the Institutional Review Board, Office of Human Research Ethics, Khon Kaen University (HE621186).

### References

- 1 Ali SF, Onaivi ES, Dodd PR, Cadet JL, Schenk S, Kuhar MJ, et al. Understanding the Global Problem of Drug Addiction is a Challenge for IDARS Scientists. *Curr Neuropharmacol* 2011; 9(1): 2-7.
- 2 Koob GF, Volkow ND. Neurocircuitry of addiction. *Neuropsychopharmacology* 2010; 35(1):217-38.
- 3 Poshyachinda V, Phittayanon P, Simasatitkul V, Perngparn U. Stimulant use, abuse and dependence in Thailand. In Eriksen A, Abeysekara D, Boralessa MS, Editors. *Alcohol and drugs perspectives, prevention and control - Asia Pacific region*. Colombo: Alcohol and Drug Information Centre; 1998. p. 77-106.
- 4 Administrative Committee on Substance Abuse Academic Network. National household survey on substance abuse 2011. Office of Narcotic Control Board, 2012 (in Thai).
- 5 Eaton DK, Kann L, Kinchen S, Shanklin S, Flint KH, Hawkins J, et al. Youth risk behavior surveillance - United States, 2011. *MMWR Surveill Summ* 2012; 61(4):1-162.
- 6 Johnson KE, Taliaferro LA. Health behaviors and mental health of students attending alternative high schools: a review of the research literature. *J Spec Pediatr Nurs* 2012; 17(2):79-97.
- 7 Argyriou E, Um M, Carron C, Cyders MA. Age and impulsive behavior in drug addiction: A review of past research and future directions. *Pharmacol Biochem Behav* 2018; 164: 106-17.
- 8 Vakalahi HF. Adolescent substance use and family-based risk and protective factors: a literature review. *J Drug Educ*. 2001;31(1):29-46.
- 9 Skeer M, McCormick MC, Normand SL, Buka SL, Gilman SE. A prospective study of familial conflict, psychological stress, and the development of substance use disorders in adolescence. *Drug Alcohol Depend* 2009; 104(1-2): 65-72.
- 10 Jampaklay A, Tangchonlatip K, Richter K, Nanthamongkolchai S, Lucktong A, Prasithima C. The impact of internal migration on early childhood wellbeing and development. Bangkok: Mahidol University; 2016.
- 11 Jampaklay A, Richter K, Tangchonlatip K, Nanthamongkolchai S. The impact of parental absence on early childhood development in the context of Thailand. *Asian Pac Migr J* 2018; 27(2): 209-30.
- 12 Wang F, Lin L, Xu M, Li L, Lu J, Zhou X. Mental Health among Left-Behind Children in Rural China

- in Relation to Parent-Child Communication. *Int J Environ Res Public Health* 2019; 16(10).
- 13 Zhao F, Yu G. Parental Migration and Rural Left-Behind Children's Mental Health in China: A Meta-Analysis Based on Mental Health Test. *J Child Fam Stud* 2016; 25(12): 3462–72.
- 14 Tang W, Wang G, Hu T, Dai Q, Xu J, Yang Y, et al. Mental health and psychosocial problems among Chinese left-behind children: A cross-sectional comparative study. *J Affect Disord* 2018; 241:133-41.
- 15 Jampaklay A, Vapattanawong P, Tangchonlatip K, Richter K, Ponpai N, Hayeeteh C. Children living apart from parents due to Internal Migration (CLAIM). Institute for Population and Social Research, Mahidol University, & UNICEF Thailand: Institute for Population and Social Research, Mahidol University. 2012.
- 16 Jampaklay A, Tangchonlatip K, Richter K, Nanthamongkolchai S, Lucktong A, Prasithima C. The impact of internal migration on early childhood wellbeing and development. Bangkok: Mahidol University; 2016.
- 17 UNICEF. Children and women left behind in labour sending countries: An appraisal of social risks. New York: UNICEF Division of Policy and Practice; 2008.
- 18 Parreñas RS. Children of global migration: Transnational families and gendered woes. Stanford University Press; 2005.
- 19 Pribilsky J. Nervios and Modern Childhood' Migration and Shifting Contexts of Child Life in the Ecuadorian Andes. *Childhood* 2001; 8(2): 251-73.
- 20 Lloyd CB, Blanc AK. Children's schooling in sub-Saharan Africa: The role of fathers, mothers, and others. *Population and Development Review* 1996; 22: 265–98.